

Browning Public Schools
Board Agenda Request
Meeting to Be Held: January 8, 2019

Recognition: Students Staff Parents
Information: Building Report Old Business Superintendent's Report
Action: Resignation Hiring Contract Service Agreements
 Travel Out-of-State Travel In State Approvals
 Termination Legal Matters Other:
 This action request pertains to Elementary (only) High School/District Wide

Date: December 13, 2018

To: **Corrina Guardipee Hall**
 Superintendent

From: Nikki Hannon
 Title: PCOP/Childcare Director

Subject: **Contract Service Agreement**

Description: I am requesting a CSA for DeeAnn Kipp to provide Heart Saver First Aid/CPR A/C/I, AED training to one BPS Childcare staff member and 9 Napi Elementary staff members. This training is essential for child safety and required for BPS child care licensure and best practice for the other district employees.

Financial Impact: \$200.00 (CSA fee) + \$200 for First Aid Cards (payable to Montana Health Network)

Funding Source (Budget/grant, etc.): Childcare Budget # 170-72-920-3200-120, Napi Budget #126.30.120.1700.120

Attachment(s): See attached CSA

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____

Browning Public Schools
CONTRACT SERVICE AGREEMENT
(406) 338-2715 • (406) 338-3200

Date: December 13, 2018

Board Approval:

Contractor: DeeAnn Kipp

Phone: (406) 338-5448; 390-4282

Address: Box Browning, MT 59417
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): Contractor will provide Heart Saver First Aid/CPR A/C/I, AED training to one BPS Childcare staff member, one Academy staff member, and 8 Napi staff members. This training is essential for child safety and required for BPS child care licensure, and best practice for other district employees.

Contracted Dates: January 9, 2019

Rate per hour/per day: \$200 per training = \$ 200.00
Per Diem/per day: _____ x _____ # of Days = _____ N/A
Mileage: _____ miles @ _____ per mile = _____ N/A
Other costs (explain): Not to exceed total \$ amount = _____ N/A
Total Project Cost = \$200.00

Contract to be paid from:
170-72-920-3200-120
126.30.120.1700.120

Independent Contractor:
 Submit invoice on completion
 Other _____

Employee:
 Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

Contractor's Signature

Principal/Supervisor

SSN/Federal ID Number/EIN

Superintendent

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

White – Contractor

Yellow – Business Office