

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 06/08/21



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: 06/01/21

To: **Corrina Guardipee-Hall**
 Browning Public Schools

From: Maureen Stott
Title: Special Services Director

Subject: Contract Service Agreement: Lead Speech/Language Pathologist 2021-2022

Description: Recommend Katie Barcus-Kuka to provide Lead Speech/Language Pathology Services for the 2021-2022 school year.

Financial Impact: \$104,000.00

Funding Source (Budget/grant, etc.): 115-76-456-2152-330-612

Attachment(s): Contract Service Agreement

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) 338-2708

Date: June 8, 2021

Board Approval: _____

Contractor: Katie Barcus-Kuka

Phone: (406) 470-1068

Address: P.O. Box 2705
P.O. Box or Street Address

Browning MT 59417
City State Zip

Type of Project/Service (be specific): The Lead Speech/Language Pathologist will perform Speech Aide trainings, assist Speech Pathologists with assessments, trainings and general guidance, grades PK through 12. Will also provide speech/language therapy services to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.

Contracted Dates: 08/16/21 to 06/10/22

Rate per hour/per day: \$65.00 x 8 hrs./5 days per week (1,600 hours) = \$104,000.00

Per Diem/per day: _____ x _____ # of Days = _____

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): Not to exceed total \$ amount = _____

Total Project Cost = **\$104,000.00**

Contract to be paid from:
115-76-456-2152-330-612

Independent Contractor:

☒ Submit invoice on completion monthly

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