Browning Public Schools **Board Agenda Request**Meeting To Be Held: 05/14/24



| Recognit | ion: Students | Staff | Parents | | | |
|--|--|-------------------|--|--|--|--|
| Informat | tion: 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: | 04/20/24 | | | | | |
| To: | Corrina Guardipee-Hall Superintendent | · | ebecca Rappold_ terim Director of Special Education | | | |
| Subject: Contract Service Agreement: Speech/Language Pathologist 2024-2025 | | | | | | |
| Description: Recommend Carol E. Neuman to provide Speech/Language Pathology Services for the 2024-2025 school year. | | | | | | |
| Financial Impact: \$ 84,748.40 | | | | | | |
| Funding Source (Budget/grant, etc.): 115-76-456-2152-330-613 | | | | | | |
| Attachment(s): Contract Service Agreement | | | | | | |
| Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) | | | | | | |
| Comments: | | | | | | |
| Commen | us: | | | | | |
| Board Action: N/A (Info) Approved Denied Tabled to: | | | | | | |

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

Board Approval: May 14, 2024

Date: May 7, 2024

| Contractor: Carol E. Neuman | Phone: <u>406-202-6420</u> | | | |
|---|--|--|--|--|
| Address: 3470 Cove View drive | City: Helena Sta | ate: MT | Zip: 59602 | |
| Type of Project/Service (be specific): but will not be limited to testing, ident meetings, supervising therapy aide, y necessary, writing therapy reports and The speech/language pathologist will compensation exemption and individu Schools adopted 2024-2025 school y weekends. | fication, therapy, writing evariting individual education will maintain appropriate recovoide the district with appul liability insurance. 187 co. | plans (IEP) cords to meet propriate proo ntracted days | rts, conducting evaluation report and conduct IEP meetings as t state and district requirements. of of current licensure, workers' to follow the Browning Public | |
| Contracted Dates: <u>08/19/24</u> to <u>06/06/</u> | <u>25</u> | | | |
| Rate per hour/per day: $$56.65$ x up to 1 | <u>196 hrs</u> | : | = <u>\$84,748.40</u> | |
| Per Diem/per day: # of | Days | : | = | |
| Mileage: miles @ per mil | ; | : | = <u></u> | |
| Other costs (explain): Not to exceed to | al \$ amount | : | = | |
| | Total Project | t Cost | = <u>\$84,748.40</u> | |
| Contract to be paid from: | ☑ Inv☐ OthEmploye | | | |
| The above terms and conditions constitutions for the contractor to render so unforeseen problems, this agreement shape of the contractor to render so unforeseen problems, this agreement shape of the contractor to render so unforeseen problems. | ute an agreement by and bet rvices, as indicated. In the all be changed accordingly. | ween the con event of non- becca Rappol | tractor and the Browning Public -completion of services or other | |
| Contractor's Signature | Principal/S | Supervisor | | |
| N/A Federal ID Number/EIN | Superinten | ndent | | |
| I CHOI MI IIV I IMMINOI/IJII | Supermen | 140111 | | |
| An Independent Contractor must provi License or sign an Independent Cont | | | | |

White - Contractor Yellow - Business Office

Worker's Compensation Insurance and Unemployment Insurance for employees.