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Recogniti		Staff	Parents				
Informat	ion: 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:	08/02/22						
To:	<b>Corrina Guardipee-Hall</b> Browning Public Schools		becca Rappold_ erim SpEd Director				
<b>Description:</b> Recommend Cheryl Lock to provide Speech/Language Pathology Services at Babb Elementary for the 2022-2023 school year							
Financial Impact: \$ 6,600.00							
Funding	Source (Budget/grant, etc.):	115-76-456-2152-330-613	3				
Attachment(s): Contract Service Agreement							
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial)							
Comments:							
Board Ac	etion: N/A (Info)	Approved Denied	Tabled to:				

## **Browning Public Schools CONTRACT SERVICE AGREEMENT** (406) 338-2715 • (406) 338-2708

Date: August 2, 2022	Board Approval: <u>8/9/22</u>		
Contractor: Cheryl Lock		Phone	:: <u>406-845-8015</u>
Address: P.O. Box 499	City: Babb	State: MT	Zip: 59411

Type of Project/Service (be specific): The Speech/Language Pathologist will provide speech/language 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.

<b>Contracted Dates:</b> <u>08/22/22</u> to <u>06/09/23</u>						
Rate per hour/per day: \$55.00 x 3 hrs./week (120 hrs.)		= \$6,600.00				
Per Diem/per day: x # of Days		=				
Mileage: miles @ per mile		=				
Other costs (explain): Not to exceed total \$ amount		=				
	<b>Total Project Cost</b>	= \$6,600.00				
Contract to be paid from:	Independent Contr	actor:				

115-76-456-2152-330-613

## **Independent Contractor:**

Submit	invoice
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Other: Submit Timesheet w/Invoice

## **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** 

N/A

**SSN/Federal ID Number/EIN** 

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

Superintendent

Yellow – Business Office