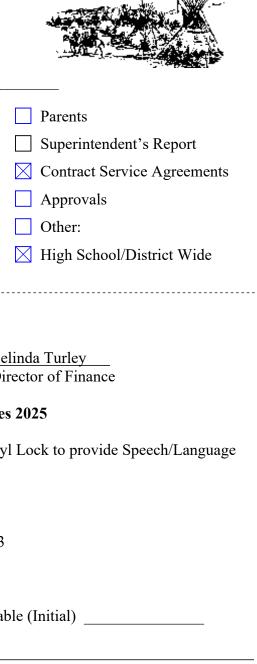
Browning Public Schools **Board Agenda Request**Meeting To Be Held: 05/28/25



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:	05/22/25			
То:	Rebecca Rappold Browning Public Schools	·	elinda Turley irector of Finance	
Subject: CSA: Speech/Language Pathologist Summer Services 2025				
Description: Recommend a contract service agreement for Cheryl Lock to provide Speech/Language Pathology Services for the Summer 2025.				
Financial Impact: \$ \$1,416.25				
Funding Source (Budget/grant, etc.): 115.90.787.1700.150.633				
Attachment(s): Contract Service Agreement				
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial)				
Comments:				
Board Ac	ction: N/A (Info)	Approved Denied	Tabled to:	

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-32708

Date: May 22, 2025	Board Approval: May 28, 2025		
Contractor: Karen Nesbitt	Phone:		
Address: 588 Lake Blaine Rd City: Kal	ispell State: MT Zip: 59901		
Type of Project/Service (be specific): The Speech/I	anguage Pathologist will provide speech/language tele-		
therapy services to include but will not be limited to	testing, identification, therapy, writing evaluation reports,		
conducting evaluation report meetings, supervising the	herapy aide, writing individual education plans (IEP) and		
conduct IEP meetings as necessary, writing therapy in	reports and will maintain appropriate records to meet state		
and district requirements. The speech/language path	ologist will provide the district with appropriate proof of		
current licensure, workers' compensation exemption	and individual liability insurance.		
Contracted Dates: <u>06/9/25</u> to <u>7/30/25</u>			
Rate per hour/per day: $$56.65 \times 25 \text{ hrs (not to exceed)}$$	= \$1,416.25		
	= NA		
Per Diem/per day: x # of Days			
Mileage:	141		
Other costs (explain):	$= \underline{NA}$		
	Total Project Cost = \$1,415.25		
Contract to be paid from:	Independent Contractor:		
115.90.787.1700.150.633	Submit invoice will be paid monthly		
	Other: Employee:		
	Submit timesheet through payroll		
	ment by and between the contractor and the Browning Public licated. In the event of non-completion of services or other d accordingly.		
Contractor's Signature	Principal/Supervisor		
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