

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



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: 05/22/25

To: Rebecca Rappold
 Browning Public Schools

From: Belinda Turley
Title: Director 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 Action: ☐ 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:** Kalispell **State:** MT **Zip:** 59901

Type of Project/Service (be specific): The Speech/Language 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 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: 06/9/25 to 7/30/25

Rate per hour/per day: \$56.65 x 25 hrs (not to exceed) = \$1,416.25

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

Mileage: _____ = NA

Other costs (explain): _____ = NA

Total Project Cost = **\$1,415.25**

Contract to be paid from:

115.90.787.1700.150.633

Independent Contractor:

☒ Submit invoice will be paid monthly

☐ 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

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.