<b>Board</b> A	ng Public Schools <b>Agenda Request</b> g to Be Held: 8/17/16							
Recognit	ion: 🗌 Students	Staff	Parents					
Information: Duilding Report		Old Busines	ess Superintendent's Report					
Action:	Resignation	Hiring	Contract Service Agreements					
	Travel Out-of-State	Travel In St	State 🔀 Approvals					
	Termination	Legal Matte	ters Other:					
	This action request pertains to	Elementary	y (only) 🛛 High School/District Wide					
Date:	8/9/16							
То:	John RouseFrom:Jason AndreasSuperintendentTitle:Executive Director							
Subject: Youth Mental Health First Aid Training - New Teacher Orientation								
<b>Description:</b> Jason Andreas, Executive Director, is requesting the approval of a CSA for Kathy Broere to present the 6 hour YMHFA Training to all new teachers on August 18, 2016.								
Financial Impact: \$225.00								
Funding Source (Budget/grant, etc.): HR 226.90.160.2316.330 (25%) - HR 126.90.160.2316.330 (75%)								
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) 338-3200

Date: August 18, 2016		<b>Board App</b>	roval: <u>Au</u>	ugust 17,2016				
Contractor: Kathy Bro	bere	Phone	: <u>338-7</u>	995				
Address: P.O. Box 9	998	Browning	MT	59417				
P.O. Box or Street	Address	City	State	Zip				
Type of Project/Service	(be specific): <u>Cont</u>	ractor will facilitate 6	hour Youth	Mental Health I	First Aid			
Professional Development f	or new teachning staff	on August 18, 2016.	Upon comp	oletion, the contra	actor will turn			
in a time sheet to document	6 hour training.							
Contracted Dates: 8/18	3/2016							
Rate per hour/per day: <u>\$2</u>	25.00 per 6 hour pd (	(board approved rate	<u>e)</u> =	\$225.00				
Per Diem/per day:	X	# of Da	ays =	N/A				
Mileage:	miles @	per mile	=	N/A				
Other costs (explain):	Not to exceed tota	al \$ amount	=	N/A				
		Total Project (	Cost =	<u>\$ 225.00</u>				
Contract to be paid from	n:	Independent Contractor:						
126.90.160.2316.330 (7	5%)	Submit invoice on completion						
226.90.160.2316.330 (2	5%)	Other						
		Employee:						
		Submit timesheet through payroll						
The above terms and condi	tions constitute an agre	eement by and betwee	n the contra	actor and the Bro	owning Public			
Schools for the contractor	to render services, as i	indicated. In the even	nt of non-co	ompletion of ser	vices or other			

**Contractor's Signature** 

Jason Andreas
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

unforeseen problems, this agreement shall be changed accordingly.

Yellow – Business Office