

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 2/12/19



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: 2/5/19

To: **Superintendent**
 Browning Public Schools

From: Matthew Johnson
 Title: Alternative Schools Director

Subject: **Contract Service Agreement – MAPS Media Institute Digital Storytelling Project**

Justification: The Browning High School GEAR UP program is bringing in MAPS Media Institute to do a 2-day hands-on Digital Storytelling project with students at the William Buffalo Hide Academy. This activity will be paid by the Browning High School GEAR UP Program.

Financial Impact: \$4,237.50

Funding Source (Budget/grant, etc.):

Attachment(s): Contract Service Agreement, W-9, IRS Tax Exempt Status, State Documents

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: 2/1/18

Board Approval: _____

Contractor: MAPS Media Institute

Phone: (406) 381-7230

Address: 515 Madison Street Hamilton MT 59840
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): Digital Storytelling Project with William Buffalo Hide Academy

Contracted Dates: 3/19/19 to 3/20/19 # of Days = _____

Rate per hour/per day: \$1254 x 2 # of Days = \$2,508

Per Diem/per day: \$152 x 3 # of Days = \$ 456

Mileage: 500 miles @ .545 per mile = \$ 272.50

Other costs (explain): RentCar + Ins. \$300; Cont \$201; PPD \$500 = \$1,001.00

Total Project Cost = \$4,237.50

Contract to be paid from:

115-60-471-2213-330-686

Independent Contractor:

Submit invoice on completion

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.

Clare Ann Hull
Contractor's Signature

Delonick Mayo
Principal/Supervisor

20-1279915
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

Yellow – Business Office

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Irwin & Florence Rosten Foundation, Inc.		
	2 Business name/disregarded entity name, if different from above MAPS Media Institute		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Non Profit Corporation 501(c)3		
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		5 Address (number, street, and apt. or suite no.) SIS Madison
			6 City, state, and ZIP code Hamilton MT 59840
	7 List account number(s) here (optional)		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
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2	0	-	1	2	7	9	9	1	5	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ **Clare Ann Hart** Date ▶ **5/18/17**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

INTERNAL REVENUE SERVICE
P. O. BOX 3508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **OCT 18 2004**

THE FLORENCE PREVER ROSTEN
FOUNDATION FOR THE MEDIA ARTS INC
C/O PETER ROSTEN
PO BOX 750 3370 CAMP FOUR RD
DARBY, MT 59829-0750

Employer Identification Number:
20-1279915
DLE#: 17053237036034
Contact Person: RENEE RAILY HORTON ID# 31172
Contact Telephone Number: (877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170 (b) (1) (A) (vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 18, 2004
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2008

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.



MONTANA SECRETARY OF STATE

Return Method: Email

June 28, 2018

CLARE ANN HARFF
515 MADISON
HAMILTON MT 59840

CERTIFICATION LETTER

I, COREY STAPLETON, Secretary of State for the State of Montana, do hereby certify that

**THE IRWIN AND FLORENCE ROSTEN
FOUNDATION, INC.**

filed its Amended Annual Report with this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

Certified File Number: D134202 - 11704925

Effective Date: June 28, 2018

Thank you for being a valued member of the Montana business community. I wish you the best of luck in your future endeavors.

A handwritten signature in black ink, appearing to read "Corey Stapleton".

Corey Stapleton
Montana Secretary of State



855 Front Street | P.O. Box 4759 | Helena, MT 59604-4759
Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020
Fraud 888-MT-CRIME or 888-682-7463 | TDD/TTY 406-495-5030
montanastatefund.com | safemt.com

BROWNING PUBLIC SCHOOL DISTRICT
129 1ST AVE SE
BROWNING MT 59417

Policy #: 03-365541-6
Team: Select
Date: 01/23/2019

INSURED: IRWIN AND FLORENCE ROSTEN FOUNDATION
DBA MAPS MEDIA INSTITUTE
515 MADISON ST
HAMILTON MT 59840-2706

**CERTIFICATE OF WORKERS' COMPENSATION,
OCCUPATIONAL DISEASE AND EMPLOYERS LIABILITY INSURANCE**

This certificate is for your information only. It does not create a contract between you and Montana State Fund or change any of the policy terms. The policy includes coverage for all employees as required by Montana law.

Employers Liability is included at the following limits of liability:

\$100,000 Bodily Injury By Accident, Each Accident
\$100,000 Bodily Injury By Disease, Each Employee
\$500,000 Bodily Injury By Disease, Policy Limit

The insured may elect coverage for certain employments. We cannot verify the coverage of such employments. You should verify coverage for these employments with the insured.

The policy period is 10/01/2018 to 10/01/2019. We will attempt to notify you if the policy is cancelled.

When the policy expires, you may request a new certificate through the insured.

cc: IRWIN AND FLORENCE ROSTEN FOUNDATION