Browning Public Schools Board Agenda RequestMeeting to Be Held: 7/31/24



Recognit	ion: Students	Staff	Parents			
Information:		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:	7/23/24					
To:	Board of Trustees	From: Rebecca Rappold				
	Browning Public Schools	Title: Sup	perintendent			
Subject: CSA: Onboarding for BMS Nurse 2024-2025						
Description: Contract Service Agreement for Myranda Sinclair to assist BPS with onboarding the new BMS School Nurse.						
Financial Impact: \$630.00 (up to 30 hours @ \$21.00/hr for July & August) Funding Source (Budget/grant, etc.): 115.90.787.1700.150.634						
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) 338-2708

Date: 7/23/24 Board Approval: 7/31/24				
Contractor: Myranda Sinclair	Pho	Phone:		
Address: Box	Browning,	MT	59417	
P.O. Box or Street Address	City	State	Zip	
Type of Project/Service (be specific): Contrac	ctor will provide onboard	ing assistance	for the new BMS Sch	<u>100l</u>
Nurse.				
Contracted Dates: <u>7/31/24 to 8/15/24</u>				
Rate per hour/per day: up to 30 hrs @ \$21.	.00/hr for July & August	=	<u>\$630.00</u>	
Per Diem/per day: x # of Day	ys	=	N/A	
Mileage:miles @ per mile		=	N/A	
Other costs (explain): Not to exceed total \$	S amount	=	<u>N/A</u>	
	Total P	roject Cost =	\$630.00	
Contract to be paid from: 115.90.787.1700.150.634	Independent Contractor: ☐ Submit invoice on completion ☐ Other Employee: ☐ Submit timesheet through payroll			
The above terms and conditions constitute Schools for the contractor to render servi unforeseen problems, this agreement shall	ces, as indicated. In the e			
Contractor's Signature	Principal/S	upervisor		
SSN/Federal ID Number/EIN	Superinten	dent		
An Independent Contractor must provide License or sign an Independent Contract Worker's Compensation Insurance and Un	tor's Exemption Application	on Affidavit w	· · · · · · · · · · · · · · · · · · ·	
White – Contractor	Yellow – Bus	siness Office		