

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 10/27/21



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: 10/19/21

To: Corrina Guardipee-Hall
Browning Public Schools

From: Maureen Stott
Title: Special Services Director

Subject: **Contract Service Agreement for ProCare Therapy, Occupational Therapist 2021-2022**

Description: Recommend ProCare Therapy to provide Occupational Therapist Services for the 2021-2022 school year.

Financial Impact: \$ 61,900.20

Funding Source (Budget/grant, etc.): 115-76-456-2160-113-612

Attachment(s): ProCare 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: October 19, 2021

Board Approval: 10/27/21

Contractor: ProCare Therapy

Phone: 678-274-5710

Address: 5550 Peachtree Pkwy, Suite 500 City: Peachtree Corners State GA Zip 30092

Type of Project/Service (be specific): The Occupational Therapist will conduct appropriate assessments via tele-therapy of referred students. Assesses through appropriate testing and diagnostic practices. Provides case management services for students entering the special education system. The Occupational Therapist will perform testing, diagnosis, write evaluation reports, conduct evaluation report meetings and will maintain appropriate records to meet state and district requirements. The Occupation Therapist will follow the Browning Public Schools academic calendar and work on scheduled school days only. The Occupational Therapist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance, W-9 and will provide all technology devices and assessment tools, (VocoVision Station).

Contracted Dates: 11/01/2021 to 06/03/22

Rate per hour/per day: \$76.42 x 6 hrs. x 135 days (5 days a wk) = \$61,900.20

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

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): Not to exceed total \$ amount = _____

Total Project Cost = \$61,900.20

Contract to be paid from:
115-76-456-2160-113-612

Independent Contractor:

- Submit invoice on completion
 Other Paid Monthly by Invoice

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

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