## Browning Public Schools **Board Agenda Request**Meeting to Be Held: 10/15/24



							<del></del>
Recognit	tion:	Students	St	taff			Parents
Informat	tion:	Building Repor	t 🔲 O	ld Busines	SS		Superintendent's Report
Action:	Res	signation	Н	iring			Contract Service Agreements
	Tra	vel Out-of-State	Tr	avel In Sta	ate		Approvals
	Ter	mination		egal Matte	ers		Other:
	This act	tion request pertain	is to E	lementary	(only)	) 🖂	High School/District Wide
Date:	10/11/24	4					
To	School Board Member From: Rebecca Rappold Title: Superintendent				* *		
Subject: CSA: Wellness Committee 2024-2025							
<ul> <li>November District Wellness Day</li> <li>March District Wellness Day &amp; ½ Day AM Staff Appreciation Day.</li> <li>Collect Wellness Data</li> <li>District Step Challenge (NOVEMBER - 1ST)</li> <li>District Melt-Down Challenge (NOVEMBER - 1ST)</li> <li>Assess Wellness Rooms and equipment</li> <li>Final Community Tailgate Social</li> <li>Tribal Health Community Activities</li> <li>THANKSGIVING OPENING?</li> <li>CHRISTMAS OPENING?</li> <li>STUDENT WELLNESS ADVISORY GROUP! MEETING with all buildings</li> </ul>							
Financial	l Impact:	<b>\$3,360.00</b> + fringe	:				
Funding	Source (	Budget/grant, etc.)	: MHCF G	rant 115.9	0.470.2	2213.12	0.209
Attachmo	ent: CSA						
Approval	l: Superi	ntendent's Office/F	inance/Pers	sonnel as a	pplical	ble (Init	ial):
Commen	ts:						
Board Ac	ction:	N/A (Info)	Approv	ved	Deni	ied	Tabled to:

## **Browning Public Schools**

## **CONTRACT SERVICE AGREEMENT**

(406) 338-2715 • (406) 338-2708

**Board Approval:** <u>10/15/24</u>

**Date:** <u>10/8/24</u>

Contractor: Leo Bullchild	Phone: 406-338-2745				
Address: Browning,	MT 59417				
P.O. Box or Street Address	City, State, Zip				
Type of Project/Service (be specific): Contractor will	help plan and imple	ment the (2) Wellness Day for the			
Browning Public Schools staff. The following responsi	bilities will be: Nove	mber District Wellness Day; March			
District Wellness Day & ½ Day AM Staff Appreciation	on Day; Collect Well	lness Data; District Step Challenge			
(NOVEMBER - 1ST); District Melt-Down Challenge (NO	VEMBER - 1ST); Asse	ss Wellness Rooms and equipment			
Final Community Tailgate Social; Tribal Health Comm	unity Activities; STUD	DENT WELLNESS ADVISORY GROUP			
MEETING with all buildings					
<b>Contracted Dates:</b> <u>10/14/24</u> to <u>12/31/24</u>					
Rate per hour/per day: <u>2hr/day x \$21.00</u> x <u>NTE 160</u> # c	of Davis	= \$3360.00			
Per Diem/per day: x # of Days	n Days	= <u>NA</u>			
Mileage:miles @ per mile		= NA			
Other costs (explain):		= <u>NA</u>			
	otal Project Cost	= <u>\$3360.00</u>			
Contract to be paid from:	Independent Cont	ractor:			
MHCF grant 115.90.470.2213.120.209	Submit invoice on completion				
	Other	_			
	Employee:				
	Submit timesheet through payroll				
The above terms and conditions constitute an agreemer Schools for the contractor to render services, as indica unforeseen problems, this agreement shall be changed	ted. In the event of				
	Rebecca Rappold				
Contractor's Signature	Principal/Supervisor	r			
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