

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 10/11/16



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: 10/04/16

To: **John Rouse**
 Superintendent

From: Jason Andreas
 Title: Executive Director

Subject: CSAs for Youth Mental Health First Aid Training for 1st Year Teachers

Description: Kimberly Tatsey, Good Medicine Program Coordinator, is requesting contract service agreements for new teachers to complete the second half of the YMHFA Training on October 20, 2016. Faculty will be paid a \$100 training stipend for a full 6 hours of professional development per the board approved extracurricular salary schedule

\$100 per day (less deductions required by law) x # of new teachers TBD

Financial Impact: \$600.00

Funding Source (Budget/grant, etc.): Montana Soars Budget

Attachment(s): Sample CSA, Excel spreadsheet of attendees

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____

Name	Amount	
Nancy Scott	\$100.00	126.50.120.2213.150
Megan Adams	\$100.00	126.20.120.2213.150
Patrick Hagen	\$100.00	126.50.130.2213.150
Raymond Zentz	\$100.00	226.60.150.2213.150
Matthew Swenson	\$100.00	126.30.130.2215.150
Heather Buchanon	\$100.00	226.60.150.2213.150
Matthew Johnson- Facilitator	\$225.00	126.90.100.2213.330 (75%) 226.90.100.2213.330 (25%)
	\$825.00	

Browning Public Schools
CONTRACT SERVICE AGREEMENT
(406) 338-2715 • (406) 338-3200

Date: October 11, 2016

Board Approval: _____

Contractor: Sample CSA

Phone: _____

Address: _____
P.O. Box or Street Address City State Zip

Type of Project/Service (be specific): Contractor will participate in the YMHFA Training on October 21, 2016. Contractor will be required to complete the full 6 hours of professional development to receive payment. No partial payments will be made. Contractor will complete a timesheet to document the hours of participation upon completion of the training.

Contracted Dates: 10/21/2016

Rate per hour/per day: <u>\$100 less deductions required by law</u>	=	<u>\$100.00</u>
Per Diem/per day: _____ x _____ # of Days	=	<u>N/A</u>
Mileage: _____ miles @ _____ per mile	=	<u>N/A</u>
Other costs (explain): _____ Not to exceed total \$ amount _____	=	<u>N/A</u>
Total Project Cost	=	<u>\$ 100.00</u>

Contract to be paid from:

Project Soars Budget (to be setup BM)

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.

Contractor's Signature

Billie Jo Juneau
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