

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 9/30/25



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: 8/19/25

To: Rebecca Rappold
Superintendent

From: Title: Cinnamon Salway
Wellness/Prevention Director

Subject: CSA: Wellness Committee 2025-2026

Description: Recommend approving Leo BullChild, Wellness Committee member, who will be helping plan and implement wellness for the staff of Browning Public Schools.

>October- District Wellness Day
>March- District Wellness Day
>District step challenge
>District meltdown
>community events
>Tribal Health wellness days
>Thanksgiving opening for weight room
>Christmas break opening weight room
>continue student wellness advisory groups
>All wellness activities in the district

Financial Impact: \$6,720.00 + fringe

Funding Source: 126/226.77.160.2213.120 70/30 Split 70/30

Attachment(s): CSA

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: 08/19/25

Board Approval: _____

Contractor: Leo Bull Child

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 implement the (2) Wellness Day for the Browning Public School staff. The following responsibilities will be: November District Wellness Day; March District Wellness Day & ½ Day AM Staff Appreciation Day; Collect Wellness Data; District Step Challenge (NOVEMBER - 1ST); District Melt-Down Challenge (NOVEMBER - 1ST); Assess Wellness Rooms and equipment; Final Community Tailgate Social; Tribal Health Community Activities; STUDENT WELLNESS ADVISORY GROUP! MEETING with all buildings**

Contracted Dates: 08/21/25 to 06/30/26

Rate per hour/per day: 2hr/day x \$21.00 x NTE 320 # of Days = \$6,720.00

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

Mileage: _____ miles @ _____ per mile = NA

Other costs (explain): _____ = NA

Total Project Cost = \$6,720.00

Contract to be paid from:

126.77.160.2213.120 70%

226.77.160.2213.120 30%

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

Principal/Supervisor

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.