Browning Public Schools **Board Agenda Request**Meeting to Be Held: 10/11/22



| Recognit | sion: Students | Staff | Parents | | |
|----------------------------|--|--------------------------|---|-----|--|
| Informat | tion: | 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: | 10/4/22 | | | | |
| To: | Corrina Guardipee-Hall Superintendent | From: Title: | <u>Iatthew Johnson</u> irector of Alternative Education | | |
| Subject: | CSA: 21st Century Certified | Tutor-BHS SY 2022- | 2023 | | |
| Descript Program | ion: Contract Service Agreem for the 2022-2023 SY. | ent for Sarah Billet Cer | tified Tutor for the 21st Century Tutor | ing | |
| Financia | l Impact: \$4,872.00 (\$21.00/) | hr x 8 hr/week x 29 wks | s) Per the Temporary Compensation | | |
| Funding | Source (Budget/grant, etc.): | 215.68.434.1700.112.4 | 24 | | |
| Attachm | ent(s): Contract Service Ag | reement | | | |
| Approva | l: Superintendent's Office/Fir | ance/Personnel as appl | icable (Initial) | | |
| Commen | nts: | | | | |
| | | | | | |
| Board A | ction: N/A (Info) | Approved Den | ied Tabled to: | | |

Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

| Date: <u>10/4/22</u> | Board Approval: | | | | | | |
|--|--------------------|------------------------------|--|-------------|--|--|--|
| Contractor: Sarah Billet | Phone: | | | | | | |
| Address: Box | Browning, | MT | 5941 <u>7</u> | | | | |
| P.O. Box or Street Address | City | State | Zip | | | | |
| Type of Project/Service (be specific): Certified provide structured student tutoring (Monday—Ti | | | | | | | |
| Contractor will provide bi-weekly timesheets to | | | _ | _ | | | |
| logs to document tutoring activity. Employee is a | | | | | | | |
| will be responsible for all standards of employme | • | | | acation and | | | |
| The second secon | | <u> </u> | with with with the state of the | | | | |
| Contracted Dates: <u>10/12/22 to 6/7/23</u> | | | | | | | |
| Rate per hour/per day: \$21.00 per hour x 8 hours | per week x 29 wee | <u>ks</u> = | <u>\$4,872.00</u> | | | | |
| Per Diem/per day: x # of Days | | = | N/A_ | | | | |
| Mileage: per mile | | = | N/A_ | | | | |
| Other costs (explain): Not to exceed total \$ amou | <u>nt</u> | = | <u>N/A</u> | | | | |
| | Total l | Project Cost = | \$4,872.00 | | | | |
| Contract to be paid from: Independent Contractor: | | | | | | | |
| 215.68.434.1700.112.424 | Sub | Submit invoice on completion | | | | | |
| | Other | | | | | | |
| | Employe | <u></u> | | | | | |
| Submit timesheet through payroll | | | | | | | |
| The above terms and conditions constitute an ag Schools for the contractor to render services, as unforeseen problems, this agreement shall be cha | indicated. In the | | | | | | |
| Contractor's Signature | Principal/S | Supervisor | | _ | | | |
| SSN/Federal ID Number/EIN | Superinter | ndent | | | | | |
| An Independent Contractor must provide Brown License or sign an Independent Contractor's E Worker's Compensation Insurance and Unemplo | exemption Applicat | tion Affidavit w | | | | | |
| White – Contractor | Yellow – Bu | usiness Office | | | | | |