

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 11/09/21



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: 11/01/21

To: **Corrina Guardipee-Hall**
 Browning Public Schools

From: Maureen Stott
Title: Special Services Director

Subject: **CSA: ProCare Therapy, Physical Therapist Services 2021-2022**

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

Financial Impact: \$48,950.00

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: November 2, 2021

Board Approval: 11/09/21

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 Physical 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 Physical Therapist will perform testing, diagnosis, write evaluation reports, conduct evaluation report meetings and will maintain appropriate records to meet state and district requirements. The Physical Therapist will follow the Browning Public Schools academic calendar and work on scheduled school days only. The Physical 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: 11/15/2021 to 05/20/22

Rate per hour/per day: \$89.00/hr x 25 hrs. a week (110 days) = \$48,950.00

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

Mileage: _____ miles @ _____ per mile = _____

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

Total Project Cost = \$48,950.00

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

Maureen Stott
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