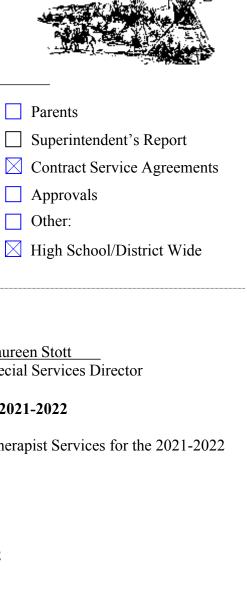
## Browning Public Schools **Board Agenda Request**Meeting To Be Held: 11/09/21



Recogni	tion: Students	Staff	Parents		
Informa	ation:	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 t	Elementary (only)	High School/District Wide		
Date:	11/01/21				
To:	Corrina Guardipee-Hall Browning Public Schools	_	Maureen Stott Special Services Director		
Subject: CSA: ProCare Therapy, Physical Therapist Services 2021-2022					
<b>Description:</b> 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)					
Comme	mts:				
Board Ac	tion: N/A (Info)	Approved Den	ied Tabled to:		

## **Browning Public Schools**

## **CONTRACT SERVICE AGREEMENT**(406)

338-2715 • (406) 338-2708

**Board Approval:** <u>11/09//21</u>

Contractor: ProCare Therapy	<b>Phone:</b> <u>678-274-5710</u>			
Address: 5550 Peachtree Pkwy, Suite 500	City: Peachtree Corners	State GA Zip 30092		
Type of Project/Service (be specific): The therapy of referred students. Assesses thromanagement services for students entering testing, diagnosis, write evaluation reports, records to meet state and district requirement academic calendar and work on scheduled so appropriate proof of current licensure, worked and will provide all technology devices and a Contracted Dates: 11/15/2021 to 05/20/22	bugh appropriate testing and diagnostic the special education system. The P conduct evaluation report meetings ts. The Physical Therapist will follow thool days only. The Physical Therapists' compensation exemption and ind	ostic practices. Provides case hysical Therapist will perform and will maintain appropriate we the Browning Public Schools ist will provide the district with ividual liability insurance, W-9		
Rate per hour/per day: \$89.00/hr x 25 hrs. a y	week (110 days)	= \$48,950.00		
Per Diem/per day:x_		=		
Mileage:miles @		=		
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	Submit invoice on Other Paid Month Employee:	Independent Contractor:  ☐ Submit invoice on completion ☐ Other Paid Monthly by Invoice  Employee: ☐ Submit timesheet through payroll		
The above terms and conditions constitute Public Schools for the contractor to render or other unforeseen problems, this agreement	services, as indicated. In the event			
Contractor's Signature	Maureen Stott Principal/Supervisor			
Contractor & Signature	i i incipai/Supei visoi			
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

Date: November 2, 2021

**Yellow – Business Office**