Browning Public Schools
Board Agenda Request
Meeting to Be Held: 9/8/26

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

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Date: 8/27/26

To: Browning School Board of Trustees

From: Rebecca Rappold
Title: Superintendent

Subject: CSA: Go Be You-Stacy York-Nation, Trauma Informed Training

Description: Provide 4 1-hour virtual professional development sessions on 9/30/26, 11/11/26, 2/10/27, and 4/14/27. The topics for each session will be:

Session 1: Stress and the Brain
Understanding the brain and how stress impacts the brain's functioning is critical for educators. This session will give a baseline understanding of how the brain functions and what happens when stress occurs. We work with the most critical organ in the human body. Understanding the relationship between stress and the brain is crucial.

Session 2: The Stress Cycle
We cannot go through life without stress. What's more important than stress management? Understanding the stress cycle and how to complete it. As educators, you encounter students in the midst of stress cycles all day. This session will give you strategies to help your students (and yourself) complete their stress cycles.

Session 3: The Effects of Trauma on Brain Functioning
Trauma is a frequently used word with minimal understanding. In this session, we will learn what trauma is, how it relates to stress, and the impact of trauma on the brain. We will also learn how to mitigate those effects and move students towards resiliency, emotional regulation, and healing.

Session 4: Regulation Techniques
All educators need as many tools in their toolbox as possible. This session will focus on the science behind regulation techniques and the endless options we have at our fingertips, once we understand the brain.

Financial Impact: $1750.00

Funding Source (Budget/grant, etc.): 126/226.90.161.2213.320

Attachment(s): see attachment

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

Comments: _____

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

Go Be You, LLC

Stacy G. Nation, LCSW, 2525 Maple Way, Cheyenne, WY 82009 |720-295-4015 | stacy@gobeyou.org

LETTER OF AGREEMENT

August 20, 2026

RE: Browning Public Schools Professional Development

Dear Rebecca,

Thank you for asking me to provide professional development for Browning Public Schools during the 2026-2027 school year. This Letter of Agreement is a legally enforceable contract and sets forth the terms governing the services that I agree to provide to Browning Public Schools (BPS). The term "Contractor" refers to me, Stacy G. Nation.

Services. BPS accepts Contractor's offer to provide the following services:
The Contractor will provide four 1-hour virtual professional development sessions on 9/30/26, 11/11/26, 2/10/27, and 4/14/27.

The topics for each session will be:

Session 1: Stress and the Brain
Understanding the brain and how stress impacts the brain's functioning is critical for educators. This session will give a baseline understanding of how the brain functions and what happens when stress occurs. We work with the most critical organ in the human body. Understanding the relationship between stress and the brain is crucial.

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Session 4: Regulation Techniques
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Term. The above-described services shall be completed by April 14, 2027.

Compensation. The BPS agrees to pay Contractor $1750 for performance of the services described above. The Contractor will provide an invoice after each 1-hour session, and BPS will provide compensation within 30 days.

Civil Rights. Individuals and entities involved in the performance of this Letter of Agreement shall not discriminate based on race, religion, color, sex, national origin, age, police affiliation, marital status, mental or physical disability, or ancestry.

Drug-Free Workplace and Federal Lobbying, Debarment, and Suspension. Individuals and entities involved in the performance of this Letter of Agreement shall: (a) comply with all requirements of the Drug-Free Workplace Act and (b) comply with all federal requirements concerning federal lobbying, debarment, and suspension.

Records. Contractor shall maintain for a period of five years from the date of termination of the agreement all financial and program records in connection with this agreement.

Independent Contractor Relationship. Contractor, if an individual, is self-employed and engaged in an independent trade or business and is not an employee of the BPS. Contractor is not eligible for any employee benefits from payments made under this Letter of Agreement. This includes, but is not limited to, social security, Medicare, unemployment insurance, workers' compensation, or public retirement. Contractor is an independent contractor for purposes of federal and state income taxes, which will not be withheld from the payment to the Contractor.

Contractor controls all aspects of the services necessary to meet Contractor's duties under this Letter of Agreement. Contractor is solely responsible for providing, at Contractor's expense, all of the supplies, materials, and equipment necessary to complete this Letter of Agreement.

Indemnification. Contractor agrees to protect, defend, and save the State of Montana, its elected and appointed officials, agents, and employees, while acting with the scope of their duties as such, harmless from and against all claims, demands, causes of action of any kind of character, including the cost of defense thereof, arising in favor of Contractor's employees, if any, or third parties on account of bodily or personal injuries, death, or damage to property arising out of services performed or commissions of services or in any way resulting form the acts or omissions of Contractor or its agents, employees, representatives, assigns, or subcontractors under this Letter of Agreement. Contractor shall be financially responsible for any audit exception related to services performed under this Letter of Agreement.

Insurance. Contractor shall maintain for the duration of this Letter of Agreement, at Contractor's expense, insurance against claims for injuries to persons or damages to property that may arise from or in connection with the performance of the work by the Contractor, its agents, employees, representatives, assigns, or subcontractors. This insurance shall cover such claims as may be caused by any negligent act or omission. Contractor's insurance coverage shall be primary insurance with respect to the BPS, its officers, officials, employees, and volunteers and shall apply separately to each project or location. Any insurance or self-insurance maintained by the BPS, its officers, employees, or volunteers shall be secondary to Contractor's insurance.

Workers' Compensation Insurance. Contractor is not an employee of BPS and is not entitled to any workers' compensation through BPS.

Termination. The BPS may, upon written notice to the Contractor, terminate this Letter of Agreement in whole or in part at any time the Contractor fails to perform this Letter of Agreement.

Liaison. The BPS's liaison for this Letter of Agreement is Rebecca Rappold. Contractor may be reached at (720) 295-4015.

This Letter of Agreement represents the terms of the agreement. Please sign and keep a copy for your records.

This contract is not finalized until the date signed by BPS representative. A copy signed by BPS will not be mailed unless requested.

I look forward to performing the services described above.

Sincerely,

Stacy G. Nation, LCSW

The parties hereto agree to the terms outlined in the Letter of Agreement above.

CONTRACTOR

BY: _____ DATE: _____
STACY G. NATION, LCSW

E-MAIL: _____

BROWNING PUBLIC SCHOOLS

BY: Rebecca A. Rappold DATE: 8/21/26
REBECCA RAPPOLD

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Stacy Nation

2 Business name/disregarded entity name, if different from above.
Go Be You, LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate
☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)
(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
2525 Maple Way

Requester's name and address (optional)

6 City, state, and ZIP code
Cheyenne, WY 82009

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
8 2 - 3 8 1 5 6 3 3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** Stacy Nation | **Date** 9/10/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they