

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 05/14/19



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**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:**    05/7/19

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

**From:**    Laura Gervais  
**Title:**     Interim Special Services Director

**Subject:** **Amend 2018-2019 Contract Service Agreement for Speech/Language Pathologist**

**Description:** I am recommending to increase the number of days for the 2018-2019 contract service agreement with Alida Wright for Speech Pathology Services. Ms. Wright is working additional hours due to an increased caseload.

**Financial Impact:** \$ 18,000.00

**Funding Source (Budget/grant, etc.):** 115-76-456-2152-330-609

**Attachment(s):** Amended Contract Service Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**     N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-3200

**Date:** May 1, 2019

**Board Approval:** \_\_\_\_\_

**Contractor:** Alida Wright

**Phone:** (406) 471-7804

**Address** P.O. Box 458 Columbia Falls MT 59912  
P.O. Box or Street Address City State Zip

**Type of Project/Service** (be specific): The Speech/Language Pathologist will provide speech/language therapy services as needed to include but will not be limited to testing, diagnosis, therapy, writing evaluation reports, conducting evaluation report meetings, supervising therapy aide, writing individual education plans (IEP) and conduct IEP meetings as necessary, writing therapy reports and will maintain appropriate records to meet state and district requirements. The speech/language pathologist will provide the district with appropriate proof of current licensure, workers' compensation exemption and individual liability insurance.

**Contracted Dates:** 05/01/19 to 06/30/19

Rate per hour/per day: \$50.00 x 8 hrs./4 days per wk (45 days) = \$18,000.00

Per Diem/per day: \_\_\_\_\_ x \_\_\_\_\_ # of Days = \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = \_\_\_\_\_

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

**Total Project Cost** = \$18,000.00

**Contract to be paid from:**

115-76-456-2152-330-609

**Independent Contractor:**

Submit invoice on completion

Other Submit Timesheet

**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**

\_\_\_\_\_  
**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