**Board Memo**

**DATE:** 4/18/2024

**AGENDA ITEM DETAILS:**

**School/Department**

Ignite Institute

**Product Vendor or Grant Issuer**

Facility Use Agreement

**Product or Grant Name**

Northern KY Cooperative Educational Services

**Date/Term (Beginning and End Dates/Year)**

6/4/2024

**APPLICABLE BOARD POLICY & STRATEGIC PLAN GOAL:**

Goal 3B6: Create partnerships that result in extra-curricular activities for students.

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

Facility Use Agreement with Ignite Institute and Northern KY Cooperative Educational Services to use facilities on the above dates

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

No cost to the District

**Funding Source**

No cost to the District

 **\*If more than one funding source, list below along with amount or percent for each source**

N/A

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

N/A

**RECOMMENDATION:**

I recommend the Board approve the Facility Use Agreement with Ignite Institute and Northern KY Cooperative Educational Services to use facilities, as presented.

**CONTACT PERSON: (submitter)**

Kim Best, Assistant Superintendent of Operations