**Board Memo**

**DATE:** 6/30/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Steeplechase Elementary School

**Product Vendor or Grant Issuer**

Pet Partners

**Product or Grant Name**

Therapy Animals

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

July 1, 2021 to June 30, 2022

**APPLICABLE BOARD POLICY:**

N/A

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

Therapy pets being used with students for social an emotional supports.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$0.00

**Funding Source**

N/A

 **\*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 this agreement as presented.

Dr. Jim Detwiler, Deputy Superintendent/CAO

**CONTACT PERSON: (submitter)**

Lisa Resing, Principal