**Board Memo**

**DATE:** 6/28/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Florence Elementary School

**Product Vendor or Grant Issuer**

Curriculum Associates

**Product or Grant Name**

i-Ready

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

07/01/2021 - 06/30/2022

**APPLICABLE BOARD POLICY:**

N/A

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

Personalized instruction for Math and Reading Support

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$10,800.00

**Funding Source**

Title I

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

NA

**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)**

Leisa Reed, Principal