**Board Memo**

**DATE:** 7/30/2021

**AGENDA ITEM DETAILS:**

**School/Department**

District Office

**Product Vendor or Grant Issuer**

KDE

**Product or Grant Name**

District Assurances

**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**

To request approval of the attached District Assurances to be submitted to the Kentucky Department of Education.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

N/A

**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 that the Board approve the district assurances as presented.

Dr. Jim Detwiler, Deputy Superintendent/CAO

**CONTACT PERSON: (submitter)**

Dr. Jim Detwiler