**Board Memo**

**DATE:** 9/9/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Cooper High School

**Product Vendor or Grant Issuer**

Griffin Elite Sports and Wellness

**Product or Grant Name**

Griffin Elite Basketball Classic

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

12/11/2021

**APPLICABLE BOARD POLICY:**

09.3

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

Participate in the Griffin Elite Basketball Classic on 12/11/2021

**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**

Click or tap here to enter text.

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

Click or tap here to enter text.

**RECOMMENDATION:**

I recommend the Board approve the contract with Cooper High School and Griffin Elite Sports and Wellness for Basketball Classic on 12/11/2021, as presented.

**CONTACT PERSON: (submitter)**

Kim Best, Assistant Superintendent of Operations