**Board Memo**

**DATE:** 9/29/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Ignite

**Product Vendor or Grant Issuer**

Applied Educational Systems

**Product or Grant Name**

Health Center 21 License

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

21-22 school year – 12 month contract

**APPLICABLE BOARD POLICY:**

N/A

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

Digital curriculum for the Allied Health Science Classes

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$7,645.00

**Funding Source**

School Fees

 **\*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)**

Mr. Jerry Gels, Principal