**Board Memo**

**DATE:** 10/5/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Student Services

**Product Vendor or Grant Issuer**

Kelly Elementary

**Product or Grant Name**

Student Counseling

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

School Based Preventive Dental Services

**APPLICABLE BOARD POLICY:**

10.3

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

Schools with at least 50 percent of their students on free or reduced lunch qualify for this program. After conducting an assessment, Health Department staff can place protective dental sealants on the molars of children that show a need, provide dental cleanings, and apply fluoride to strengthen the teeth.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$0

**Funding Source**

NA

 **\*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:**

NA

**RECOMMENDATION:**

I recommend the board approve the Memorandum of Agreement between the Northern Kentucky Independent District Health Department and Kelly Elementar, as presented.

**CONTACT PERSON: (submitter)**

Kathleen G. Reutman