**Board Memo**

**DATE:** 1/3/2022

**AGENDA ITEM DETAILS:**

**School/Department**

Student Services and Ignite Institute

**Product Vendor or Grant Issuer**

CHNK Behavioral Health

**Product or Grant Name**

Affinity Groups

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

January 2022-May 2022

**APPLICABLE BOARD POLICY:**

09.13 & 09.22

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

Collaborataive Services Agreement for Affinity Groups to be provided for identified students with parental consent.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$9,000

**Funding Source**

School Based Mental Health Services Project

 **\*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 Collaborative Service Agreement with CHNK Behavioral Health, as presented

**CONTACT PERSON: (submitter)**

Kathleen G. Reutman