**Board Memo**

**DATE:** 6/9/2022

**AGENDA ITEM DETAILS:**

**School/Department**

Ignite Institute

**Product Vendor or Grant Issuer**

Prichard Committee

**Product or Grant Name**

Facility Use Agreement

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

6/16-17/2022

**APPLICABLE BOARD POLICY:**

05.3

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

Facility Use Agreement for Prichard Committee to use Ignite Institute from 6/16-17/2022

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

Click or tap here to enter text.

**Funding Source**

Click or tap here to enter text.

 **\*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 Facility Use Agreement for Prichard Committee to use Ignite Institute from 6/16-17/2022, as presented.

**CONTACT PERSON: (submitter)**

Kim Best, Assistant Superintendent of Operations