**Board Memo**

**DATE:** 8/11/2022

**AGENDA ITEM DETAILS:**

**School/Department**

Cooper High School

**Product Vendor or Grant Issuer**

Kentucky State University

**Product or Grant Name**

Dual Credit

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

School Year 2022-2023

**APPLICABLE BOARD POLICY:**

N/A

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

This agreement provides an opportunity for students at Cooper High School to take dual credit classes through Kentucky State University

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$0

**Funding Source**

N/A

 **\*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 the agreement as presented.

Dr. Mike Poiry, Assistant Superintendent

**CONTACT PERSON: (submitter)**

Mike Wilson, Principal; Bill Hogan, Director; Tracy Schaefer, Director