**Board Memo**

**DATE:** 8/16/2022

**AGENDA ITEM DETAILS:**

**School/Department**

Special Education

**Product Vendor or Grant Issuer**

Movin’ Om LCC

**Product or Grant Name**

Mobility Services

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

8/1/2022 to 7/31/2023

**APPLICABLE BOARD POLICY:**

N/A

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

Allows for students who have visual impairments to receive mobility services.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

130.00 per hour

**Funding Source**

IDEA

 **\*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)**

Jodi Hall. Director