



# AIMS K-12 College Prep Charter District Board Submission Cover Letter

## Submitter Information

Full Name: Marisol Magana  
Position/Title: Director of Health & School Support Services  
Department: Health & School Support Services  
Date of Submission (MM/DD/YYYY): 02/20/2024

## Item Details

Title of Item: LCAP Mid Year Update AIMS MS, AIMS HS, AIPCS II  
Is this item a:  New Submission  
 Renewal  
If Renewal: Please summarize any changes from the previous submission:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Approvals

Has this item been reviewed by:  
 Superintendent  
 Chief Business Officer (CBO) (If budget changes)  
 Director of Compliance (If plan changes)  
 Neither

## Committee Review

Has this item been through the appropriate committee review process?  
 Yes  No  
If yes: Please specify which committee(s) and provide minutes or approval documentation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Deadline Information

Is there a submission deadline for this item?  
 Yes  No  
If yes: Please indicate the deadline date (MM/DD/YYYY): 2/28/2024

## Financial Information (if applicable):

Total Cost: \$ \_\_\_\_\_  
Is this expenditure included in the annual budget?  
 Yes  No  
Please specify in which plan this expense is indicated:  
 SPSA  LCAP  Other: \_\_\_\_\_