



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

Submitter Information

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

Item Details

Title of Item: Comprehensive Safe School Plan AIMS MS/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:

If no: Explain why:

Deadline Information

Is there a submission deadline for this item?
 Yes No
If yes: Please indicate the deadline date (MM/DD/YYYY): 3/1/2024

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: _____