

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

	er information	
Full Name		
Position/T	itle: Director of Health & School Support Services	
Departme	nt: Health & School Support Services	
Date of Su	ubmission (MM/DD/YYYY): 2/18/2024	
Item Deta	ails	
Title of Ite		
Is this iten		
15 (1115 1(611		
	Renewal	
If Renewa	I: Please summarize any changes from the previous submission:	
Approva	ls .	
	em been reviewed by:	
Superintendent		
╚	Chief Business Officer (CBO) (If budget changes)	
	☐ Director of Compliance (If plan changes)	
	Neither	
Committ	ee Review	
Has this it	em been through the appropriate committee review process?	
	Yes No	
	ease specify which committee(s) and provide minutes or approval documentation:	
•	· · · · · · · · · · · · · · · · · · ·	
	is policy will be reviewed by Governance Committee on 6/26/2024	
If no: Ex	plain why:	
Deadline	Information	
	submission deadline for this item?	
	Yes No	
ii yes. Pie	ease indicate the deadline date (MM/DD/YYYY):	
Financia	l Information (if applicable):	
To	tal Cost: \$	
	enditure included in the annual budget?	
	Yes No	
	ecify in which plan this expense is indicated:	
	SPSA LCAP Other:	
1 1	OLON ILUMI LUMO.	