

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>Board Meeting Date:</b>   |  |  | <b>Consent Agenda</b>         |
| <b>Requester's Name:</b>   |  |  | <b>Timed</b>                  |
| <b>Title:</b>  |  |  | <b>Time Required:</b>         |
| <b>Department:</b>   |  |  | <b>Item for Consideration</b> |
| <b>Board Action Requested:</b>   |  |  |                               |
|  |  |  |                               |
| <b>Select which Value Stream the request primarily aligns with:</b>            |  |  |                               |
|  |  |  |                               |
| <b>Briefly describe how the request aligns with the selected value stream.</b> |  |  |                               |
|  |  |  |                               |
| <b>Describe the impact on staffing resources.</b>                              |  |  |                               |
|  |  |  |                               |
| <b>Describe the impact on financial resources.</b>                             |  |  |                               |
|  |  |  |                               |
| <b>Background/Justification:</b>   |  |  |                               |
|  |  |  |                               |
| <b>Has the request been reviewed by the Attorney's Office?</b>                 |  |  |                               |
|  |  |  |                               |
| <b>Risk Management?</b>  |  |  |                               |
|  |  |  |                               |
| <b>Number of original documents requiring signature</b>                        |  |  |                               |
|  |  |  |                               |