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|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|-------------------------|--|
| Board Meeting Date:                                                                                                                                  |                          |     | Department              |  |
| Requester's Name                                                                                                                                     |                          |     | Title                   |  |
| Consent Agenda:                                                                                                                                      | Timed Agenda Item        |     | Item For Consideration: |  |
|                                                                                                                                                      | Amt. of Time Required:   |     |                         |  |
|                                                                                                                                                      | PowerPoint Presentation? | Yes | No                      |  |
| Board Action Requested:                                                                                                                              |                          |     |                         |  |
| Background/Justification:                                                                                                                            |                          |     |                         |  |
| Number of original documents requiring signature (i.e., Agreements, Grants):<br><i>(Provide original documents to the Clerk to the County Board)</i> |                          |     |                         |  |
| Number of original resolutions required:<br><i>(Email resolution in Word format to the Clerk to the County Board)</i>                                |                          |     |                         |  |