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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): <i>(Provide original documents to the Administration Office Manager)</i> | | | | |
| Number of certified resolutions required: <i>(Email resolution in Word format to the Administration Office Manager)</i> | | | | |