

To: Board of Supervisors

FROM: Choose an item. Choose an item.

MEETING DATE: Click here to enter a date.

DEPARTMENT CONTACT:

DEPARTMENT CONTACT:

PHONE:

PHONE:

ITEM TYPE: Choose an item.

TIME ALLOCATED FOR ITEM:

AGENDA TITLE:

RECOMMENDED ACTION/MOTION:

-

PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:

SUMMARY OF REQUEST:

ALTERNATIVE ACTION/MOTION:

SUPERVISORIAL DISTRICT: Choose an item.

VOTE REQUIREMENT: Choose an item.

SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:

FISCAL DETAILS:

SOURCE OF FUNDING:

CURRENT F/Y COST:

ANNUAL RECURRING COST:

BUDGET CLARIFICATION:

BUDGETED IN CURRENT F/Y: Choose an item.

IF NO, PLEASE DESCRIBE:

REVENUE AGREEMENT: Choose an item.

AGREEMENT/RESOLUTION/ORDINANCE APPROVED BY COUNTY COUNSEL: Choose an item.

CEO LIAISON: Choose an item.

CEO REVIEW: Choose an item.

CEO COMMENTS:

FOR COB USE ONLY

Executed By: Deputy Clerk

Date: Date Executed

Note to Department

Number of Original Agreements Returned to Dept: Choose an item.

Original Agreement Delivered to Auditor? Choose an item.

Final Status:Item Status

Executed Item Type: item Number: