Confederated Tribes of the Colville Reservation

*Colville Business Council*

**AGENDA APPLICATION**

**COMMITTEE**

Committee?

**TOPIC**

|  |  |  |
| --- | --- | --- |
| Agenda Topic |  |  |
| Estimated Time | Hour(s) | 30 Min(s) |

**CONTACT INFORMATION**

Name

Title

Program/Entity

Work Phone

Email Address

**Q&A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | **N/A** |  |
|  |  |  |  |  |
| Discussion only? |   |  |  |  |
|  |  |  |  |  |
| Recommendation sheet? |  |   |  |  |
|  |  |  |  |  |
| Powerpoint presentation? |  |   |  |  |
|  |  |  |  |  |
| Supporting documentation? |   |  |  |  |
|  |  |  |  |  |
| Administrative review complete? |  |  |  |  |
|  |  |  |  |  |
| Chairman’s signature necessary? *(signature tabs required)* |  |  |  |  |
|  |  |  |  |  |
| Original documents submitted? |  |  |  |  |
|  |  |  |  |  |
| **SIGNATURE** |  |  |  |  |
|  |  |  |  |  |
| **PROGRAM MANAGER OR DIVISION DIRECTOR** |  | **DATE** |  |  |
|  |  |  |  |  |
| **DIVISION OR EXECUTIVE DIRECTOR** |  | **DATE** |  |  |
| **COMMENTS** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Deadline: One (1) week prior to committee date at 2:00pm** to

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