



Confederated Tribes of the Colville Reservation
Colville Business Council
AGENDA APPLICATION



COMMITTEE

Committee?

TOPIC

Agenda Topic _____

Estimated Time	Hour(s)	Min(s)
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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? (<i>signature tabs required</i>)			
Original documents submitted?			

PROGRAM MANAGER OR DIVISION _____

DATE _____

DIVISION OR EXECUTIVE DIRECTOR

DATE

[Empty rectangular box for input]

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

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