



# BOARD AGENDA FACT SHEET

<b>CLERK USE ONLY</b>
BOS ACTION
# _____

Department \_\_\_\_\_

Requested Board Date \_\_\_\_\_

**1. Request:**

Board Approval


Information Only/Presentation Scheduled Hearing Time: \_\_\_\_\_


Other (specify) \_\_\_\_\_

**2. Requested Action:** *Type requested action below*

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3. Cost \$ \_\_\_\_\_

Source: \_\_\_\_\_

4. If approval of Contract, reviewed/approved by County Counsel on: \_\_\_\_\_

By: \_\_\_\_\_

Action Request # \_\_\_\_\_

*Assigned by County Counsel's Office*

5. If approval of position allocation change, reviewed by Human Resources on: \_\_\_\_\_

By: \_\_\_\_\_

6. Electronic copy submittal date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
*Department Head/Agency Representative*

**INSTRUCTIONS:** Back-up must be submitted **15 BUSINESS days** prior to requested date (Please note a Holiday counts as a Business day.) Back-up submitted must contain an **Original and 2 copies**. Copies must be submitted to the County Executive Office double sided and three (3) hole punched. Back-up must be submitted in a PDF format to [vanessasalcido@co.imperial.ca.us](mailto:vanessasalcido@co.imperial.ca.us) and [gracielaalvarez@co.imperial.ca.us](mailto:gracielaalvarez@co.imperial.ca.us)

Reviewed By: \_\_\_\_\_  
Deputy CEO

Reviewed By: \_\_\_\_\_  
Deputy CEO

**CEO/CLERK USE ONLY:**

<b>DATE STAMP</b>
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**BOARD DATE:** \_\_\_\_\_

Action \_\_\_\_\_ Filing \_\_\_\_\_

Consent \_\_\_\_\_ Presentation \_\_\_\_\_

Hearing \_\_\_\_\_ CEO Approval \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_  
*CEO*

\_\_\_\_\_  
*Date*