

LEA COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY FORM



LCBCC Meeting Date: Thursday, October 3, 2019

Submit this summary form & all attachments to the Finance Director clow@leacounty.net & cc the Executive Coordinator sstout@leacounty.net by: **September 17, 2019**

County Manager Approval (mgallagher@leacounty.net) required for all time sensitive issues that do not meet the above deadline.

DATE SUBMITTED mm-dd-yyyy:	SUBMITTED BY Name/Title/Dept:
----------------------------	-------------------------------

SUBJECT:	ATTACHMENT(S):
----------	----------------

NO. OF ORIGINALS FOR SIGNATURE:	ACTION REQUESTED:
---------------------------------	-------------------

STRATEGIC PLAN Implementation of 5 Year Strategic Plan:

SUMMARY:

<p style="text-align: center;">Requested Items Needed for Presentation Easels/Laptop/Projector/Etc.:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Easel <small>If checked; how many:</small></td> <td style="text-align: center; width: 25%;">Laptop</td> <td style="text-align: center; width: 25%;">Projector</td> <td style="text-align: center; width: 25%;">Other:</td> </tr> </table>	Easel <small>If checked; how many:</small>	Laptop	Projector	Other:	See Additional Summary Attached
Easel <small>If checked; how many:</small>	Laptop	Projector	Other:		

SUBMITTER'S RECOMMENDATION(S):	Submitter's Signature Department Director, Etc.
--------------------------------	--

FINANCE REVIEW Fiscal Impact/Cost:	Reviewed by Finance Director
------------------------------------	------------------------------

LEGAL REVIEW: <small>(Note: Travel does not need legal review)</small>	Reviewed by County Attorney
---	-----------------------------

COUNTY MANAGER REVIEW:	Approved by County Manager to be Placed on Agenda
------------------------	--

RECORDING SECRETARY'S USE ONLY ~ COMMISSION ACTION TAKEN

Approved: _____	Denied: _____	Other: _____
Resolution No. _____	Policy No. _____	Ordinance No. _____
Continued To: _____	Referred To: _____	Comments: _____

Summary Form Continued...