## **Community Advisory Board**

## **Agenda Item Request**

Instructions: The Agenda Item Request form is due 7 (seven) business days prior to CAB meeting. Email requests to Neola Crosby, Reentry Coordinator at necrosby@acgov.org.

TO: **Community Advisory Board (CAB)**

FROM: **Contact Name and Title**: Click here to enter text.

**Email Address**: Click here to enter text.

**Phone Number**: Click here to enter text.

Recommendation received from:

[ ]  Programs and Services Workgroup Date: Click here to enter text.

[ ]  Fiscal and Procurement Date: Click here to enter text.

[ ]  Process and Evaluation Date: Click here to enter text.

[ ]  Data Workgroup Date: Click here to enter text.

[ ]  County Department Staff Date: Click here to enter text.

Agenda item is: [ ]  Discussion [ ]  Action

Scope of recommendation to the Community Corrections Partnership Executive Committee (CCPEC) via the CAB, is as follows:

Click here to enter text.

**CAB Advisory Recommendation(s) to the CCPEC**

[ ]  Agree [ ]  Disagree [ ] Other

If other, please specify:

Click here to enter text.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: 8/10/2017