**Date:** May 29, 2024

**Submitted by:** Name, Title

**Area Administrator:** VP Name, Title

**Subject:** Choose an item.

**Board Meeting Date:**

**Title of Board Item:**

**Background:**

**Terms (if applicable):**

**Expense (if applicable):**

**Fiscal Impact Including Source of Funds (if applicable):**

**Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dr. Rafe Edward Trickey, Jr., Superintendent/President