

TULE RIVER TRIBE OF CALIFORNIA
DEPARTMENTAL COUNCIL PRESENTATION FORM

NAME: _____ **DATE:** _____

DEPARTMENT: _____

FUNDING REQUEST: YES NO **PERSONNEL REQUEST:** YES NO **PROJECT:** YES NO

POLICY/JOB DESCRIPTION REVIEW: YES NO **NEW** **AMENDMENT**

INFORMATIONAL ONLY: YES NO **EXECUTIVE SESSION:** YES NO

RESOLUTION REQUIRED: YES NO *(IF YES, THE DRAFT RESOLUTION BE ATTACHED)*

(HARD OR ELECTRONIC COPIES OF ALL SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH THIS CPF OR IT WILL BE REJECTED)

BRIEF DESCRIPTION OF ITEM(S) TO BE DISCUSSED: _____

_____ **LENGTH OF PRESENTATION:** _____

DEPARTMENT HEAD SIGNATURE

THIS REQUEST HAS BEEN REVIEWED AND APPROVED BY THE ADMINISTRATION TO COME BEFORE THE TRIBAL COUNCIL: _____

TRIBAL ADMINISTRATOR/DEPUTY T/A: _____ **DATE:** _____

FISCAL RECOMMENDATION

(REQUIRED FOR FUNDING REQUESTS/GRANT APPLICATIONS OR BUDGET MODIFICATIONS)

RECOMMENDATION: ___ APPROVAL ___ DENIAL

CHIEF FINANCIAL OFFICER: _____ **DATE:** _____

TRTC PERSONNEL USE BELOW THIS LINE

RECEIVED BY: _____ **DATE:** _____

CPF CONTROL LOG NUMBER: _____

THIS PRESENTATION IS SCHEDULED FOR: _____

Council Meetings begin at 9:00 AM on the date specified above. CPF's will be heard in the order that they are placed on the agenda, unless otherwise directed by the Presiding Officer. Meetings may be cancelled or rescheduled without notice. Please call the Tribal Office to ensure that the meeting you are scheduled to appear is being held.