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## Business Committee Agenda Request

**1. Meeting Date Requested:**

**2. Session:**

- Open       Executive – must qualify under §107.4-1.

Justification:

**3. Requested Motion:**

- Accept as information; OR

**4. Areas potentially impacted or affected by this request:**

- |  |   |
|--|---|
| <input type="checkbox"/> Finance       | <input type="checkbox"/> Programs/Services                  |
| <input type="checkbox"/> Law Office    | <input type="checkbox"/> DTS                                |
| <input type="checkbox"/> Gaming/Retail | <input type="checkbox"/> Boards, Committees, or Commissions |
| <input type="checkbox"/> Other:        |   |

**5. Additional attendees needed for this request:**

**6. Supporting Documents:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bylaws                 | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)   | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input type="checkbox"/> Correspondence         | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice       | <input type="checkbox"/> Minutes                 | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet       | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other:                 |  |   |

**7. Budget Information:**

- |   |  |
|---|--|
| <input type="checkbox"/> Budgeted – Tribal Contribution | <input type="checkbox"/> Budgeted – Grant Funded |
| <input type="checkbox"/> Unbudgeted                     | <input type="checkbox"/> Not Applicable          |
| <input type="checkbox"/> Other:                         |  |

**8. Submission:**

Authorized Sponsor: \_\_\_\_\_

Primary Requestor: \_\_\_\_\_