**Date:** December 13, 2018

**Submitted by:** Name

**Area Administrator:** Choose an item.

**Subject:** Choose an item.

**Board Meeting Date:**  Choose an item.

**Title of Board Item:**

**Background:**

**Terms (if applicable):**

**Expense (if applicable):**

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

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

 Dr. Debra Daniels, Superintendent/President