

EBA Agenda Setting Form

Meeting Date: _____

Date Prepared: _____

Prepared by: _____

- **Issue To Be Addressed:**

- **Issue Background:**
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-
- **Information Necessary to make a decision:**
-
- **Budget Implication:**
-
- **Staff Impact:**
- **Relationship to Strategic Plan:**
-
- **Decision/Solutions Options:**
-
- **Recommended Decision/Solution:**
-
- **If adopted, who will be the responsible party:**