AGENDA REQUEST FORM

Agenda Item: ARPA Project #2.013/Object Code 54825 Requisition for PO Requests

Name of Person Submitting Request: Tara McClain

Address: The Well

Phone: 405-366-0671

Date Requested: 06.09.2026

Discussion, Consideration, and/or Action on the following:

1) $500.00 - David Shroyer - Youth Wellness

Internal Use Only

Approved: _____ **(Chairman)** **Date:** _____

_____ **(Member)** **Applicant Notified:** _____

_____ **(Member)** **Routine (Consent) Item:** _____

County Clerk: _____

Pam Howlett