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: **07.13.2026**

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

1) Youth Wellness: $200.00 for Brileigh McClain
2) Youth Wellness: $200.00 for David Shroyer
3) Car Seats: $500.00 for Safe Kids

Internal Use Only

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

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

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

County Clerk:

Pam Howlett