

National Police Information Services Advisory Board (NPIS AB) Agenda Item Submission

This form is for use by police services only.

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Item													
	_	or information		For decision									
C	Crit	riteria (must meet one or more of the following)											
	5	Strategic			Budgetary		Monetary		Legislative		Public / Private Partnerships		
D	Description												
D	Desc	scription cribe the issue ar		de s			ks to the selected of	criteria	Legislative		Public / Private Partnerships		

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Protected A once completed

Options										
Recommendation										
Program Head										
Full Name		Title / Agency								
Signature		Date (yyyy-mm-dd)								
NPIS AB (voting) Member or Sub-	Committee Chair									
Full Name		Title / Agency								
Signature		Date (yyyy-mm-dd)								
To be Completed by NPIS AB										
Date Presented to Board (yyyy-mm-dd)	Tracking Number		Recommendation Accepted (if applicable) Yes No							
Comments / Rationale / Direction										
NPIS AB Co-Chair 1										
Full Name		Title / Agency								
Signature		Date (yyyy-mm-dd)								
NPIS AB Co-Chair 2										
Full Name		Title / Agency								
Signature		Date (yyyy-mm-dd)								