



KMC Board Agenda Item Executive Summary Sheet Date:

Summarize the Agenda Item (in a few sentences):

Expected Benefits to the Organizational/Community:

Concerns of Note:

IF THE AGENDA ITEM IS A CONTRACT, COMPLETE THE FOLLOWING:

Name of Contract: _____

Contract Approvals Needed: Include Dates of Already Completed

	Quality/Managers	CEO	OTA	KMC Governing Board	HVT Tribal Chairman Waiver (if necessary)
Approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dates	/ /	/ /	/ /	/ /	/ /



1. **Contracted Parties: K'ima:w Medical Center and**

2. **Contract Type: Services Product**
3. **Description of Product or Service:** _____



4. **Funding Source:** _____

Cost: (Monthly/Annually) _____

(One-time purchase cost) _____

5. **Contract Terms:** _____ **Months / Years (Example: 36 months or 5 years)**