

## AGENDA REQUEST FORM

**GRVNC Mission:** "To improve the quality of life in Venice by building community and to secure support from the City of Los Angeles for the resources needed to achieve our goals." ... GRVNC Bylaws

To have your request considered at the next Executive Committee meeting, complete this form and submit it, along with any supporting documentation, to Phil Raider, GRVNC Secretary, P.O. Box 550, Venice, CA 90294, and/or by fax to 310-399-4449 and/or by email (secretary@grvnc.org). Requests will be reviewed and prioritized by the Executive Committee.

A. **Request:** \_\_\_\_\_ **Date:** \_\_\_\_\_

B. **Committee/Organization:** \_\_\_\_\_

C. **Your Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone #1:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone #2:** \_\_\_\_\_

D. **Brief Synopsis of Your Request/Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. **Agenda Priority:** (Complete the section below by checking the appropriate space.)

- |  |                 |      |               |      |
|--|-----------------|------|---------------|------|
| 1. Does it enhance GRVNC's efforts to build community? | No              | ____ | Yes           | ____ |
| 2. Does it improve the quality of life in Venice?      |                 |      |               |      |
| a. For how many  | Few             | ____ | Many          | ____ |
| b. To what degree                                      | Minor           | ____ | Average       | ____ |
|  |                 |      | Intense       | ____ |
| 3. Does it require support from the City of LA?        |                 |      |               |      |
| a. Possibility of City support                         | None            | ____ | Possible      | ____ |
| b. Resources required from the City                    | Major           | ____ | Reasonable    | ____ |
|  |                 |      | Minor         | ____ |
| 4. Does it require GRVNC resources?                    |                 |      |               |      |
| a. GRVNC dollars                                       | Major           | ____ | Reasonable    | ____ |
| b. GRVNC manpower                                      | Many            | ____ | Reasonable    | ____ |
|  |                 |      | Few           | ____ |
| 5. What is the time involvement?                       |                 |      |               |      |
| a. Board Meeting presentation/comment                  | Over 20 Minutes | ____ | 10-20 Minutes | ____ |
| c. Deadline for completion?                            | 3 Months        | ____ | 6 Months      | ____ |
|  |                 |      | 12 Months     | ____ |
| 6. Urgency   | Low             | ____ | Medium        | ____ |
|  |                 |      | High          | ____ |

F. **Request for GRVNC Budget Allocation:**

1. If you are requesting financial support from GRVNC, please state how much? \_\_\_\_\_
2. Describe the proposed use of GRVNC funds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(All funding requests must be reviewed by the Budget Committee prior to placement on the Board Agenda.)

G. **Opposition:** Do you know of any opposition to your request? Yes \_\_\_ No \_\_\_ If yes, indicate who & why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

H. **Preparing/Presenting Your Request:** You will be notified when the Executive Committee will be reviewing your request. You are strongly urged to present your request in person, along with 8 copies of any supporting documentation, to the Executive Committee. If you are requesting specific Board action you should also submit a draft motion for consideration. For assistance in preparing a motion, please contact Ivan Spiegel, GRVNC Parliamentarian, 310-821-9556 or ivan13147@verizon.net. You are urged to submit an electronic version of your request and presentation materials for posting to the GRVNC website and email distribution.

Office Use Only  
Date Received: \_\_\_\_\_ Disposition: \_\_\_\_\_