

## Governance Department BOX 130, Carcross, YT, Y0B 1B0 PHONE (867) 821-4251, FAX (867) 821-4802

- Fill out this Side -

Request to Present to E				
Date:		(yyyy/mm/dd)		
Name		Organ	nization	
Contact Information	Phone	Email		
Case Type:		□ Decision Request		□ Departmental Update
Information on the item yo	ou wish to discuss (if yo	ou require more space, ple	ease provide atta	chments)
Issue:				
Background:				
Attachments:	2.			<u> </u>
				<u></u>
Have you discussed this is	ssue with a CTFN staf	f member:		
	□ No □ Yes			
	If yes, name & position	on		<u></u>
	Date:		(yyyy/mm/dd)	
Date you wish to Present:		(yyyy/mm/dd)		
Time required	(minut	tes)		
	Submit this	form to the CTFN Governa	nce Office	

## This Side for Internal Use Only -

Date received: Accepted by EC:	(yyyy/mm/dd)	
Accepted by EC.	□ No □ Yes	
Date:	(yyyy/mm/dd)	
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Referred to Department:		□ Wellness
	□ Infrastructure & Finance □ Heritage, Lands & Natura	
Briefing Note Requested:	□ No □ Yes From: (name & position)	
Notes:		
Senior Government Official (p		
Kha Shade Heni or Deputy KS	SH (print):	_ Initials:
Kha Shade Heni or Deputy K	SH (print):	Initials:
Kha Shade Heni or Deputy Kt	ORIGINAL FILED BY GOVERNANCE	Initials:
Kha Shade Heni or Deputy K		Initials:
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Kha Shade Heni or Deputy KS  Follow up:  Resolution Number :		Initials:
Follow up:	ORIGINAL FILED BY GOVERNANCE	_ Initials:
Follow up: Resolution Number :	ORIGINAL FILED BY GOVERNANCE	□ Wellness
Follow up: Resolution Number :	ORIGINAL FILED BY GOVERNANCE  Capacity Development Governance Infrastructure & Finance Heritage, Lands & Natura	□ Wellness al Resources
Follow up: Resolution Number :	ORIGINAL FILED BY GOVERNANCE  Capacity Development Governance Governance Heritage, Lands & Natura  No Yes From: (name & position)	□ Wellness al Resources
Follow up: Resolution Number : Referred to Department:	ORIGINAL FILED BY GOVERNANCE  Capacity Development Governance Infrastructure & Finance Heritage, Lands & Natura	□ Wellness al Resources
Follow up: Resolution Number : Referred to Department: Report back required:	ORIGINAL FILED BY GOVERNANCE  Capacity Development Governance Governance Heritage, Lands & Natura  No Yes From: (name & position)	□ Wellness al Resources