|  |  |
| --- | --- |
| **County:** |   |
|  |
| **Date:** |   | **Time:** |   |
|  |
| **Location:** |   |
|  |
| **Members Present:** |
|   |
|   |
| **Members Absent:** |
|   |
|   |
| **Non-Members Present:** |
|   |
|   |
| **Call to Order** |
| ***The Advisory Board was called to order by:*** |   |
| ***Time:*** |   |
|   |
|   |
| **Roll Call/ Determination of a Quorum** |
|   |
|   |
| **Meeting Minutes Approval** |
|   |
|  |
| **Quarterly Reports** |
| *(This should include data submitted to IDOC for each entity)* |
|   |
|   |
| **Participant Statistics** |
| *(This should include the number of participants actively on each level of supervision within each entity)* |
|   |
|   |
| **Financials** |
| ***Balance of IDOC Grant Fund:***  |   |
| *(This should include the balance of the account as well as the status of the annual budget)* |
|   |
| ***Balance of Project Income:*** |   |
| *(This should include the balance of the account as well as the status of the annual budget)* |
|  |
| ***Collected Project Income:*** |   |
|   |
| ***Balance of CTP Fund:*** |   |
|   |
| ***Balance of Other Funding Sources:*** |   |
|   |
| ***Financial Concerns:*** |  |
|  |
| **Performance Measures** |
| *(This should include a summary of progress with the 5 goals submitted to IDOC for each entity)* |
|   |
|   |
| **Audits** |
| *(This should include any audits completed on each entity and the results)* |
|   |
|   |
| **Staff Trainings Completed** |
|   |
|   |
| **Votes/ Approvals** |
|   |
|   |
| **Needs of the Entities** |
|   |
|   |
| **Upcoming Events** |
|   |
|  |
| **Old Business** |
|   |
|   |
| **New Business** |
|   |
|  |
| **General Discussion and Announcements** |
|   |
|   |
| **Adjournment** |
| ***A motion to adjourn was made by:*** |   |
| ***Time:*** |   |
|   |
|   |
| **Next Advisory Board Meeting** |
| ***Date:*** |   | ***Time:*** |   |
| ***Location:*** |   |
|   |
| **Other Comments:** |
|   |
|  |
| **Minutes Approval** |
| ***Date of Approval:*** |   |
| ***Advisory Board Chair or Designee:*** |   |
| ***Signature:*** |   |