

**City of Spokane**

**Community, Housing and Human Services Board – Board Committee Report**

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Committee (name)

Liaison to the Board and/or Chairperson: (name)

Date of Last Meeting: (day, month, year)

Date of Next Meeting: (day/month/year)

Membership: (names/bold face those who attended)

Action Items Completed:

- Item
- Item
- Item

Action Items Pending:

- Item
- Item
- Item

Announcements:

- Item
- Item
- Item

Actions Needed by the Board

- Item
- Item
- Item

Other Notes:

- Item
- Item
- Item
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