-021	19
	-021

Resolution No.: TBD

## **RESOLUTION ROUTING SHEET**

Date Prepared: <u>2/8/24</u>	Need Date: <u>3/8/24</u>
PROCESSING DEPARTMENT:	
Department: HHSA	
Contact Name: Courtney Jenkins	x7154
Email Address:courtney.jenkins@edcgov.us	
Department Head Signature: Alisha Bryden	Digitally signed by Alisha Bryden Date: 2024.02.21 08:11:37 -08'00'
Requesting Department: HHSA - Public Hea	
Service Requested: Resolution Review	
Description: Review and approval of Resolution to adjust signatur transition of Emergency Preparedness and Respons HHSA, superseding Resolution 042-2023.	
COUNTY COUNSEL:	
Approved: Disapproved: D	ate: 03/18/2024
County Counsel Signature: Nicole Wright	Digitally signed by Nicole Wright Date: 2024.03.18 17:25:28 -07'00'
County Counsel Comments:	

HR APPROVAL: N/A (Resolution) RISK MANAGEMENT: N/A (Resolution)

## PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT

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