

Legistar No.: 24-0782

Resolution No.: XX-2024

RESOLUTION ROUTING SHEET

Date Prepared: 06/28/2024

Need Date: 07/15/2024

PROCESSING DEPARTMENT:

Department: HHSA

Contact Name: Lisa Konyecsni

Phone: 295-6901

Email Address: lisa.konyecsni@edcgov.us

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.07.01 12:21:12 -07'00'

Requesting Department: HHSA- Community Services Org Code: 5210100

Service Requested: Resolution Review

Description:
Resolution that designates HHSA as the Administrative Entity for the Continuum of Care

COUNTY COUNSEL:

Approved: Disapproved: Date: _____

County Counsel Signature: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.08.20 09:35:21 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT