Legistar No.: 24-1817

Resolution No.: XXX-2024

RESOLUTION ROUTING SHEET

| Date Prepared: | Need Date: 10/28/2024 |
|---|--|
| PROCESSING DEPARTMENT: | |
| Department: HHSA | |
| Contact Name: Lisa Konyecsni | Phone: 295-6901 |
| Email Address: lisa.konyecsni@edcgov. | .us |
| Department Head Signature: Alisha Bryd | Digitally signed by Alisha Bryden Date: 2024.10.16 09:04:14 -07'00' |
| Requesting Department: Child Protective S | Services Org Code: 5110120 |
| Service Requested: Resolution Review | |
| Description: Mandatory Resolution on HCD's template for acc Housing Navigation and Maintenance Program F | ceptance of Transitional Housing Program, Rd 6 and Rd 3. |
| COUNTY COUNSEL: | |
| Approved: ■ Disapproved: □ | Date: 10/17/2024 |
| County Counsel Signature: Daniel Vande | ekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2024.10.17 11:42:42 -07'00' |
| County Counsel Comments: | |

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