

RESOLUTION ROUTING SHEET

Date Prepared: 10/31/23

Need Date: 11/7/2023

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: 2023.10.31 09:21:29 -0700'

Requesting Department: Community Services Org Code: 5210100

Service Requested: Resolution Review

Description:
HCD is requesting updates to Board approved Resolution 218-2019 in order to execute the Standard Agreement. The name of the HHSA Director has been removed, the amount has been added, and other updates requested by HCD. It will be taken back to Board for approval.

COUNTY COUNSEL:

Approved:

Disapproved:

Date: 12/11/23

County Counsel Signature: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.12.11 08:43:56 -08'00'

County Counsel Comments:
Revised resolutions of 12/8/23 approved.

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT