

Agreement # n/a

Legistar # 23-1007

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/05/2023

Need Date: 06/19/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Bryden
Phone: X 7317
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.06.12 08:58:24 -0700
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Resolution - Behavioral Health Commission
Address: _____
Phone: _____
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA Behavioral Health

Service Requested: Review resolution approving revisions to Behavioral Health Commission Bylaws
Description: Updated Behavioral Health Commission Bylaws
Contract Term: N/A Contract Value: \$ 0.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 6/12/23 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW