

RESOLUTION ROUTING SHEET

Date Prepared: 10/31/2023

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: 2023.11.02 16:23:13 -0700'

Requesting Department: Community Services Org Code: 521011

Service Requested: Resolution Review

Description:
HCD is requesting updates to Board approved Resolution 107-2019 in order to move forward with award. The name of the HHSA Director has been removed, the amount has been added, and addition 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 09:12:52 -08'00'

County Counsel Comments:
Version of 12/8/23 approved.

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT