| Legistar No.:   | TBD |
|-----------------|-----|
| Resolution No.: | TBD |

## **RESOLUTION ROUTING SHEET**

| Date Prepared: 8/19/2024  | Need Date: 9/2/2024   |
|---|---|
| PROCESSING DEPARTMENT:  |   |
| Department: HHSA  |   |
| Contact Name: Kiera Garcia  | Phone: 530-295-6923   |
| Email Address: kiera.garcia@edcgov.u  | <u>S</u>  |
| Department Head Signature: Alisha Bryde   | Digitally signed by Alisha Bryden Date: 2024.07.11 16:20:20 -07'00' |
| Requesting Department: Admin - Contract   | s Unit Org Code: 5000   |
| Service Requested: Resolution Review  |   |
| FY 2024-25 IHSS PA Budget Resolution  COUNTY COUNSEL:  Approved:   Disapproved: | Date: 09/03/2024  |
| County Counsel Signature: Nicole Wrigh  | Digitally signed by Nicole Wright Date: 2024.09.03 14:55:22 -07'00' |
| County Counsel Comments: with edits noted in email.                             |   |

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