

Registrar No.: 24-1465

Resolution No.: xxx-2024

RESOLUTION ROUTING SHEET

Date Prepared: 8/27/2024

Need Date: 9/10/2024

PROCESSING DEPARTMENT:


Department: HHSA

Contact Name: Kristy Fackrell

Phone: x6919

Email Address: kristy.fackrell@edcgov.us

Department Head Signature: Alisha Bryden

 Digitally signed by Alisha Bryden
Date: 2024.08.27 11:25:41 -07'00'

Requesting Department: HHSA

Org Code: 5000


Service Requested: Resolution Review

Description:
BH Rate Update Resolution

COUNTY COUNSEL:

Approved: Disapproved: Date: 9/6/24

County Counsel Signature: Nicole Wright

 Digitally signed by Nicole Wright
Date: 2024.09.06 10:05:13 -07'00'

County Counsel Comments:
with edits as noted in email.

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT