

Legistar No.: \_\_\_\_\_

Resolution No.: \_\_\_\_\_

# RESOLUTION ROUTING SHEET

Date Prepared: 09/22/23

Need Date: 10/13/23

## PROCESSING DEPARTMENT:

Department: HHSA

Contact Name: Brian Michaelson

Phone: X6922

Email Address: brian.michaelson@edcgov.us

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden  
Date: 2023.09.25 14:10:35 -07'00'

Requesting Department: HHSA Org Code: 5310

Service Requested: Resolution Review

Description:  
BH Rate Update Resolution

## COUNTY COUNSEL:

Approved:  Disapproved:  Date: 9/25/2023

County Counsel Signature: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk  
Date: 2023.09.25 14:18:54 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

**PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT**