

Legistar No.: 24-0404

Resolution No.: xxx-2024

RESOLUTION ROUTING SHEET

Date Prepared: 5/9/24

Need Date: 5/9/24

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Contact Name: Kristy Fackrell

Phone: x6919

Email Address: kristy.fackrell@edcgov.us

Department Head Signature: Alisha Bryden  Digitally signed by Alisha Bryden
Date: 2024.03.21 12:00:42 -07'00'

Requesting Department: _____ Org Code: _____

Service Requested: Resolution Review

Description:
HHSA BH Director or designee to accept and sign certain revenue agreements on behalf of the county BOS.

COUNTY COUNSEL:

Approved: Disapproved: Date: 05/09/2024

County Counsel Signature: Nicole Wright  Digitally signed by Nicole Wright
Date: 2024.05.09 10:57:54 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT