

# RESOLUTION ROUTING SHEET

Date Prepared: 05/16/23 Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: HHSA - Admin

Contact Name: Lisa Konyecsni Phone: ext 6901

Email Address: lisa.konyecsni@edcgov.us

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola  
Date: 2023.05.24 09:10:30 -07'00' Kristen Gurrola, PM

Requesting Department: Public Health Org Code: 5400000

Service Requested: Resolution Review

Description:  
Youth Suicide Prevention Pilot Program

**COUNTY COUNSEL:**

Approved:  Disapproved:  Date: 5/24/23

County Counsel Signature: Jefferson Billingsley Digitally signed by Jefferson Billingsley  
Date: 2023.05.24 14:07:32 -07'00'

County Counsel Comments:  
\* version edited 5/24/23

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

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