Legistar No.: 23-1976

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: <u>10/26/23</u>	Need Date:10/31/23
PROCESSING DEPARTMENT:	
Department: HHSA	
Contact Name: Courtney Jenkins	x7154
Email Address: courtney.jenkins@edcgov.us	
Department Head Signature: Alisha Bryden	Digitally signed by Alisha Bryden Date: 2023.10.27 09:56:30 -07'00'
Requesting Department: HHSA - Social Services Org Code: 5110	
Service Requested: Resolution Review	
Description: Resolution to accept Transitional Housing Program Round 5 and Housing Navigators and Maintenance Program Round 2.	
COUNTY COUNSEL:	
Approved: Disapproved: D	_{ate:} 10/27/2023
County Counsel Signature: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2023.10.27 13:54:58 -07'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT

23-1976 A 1 of 1