Legislative Review Form



2016-079

Agency: <u>DCHS</u>	Contact person A	drienne Quinn	Phone <u>3-91</u>	00_		-
Ordinance Motion M	Proviso Report	Other _		3 3 6	2016	70
Civil Division Prosecuting Attor	mey Review			CCUM	JAN 15	ECEIVED
Name Mike Sinsky	Version final		Date 1-14	子芸	I	< []
Dept. Director or Designee Revi	iew			COUNCIL	9: 28	
Name Adrienne Quinn	Version final		Date			
Performance Strategy & Budget Office Review						
Name N/A	Version		Date			
Technical Form/Code Reviser Review - Confirm adherence to legislative format						
Name Bruce Ritzen	Version final	Date				
Executive Office Review & Transmittal Approval						
Name MIchelle Allison	Version final	Date 1	-14			
ENTRANCE CRITERIA REVIEW						
EXEC OFFICE (initials) KCC CLER						ERK
Fiscal note?		Y NA NA] Y	Y	NA	
KC Strategic Plan reference in l	etter?	Y NA] (Y	NA	
Proof read for spelling and grammar?		Y NA NA] (Y	NA	
All pertinent attachments listed/labeled?		Y NA] \	Y	NA NA	
Costs identified/described in letter		Y NA X		V	NA	
Regulatory Note Required and Complete? Formatted/Delivered in word-searchable doc format?		Y NA] (Y	NA	
Potential Annexation Area (PAA) impacts identified?		Y NA NA	1	Y	NA	
Advertising required? if yes, cite all pertinent code/laws.		Y NA		Y	NA	
Any special circumstances affecting processing time?		Y NA NA	3 K	Y	NA	

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders