Legislative Review Form



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| Agency: <u>DCHS</u> | Contact person Adrienne Quinn Phone 263-9100 | | | |
|---|--|-------------|------------|-------------------|
| Ordinance Motion M | Proviso Report | | Other | |
| Civil Division Prosecuting Attorn | ney Review | | | |
| Name Peggy Pahl | Version Final | | Dat | te 2/10/16 |
| Dept. Director or Designee Revie | W | | | |
| Name Adrienne Quinn | Version Final | | Dat | te 2/9/16 5 7 2 |
| Performance Strategy & Budget (| Office Review | | | |
| Name NIA | Version | | Dat | e co |
| Name Adrienne Quinn Version Final Date 2/9/16 Performance Strategy & Budget Office Review Name MIN Version Date Technical Form/Code Reviser Review - Confirm adherence to legislative format | | | | |
| Name Bruce Ritzen Version Final | | Date 2/8/16 | | |
| Executive Office Review & Transmittal Approval | | | | |
| Name Michelle Allison | Version fact | | Date | e |
| ENTRANCE CRITERIA REVIEW | | | | |
| | | EXEC | OFFICE (in | itials) KCC CLERK |
| Fiscal note? | | ΥΠ | | Y NA Z |
| KC Strategic Plan reference in lett | er? | YV | | Y NA |
| Proof read for spelling and gramm | | YX | | Y NA |
| All pertinent attachments listed/lal | | Y | | V NA . |
| Costs identified/described in letter | | Y | NA V | Y NA NA |
| Regulatory Note Required and Complete? | | ΥΠ | NA V | Y NA NA |
| Formatted/Delivered in word-searchable doc format? | | YX | | Y NA NA |
| Potential Annexation Area (PAA) impacts identified? | | | NA V | Y NA NA |
| Advertising required? if yes, cite all pertinent code/laws. | | | NA V | Y NA NA |
| Any special circumstances affecting processing time? | | | NA 🟏 | Y NA DA |

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders Fiscal notes attached, but no fiscal impact