



King County

Legislative Review Form

appt Adrienne Quinn Director of OCHD

Agency: DES/HRD Contact person: Nancy Buonanno Grennan Phone 206-477-3274

Ordinance Motion Proviso Report Other Confirmation Package

Civil Division Prosecuting Attorney Review

Name N/A Version _____ Date _____

Dept. Director or Designee Review

Name Tom Koney, DES Deputy Director Version Final Date 11/21/13

Performance Strategy & Budget Office Review

Name N/A Version _____ Date _____

Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name N/A Version _____ Date Not done

Executive Office Review & Transmittal Approval

Name Joe Woods Version final Date 11/22

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2013 NOV 22 PM 4:03
KING COUNTY COUNCIL CLERK

ENTRANCE CRITERIA REVIEW

	<u>EXEC OFFICE (initials)</u>			<u>KCC CLERK</u>		
Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	<i>No</i>
KC Strategic Plan reference in letter?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	<i>No</i>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>Y</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>Y</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Costs identified/described in letter	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	<i>No</i>
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	<i>?</i>
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>Y</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	<i>No</i>
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	
Any special circumstances affecting processing time?	Y <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>Y</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	

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

the motion needs to be acted on by 1-28-14

This reviewed by BTR 11/25/13