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Regional Health  
Plan

# Legislative Review Form



# 2019-294

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CLERK  
KING COUNTY COUNCIL

## King County

Agency: PHSKC Contact person Ingrid Ulrey Phone 206-477-7019

Ordinance  Motion  Proviso  Report  Other

### Civil Division Prosecuting Attorney Review

Name Monique Cohen Version Final Date 6/10/19

### Dept. Director or Designee Review

Name Ingrid Ulrey Version Final Date 6/26/2019

### Performance Strategy & Budget Office Review

Name Dwight Dively and Drew Pounds Version Final Date 6/24/2019

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

Name Bruce Ritzen Version Final Date 6/12/2019

### Executive Office Review & Transmittal Approval

Name Rachel Smith Version Final Date 6/24/2019

## ENTRANCE CRITERIA REVIEW

### EXEC OFFICE (initials) KCC CLERK

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

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