Legislative Review Form





Agency: <u>DCHS</u>	Contact person Ac	drienne Quinn Ph	one <u>3-9100</u>
Ordinance Motion \(\sum_{\text{\tint{\text{\tint{\text{\tince}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texiext{\texi}\text{\text{\texitilex{\text{\texit{\texi{\texi{\texi{\texi{\texi}\texi{\texit{\text{\texi}\texit{\texi}\texit{\texi}\texitt{\texit{\texi{\texi	Proviso Report	Other	
Civil Division Prosecuting Attorney Review			
Name Mike Sinsky	Version final	Da	te 1-14
Dept. Director or Designee Review Name Adrienne Quinn Version final Date			
Name Adrienne Quinn	Version final	Da	~ 30
Performance Strategy & Budget Office Review Name N/A Version Date			
Name N/A	Version	Da	te 22
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 (in	nitials) KCC CLERK
Fiscal note?		Y 🗌 NA 🖂 🕻	Y NA
KC Strategic Plan reference	in letter?	Y NA NA	Y NA
Proof read for spelling and grammar?		Y NA .	Y NA
All pertinent attachments listed/labeled?		Y NA U	Y NA
Costs identified/described in letter		Y NA O	Y NA
Regulatory Note Required and Complete?		Y NA NA	Y NA
Formatted/Delivered in word-searchable doc format?		Y NA NA	Y NA NA
Potential Annexation Area (PAA) impacts identified?		Y NA NA NA	Y NA Y NA
Advertising required? if yes, cite all pertinent code/laws. Any special circumstances affecting processing time?		Y NA X Y	Y NA Y
Any special encumstances affecting processing time.			

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