## **Legislative Review Form**



|     | Legislation Title: Ordinance - Human Services Ticket Program Subsidy Cap  |          |               |   |  |                       |                      |                   |          |  |
|-----|---|----------|---------------|---|--|-----------------------|----------------------|-------------------|----------|--|
|     | Agency: DOT/TRANSIT Contact person Chris  |          |               | s O'Clai                                | re I   | Phone <u>477-5801</u> |                      |                   |          |  |
|     | Ordinance Motion Pro  | oviso 🗌  | Report [      |   | Other [  |                       |                      |                   |          |  |
|     | Civil Division Prosecuting Attorney Review  |          |               |   |  |                       |                      |                   |          |  |
|     | Name Cheryl Carlson   | Version  | Version Final |   |  | Date 07/18/17         |                      |                   |          |  |
| CO) | Dept. Director or Designee Review Name Harold S. Taniguchi  | \ Versio | on had        | •                                       | ä  | Date 7                | 26/17                | 20                |          |  |
|     | Performance Strategy & Budget Office Review   |          |               |   |  |                       |                      |                   | 70       |  |
|     | Name Shelley De Wys   | Versio   | on final      |   |  | Date                  |                      | 2017 AUG 23       | CE       |  |
|     | Technical Form/Code Reviser Revie   | w        |               |   | 1  | /                     | COUNTY COUNTY COUNTY | 7 AUG 23 PM 4: 05 | NE NE    |  |
|     | Name Bruce Ritzen   | Versio   | on Final      |   | 1  | Date 06               | /30/1臺               | ÷: 05             | D        |  |
|     | Name Shannon Braddeck  Transmi  | (5.3)    | val<br>on had |   |  | Date                  |                      |                   |          |  |
|     | ENTRANCE CRITERIA REVIEW  |          |               |   |  |                       |                      |                   |          |  |
|     |   |          |               |   | EXEC OFFICE (initials) KCC CLERK                             |                       |                      |                   |          |  |
|     | Fiscal note?  KC Strategic Plan reference in letter?  Proof read for spelling and grammar?  All pertinent attachments listed/labeled?  Costs identified/described in letter  Regulatory Note Required and Complete?  Formatted/Delivered in word-searchable doc format?  Potential Annexation Area (PAA) impacts identified?  Advertising required? if yes, cite all pertinent code/laws.  Any special circumstances affecting processing time? |          |               | Y XY | NA C<br>NA C<br>NA C<br>NA C<br>NA C<br>NA C<br>NA C<br>NA M |                       |                      | VA                | NO NO NO |  |
|     |   |          |               |   |  |                       |                      |                   |          |  |

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