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Health and Human Services Agenda Request

Title of Item:

REGULAR AGENDA CONSENT AGENDA INFORMATION ONLY	Action Requested: Approve/Deny Motion Adopt Resolution (attach dra *provide	Direction Requested Discussion Item Hold Public Hearing* copy of hearing notice that was published		
Submitted by:		Department:		
Presenter (Name and Title):		Estimated Time Needed:		
Summary of Issue:				
Alternatives, Options, Effects on Others/Comments:				
Recommended Action/Motion:				
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted?		No lain:		