

# COUNTY OF GLENN AGENDA ITEM TRANSMITTAL

<b>MEETING DATE:</b>	<b>BRIEF SUBJECT/ISSUE DESCRIPTION:</b>	
Submitting Department(s):		
Contact:		
Phone:		
<b>AGENDA PLACEMENT</b>	<b>ATTACHMENTS</b>	<b>LEGAL/PERSONNEL/FISCAL</b>
<b>APPOINTMENT – Appearances by:</b> (Specify Name & Title)	<input type="checkbox"/> Board Report <input type="checkbox"/> Letter <input type="checkbox"/> Minute Order <input type="checkbox"/> Contract <input type="checkbox"/> Transfer <input type="checkbox"/> Grant App. <input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance <input type="checkbox"/> Proclamation <input type="checkbox"/> Policy Update <input type="checkbox"/> Code Update <input type="checkbox"/> Other	<input type="checkbox"/> County Counsel <input type="checkbox"/> Personnel <input type="checkbox"/> Finance
Required ___ Minutes		<b>CLERK INSTRUCTIONS</b>
<input type="checkbox"/> Business – No <input type="checkbox"/> Consent <input type="checkbox"/> Correspondence <input type="checkbox"/> Reports & Notices		<input type="checkbox"/> Return Minute Order <input type="checkbox"/> Return Certified Copy Of:  <input type="checkbox"/> Other:
<b>AFFECTED DEPARTMENT(S)</b>		
<input type="checkbox"/> Receive Concurrence		

<b>PUBLIC HEARINGS &amp; COMMITTEE VACANCIES</b>	<b>LEGISLATION</b>	<b>FUNDING SOURCE/IMPACT</b>	<b>CONTRACTS, LEASES &amp; AGREEMENTS</b>
<input type="checkbox"/> State <input type="checkbox"/> Federal <b>Public Hearings:</b> <input type="checkbox"/> Published <input type="checkbox"/> Affidavit on File w/Clerk <input type="checkbox"/> Affected Parties Notified  <b>Committees:</b> <input type="checkbox"/> Vacancy Posted <input type="checkbox"/> Application Attached	Bill#: ___ <input type="checkbox"/> Latest Version of Bill <input type="checkbox"/> Draft Letter Attached <input type="checkbox"/> List of Supporters/Opposers <input type="checkbox"/> Statement of Relevance to County Interests <input type="checkbox"/> Description Attached	<input type="checkbox"/> General Fund Impact <input type="checkbox"/> Other: _____ <input type="checkbox"/> Budgeted <input type="checkbox"/> Transfer Attached <input type="checkbox"/> 4/5ths Vote Required <input type="checkbox"/> Contingency Request	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Insurance Certificate <input type="checkbox"/> Contract Report  Date of Original Contract: Contract No.: Fiscal Year:

**RECOMMENDED ACTION/MOTION:**

Reviewed By (if applicable):

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Department of Finance

cc: