## **Document Approval**

Your signature, or that of your designated representative, indicates that you approve the contents of this document as the plan for the King County Health Reform Initiative Measurement and Evaluation Project

Revisions to this document must be approved and incorporated through the change control process.

**Document Title:** 

King County Health Reform Initiative

Measurement and Evaluation Charter

**Document Location:** 

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Member	Signature	Date
Karleen Sakumoto,	1.0.0	0/- 1 5
Human Resources Division	Tealer Munt	9/20/05
Kerry Schaefer,	X (5, 1	6/ /
Human Resources Division	1)erry > Magh	9/20/05
Nicholas Maxwell,	Ar P. Marpell	9/21/05
Office of Management & Budget		
Chris Haugen,		9//
Office of Management & Budget	(Fine L)	9/20/2005
Julie Andrijeski,	I DA k-1	2/2 /2
Finance & Business Operations Division	when metele	9/21/05
David Solet,		a
Department of Public Health	lun (A	9.21.05
Vacant Position,	N/A	
Department of Public Health		
David Lawson,	Quel le funca	7/2.1-
Office of Management and Budget	to bear	1/1/05
David Randall,	12.11.11	10/7/05
Council Staff	and bundled	101 7105