

DU  
BPM  
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# Legislative Review Form

BSK + HBF  
appropriation



## King County

# 2016-157

Agency: DCHS Contact person Adrienne Quinn Phone 263-9100

Ordinance X  Motion  Proviso  Report  Other

### Civil Division Prosecuting Attorney Review

Name Peggy Pahl Version Final Date 2/23/2016

### Dept. Director or Designee Review

Name Adrienne Quinn Version Final Date 2/23/2016

### Performance Strategy & Budget Office Review

Name Emmy McConnell Version final Date \_\_\_\_\_

### Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen Version Final Date 2/23/2016 ✓

### Executive Office Review & Transmittal Approval

Name Michelle Allison Version final Date \_\_\_\_\_

RECEIVED  
2016 MAR -1 PH 3: 23  
CLERK  
KING COUNTY COUNCIL

## ENTRANCE CRITERIA REVIEW

	<u>EXEC OFFICE (initials)</u>		<u>KCC CLERK</u>		
Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
All pertinent attachments listed/labeled?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	no
Costs identified/described in letter	Y <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	no
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	no
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	no
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>	no

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