

AGENDA ITEM INFORMATION SHEET

SUBJECT:

**RECEIVE NOTIFICATION OF INTENT TO LEAD CORRECTIONAL HEALTHCARE WORKGROUP
(DISTRICTS: ALL)**

REQUIRES FOUR VOTES: Yes ☐ No ☒

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
Yes ☐ No ☒

PREVIOUS RELEVANT BOARD ACTIONS:

N/A

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT:

Sheriff's Department

OTHER CONCURRENCE(S):

N/A


INTERNAL REVIEW COMPLETE BY:

Zinter, Nicholas D  Digitally signed by Zinter,
Nicholas D
Date: 2022.09.29 17:26:15 -07'00'

Signature

CONTACT PERSON(S):

Ford, Josette

 Digitally signed by Ford, Josette
Date: 2022.09.29 16:59:57 -07'00'

Name

858-974-2127



Phone

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E-mail

Name

Phone

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