



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division

FILE NUMBER: Legislative Policy Division-0551

*** RE:**

Submitting report related to: Community Benefits Ordinance Process Analysis for the Future of Health

*** SUMMARY:**

Community Benefits Ordinance Process Analysis for the Future of Health

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley

Position: Administrative Assistant

***=REQUIRED**