



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0564

*** RE:**

Submitting report related to: Review of the Future of Health Community Benefits PDD Report Funded Items *FOLLOW-UP

*** SUMMARY:**

Review of the Future of Health Community Benefits PDD Report Funded Items *FOLLOW-UP

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**