



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0649

*** RE:**

Submitting report related to: Financial Impact Report on Childcare Vouchers for City of Detroit Employees

*** SUMMARY:**

Financial Impact Report on Childcare Vouchers for City of Detroit Employees

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**