



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0690

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**\* RE:**

Submitting reso. autho. Resolution to Amend DLBA MOU

**\* SUMMARY:**

Resolution to Amend DLBA MOU

**\* RECOMMENDATION:**

For Consideration

**\* DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley  
Position: Administrative Assistant

**\*=REQUIRED**