



## DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]  
FILE NUMBER: OCFO-Budget-0065

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**\* ITEM TYPE:**  
CORRESPONDENCE:

**\* Council Member:**  
Choose an item.

**Correspondence relative to (summary below):**

**\* SUMMARY:**  
Click or tap here to enter text.

**\* RECOMMENDATION:**  
Click or tap here to enter text.

**\* COMMITTEE REFERRED TO:**  
Choose an item.

**\* DEPARTMENTAL CONTACT:**  
Name: Click or tap here to enter text.  
Position: Click or tap here to enter text.

**\*= REQUIRED**