



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0765

*** RE:**

Submitting reso. auth. RESOLUTION DECLARING MAY AS MENTAL HEALTH AWARENESS MONTH

*** SUMMARY:**

RESOLUTION DECLARING MAY AS MENTAL HEALTH AWARENESS MONTH

*** RECOMMENDATION:**

For Your Review

*** DEPARTMENTAL CONTACT:**

Name: Sandra Jeffers
Position: Administrative Assistant

***=REQUIRED**