

Please Indicate Type:

(Requires 4/5 Board of Supervisors Approval)

11

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(Requires Board of Supervisors Approval)

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(Requires Auditor Approval)

Comments:	DAP grant agreement 20D-1029

10/03/2019

Date _____

10/16/19
Date

Date _____

10/28/19
Date

Date _____

Date _____

Vote: Yes No

By: _____