

LEGISLATION SUBMISSION REVIEW SHEET
OFFICE OF GOVERNMENT RELATIONS

1) SUBMITTING DEPARTMENT

Department: _____
Date: _____
Department Contact: _____
Telephone: _____

Please check:

Local Law _____ Resolution _____ Act _____ Acceptance of Gift _____

Please Check:

Fiscal Impact Statement Attached _____ (To be prepared by Submitting Dept.)
Budget Dept. Approval _____ Finance Dept. Approval (Capital Projects Only) _____

SUMMARY: _____

SEQRA REQUIRED: Yes _____ No _____ (if no, please explain)

SEQRA PREPARED BY (signature): _____

Is there a deadline for action on this submission by court order, statute, or regulation? Yes _____ No _____

DEADLINE DATE: _____

2) SUBMITTING DEPARTMENT SIGN OFF

Commissioner's approval: _____ Date: _____

3) BUDGET DEPARTMENT SIGN OFF

Budget Director's approval: _____ Date: _____

4) LAW DEPARTMENT

Prepared/Reviewed by: _____
Date: _____
Telephone: _____

County Attorney's approval: _____ Date: _____

5) CHIEF OF STAFF

Received by: _____
Date: _____

Chief of Staff's approval: _____ Date: _____

6) DEPUTY COUNTY EXECUTIVE

Dep. CE's approval: _____ Date: _____

7) (OFFICE OF GOVERNMENT RELATIONS USE ONLY)

Submitted for Agenda: _____