



Contra
Costa
County

To: Board of Supervisors

From: COB

Date: February 24, 2009

Subject: CONSIDER

RECOMMENDATION(S):

FISCAL IMPACT:

BACKGROUND:

**CONSEQUENCE OF NEGATIVE
ACTION:**

CHILDREN'S IMPACT STATEMENT:

☐ APPROVE

☐ OTHER

☐ RECOMMENDATION OF CNTY
ADMINISTRATOR

☐ RECOMMENDATION OF BOARD
COMMITTEE

Action of Board On: **02/24/2009** ☐ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

**VOTE OF
SUPERVISORS**

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: February 24, 2009

Contact:

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

