amount \$145,000.00



| REQUEST FOR AGENDA PLACEMENT FORM Submission Deadline - Tuesday, 12:00 PM before Court Dates | |
|--|---|
| | |
| SUBMITTED BY: | TODAY'S DATE: 11/14/18 |
| DEPARTMENT : | |
| | \sim |
| SIGNATURE OF DEPARTM | ENT HEAD: Roger Harmon |
| DEOMECTED ACCOUNT DATE | |
| REQUESTED AGENDA DATE: 11-19-18 | |
| SPECIFIC AGENDA WORDING: Consideration of an Intergovernmental | |
| Transfer under Demonstration Year 7 of the Medicaid Transformation Waiver for | |
| the Benefit of Texas Health Harris Methodist Cleburne in an Amount not to | |
| Exceed \$400,000.00 PERSON(S) TO PRESENT ITEM: County Judge Roger Harmon | |
| PERSON(S) TO PRESENT ITE | LIVI: County Judge Roger Harmon |
| SUPPORT MATERIAL: (Must enclose supporting documentation) | |
| TIME: | ACTION ITEM: |
| | WORKSHOP |
| (Anticipated number of minutes needed to discuss item) CONSENT: | |
| | EXECUTIVE: |
| | |
| STAFF NOTICE: | |
| COUNTY ATTORNEY: | IT DEPARTMENT: |
| AUDITOR: | PURCHASING DEPARTMENT: |
| PERSONNEL: | PUBLIC WORKS: |
| BUDGET COORDINATOR: | OTHER: |
| | |
| | |
| ********This Section to be Completed by County Judge's Office******* | |
| | Feering of any country cauge to cause |
| ACCIONED A CONTRA TO THE | |
| ASSIGNED AGENDA DATE: REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE | |
| REQUEST RECEI | AED BI COOMI I JODGE 2 ONLICE |
| COURT MEMBER APPROVAL _ | Date |
| | |