Q1

Please provide some basic information

- Witness Name: Sharlyn Grace
- Organization (if any):Chicago Community Bond Fund
- City/Town:Chicago
- State:IL
- ZIP:60612
 - Q2

Tell us which meeting you wish to be recorded as a witness. If you don't know the meeting or date, we can help at 312.603.6398 or cookcounty.board@cookcountyil.gov. You can also look up using the County Calendar or the Forest Preserve Calendar. Please fill out a separate form for each meeting at which you wish to speak.

 County Board of Commissioners Regular Meeting 4/23/2020 10a Q3

Tell us the File ID number (example 17-0000) of the item on which you are registering your position. If you don't know the number, we can help at 312.603.6398 or

cookcounty.board@cookcountyil.gov. You can also look it up using the County Calendar or the Forest Preserve Calendar

20-2389

Q4

What do you want to do?

PROVIDE WRITTEN COMMENT FOR INFORMATION ONLY

Q5

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Written Statement? You can type or copy/paste any written statement you want included in the meeting record here. If this is not enough space, or you have other attachments for distribution, please email them to cookcounty.board@cookcountyil.gov

I have emailed my comments to the address above for distribution because they contain attachments. Thank you!