ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request: _	10/ 23 /2013
Please mark one:	⊠ Bill Request	or	☐ Resolution Requ	iest	
1. Has your agency submitted this request in the last 12 months?					
☐ Yes	⊠ No				
If yes, please e	xplain:				
	tes the type of request: gra	ant accept	tance, contract execution	ompany or contractor and <u>co</u> n, amendment, municipal cod	
3. Requesting Agency		•			
4. Contact Person: (V Name: Robin Phone: 720-86		proposed	ordinance/resolution.)		
will be available forName: DougPhone: 720-86	first and second reading, Linkhart			o will present the item at Mo	ayor-Council and who
**Please complete a enter N/A for that fit The ordinance will app in effect since 1997. T proposed contract amo	eld.) prove an amendment of he amendment will refl	mplete fie the inter ect new f pend fun	regovernmental agreemental agreemental and other standards of \$\$57,830,784,	ek if applicable: y in processing. If a field is ent between the City and er necessary adjustments for DHHA services and the	DHHA that has been for 2014. The
a Contract (Control Number CE40	1426 24			
	Control Number: CE60 12 months	1430-24			
c. Location:	City and County of Der	nver			
d. Affected C	ouncil District: All				
e. Benefits: services to DHHA.	DHHA provides medica	ıl service	es to Denver residents	and City agencies and the	e City provides some
f. Costs: \$5	57,830,784				
7. Is there any contro explain.	versy surrounding this o	rdinance	e? (Groups or individual	s who may have concerns at	bout it?) Please
No					
	To be a	completea	d by Mayor's Legislative	Team:	
SIRE Tracking Number:		1		te Entered:	