ORDINANCE/RESOLUTION REQUEST

			_		Date of Request: April 10, 2015
Ple	ase mark	one:	⊠ Bill Request	or	Resolution Request
1.	Has you	ır agency su	ibmitted this request i	n the last 1	12 months?
		Yes	⊠ No		
	If y	es, please ex	xplain:		
Au			contract with Ariel Clin		tees through contract number 2015-21639-00, for \$1,559,387 to provide out-of- home care.
	2938 No	inical Service orth Ave, Su- unction, CO	ite G		
3.	Request	ing Agency	: Denver Department of	of Human S	Services
4.	Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Ron.Mitchell@denvergov.org				
5.	Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Ron.Mitchell@denvergov.org				
6.	This \$1,5 con with	s Ordinance 559,387 to p tract is to im	will authorize a three-y rovide placements and oprove outcomes for chi	vear contrac case manag ildren and y lihood of ch	ng contract scope of work if applicable: act with Ariel Clinical Services, through contract number 2015-21639, for gement services to children in out-of-home care. The purpose of this youth in placement and treatment services, improve matching of children children re-entering same or higher level of care, and children returned to
	a.	Contract C	Control Number: 201	15-21639-0	00
	b.	Duration:	7/1/2015 – 6/30/2018		
	c. d.	Location:	Denver Department of ouncil District: All	of Human S Districts	Services
	e.	Benefits:			or children and cost savings to Department
	f.		=		ough the state child welfare allocation, which contains some DHS mill levy
7.		any contro	versy surrounding this	s ordinanc	ce? Please explain.
	No				
			To b	be complete	ed by Mayor's Legislative Team:
CID	DE Troolsi	ng Niimher			Date Entered: