

BILL/ RESOLUTION REQUEST

- 1. Title:** ccept grant funds from the Americian Academy of Pediatric Dentistry (GC01020).
- 2. Requesting Agency:** Mayors office for education and Children
- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Kay Franklin
Phone:720-913-0885
Email:Kay.Franklin@denvergov.org
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
Name:Kay Franklin
Phone:720-913-0885
Email:Kay.Franklin@denvergov.org
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**
Accept funds for the purpose of of educating Head Start children and families about oral health.
 - b. Duration**
12 months
 - c. Location**
202 W. Colfax Ave., Dept. 1107
 - d. Affected Council District**
3, 5, 7, 8, 9, 11
 - e. Benefits**
Head Start families will have oral health education and locate a dental home.
 - f. Costs**
The grant amount is \$10,000.
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**
No.

Bill Request Number:

Date: