ORDINANCE/RESOLUTION REQUEST

				Date of Request: July 12, 2013
Please mark one:		⊠ Bill Request	or	☐ Resolution Request
1.	Has your agency su	bmitted this request in	the last 1	2 months?
	☐ Yes	⊠ No		
	If yes, please ex	xplain:		
2.	through revenue		1034-00,	etwork grant award provided by Connect For Health Colorado (C4HCO), and in the amount of \$500,000.00, to provide outreach, education and in re.
		work Administration eek N. Dr., Suite 1025		
3.	Requesting Agency Denver Departm	: nent of Human Services		
4.	Contact Person: Name: Ron M Phone: 720-94 Email: Ron.M			
5.	Contact Person: Name: Ron M Phone: 720-94 Email: Ron.M			
6.	This ordinance will a Connect for Health A Health Coverage Gu the application and e ending December 31	authorize the appropriation Assistance Network grantides as part of C4HCO's enrollment process. The granting and the second seco	on of the 2 t. The gra efforts to grant progra at award w	g contract scope of work if applicable: 2013-14 funding from Connect For Health Colorado (C4HCO) for the ant will fund and certify assistance sites and regional hubs to supervise serve Coloradans by providing impartial information and assistance with ram will be funded for an 18 month period beginning July 1, 2013 and was received on July 1, 2013. Based on this information, DDHS is as awarded.
	b. Duration: Ic. Location: I	Control Number: 2013 July 1, 2013 – December Denver Human Services ouncil District: All Dist	31, 2014	
pro		l enrollment in health cov		I to provide outreach, education, and in person assistance with affordability
	7. Is there any co	ntroversy surrounding	this ordin	nance? Please explain. No
		To be	complete	d by Mayor's Legislative Team:

SIRE Tracking Number:

Date Entered: