

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: May 24, 2011_____

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

To establish a "DAM Hamilton Building Rehab/Improvements" Capital special revenue fund.

3. **Requesting Agency:** BMO

4. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Gretchen Hollrah
- **Phone:** 720-913-5516
- **Email:** [Gretchen.hollrah@denver](mailto:Gretchen.hollrah@denver.gov) gov.org

5. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*

- **Name:** Sam Dykstra
- **Phone:** 720-913-8410
- **Email:** [arlene.dykstra@denver](mailto:arlene.dykstra@denver.gov) gov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

To establish a capital maintenance and capital improvement special revenue fund for Denver Art Museum Hamilton Building capital projects that will be funded by monies received from a settlement for this purpose.

****Please complete the following fields:** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** NA
- b. **Duration:** NA
- c. **Location:** DAM Hamilton Building
- d. **Affected Council District:** District 10
- e. **Benefits:** NA
- f. **Costs:** NA

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____