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.

Ple	ase marl	k one:	☐ Bill Request	or	\boxtimes	Resolution Request	Date of Request: 9/30/10
1.	Has you	ur agency su	bmitted this request in	the last 1	2 mon	ths?	
		Yes	⊠ No				
	If y	ves, please ex	xplain:				
2.	Title: Meeting the Challenge Inc. contract amendment. Old Amount: \$150,000, Amended amount: \$460,000, New amount: \$610,000. Old terms: 10/15/2014-01/31/2016. New terms: 10/15/2014 - 12/31/2018. to CAO - Mitch Behr. Provide consultation services on the City's overall compliance with ADA. Sourced from Req#50275.						
3.	Requesting Agency: HRCP - Office of Disability Rights						
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Aisha Rousseau Phone: 720-913-8485 Email: Aisha.Rousseau@denvergov.org						
5.	 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: Aisha Rousseau Phone: 720-913-8485 Email: Aisha.Rousseau@denvergov.org 						
pro Dis	eting the cess and	Challenge (I settlement ag	MTC) will assist the City greement. MTC will prov	with its o wide consu	ongoing Iltation		
		s e complete t /A for that fie		omplete fi	elds m	ay result in a delay in processing.	If a field is not applicable, please
	a.	Contract (Control Number: HRC	CRS-2014	18678-	02	
	b.	Duration:	Original contract: ~15	months. P	Propose	ed amendment: Additional 23 mor	nths (10/15/14-12/31/18)
	c.	Location:	City and County of De	enver			
	d.			-Citywide			
	e.		•	•		ss Settlement Agreement with the	•
	f. Costs: Old amount: \$150,000, Amended amount: \$460,000, New amount: \$610,000.						
7.	Is there explain		versy surrounding this	ordinance	e? (Gr	oups or individuals who may have	concerns about it?) Please
			To be	completed	d by M	ayor's Legislative Team:	
SIR	RE Tracki	ing Number:				Date Entered:	