## ORDINANCE/RESOLUTION REQUEST

Please mark one:		k one:	⊠ Bill Request	or	Date of Request: <u>5/22/13</u> Resolution Request	
1.	Has you	ur agency s	submitted this request in	ı the last 1		
		Yes	⊠ No			
	If v	yes, please o	explain:			
2.	<b>Title:</b> A contract with SAVIO HOUSE, through contract control number SOCSV-2015-22477, in the amount of \$1,400,000.00, to provide culturally competent strength-based resources and support services children and families involved with the child welfare system.					
	325 Kir	HOUSE ng Street. , CO 80219				
3.	Reques	Requesting Agency: Denver Department of Human Services				
4.	<ul> <li>Contact Person:</li> <li>Name: Ron Mitchell</li> <li>Phone: 720-944-2903</li> <li>Email: Ron.Mitchell@denvergov.org</li> </ul>					
5.	<ul> <li>Contact Person:</li> <li>Name: Ron Mitchell</li> <li>Phone: 720-944-29032</li> <li>Email: Ron. Mitchell</li> </ul>					
6.	General description of proposed ordinance including contract scope of work if applicable:					
	Abuse Twho are	Freatment, Se participations to children	Substance Abuse, Day Tr ng in the program. The Co	eatment, M ore prograi	ic Therapy, Intensive Family Therapy, Functional Family Therapy, Sexual Mental Health, and Supervised Visitation Services to children and families am provides culturally competent strength-based resources and supporting of children/youth by supporting stable families and prevent out-of-home	
	a.	Contract	Control Number: SO	CSV-2015-	5-22477	
	b.	<b>Duration</b> :				
	c.	Location:		ces		
	d. e.	Benefits:			lies and prevent more restrictive levels of out of home placement to children	
	f.		vith Human Services' Ch 1,400,000.00 from a Stat			
7.	Is there		oversy surrounding this	•		
		v	v			
			To be	e complete	ed by Mayor's Legislative Team:	
SIF	RE Track	ing Number	:		Date Entered:	