ORDINANCE/RESOLUTION REQUEST

					Date of Request: 06/09/14
Please mark one:		one:	Bill Request	or	☐ Resolution Request
1.	Has your agency submitted this request in the last 12 months?				
		Yes	⊠ No		
	If y	es, please ex	xplain:		
2.	Title: Requests a contract with the Colorado Coalition for the Homeless for \$1,958,065.20 through contract control number SOCSV-2014-16718 to provide 240 units of tenant based rental assistance to chronically homeless individuals with substance abuse issues.				
	2111 Ch		for the Homeless		
3.	Request	ing Agency	: Denver Department o	of Human	Services
4.	Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org				
5.	Contact Person: Name: Ron Mitchell Phone: 720-944-29032 Email: Ron. Mitchell				
6.	Requests 2014-16 issues. T	s a contract v 718 to provi hese individ	with the Colorado Coalit de 240 units of tenant ba	tion for the ased rental occurring	e Homeless for \$1,958,065.20 through contract control number SOCSV-assistance to chronically homeless individuals with substance abuse disabilities such as mental health issues and other HUD approved abilities.
	a.	Contract C	Control Number: SOC	CSV-2014-	-16718
	b.	Duration:	4/1/2014 - 3/31/2015		
	c.	Location:	Denver Human Service	es	
	d.		ouncil District: All		
	e.	Benefits:	Provides 240 units of		
	f.	Costs: \$1	,958,065.20 from HUD	Grant, no i	match from Human Services
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain. No				
			To be	completed	d by Mayor's Legislative Team:
SII	RE Trackii	ng Number:			Date Entered: