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: 12/14/15 |
|-----|---|--|--|------------|----------|-------|---------------------------|
| Ple | ase marl | k one: | ⊠ Bill Request | - | or | | Resolution Request |
| 1. | Has you | as your agency submitted this request in the last 12 months? | | | | | |
| | | Yes | ⊠ No | | | | |
| | If y | es, please ex | cplain: | | | | |
| 2. | Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.) | | | | | | |
| | Establish a series of new funds for Public Works Wastewater Management Division for the receipt of grants from federal, state, private, and other entities. | | | | | | |
| 3. | Reques | ting Agency | : Department of Fi | inance – I | Budget a | and I | Management Office |
| 4. | Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Sara Cunningham/ Melissa Bakel Phone: 720-913-5083 / 303-446-3475 Email: Sara.Cunningham@denvergov.org / Melissa.Haakinson@denvergov.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: Sara Cunningham Phone: 720-913-5083 Email: Sara.Cunningham@denvergov.org | | | | | | |
| 6. | General description of proposed ordinance including contract scope of work if applicable: | | | | | | |
| | Establish new funds for Public Works Wastewater Management Division to account for the receipt of grant dollars. The following funds will be created: | | | | | | |
| | 725 | 20 – Wastev | vater Federal Grant vater State Grants F vater Private and O | und | nts Fund | i | |
| | **Please complete the following fields: | | | | | | |
| | a.b.c.d.e.f. | Duration: Location: | Permanent N/A Ouncil District: Better Financial A | N/A | ng | | |
| 7. | Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain. None | | | | | | |
| | | | | To be cor | mpleted | by M | Mayor's Legislative Team: |

SIRE Tracking Number:

Date Entered: