ORDINANCE/RESOLUTION REQUEST

					Date of Request: June 24, 2014
Please mark one:		k one:	⊠ Bill Request	or	☐ Resolution Request
1.	Has you	ur agency su	ıbmitted this request	in the last 1	12 months?
		Yes	⊠ No		
	If y	es, please ex	xplain:		
2.	Title: A contract with SAVIO HOUSE, through contract control number SOCSV-2014-16375, in the amount of \$1,200,000.00, to provide core services to child welfare clients to reduce the need to place children out of the home or to return children who have been removed from home more quickly.				
	325 Kir	HOUSE ag Street. CO 80219			
3.	Reques	ting Agency	: Denver Department	of Human Se	ervices
4.	■ Na ■ Phe	t Person: me: Ron M one: 720-94 nail: Ron.M		g	
5.	5. Contact Person: Name: Ron Mitchell Phone: 720-944-29032 Email: Ron. Mitchell				
6.	General description of proposed ordinance including contract scope of work if applicable:				
	Link, St The Co	ubstance Abi re program p	use, Day Treatment and provides culturally com	d Mental Heapetent streng	c Therapy, Functional Family Therapy, Sexual Abuse Treatment, Direct ealth Services to children and families who are participating in the program. gth-based resources and support services to children and families to protect families and prevent out-of-home placement.
	a.	Contract C	Control Number: SC	OCSV-2014-	-16375
	b.	Duration:	6/1/2014 - 5/31/201		
	c.	Location:	Denver Human Serv		
	d. e.	Benefits: 1		eserve famili	ties and prevent more restrictive levels of out of home placement to children
	f.		rith Human Services' C 1,200,000.00 from a Sta		e division. I allocation that includes some local mill levy funding match.
7.	Is there	any contro	versy surrounding th	is ordinance	e? Please explain. No
			To	be completed	ed by Mayor's Legislative Team:
SIF	RE Tracki	ing Number:			Date Entered: