

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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: 4/25/11

Please mark one:  Bill Request or  Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes  No

If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

An ordinance request for an amendment to GC03019-6 to transfer \$184,000 from Workforce Investment Act Adult Program to the Workforce Investment Act Dislocated Worker Program

3. **Requesting Agency:** Office of Economic Development

4. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Barbara Callison
- **Phone:** 720-913-1722
- **Email:** [Barbara.Callison@Denvergov.org](mailto:Barbara.Callison@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:** Seneca Holmes
- **Phone:** 720-913-1533
- **Email:** [Seneca.Holmes@Denvergov.org](mailto:Seneca.Holmes@Denvergov.org)

6. **General description of proposed ordinance including contract scope of work if applicable:**

This ordinance request amends a State Revenue Expenditure Authorization contract for PY10 for the Workforce Investment Act (WIA) Adult Program and Workforce Investment Act (WIA) Dislocated Worker Program. This amendment will transfer \$184,000 from the WIA Adult Program to the WIA Dislocated Worker Program for the purpose of sustaining a level of services needed for workforce development activities to help increase occupational skills attainment, employment, retention and earnings of participants.

**\*\*Please complete the following fields:** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** GC03019-6
- b. **Duration:** 7/1/10 – 6/30/12
- c. **Location:** City and County of Denver
- d. **Affected Council District:** City Wide
- e. **Benefits:** Continuation of services for the WIA Dislocated Worker Program
- f. **Costs:** None

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* Please explain . No

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*To be completed by Mayor's Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_