ORDINANCE/RESOLUTION REQUEST

Ple	Please mark one:	Bill Request	or	☐ I	Resolution I	Request	Date	of Request: 6-11-15
1.		-				4		
	☐ Yes	No						
	If yes, please explain:							
2.	2. Title: Authorizes the 3 rd amendm of Colorado Denver (UCD) of \$618,498.46 and running and trauma-focused practic) through contract c g through 09/29/20	control nu 15. This i	ımber 20	12-05711-0	3, to add an add	ditional \$172,732.0	0 for a total amount
	Regents of the University of Office of Grants and Contract Anschutz Medical Campus 13001 E 17th Place, Mail S Aurora, Colorado 80045	racts s Bldg 500, W1126	•	te, for an	d on behalf	of the Universi	ty of Colorado Den	ver
3.	3. Requesting Agency: Den	ver Department of I	Human S	ervices				
4.	4. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell							
5.	 Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell 							
6.	General description of proposed ordinance including contract scope of work if applicable: Grant provides integrating trauma-informed and trauma-focused practice in child welfare practice.							
	c. Location: Den	Number: 2012- /2014 – 9/29/2015 ver, CO District: All Distr		3				
	e. Benefits: Providesf. Costs: \$172,732	Trauma-Informed 2.00 from University				e		
7.	7. Is there any controversy s	surrounding this o	ordinance	e? No				
		To be	completed	d by May	vor's Legisla	ative Team:		
SI	SIRE Tracking Number:		_			Date Entered:		