## ORDINANCE/RESOLUTION REQUEST

				Date of Request: _	10/3/2012
Please mark one:	<b>⊠</b> Bill Request	or	☐ Resolution Request	ţ	
1. Has your age	ncy submitted this request in	the last 1	2 months?		
☐ Yes	⊠ No				
If yes, ple	ease explain:				
SOCSV-2	dds \$423,564to the Colorado (011-01909-01, for a total of \$90.55 scattered Sites project.				ls through the Shelter
	Coalition for the Homeless mpa Street CO 80205				
3. Requesting A	gency: DDHS				
<b>■ Phone:</b> 7	on: Ron Mitchell 20-944-2903 on.mitchell@denvergov.org				
<b>■ Phone:</b> 7	on: Ron Mitchell /20-944-2903 on.mitchell@denvergov.org				
6. General descr	ription of proposed ordinance	e includin	g contract scope of work i	f applicable:	
	the housing portion of the She ses focusing on recovery from				e clinical case
	ract Control Number: SOCS		1909-01		
	tion: 12/01/2012 to 11/30/2012				
	tion: Shelter Plus Care-Scatter eted Council District: All	ed Sites			
	fits: Assistant chronically hon	neless indi	ividuals to obtain nermanent	housing	
	s: \$423,564, all funded through		_	nousing.	
7. Is there any c	ontroversy surrounding this	ordinance	e? Please explain. No		
	$T_{2}$ $L_{3}$	complete	d by Mayor's Legislative Te	am:	
SIDE Tracking No.		completed	. ,		
SIRE Tracking Nu	moc1.		Date	Entered:	