ORDINANCE/RESOLUTION REQUEST

Ple	Date of Request: <u>September 18, 20</u> ase mark one: Bill Request or Resolution Request	<u>14</u>
1.	Has your agency submitted this request in the last 12 months?	
	☐ Yes	
	If yes, please explain:	
2.	Title: Authorizes an amendment with Excelsior Youth Centers, Inc., through contract number 2012-05739-03 to update rates for the vendor and add Health Insurance Portability Accountability Act (HIPAA) language. The contractor provides placements and camanagement services to children in out-of-home care. There is no change in the amount of the contract.	se
	Excelsior Youth Centers, Inc 15001 East Oxford Avenue Aurora, CO 80014	
3.	Requesting Agency: Denver Department of Human Services	
4.	Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org	
5.	Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org	
6.	General description of proposed ordinance including contract scope of work if applicable:	
	This Ordinance will authorize an amendment with Excelsior Youth Centers, Inc., through contract number 2012-05739-03 tupdate rates for the vendor and add Health Insurance Portability Accountability Act (HIPAA) language. The contractor provides placements and case management services to children in out-of-home care.	o
	a. Contract Control Number: 2012-05739-03	
	b. Duration: $7/1/2012 - 6/30/2015$	
	c. Location: Vendor provides services in Coloradod. Affected Council District: All Districts	
	d. Affected Council District: All Districtse. Benefits: Improved continuum of care for children.	
	f. Costs: The vendor is paid from the Child Welfare state allocation.	
7.	Is there any controversy surrounding this ordinance? Please explain.	
	No	
	To be completed by Mayor's Legislative Team:	
SII	E Tracking Number: Date Entered:	