ORDINANCE/RESOLUTION REQUEST

				Date of Request: 08/12/2014
Ple	ease mark one:	⊠ Bill Request	or	☐ Resolution Request
1.	Has your agency s	submitted this request in	n the last 1	12 months?
	☐ Yes	⊠ No		
2.	SOCSV-2013-1443	38-01 to modify the budge housing and treatment se	et from a c	Mental Health Center of Denver for \$0 through contract control number cost reimbursement to a fee for service. Funds are paid through mill levy 75 chronically homeless individuals with co – occurring serious mental
	Mental Health Cen 4141 E. Dickenson Denver, CO 80222	Pl.		
3.	Requesting Agenc	y: Denver Department	of Human	1 Services
4.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M			
5.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.	44-29032		
amo Mo	end a contract with Nodification from a Co	Mental Health Center of I st Reimbursement to a Fe	Denver. Un ee for Serv	ng contract scope of work if applicable: This ordinance request is to nder the contract Mental Health Center of Denver is requesting to a Budget vice for monthly invoicing of services provide to for 75 chronically ess and substance use disorders.
	a. Contract	Control Number: SO	CSV-2013-	3-14438-1
	b. Duration			
	c. Location:		ces	
		Council District: All	1	
	e. Benefits:f. Costs: \$	830,000 from DHS mill l		housing and treatment services to 75 chronically homeless individuals.
7.	Is there any contr	oversy surrounding this	ordinance	ce? Please explain. No
		To be	e complete	ed by Mayor's Legislative Team:
SIR	RE Tracking Number			Date Entered: