## ORDINANCE/RESOLUTION REQUEST

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Please mark one:			or	Date of Request: 12/02/2014  Resolution Request
		_		-
1.	Has your agency	submitted this request in	the last 1	2 months?
	☐ Yes	⊠ No		
2.	increase the amoun Portability Account to 6,000 homeless in	t \$375,000, for a total of \$ tability Act (HIPAA) langu	725,000, e uage. Fund ourse of a	rancis Center, through contract control number SOCSV-2013 14453-01, to extend the term one year through 12/31/2015 and to add Health Insurance is are paid through mill levy dollars, to provide day shelter services for up year, for approximately 78,000 total visits, for the hours from 6am until lays a week, year round.
	St. Francis Center 2323 Curtis Street Denver, CO 8020			
3.	Requesting Agen	cy: Denver Department o	of Human	Services
4.	<ul><li>Name: Ron</li><li>Phone: 720-</li></ul>			
5.	Contact Person: Name: Ron Phone: 720- Email: Ron	944-2903		
6.	a contract with St.	Francis Center. Under the	contract St	contract scope of work if applicable: This ordinance request is to amend a Francis Center DHS is requesting to increase the budget and to extend the ride day shelter services for homeless men and women year round.
	a. Contrac	t Control Number: SOC	CSV-2013	14453-01
		1/1/2015 - 12/31/2015		
	c. Location		enver 8020	5
		Council District: All		
	e. Benefits: f. Costs:	\$375,000 new dollars from		shelter services for up to 728 homeless men and women l levy
7.	Is there any cont	roversy surrounding this	ordinance	e? Please explain. No
		То be	e complete	d by Mayor's Legislative Team:
SI	IRE Tracking Number			Date Entered: