

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team
at MileHighOrdinance@DenverGov.org by NOON on Wednesday.

**All fields must be completed.*
Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: July 13, 2010

Please mark one: **Bill Request** or **Resolution Request**

1. Has your agency submitted this request in the last 12 months?

Yes **No**

If yes, please explain:

2. Title: *(Include a concise, one sentence description - include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

The Department of Safety is requesting an ordinance approving a supplemental agreement with the University of Colorado Health Sciences Center Peer I/Haven for residential and non-residential community corrections services.

3. Requesting Agency: Department of Safety

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Greg Mauro
- **Phone:** 720-913-8252
- **Email:** greg.mauro@denvergov.org

5. Contact Person: *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **Name:** Melvin Thompson
- **Phone:** 720-913-6445
- **Email:** melvin.thompson@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

The Division of Community Corrections is requesting an ordinance to approve a contract with a residential community corrections service provider which exceed the provisions contained in Section 3.2.6(E) of the Charter.

CU Health Sciences Center Peer I/Haven	\$ 3,520,895.00
Supplemental funding	\$ 258,987.19
Adjusted total	\$ 3,779,882.19

*** Funding for this supplemental agreement is provided through the redistribution of funds between current community corrections providers based upon actual services provided.

Please include the following:

- a. Duration:** July 1, 2010- September 30, 2010
- b. Location:** Citywide
- c. Affected Council District:** 2

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d. Benefits: Provides Re-entry services to individuals returning to this community

e. Costs: No cost. All funding is provided by the State.

7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) **Please explain.**

We do not believe there are any issues with the annual renewal of this contract.

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