

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

****All fields must be completed.****

Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: 11/21/11

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 – please 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.)*

Supplemental Request for \$500,000 from the General Fund Contingency for 3rd and 4th Quarter Unemployment Insurance payments.

3. Requesting Agency: Budget Management Office

4. Contact Person: *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Laurel Bandy and Brendan Hanlon
- **Phone:** 720-913-5051 / 720-913-5510
- **Email:** Laurel.Bandy@denvergov.org / Brendan.Hanlon@denvergov.org

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

- **Name:** Laurel Bandy
- **Phone:** 720-913-5051
- **Email:** Laurel.Bandy@denvergov.org

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

This Ordinance is requested to supplement the current funding to the Unemployment Compensation Insurance account 01010-0125100 by \$500,000. The Unemployment Compensation Insurance program reimburses the State of Colorado for unemployment benefits paid by the State to former General Fund employees. The actual cost for Q3 2011 is \$220,987, and the projected amount of the Q4 2011 bill is \$300,000. There is currently a balance of \$22,695.61 in the Unemployment Compensation Insurance budget. The budget shortfall is due to the number of claims in 2011 staying constant with 2010, and the State increasing the maximum allowable benefit in July 2011 to \$500 per week, offsetting projected cost savings. The remaining contingency balance after this supplemental is \$10,294,000. No other supplements are projected at this time but we continue to work with agencies to forecast year end.

*****Please complete the following fields:*** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** n/a
- b. **Duration:** Through Fiscal Year 2011
- c. **Location:** n/a
- d. **Affected Council District:** n/a
- e. **Benefits:** Meet expected shortfall
- f. **Costs:** \$500,000

7. Is there any controversy surrounding this ordinance? *(Groups or individuals who may have concerns about it?)* **Please explain.** No controversy

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____