## 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: 11/10/14
Pl	Please mark one: X	Bill Request	or	☐ Resolution Request
1.	1. Has your agency subm	itted this request in the	e last 12 months	s?
	☐ Yes X	∑ No		
	If yes, please expla	nin:		
2.		he type of request: grant		rlude <u>name of company or contractor</u> and <u>contract control number</u> ntract execution, amendment, municipal code change,
				elopment Center (CNDC; SAFTY-201208794-03) to add \$549,025 rated persons with services provided by the Community Reentry
3.	Requesting Agency: Department of Safety, Crime Prevention and Control Commission			
4.	4. Contact Person: (With  Name: Regina Hu Phone: 720-641-5 Email: regina.hue	008	oposed ordinanc	ce/resolution.)
5.		<u>st and second reading, if</u> nerter 008		re/resolution who will present the item at Mayor-Council and who
6.	6. General description of	proposed ordinance in	cluding contrac	ct scope of work if applicable:
	length of stay in the jail		ncrease offender	rugh evidence based strategies in the jail and community. Reduce or stabilization through cognitive treatment, employment training orary housing.
	** <b>Please complete the follo</b> enter N/A for that field – ple			lt in a delay in processing. If a field is not applicable, please
	a. Contract Con	trol Number: SAFTY	-201208794-03	
		an 1, 2015 – Dec 31, 201		
		55 Broadway, Denver Co		
	d. Affected Cour e. Benefits: R	•		ped stays and increase offender stability in the community
	e. Benefits: R f. Costs: \$549,0		e length of jan o	ed stays and increase offender stability in the community
7.	7. Is there any controver explain.	sy surrounding this ord	linance? (Group	ps or individuals who may have concerns about it?) Please
	Non that I am awar	e of		
		To be co	mpleted by Mave	por's Legislative Team:
SI	SIRE Tracking Number:			Date Entered: