

ORDINANCE/RESOLUTION REQUEST

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

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

Date of Request: 8/4/10

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 Colorado Health Foundation GC03030 Grant Acceptance \$443,038*

3. Requesting Agency: Mayor’s Office for Education and Children/Denver’s Great Kids Head Start

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

- **Name:** Kay Franklin
- **Phone:** 720-913-0885
- **Email:** kay.franklin@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:** Kay Franklin
- **Phone:** 720-013-0885
- **Email:** kay.franklin@denvergov.org

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

The Colorado Health Foundation has awarded Denver’s Great Kids Head Start \$443,038 for the purpose of increasing access to health care and developing school readiness through integrated on-site mental health services. The grant term is 8/1/2010-7/31/2012.

Please include the following:

- a. Duration:** 8/1/2010-7/31/2012
- b. Location:** Denver’s Great Kids Head Start centers throughout the City and County of Denver
- c. Affected Council District:** 3, 9, 8, 7, 11
- d. Benefits:** Children will be better prepared for kindergarten
- e. Costs:** \$628,038

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

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date: _____

Ordinance Request Number: _____

Date: _____