## 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: _	5/21/2015	
Ple	Please mark one:	Bill Request	or		Resolution Requ	est		
1.	Has your agency submitted this request in the last 12 months?							
	☐ Yes ⊠	No						
	If yes, please explai	n:						
	2. Title: Appropriate \$ program sales and use tax					renue fund, to reconci	ile the estimated preschool	
3.	. Requesting Agency: Bu	dget and Managemer	nt Office					
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.)  Name: Laurel Delmonico Phone: 720-913-5051 Email: laurel.delmonico@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 Delmonico Phone: 720-913-5051 Email: laurel.delmonico@denvergov.org							
6.	. General description of p	General description of proposed ordinance including contract scope of work if applicable:						
	are greater than the orig	inal appropriation, the 00000) from General	e addition Fund co	nal mo	ney is appropriated	d to the Denver Presch	for the preschool program hool Program special t indicates that an additional	
	**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 Contr	ol Number: n/a						
	b. Duration: n/a							
	c. Location: n/a							
	d. Affected Council District: All							
	e. Benefits: Funding of the Denver Preschool Program  f. Costs: n/a							
	i. Costs. II/a							
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.							
	None.							
		To be a	complete	d by M	ayor's Legislative	Team:	_	
SIF	IRE Tracking Number:				Date	e Entered:		