

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: 12/8/14

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.)*

3. Requesting Agency: BMO

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

- **Name:** Dianne Criswell
- **Phone:** (720) 865-5460
- **Email:** dianne.criswell@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:** Ron Mitchell/Dianne Criswell
- **Phone:** (720) 944-2903/(720) 865-5460
- **Email:** ron.mitchell@denvergov.org/dianne.criswell@denvergov.org

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

This ordinance would establish the Assistance Incentives Program Special Revenue Fund for Denver Department of Human Services (Fund # TBD-org 5511010) for the deposit and expending of incentives received, on a cash basis, from the State of Colorado related to assistance programs for the explicit purpose of supporting activities associated with Medicaid and other assistance programs.

****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:** Indefinite

c. **Location:** Department of Human Services

d. **Affected Council District:** City Wide

e. **Benefits:** Directing state incentives earned for City programs and expenses incurred on Medicaid eligibility activities for reinvestment in further expanding and enhancing eligibility activities.

f. **Costs:** This will be a cash-based Special Revenue Fund, with maximum SFY 2014-15 revenues of \$920,637.51. Future years' maximum revenues have not yet been determined.

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: _____