

BILL/ RESOLUTION REQUEST

1. **Title:** A proclamation recognizing November as National Alzheimer's Disease Awareness Month and National Caregiver Month.

2.

3.

4. **Requesting Agency:**

5. **Contact Person *with actual knowledge of proposed ordinance***

Name:

Phone:

Email:

6. **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:

Phone:

Email:

7. **Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**

a. **Scope of Work**

b. **Duration**

c. **Location**

d. **Affected Council District**

e. **Benefits**

f. **Costs**

6. **Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: CP15-0826

Date: 10/27/2015