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.

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			Date of Request: 4/19/2	01	
1.	Has your agency submitted this request in the last 12 months?				
		Yes	⊠ No		
	If	yes, please ex	plain:		
 3. 	- that co supplen Head S	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.) Clayton Family Futures dba Clayton Educare Head Start expenditure agreement to provide direct Head Start services; control number MOEAI-201205670-00. Requesting Agency: Mayor's Office for Education and Children			
4.	 Name: Al Martinez/Kay Franklin Phone: 720 913 0888/720 913 0885 Email: kay.franklin@denvergov.org 				
5.					
6.	Claytor July 1,	n Family Futu 2012 through	of proposed ordinance including contract scope of work if applicable: res, dba Clayton Educare, will provide direct Head Start services to 236 children, ages 3 to 5 years old, from December 31, 2012. The agreement amount is \$625,352. This agreement will be amended in the fall to o increase the amount of compensation.	m	
		se complete t VA for that fie	ne following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, plea ld.)	ıse	
	a.	Contract C	ontrol Number: MOEAI-201205670-00		
	b.	Duration:	July 1, 2012-December 31, 2012		
	c.	Location:	City and County of Denver		
	d.		ouncil District: 8		
	e.	Benefits:	Children will emerge from the program ready to be successful in kindergarten.		
	f.	Costs: \$6	25,352 plus \$156,338 in-kind donations to be provided by the contractor.		
7.	Is there explain		versy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please		
			To be completed by Mayor's Legislative Team:		
SIF	RE Track	ing Number:	Date Entered:		