

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: 02/20/15_____

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:** Requests a contract with the Colorado Coalition for the Homeless for \$593,097 through contract control number SOCSV-TBD to provide 240 units of tenant based rental assistance to chronically homeless individuals with substance abuse issues through the Continuum of Care Housing First program.

Colorado Coalition for the Homeless
2111 Champa St.
Denver, CO 80205

3. **Requesting Agency:** Denver Department of Human Services

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

- **Name:** Ron Mitchell
- **Phone:** 720-944-2903
- **Email:** Ron.Mitchell@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
- **Phone:** 720-944-29032
- **Email:** Ron. Mitchell

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

Requests a contract with the Colorado Coalition for the Homeless for \$593,097 through contract control number SOCSV-TBD to provide 240 units of tenant based rental assistance to chronically homeless individuals with substance abuse issues through the Continuum of Care Housing First program. Funds have been appropriated through the first three months of the contract based upon a letter of intent from the United States Department of Housing and Urban Development. The contract will be amended for the remaining 9 months once the actual grant has been received from the funder.

***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:** SOCSV-TBD
- b. **Duration:** 4/1/2015 – 6/30/2015
- c. **Location:** Denver Human Services
- d. **Affected Council District:** All
- e. **Benefits:** Provides 240 units of tenant based rental assistance
- f. **Costs:** \$593,097

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 Entered: _____