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: August 17, 2017

Please mark one: x☐ **Bill Request** **or** ☐ **Resolution Request**

1. **Has your agency submitted this request in the last 12 months?**

   ☐ **Yes** x☐ **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.)*

   NA

3. **Requesting Agency:** Office of Children's Affairs/Denver Great Kids Head Start

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
   - **Name:** Dr. Al Martinez
   - **Phone:** 720-913-0888
   - **Email:** al.martinez@denvergov.org

5. **Contact Person:** (W*ith 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:** Dr. Al Martinez
   - **Phone:** 720.913.0888
   - **Email:** al.martinez@denvergov.org

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

   This request will modify the existing ordinance regarding the composition of the Head Start Policy Council and align it more closely to the Federal Head Start Statute. Specifically, it will remove occupation categories from which to recruit community representatives to the Head Start Policy Council and it will extend the term that members can serve on Policy Councils to five years maximum.

*****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 – please do not leave blank.)*

   a. **Contract Control Number:** NA
   b. **Duration:** NA
   c. **Location:** NA
   d. **Affected Council District:** NA
   e. **Benefits:** NA
   f. **Costs:** NA

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: _____