ORDINANCE/RESOLUTION REQUEST

				Date of Request: October 1, 2012
Please mark one:		⊠ Bill Request	or	☐ Resolution Request
1.	Has your agency su	bmitted this request in	the last 1	12 months?
	☐ Yes	⊠ No		
	If yes, please ex	plain:		
2.	Title: Approves a contract with Signal Behavioral Health Network, contract control number SOCSV-201207147-00, for \$525,000, to provide substance abuse services to child welfare clients.			
	Signal Behavior 455 Sherman Sti Denver, Colorad			
3.	Requesting Agency: Denver Department of Human Services			
4.	4. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org			
5.	5. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org			
6.	General description of proposed ordinance including contract scope of work if applicable: The contractor will provide on-site substance abuse treatment Coordinator s and a full continuum of substance abuse services (outpatient, detoxification, residential services, and transitional residential services) to child welfare clients.			
	b. Duration: J	Control Number: SOCS June 1, 2012 – May 31, 2 Denver Human Services		7147-00
	d. Affected Coe. Benefits: The control of the con	ouncil District: All Dist he Core Services Program	ns main o	objective is to provide strength-based resources and support to families e placement and/or are in need of services to maintain a least restrictive
	$\boldsymbol{\varepsilon}$	5,000.00 from the State 0	Child Welf	elfare Core Services Allocation
	7. Is there any con	ntroversy surrounding	this ordin	inance? Please explain. No
		To be	completed	ed by Mayor's Legislative Team:
SI	RE Tracking Number:			Date Entered: