

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor’s Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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:** January 23, 2012

**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:**

Request appropriation of 25% of the Shelter plus Care – Dave’s Place grant award, for an appropriated amount of \$16,704 award based on a Letter of Intent provided by the U.S. Department of Housing and Urban Development.

**3. Requesting Agency:**

Denver Department of Human Services

**4. Contact Person:**

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

**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:**

This Ordinance will authorize the appropriation of the 2012-2013 funding for Shelter Plus Care-Dave’s Place to provide twelve units of project based rental assistance for the Dave’s Place project to help chronically homeless individuals with mental illnesses obtain and remain in housing. Based on the Letter of Intent, the award amount will total \$66,818 beginning April 1, 2012 through March 31, 2013. In order to ensure program continuity, DDHS is requesting an appropriation of \$16,704.

- a. **Contract Control Number:** TBD
- b. **Duration:** April 1, 2012 through March 31, 2013
- c. **Location:** Denver Human Services
- d. **Affected Council District:** Citywide
- e. **Benefits:** The Shelter Plus Care-Anchor program will provide twelve units of project-based rental assistance for those experiencing homelessness in addition to receiving supportive services to reinforce livelihood stability.
- f. **Costs:** Match Amount Required? No.

**7. Is there any controversy surrounding this ordinance? Please explain. No**

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*To be completed by Mayor’s Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_