ORDINANCE/RESOLUTION REQUEST

						Date of Request:	December 19, 2012
Please mark one:			or	Reso	lution Request		
1.	Has your agency submitted this request in the last 12 months?						
	☐ Yes	⊠ No					
	If yes, please o	explain:					
2.	Title: Approves Denver Options, Inc. (doing business as Rocky Mountain Human Services) contract number SOCSV 201209022 with the Denver Department of Human Services for \$10,989,504 the purpose of providing services to Denver residents with developmental disabilities.						
	Denver Options, In 9900 E. Iliff Avenu Denver, CO 80231	ie					
3.	Requesting Agenc	y: Denver Department of	Human S	Services			
4.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M						
5.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M						
6.	General description	on of proposed ordinanc	e includin	g contract so	cope of work if	applicable:	
mil		norize a contract with Der period of January 1, 2013 nental disabilities.					
	**Please complete	the following fields:					
	a. Contract Control Number: SOCSV 201209022						
	b. Duration:					for four one year renev	vals)
	c. Location: d. Affected (Denver Options 9900 Council District: All	E IIII Ave	enue, Denver	CO		
	e. Benefits:	Provides services to D	enver resi	dents with de	velopmental dis	abilities	
	f. Costs: \$	10,989,504 (based on esti			_		
7.	Is there any contro None	oversy surrounding this	ordinance	e? Please exp	olain.		
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CIT	RE Tracking Number		completed	d by Mayor's	Legislative Tea		
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