ORDINANCE/RESOLUTION REQUEST

				Date of Request: October 1, 2012
Please mark one:	Bill Request	or	☐ Resolution Request	
1. Has your agency s	submitted this request in	the last 1	2 months?	
☐ Yes	⊠ No			
If yes, please	explain:			
			ntract control number SOCSV-20 sues for child welfare clients.	01207123 -00, for \$995,000, to provide
Savio House 325 King Stree Denver, Color				
3. Requesting Agence Denver Depart	ey: tment of Human Services			
4. Contact Person: Name: Ron N Phone: 720-9 Email: Ron.N				
5. Contact Person: Name: Ron N Phone: 720-9 Email: Ron.N				
			ng contract scope of work if ap erapy, sexual abuse treatment, D	plicable: ay Treatment and mental health services to
b. Durationc. Location:d. Affectede. Benefits:	are at imminent risk of ouing.	2013 tricts. m's main c	objective is to provide strength-l	pased resources and support to families f services to maintain a child in a least
7. Is there any c	ontroversy surrounding	this ordin	nance? Please explain. No	
	To he	complete	d by Mayor's Legislative Team:	
SIRE Tracking Number			Date Enter	red: