

BILL/ RESOLUTION REQUEST

- 1. Title:** A proclamation celebrating the 50th anniversary of Denver Health's Bernard F. Gipson Eastside Family Health Center and Denver Community Health Services.

- 2. Requesting Agency:**

- 3. Contact Person *with actual knowledge of proposed ordinance***
 Name:
 Phone:
 Email:

- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
 Name:
 Phone:
 Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - b. Duration**

 - c. Location**

 - d. Affected Council District**

 - e. Benefits**

 - f. Costs**

- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**