

ORDINANCE/RESOLUTION REQUEST
Please Submit to Mayor's Legislative Team by noon Wednesday to
Milehighordinance@denvergov.org

Please mark one: **Bill Request** or **Resolution Request**

1. In the past 12 months has your agency submitted this request?

Yes **No**

If yes, please explain:

2. Title: *(Include a one sentence description that clearly indicates the type of request – grant acceptance, contract execution, municipal code change, supplemental request, etc.)*

Accept ARRA expansion grant funds in the amount of \$612,000 from U S Dept of Health and Human Services

3. Requesting Agency: Mayor's Office for Education and Children

4. Contact Person: *with actual knowledge of proposed ordinance*

- **Name: Kay Franklin**
- **Phone: 720-913-0888/720-913-0885**
- **Email: al.martinez@denvergov.org /kay.franklin@denvergov.org**

5. 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: Kay Franklin**
- **Phone: 720-913-0885**
- **Email: kay.franklin@denvergov.org**

6. General description of proposed ordinance including contract scope of work if applicable:

The ordinance request is to accept funds for the purpose of providing Head Start services to 70 eligible children and families.

Please include the following:

a. Duration:12 months

b. Location: 202 W Colfax Avenue Dept 1107

c. Affected Council District: The contractor serves in the following council districts: 3, 8,9, 7, 11, 5

d. Benefits: Low income children and families will receive comprehensive services: education, health, dental, disabilities, nutrition and family services.

e. Costs: The grant award is \$612,000.

7. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain. No.

(Completed by Mayor's Office): **Ordinance Request Number:** **Date:**

SIRE Tracking Number

Date: