

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at 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: 2/28/2011

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: *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

Qualified Needle Exchange and Treatment Referral Programs

3. Requesting Agency: Environmental Health

4. Contact Person: *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Robin Valdez
- **Phone:** 720-865-5415
- **Email:** robin.valdez@denvergov.org

5. Contact Person: *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*

- **Name:** Robin Valdez - Debra Knapp (City Attorney)
- **Phone:** 720-865-5415 - 720-913-8408
- **Email:** robin.valdez@denvergov.org - debra.knapp@denvergov.org

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

The proposed ordinance will make some changes to the City's existing qualified needle exchange and treatment referral programs ordinance as outlined in the attached redline version of the ordinance.

****Please complete the following fields:** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** N/A
- b. **Duration:** N/A
- c. **Location:** N/A
- d. **Affected Council District:** All
- e. **Benefits:** Reduced rates of infectious disease.
- f. **Costs:** N/A

7. Is there any controversy surrounding this ordinance? *(Groups or individuals who may have concerns about it?)* **Please explain.** Not at this time.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

EXECUTIVE SUMMARY

02/28/2011

**Qualified Needle Exchange and Treatment Referral Programs
Ordinance Request**

This ordinance request seeks to make changes to the existing Qualified Needle Exchange and Treatment Referral Programs ordinance as a result of passage of SB-189 during the 2010 State Legislative Session which made changes to the state's drug paraphernalia laws. The proposed changes will provide more consistency between the state law and city ordinance. The changes are enclosed with this form in a redline copy of the proposed ordinance.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____