

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Authorizes a three-year contract with Ariel Clinical Services for \$1,559,387 and through 6-30-2018 to provide placements and case management services to children in out-of- home care (2015-21639-00).
  
- 2. Requesting Agency:** Human Services
  
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:**Ron Mitchell  
**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.**

**Bill Request Number: BR15-0232**

**Date: 4/14/2015**