

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: **October 5, 2015**_____

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.)*

An ordinance request to approve the acceptance of an federal VOCA grant from the Colorado Division of Criminal Justice to augment the state funds available to the Crime Victim Compensation Program in the 2nd Judicial District, the amount of the grant is \$1.5 million, contract control number is 201524536.

3. **Requesting Agency:** District Attorney’s Office

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

- **Name:** Linda Ferry
- **Phone:** 720-913-9252
- **Email:** lmf@denverda.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:** Linda Ferry
- **Phone:** 720-913-9252
- **Email:** lmf@denverda.org

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

This ordinance is necessary for the VOCA grant awarded to the Crime Victim Compensation Program to be reflected as pass-through dollars in the District Attorney’s budget. The Crime Victim Compensation program is available to eligible victims of crime that occur in Denver to assist with specified monetary costs that result specifically from being the victim of a crime.

***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 – please do not leave blank.)*

- a. **Contract Control Number:** 201524536
- b. **Duration:** 1/1/16 – 12/31/19
- c. **Location:** District Attorney’s Office
- d. **Affected Council District:** City-wide
- e. **Benefits:** Our ability to accept these funds for the Crime Victim Compensation Program increase by approximately 50% our ability to assist eligible crime victims in the city of Denver.
- f. **Costs:** None

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

There is no controversy surrounding this ordinance.

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____