

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team
at MileHighOrdinance@DenverGov.org by NOON on Wednesday.

**All fields must be completed.*
Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: June 24, 2010

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 - 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.)*

The Department of Safety is requesting an ordinance approving and providing for the execution of a contract between the City and County of Denver and the State of Colorado for the funding of the FY 2010-2011 Community Corrections Program.

3. Requesting Agency: Department of Safety

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

- **Name:** Greg Mauro
- **Phone:** 720-913-8252
- **Email:** greg.mauro@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:** Melvin Thompson
- **Phone:** 720-913-6445
- **Email:** melvin.thompson@denvergov.org

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

The Division of Community Corrections is requesting an ordinance to approve contracts with the State of Colorado (Division of Criminal Justice and Department of Corrections) in the amount of \$13,145,961.36 to fund the FY09-10 Community Corrections Program.

Colorado Division of Criminal Justice	\$12,045,961.36
Colorado Department of Corrections	\$1,100,000.00

Please include the following:

- a. Duration:** July 1, 2010- June 30, 2011
- b. Location:** Citywide
- c. Affected Council District:** 2 ,8,9,10,11
- d. Benefits:** Provides Re-entry services to individuals returning to this community
- e. Costs:** No cost. All funding is provided by the State.

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____ Date: _____

Ordinance Request Number: _____ Date: _____

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

We do not believe there are any issues associated with this request.

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Date: _____

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