## ORDINANCE/RESOLUTION REQUEST

								Date of Req	uest: 9/21/2015
Please mark one:			: 🔀 Bill Req	uest	or		Resolution Req	iest	
1.	Has yo	ur ag	ency submitted this request in the last 12 months?						
		Yes	⊠ No						
If yes, please explain:									
2.	Title: Request for Supplemental Appropriation – Repayment to State								
3.		Requesting Agency: Denver Department of Human Services							
4.	• Ph	me: one:	son: Jay Morein 720-944-2526 Jay.Morein@denver	gov.org					
5.	■ Ph	me: one:	<b>son:</b> Lori Noble 720-944-1700 Lori.Noble@denvergo	ov.org					
Ser Dej asse gen dep age	vices incorporated value of the	curs action is allowith the ds are sof hurses of the soften is 50%.	Iministrative costs for ocated a certain level of ese activities. The 80 capped through the stateman services spend be	eligibility act of funding by % rate is con te long bill a eyond their al	tivities a the State apprised of appropria llocation	essoci e of ( of stat ations	ated with Medica Colorado, and is rete general fund (3 s, the federal fund ch expenditures a	d and Food Assistance simbursed at an 80% ra 19%) and federal funds are uncapped. As a re e submitted by the Sta	ate for allowable expenses (50%). While the state
Sta Dei add	te has pr nver Hur	esente nan Se pendii	ed each over-reimburse	d county wit option of ful	h a set o lly repay	of opti	ions through which he State in 2015.	h it could repay the Sta In order to do so, the I	eing over-reimbursed. The ate (see attached letter). Department will require to the amount of the
The	e propose	ed ord	inance will increase th	e appropriati	on to Fu	ınd #1	13008-5511000 b	\$2,757,585.21.	
	a. b.	Con Dur Loca Affe	nplete the following finitract Control Number eation: ation: Denver Human ected Council District efits:	er: a Services					
	f.	Cos	ts:						
	01	rdinan							troversy surrounding this loping as many options for
				To be co.	mpleted	by M	layor's Legislativ	Team:	

SIRE Tracking Number:

Date Entered: