ORDINANCE/RESOLUTION REQUEST

				Date of Request: September 18, 2014
Please mark one:		⊠ Bill Request	or	Resolution Request
1.	Has your agency s	submitted this request in	the last 1	2 months?
	☐ Yes	⊠ No		
	If yes, please o	explain:		
2.	03 to update rates f	or the vendor and add He	alth Insura	Phildren at Colorado Christian Home, through contract number 2012-05751- nnce Portability Accountability Act (HIPAA) language. The contractor children in out-of-home care. There is no change in the amount of the
	Tennyson Center for 2950 Tennyson St. Denver, CO 80212	or Children at Colorado C	Christian H	ome
3.	Requesting Agenc	y: Denver Department o	f Human S	ervices
4.	4. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org			
5.	 Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org 			
6.	General description of proposed ordinance including contract scope of work if applicable:			
	contract number (HIPAA) langu	er 2012-05751-03 to upda	ate rates for vides place	Tennyson Center for Children at Colorado Christian Home, through r the vendor and add Health Insurance Portability Accountability Actements and case management services to children in out-of-home care.
	a. Contract	Control Number: 201	2-05751-0	3
	b. Duration:			
	c. Location:	•	ices in Cole Districts	orado
	d. Affected (e. Benefits:	Improved continuum		children
		The vendor is paid from the		
7.	Is there any contro	oversy surrounding this	ordinance	e? Please explain.
	No			
		To be	e complete	d by Mayor's Legislative Team:
SIRE Tracking Number:				Date Entered: