## ORDINANCE/RESOLUTION REQUEST

					Date of Request:	May 7, 2015
Please mark one:		<b>⊠</b> Bill Request	or	☐ Resolution R	equest	
1.	Has your agency submitted this request in the last 12 months?					
	☐ Yes	⊠ No				
	If yes, please	explain:				
2.	Title:  Accepts the Community Services Block Grant (CSBG) award provided by the "State of Colorado; Department of Local Affairs" through contract control number SOCSV-2015-22154 in the amount of \$1,021,869.00 for fiscal year 2015-2016, to deliver services and/or provide assistance to low income families and individuals.					
	State of Color 1313 Sherman Room 521 Denver, CO 8		al Affairs	<b>;</b>		
3.	Requesting Agence Denver Depart 1200 Federal b Denver, CO 80	tment of Human Services boulevard				
4.	Contact Person:  Name: Ron M Phone: 720-9 Email: Ron M					
5.	Contact Person:  Name: Ron M Phone: 720-9 Email: Ron M					
6.	This ordinance authorized by grant, and has operates on a f	the State of Colorado's Do provided a stable source of	ance of the epartment of funds to th 1st. For	e 2015-2016 funding of Local Affairs. The help meet essential se the FY 2015-2016, E	work if applicable: from the Community Services Block Grae e Community Services Block Grant is a fervices to address poverty. The grant pro Denver Human Services has been awarded	formula based ogram
	b. Duration	Control Number: SOCS : March 1, 2015 – Septem Denver Human Services				
		Council District: All District	ricts.			
		s and/or provide assistanc			et essential services to address poverty andividuals.	nd will
	7. Is there any c	ontroversy surrounding	this ordin	nance? Please explain	ı. No	
		To be	complete	d by Mayor's Legisla	tive Team:	
SIF	RE Tracking Number				Date Entered:	
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