

BILL/ RESOLUTION REQUEST

- 1. Title:** Approves a supplemental appropriation in the amount of \$2,757,585.21 to repay the State for over-reimbursement for administrative costs for eligibility activities associated with Medicaid and Food Assistance (aka SNAP) (#13008-5511000).

- 2. Requesting Agency:** Human Services

- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Lori Noble
Phone:
Email:

- 4. 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:
Phone:
Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - b. Duration**

 - c. Location**

 - d. Affected Council District**

 - e. Benefits**

 - f. Costs**

- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: BR15-0684

Date: 9/22/2015