ORDINANCE/RESOLUTION REQUEST

							Date of Request:	December 6, 2011
Please mark one: Bill Request or Resolution Request								
1.	Has your agency s	your agency submitted this request in the last 12 months?						
	⊠ Yes	□ No						
	If yes, please o	explain: This is	s the fourth	amendi	ment for this contra	act, requiring	g an ordinance to be	completed.
	• / •	•				, 1	•	•
2.		residents with deve					Services for the purping as voted on by t	oose of providing he City and County of
3.	Requesting Agenc	y: Denver Departs	ment of Hu	man Se	rvices			
4.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M		ov.org					
5.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M		ov.org					
6.	General description	on of proposed or	dinance inc	cluding	contract scope of	f work if app	olicable:	
	is ordinance will author January 1, 2008 to							mill levy funding, elopmental disabilities.
	**Please complete	the following field	ds:					
		Control Number:		` /				
	b. Duration: c. Location:	•	_	ecembe	er 31, 2012			
		Council District:	All					
	e. Benefits: f. Costs: \$	For the purpose 10,524,000	e of providi	ng serv	ices to Denver resid	dents with de	evelopmental disabi	ities
7.	Is there any contr		ng this ardi	inance) Plagse avnlgin			
٠.	None	oversy surroundin	ing this orth	mance	. т казе схріані.			
			To be con	npleted	by Mayor's Legisl	lative Team:		
SIF	RE Tracking Number					Date Enter	ed:	