ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

	Date of Request: 10-21-10	
Ple	ase mark one: x Bill Request or Resolution Request	
1.	Has your agency submitted this request in the last 12 months?	
	x Yes	
	If yes, please explain:	
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control numb</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)	ei
	Amend leases with Denver Health and Hospital Authority for its location at 4685 Peoria Street. RC55011-1	
3.	Requesting Agency:	
4.	Div of Real Estate Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Lisa Lumley Phone: 720.913.1515 Email: lisa.lumley@denvergov.org	
5.	Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) Name: Lisa Lumley Phone: 720.913.1515 Email: lisa.lumley@denvergov.org	10
6.	General description of proposed ordinance including contract scope of work if applicable:	
	Two of two short term lease extensions with DHHA for its clinic space at 4685 Peoria Street.	
	**Please complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, pleasenter N/A for that field.)	se
	a. Contract Control Number: RC55011-1	
	b. Duration: 1/1/2005 – 9/30/2010	
	c. Location: 4685 Peoria Street, Denver, CO (Arie P Taylor Bldg)	
	d. Affected Council District: District 11 - Hancocke. Benefits: additional income	
	f. Costs: \$5,089.50	
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.	
	None that I am aware of.	
	To be completed by Mayor's Legislative Team:	
SII	E Tracking Number: Date Entered:	