

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor's Legislative team with questions

Please mark one: ☒ Bill Request or ☐ Resolution Request Date of Request: 4/24/2023

1. Type of Request:

- ☐ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment
☐ Dedication/Vacation ☒ Appropriation/Supplemental ☐ DRMC Change
☒ Other: Cash transfer

2. Title: (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves making a cash transfer from the Health Federal Grant Fund (14001) to the Public Health and Wellness Special Revenue Fund (14806) and making an appropriation in the Public Health and Wellness Special Revenue Fund.

3. Requesting Agency: BMO on behalf of DDPHE

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Tristan Sanders / Nikki McCabe	Name: Courtney Meihls/ Josh Rosenblum
Email: tristan.sanders@denvergov.org / nikki.mccabe@denvergov.org	Email: courtney.meihls@denvergov.org / Joshua.rosenblum@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

The National Association of County and City Health Officials (NACCHO) Fiscal Year '19/21 grant award is complete (650110-14001 /GR00001690). The Denver Department of Public Health and Environment (DDPHE) has confirmed that all deliverables have been met for this grant and there is a remaining balance on this grant \$11,342.11, and has approval from the Grantor to use the unspent funds for public health and wellness programs. This request seeks approval to transfer the remaining award balance to their Health and Wellness SRF (6501500 - 14806) and appropriates the funds to be used towards public health program activities.

6. City Attorney assigned to this request (if applicable): N/A

7. City Council District: All

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

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Date Entered: _____