## ORDINANCE/RESOLUTION REQUEST

							<b>Date of Request:</b> <u>11/19/2012</u>
Please mark one:		e: 🛭 Bi	ll Request	or		Resolution Request	
1.	Has your agency submitted this request in the last 12 months?						
	☐ Yes	s 🖂 N	0				
	If yes,	please explain:					
2.	<b>Title:</b> Adds \$225,000 to the Denver Health and Hospital Authority contract, through contract number SOCSV-CE01069-03, for a total of \$900,000 to provide transitional residential treatment and case management services to 25 chronically homeless individuals through the CHARTS program at Denver Cares.						
	Denver Hea 777 Bannoc Denver, CO		Authority				
3.	Requesting	Agency: DDHS					
4.	■ Phone:	rson: Ron Mitchell 720-944-2903 ron.mitchell@	denvergov.org				
5.	<ul> <li>Contact Person:</li> <li>Name: Ron Mitchell</li> <li>Phone: 720-944-2903</li> <li>Email: ron.mitchell@denvergov.org</li> </ul>						
6.	General description of proposed ordinance including contract scope of work if applicable:						
		ds the CHARTS abstance abuse for					e management services focusing on
	b. Du c. Lo	Denver,	CARES erokee Street CO 80204	V-CE0106	69-03		
	e. Be	fected Council I nefits: Assist chr sts: \$225,000 fur	onically homele			btain employment, benefits, a	and permanent housing.
7.		y controversy su		-	_	se explain. No.	
			To be	completed	d by Ma	yor's Legislative Team:	
SIRE Tracking Number: Date Entered:							