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: January 25, 2	<u>201</u>
Please mark one:		Bill Request	or	□ F	Resolution Request		
1.	Has your agency	submitted this request i	n the last 12	2 month	ıs?		
	☐ Yes	⊠ No					
	If yes, please	explain:					
2.	Region VIII 1670 Broadway Denver, CO 802		elopment				
3.	Requesting Agend		2				
4.	Contact Person: Name: Ron I Phone: 720-9	Mitchell					
5.	Contact Person: Name: Ron 1 Phone: 720-9 Email: Ron.1		;				
6.	This ordinance will a assistance for the Wo consecutive year fun grantor in which a ne **Please complete a. Contract b. Duration The programmer. Location:	omen's project to help chron	the 2010-2011 nically homelon combined we have been awa colorof for December 5 years of furs	1 funding ess wome with the prarded.	g for Shelter Plus Care to en with mental illnesses revious year \$346,358.0 0 through November	to provide 41 units of sponsor based rental s obtain and remain in housing. This is a 2nd 00. Equals \$704,534 from the same program, so	
	e. Benefits: gain and mainta 6 months or lon housing. The th	The goals of the program as in stable employment. The	re to increase outcomes for is that 63.5% homeless par	r Shelter l of homel	Plus Care are for 71.5% ess participants will mo	oloyability skills of the tenants so that they may 6 of the homeless participants to stay in housing ove from transitional housing to permanent ogram will be employed.	
	7. Is there any c explain. No	ontroversy surrounding	g this ordina	ance? (C	Groups or individual.	s who may have concerns about it?) Plea	se
		To I	ne completed	d by May	vor's Legislative Tea	m:	

SIRE Tracking Number:

Date Entered: