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: <u>09/14/2010</u>
Please mark one:	⊠ Bill Request	or	☐ Resolution Request
1. Has your agency sub	omitted this request in	the last 12	2 months?
☐ Yes	⊠ No		
If yes, please exp	plain:		
		_	ents of the University of Colorado contract with the control additional \$120,590.00.
3. Requesting Agency:	Denver Human Service	es	
4. Contact Person: Name: Ron Mit Phone: 720.944 Email: Ron.Mit			
5. Contact Person: Name: Ron Mit Phone: 720.944. Email: Ron.Mit			
The purpose of the ag of Human Services (E Neglect (Kempe) to p Abuse and Mental He Initiative (NCTSI), a	preement is to estable OHS) and The Kemprovide services fundanth Services Admits government effort to the other tental services and the services and the services are services are services are services and the services are services and the services are s	lish a con pe Center ded throu inistration to establis	g contract scope of work if applicable: htract and Scope of Work/Budget between Denver Department r for the Prevention and Treatment of Child Abuse and high the U.S. Dept. of Health and Human Services Substance in (SAMHSA) and the National Child Traumatic Stress sh a nationwide network whose sole purpose is to improve the hest traumatized as a result of having witnessed or experienced
**Please complete th	e following fields:		
b. Duration:c. Location:d. Affected Coe. Benefits:f. Costs:	One year Anshutz Medical Cam ouncil District: City	wide and familied and familied rough the groups and the groups are	-
	To be	e completea	d by Mayor's Legislative Team:

SIRE Tracking Number:

Date Entered: