

BILL/ RESOLUTION REQUEST

1. **Title:** A Proclamation in support of Mile High Behavioral Healthcare and its Miracle on Logan Street
- 2.
3. **Requesting Agency:** City Council
4. **Contact Person *with actual knowledge of proposed ordinance***
 - Name:**Ortega (gtw)
 - Phone:**
 - Email:**
5. **Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
 - Name:**
 - Phone:**
 - Email:**
6. **Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. **Scope of Work**
 - b. **Duration**
 - c. **Location**
 - d. **Affected Council District**
 - e. **Benefits**
 - f. **Costs**
6. **Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: CP14-0745

Date: 8/29/2014