ORDINANCE/RESOLUTION REQUEST

				Date of Request: September 18, 2014
Ple	ease mark one:	Bill Request	or	☐ Resolution Request
1.	Has your agency	submitted this request in	the last 1	2 months?
	☐ Yes	⊠ No		
	If yes, please	explain:		
2.	vendor and add He	ealth Insurance Portability	Accountal	rvices through contract number 2012-05817-03 to update rates for the bility Act (HIPAA) language. The contractor provides placements and case There is no change in the amount of the contract.
	Denver Area Yout 1530 W. 13th Ave Denver, CO 80204	;		
3.	Requesting Agend	cy: Denver Department o	f Human S	ervices
4.	Contact Person: Name: Ron Phone: 720- Email: Ron.			
5.	 Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org 			
6.	General description of proposed ordinance including contract scope of work if applicable:			
	update rates for	or the vendor and add Hea	lth Insuran	nver Area Youth Services through contract number 2012-05817-03 to ace Portability Accountability Act (HIPAA) language. The contractor act to children in out-of-home care.
	a. Contract	t Control Number: 201	2-05817-0	3
	b. Duration	7/1/2012 - 6/30/2015		
	c. Location	•		orado
			Districts	ahildaan
	e. Benefits: f. Costs:	Improved continuum The vendor is paid from the		
7.		_		
٠.	Is there any controversy surrounding this ordinance? Please explain. No			
	110			
			e complete	d by Mayor's Legislative Team:
SII	RE Tracking Numbe	er:		Date Entered: