## ORDINANCE/RESOLUTION REQUEST

				Date of Request: 10/31/2014
Ple	ease mark one:	⊠ Bill Request	or	☐ Resolution Request
1.	Has your agency	submitted this request in	n the last 1	2 months?
	☐ Yes	⊠ No		
	If yes, please	explain:		
2.	14438-02 to add ar	n additional \$830,000, wit	th a total an	th Center of Denver, through contract control number SOCSV-2013-mount of \$1,660,000. Funds are paid through mill levy funding, to provide eless individuals with mental health and sometimes co-occurring substance
	Mental Health Cen 4141 E. Dickensor Denver, CO 80222	ı Pl.		
3.	Requesting Agend	cy: Denver Department	of Human	Services
4.	Contact Person:  Name: Ron I Phone: 720-9 Email: Ron I			
5.	Contact Person:  Name: Ron Mitchell Phone: 720-944-29032 Email: Ron. Mitchell			
6.				<b>g contract scope of work if applicable:</b> Provide housing and treatment nental health and sometimes co-occurring substance use disorders.
	a. Contract	Control Number: SO	CSV-2013-	-14438-02
	b. Duration			
	c. Location d. Affected	: Denver Human Service Council District: All	ces	
	e. Benefits:			ousing and treatment services to 75 chronically homeless individuals.
7.	Is there any contr	oversy surrounding this	ordinance	e? Please explain. No
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O T T	DE Tracking Numbe		e completed	d by Mayor's Legislative Team: