ORDINANCE/RESOLUTION REQUEST

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: 7/13/12

Please mark one: X ☐ **Bill Request**   **or**   ☐ **Resolution Request**

1. **Has your agency submitted this request in the last 12 months?**

   ☐ **Yes**   X ☐ **No**

   If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

   Approves the sale of the property formerly known as the La Mariposa Clinic located at 1020 W. 11th Avenue.

3. **Requesting Agency:** Denver Health (through the Mayor's office)

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.*)
   - **Name:** Elbra Wedgeworth
   - **Phone:** 303.602.4965
   - **Email:** elbra.wedgeworth@dhha.org

5. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution <u>who will present the item at Mayor-Council and who will be available for first and second reading, if necessary</u>.*)
   - **Name:** ElbraWedgeworth
   - **Phone:** 303.602.4965
   - **Email:** elbra.wedgeworth@dhha.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

   Per the 1997 Transfer Agreement between the City and County of Denver and the Denver Health and Hospital Authority, DHHA must have approval from City Council and the Mayor to sell or transfer Real Property. Proceeds from the sale shall be deposited into a trust fund account to be used only for the construction of improvements related to the Westside Clinic or one of DHHA's other community clinics. The site of referenced property has been vacant for many years and is no longer needed. DHHA has entered into an agreement for sale, pending Council/Mayor approval.

Please complete the following fields: *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)*

   a. **Contract Control Number:**
   b. **Duration:**
   c. **Location:**   1020 W. 11th Avenue
   d. **Affected Council District:**   9
   e. **Benefits:**
   f. **Costs:**   N/A

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____   Date Entered: _____