ORDINANCE/RESOLUTION REQUEST

				D. 4 5 D 4. 2/4/2014
Please mark one:		⊠ Bill Request	or	Date of Request: 2/4/2014 Resolution Request
1.	Has your agency	submitted this request in	n the last 1	12 months?
	☐ Yes	⊠ No		
	If yes, please	explain:		
2.	Title: Amends a c amount from \$0 to		, through o	contract control number SOCSV-2013-12827-01, to change the contract
	Savio House 325 King Street. Denver, CO 80219)		
3.	Requesting Agend	cy: Denver Department	of Human	Services
4.	Contact Person: Name: Ron! Phone: 720-9 Email: Ron.			
5.	Contact Person: Name: Ron! Phone: 720-9 Email: Ron.	944-29032		
6.	General description	on of proposed ordinand	e includin	ng contract scope of work if applicable:
	Link, Substance A	buse, Day Treatment and erve families and prevent	Mental He	c Therapy, Functional Family Therapy, Sexual Abuse Treatment, Direct ealth Services to children and families who are participating in the program. ictive levels of out of home placement to children involved in the Human
	a. Contract	Control Number: SO	CSV-2013	-12827-01
	b. Duration	: 6/1/2013 – 5/31/2014		
	c. Location		ces	
		Council District: All	c :1	
inv		Provides services to pres Services' Child Welfare d		lies and prevent more restrictive levels of out of home placement to children
	f. Costs: \$	\$1,400,000 from a State p	rovided all	location and mill levy funding.
7.	Is there any contr	oversy surrounding this	ordinanc	e? Please explain. No
		То в	e complete	ed by Mayor's Legislative Team:
SII	RE Tracking Number	r·		Date Entered: