## ORDINANCE/RESOLUTION REQUEST

Ple	ease mark one:	Bill Request	or	□ R	Date of Request: April 23, Resolution Request	2015
1.	Has your agency s	ubmitted this request i	n the last 1	2 month	hs?	
	☐ Yes	⊠ No				
	If yes, please e	xplain:				
2.		ct with Savio House Ch and case management s			cy, through contract number 2015-21831, for \$3,111,840 to in out-of-home care.	
	Savio House Child 325 King Street Denver, CO 80219	Placement Agency				
3.	Requesting Agency	y: Denver Department	of Human S	Services		
4.	Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M		;			
5.	Contact Person: Name: Ron N Phone: 720-9 Email: Ron.N		5			
6.	General description	n of proposed ordinan	ce includin	ig contra	act scope of work if applicable:	
	21831, for \$3,1 this contract is matching of ch	11,840 to provide place to improve outcomes fo	ements and or or children a homes, dec	case mana and youth creasing tl	o House Child Placement Agency, through contract number 20 nagement services to children in out-of-home care. The purpose in in placement, by providing treatment services, improving the likelihood of children re-entering the same or higher level was more quickly	se of
	a. Contract	Control Number: 20	15-21831			
		7/1/2015 – 6/30/2018				
	c. Location: d. Affected (	Denver Department of Council District: All	of Human S l Districts	services		
	e. Benefits:	Improved continuum		d outcome	nes for children	
		3,111,840 paid through				
7.	Is there any contro	oversy surrounding thi	s ordinanc	e? Please	e explain.	
	NO					
		То в	be complete	ed by Mav	yor's Legislative Team:	
SIF	RE Tracking Number				Date Entered:	