ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

Please mark one:	⊠ Bill Request	or	☐ Resolution	Date of Request:	4/24/2023	
	⊠ Din Request	OI.	Resolution	xequest		
1. Type of Request:	_			_		
Contract/Grant A	greement	ernmental	Agreement (IGA)	Rezoning/Text Amendme	ent	
☐ Dedication/Vacati	on 🔀 Appropri	ation/Sup	plemental	☐ DRMC Change		
Other: Cash transf	fer					
				ny or contractor and indicate the e, supplemental request, etc.)	type of request: grant	
	th transfer from the Health making an appropriation in			o the Public Health and Wellnes ess Special Revenue Fund.	s Special Revenue	
3. Requesting Agency	BMO on behalf of DD	РНЕ				
4. Contact Person with k	nowledge of proposed		Contact	angon to progent item of NA-	vion Council	
Contact person with knowledge of proposed ordinance/resolution			1	Contact person to present item at Mayor-Council and Council		
Name: Tristan Sanders / Nikki McCabe			Name:			
Email: tristan.sanders@denvergov.org / nikki.mccabe@denvergov.org				Email: courtney.meihls@denvergov.org / Joshua.rosenblum@denvergov.org		
The National Association /GR00001690). The Demet for this grant and the funds for public health	on of County and City Hea enver Department of Public here is a remaining balance and wellness programs. Th	Ith Officia Health and on this grains request	als (NACCHO) Fisc and Environment (DI rant \$11,342.11, and seeks approval to to	al Year '19/21 grant award is co OPHE) has confirmed that all de has approval from the Grantor cansfer the remaining award bala public health program activities	mplete (650110-14001 liverables have been to use the unspent unce to their Health and	
6. City Attorney assi	igned to this request (if a	pplicable)	: N/A			
7. City Council Distr	rict: All					
8. **For all contract	ts, fill out and submit acco	ompanyin	g Key Contract Te	erms worksheet**		
	To be	completed	l by Mayor's Legisla	ntive Team:		
Resolution/Bill Number:				Date Entered:		

