ORDINANCE/RESOLUTION REQUEST

				Date of Request: 11/18/16
Please mark one:		☐ Bill Request	or	□ Resolution Request
1.	Has your agency s	submitted this request in	n the last 1	12 months?
	☐ Yes	⊠ No		
	If yes, please	explain:		
2.	\$559,000. Funds an	re paid through mill levy	funding, to	sion., through contract control number SOCSV-2016-31650 with a cost of provide emergency overflow shelter services for adult men and women ility for overnight sleeping.
	Denver Rescue Mi 6100 Smith Road Denver, CO 80216			
3.	Requesting Agenc	y: Denver Department o	of Human	Services
4.	 4. Contact Person: Name: Ron Mitchell Phone: 720-944-2903 Email: Ron.Mitchell@denvergov.org 			
5.	Contact Person: Name: Ron I Phone: 720-9 Email: Ron.	944-29032 Mitchell		
	Denver Rescue Mi		cy shelter f	luding contract scope of work if applicable: Requests a contract with for homeless adult men and women, ages 18 and above, at a current and
	a. Cont	ract Control Number:	SOC	SV-2016-31650
	b. Duration	Funding duration (1/1	/2017 – 12	2/31/2017)
	c. Location:		ces	
	T	Council District: All	.l l	h
	housing			homeless adult women in order to succeed in moving to more stable
	f. Costs: \$559,000 mill levy funding Is there any controversy surrounding this ordinance? Please explain. No			
7.	is there any contr	oversy surrounding this	orumane	e: Flease explain. No
		To be	e complete	ed by Mayor's Legislative Team:
SI	RE Tracking Number	r:		Date Entered: