ORDINANCE/RESOLUTION REQUEST

| | | | Date of Request: February 24, 2017 |
|---|---|--|--|
| Please mark one: | Bill Request | or | ☐ Resolution Request |
| 1. Has your agency s | submitted this request in | the last 1 | 12 months? |
| ☐ Yes | ⊠ No | | |
| If yes, please e | explain: | | |
| | oment (HUD) in the amou | | C) Housing First grant award from the U.S. Department of Housing and 497,840 to provide rental assistance for 240 housing units to the chronically |
| 3. Requesting Agence Denver Depart | y: ment of Human Services | | |
| 4. Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M | | | |
| 5. Contact Person: Name: Ron M Phone: 720-9 Email: Ron.M | | | |
| This ordinance will at based rental assistanc homeless single indiv | uthorize the acceptance of the e, 49 units of sponsor based riduals. These individuals cou | e 2017-201 rental assis ıld also hav | ing contract scope of work if applicable: 018 funding for Continuum of Care-Housing First to provide 151 units of tenant istance and 40 units of project based rental assistance to chronically and episodically ave co-occurring disabilities such as mental health issues and other HUD approved ril 1, 2017 through March 31, 2018. |
| b. Duration:c. Location:d. Affected 0 | Control Number: TBD April 1, 2017 through Ma Denver Human Services Council District: Citywid | e | |
| of sponsor bas single individu | sed rental assistance and 4 als. for those experiencing | 0 units of g homeles | First program will provide 151 units of tenant based rental assistance, 49 units of project based rental assistance to chronically and episodically homeless essness. paid by vendor through case management costs match. |
| 7. Is there any co | ontroversy surrounding | this ordin | inance? Please explain. No |
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| | To be | complete | ted by Mayor's Legislative Team: |
| SIRE Tracking Number | | | Date Entered: |