## **ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

## \*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

Ple	Please mark one:	] Bill Request	or	Date of Request: 5-31-20  ☑ Resolution Request	)17
1.	. Has your agency submi	tted this request in t	the last 1	12 months?	
	☐ Yes	] No			
	If yes, please explai	in:			
2.		opriate \$7,300,000 of	the Feder	deral Head Start grant to operate the Denver Great Kids Head Start program	n
3.	. Requesting Agency: O	ffice of Children's Af	fairs – De	Denver Great Kids Head Start	
4.	<ul> <li>Contact Person: (With</li> <li>Name: Al Martine</li> <li>Phone: 720-913-08</li> <li>Email: Al.Martine</li> </ul>	z 388	proposed	ed ordinance/resolution.)	
5.	<ul> <li>Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)</li> <li>Name: Al Martinez</li> <li>Phone: 720-913-0888</li> <li>Email: Al.Martinez@denvergov.org</li> </ul>				
6.	. General description of	proposed ordinance	includin	ng contract scope of work if applicable:	
	Number 08CH1119 operate the Federal appropriation will praward funds to all stream is for July 1, 20 appropriation of the	in the amount of \$9,0 Head Start program as rovide 80% percent of ab-recipients. The Bu 117 thru June 30, 2013 final 20 percent. It is	98,563.0 nd provid f funding idget and 8. Upon r anticipate	man Services – Administration for Children and Families has awarded Gra. 00 to the City and County of Denver – Office of Children's Affairs to ide services to 1,153 children in its established service area. This ig based upon a letter of intent to allow the Office of Children's Affairs to id Management Office has approved this appropriation request. The contrain receipt of the award letter, the Office of Children's Affairs will request atted that the official award notification will be received prior to the program years that the contracts will be in place on the first day of the program years.	.ct m
	**Please complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)				
	a. Contract Cont	rol Number: TBD			
	<b>b. Duration:</b> 12	months			
	c. Location: Ci	ty and County of Den	iver		
	d. Affected Coun			7, 8, 9, 10, 11	
				Head Start program ready for kindergarten.	
	<b>f.</b> Costs: \$7,300	,000 (\$9,098,563.00	full awar	ard. This request is for 80 percent based upon letter of intent.)	
7.	. Is there any controvers explain. N/A	y surrounding this o	rdinance	ce? (Groups or individuals who may have concerns about it?) Please	
		To be d	completed	ed by Mayor's Legislative Team:	
SIF	IRE Tracking Number:			Date Entered:	