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.

						Date of Request:	10/6/2017
Ple	ease mark one:	⊠ Bill Request	or		Resolution Req	uest	
1.	Has your agency submitted this request in the last 12 months?						
	☐ Yes	⊠ No					
	If yes, please	explain:					
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.) Contract execution for Denver Health and Hospital Authority (DHHA) (contract control number 201736499-00) to deliver services to persons with HIV/AIDS in the Denver Transitional Grant Area.						
3.	Requesting Agency: Department of Environmental Health – Denver Office of HIV Resources						
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Terra Haseman Swazer Phone: 720.865.5435 Email: terra.hasemanswazer@denvergov.org						
5.	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.) Name: Anthony E. Stamper Phone: 720.865.5420 Email: Anthony.stamper@denvergov.org						
6. General description of proposed ordinance including contract scope of work if applicable: Denver Health and Hospital Authority expenditure contract provides services in outpatient/ambulatory medical care, medical case management, mental health, services to individuals living with HIV/AIDS residing in the Denver grant area						ovides services includi t, mental health, and ea	_
	**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.)						
	b. Durationc. Locationd. Affectede. Benefits:	Council District: All dist	ary 28, 20 ricts IIV have a	access		nt, and other supportive s	ervices which will help
	f. Costs: \$1	•	ing inu	зиррг	CSSIOII.		
7.	Is there any contrexplain. No	roversy surrounding this	ordinance	e? (Gr	oups or individua	ls who may have concerns o	about it?) Please
		To be	completed	d by M	layor's Legislative	? Team:	

SIRE Tracking Number:

Date Entered: