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:	February 1, 2018
Please mark one:		X Bill Request	or		Resolution Request		
1.	Has your agency s	submitted this request in	n the last 1	2 month	s?		
	Yes	X No					
	If yes, please	explain:					
2.		concise, one sentence desc ates the type of request: ¿ est, etc.)					
	Grant acceptar	nce of a VOCA award to	the Crime V	Victim C	ompensation progran	n.	
3.	Requesting Agenc	y: Budget and Managen	nent Office	and the I	Denver District Attor	ney's Office	
4.	■ Name: Tom ■ Phone: 720-9		Linda 720-9	l ordinand a Ferry 913-9252 Odenverda			
5.	will be available forName: TomPhone: 720-9				re/resolution <u>who wil</u>	l present the item at M	ayor-Council and who
6.	General description	on of proposed ordinan	ce includin	g contra	ct scope of work if a	applicable:	
	through dollars in	necessary for the VOCA the District Attorney's b n Denver to assist with sp	oudget. The	e Crime 1	Victim Compensation	n Program is available	to eligible victims of
	**Please complete enter N/A for that f	the following fields: (In field.)	complete fi	elds may	result in a delay in p	rocessing. If a field is	not applicable, please
	a. Contract	Control Number: DAT	TY 201840	0072			
	b. Duration	: 3/1/2018 through 9/3	0/2020				
	c. Location:	Denver District Attor	ney's Offic	ee			
	d. Affected	Council District: N/A	A				
		y to assist eligible crime			-	nsation Program increa	ses by approximately
	f. Costs: N	None					
7.	Is there any contrexplain.	oversy surrounding this	s ordinance	e? (Grou	ps or individuals who	o may have concerns a	bout it?) Please
		To b	e completed	d by May	or's Legislative Tear	n:	

SIRE Tracking Number: RR8 0168

Date Entered:

Fracking Number: RR8 0168			Date Entered: _	
	To be completed b	y Mayor's Legis	lative Team:	