## ORDINANCE/RESOLUTION REQUEST

				Date of Request: 03/16/2018
Please mark one:		☐ Bill Request	or	⊠ Resolution Request
1.	Has your agency	submitted this request in	the last 1	2 months?
	☐ Yes	⊠ No		
	If yes, please	explain: N/A		
2.	SOCSV-2016-316		al \$850,000	ne Mental Health Center of Denver, through contract control number 0 for a new contract total of \$1,700,000. 12 months will be added to the
	Mental Health Cer 4141 E. Dickensor Denver, CO 80222	n Pl.		
3.	Requesting Agend	cy: Denver Human Servi	ces	
4.	Contact Person:  Name: Janet Phone: 720-9 Email: janet		5	
5.	<ul><li>available for first of Name: Vinco</li><li>Phone: 720-9</li></ul>	and second reading, if nec e Rivera	essary.)	resolution who will present the item at Mayor-Council and who will be
	the contract with N individuals with co	Mental Health Center of De	enver to pr illness and	uding contract scope of work if applicable: Authorizes an amendment to ovide housing and treatment services for 75 chronically homeless d substance use disorders. Please see the Key Contract Terms for details of
	a. Contract	Control Number: SOC		31657 -01
	b. Duration		8	
	c. Location d. Affected		Districts	
	e. Benefits:			services to 75 chronically homeless individuals.
	f. Costs:	Adds \$850,000 for a new o	contract tot	al of \$1,700,000 (Mill Levy funding)
7.	Is there any contr	roversy surrounding this	resolution	n? Please explain. No
		To he	e complete	d by Mayor's Legislative Team:

SIRE Tracking Number: RR18 0305

Revised 08/16/10

Date Entered: