ORDINANCE/RESOLUTION REQUEST

Ple	ease mark one:	⊠ Bill Request	or	☐ Reso	olution Reques	Date of Request: November 16, 2015
1.	Has your agency su	bmitted this request	in the last 1	2 months?		
	☐ Yes	⊠ No				
	If yes, please ex	xplain:				
2.	Moves the Crime Pro					ent of Public Safety to the Denver Department 55.58 to accommodate the move.
3.	Requesting Agency: Denver Department of Human Services					
4.	Contact Person: Name: Kristin Phone: 720-94 Email: Kristen		org			
5.	■ Name: Ron M ■ Phone: 720-94		9			
6.	Moves the Crime Pro	and changes code begi	Commission	(CPCC) from	m the Departm	if applicable: ent of Public Safety to the Denver Department 55.58 to accommodate the move. Please see
	There is a companion ordinance request to amend Ordinance No. 195, series 2005, which would effectuate the necessary financial changes for this reorganization.					
		Control Number: NA	A			
	b. Duration:c. Location:	NA Denver Department	of Human S	Services		
		ouncil District: Al				
	e. Benefits: F	Places Behavioral Heal A	th under Hu	ıman Service	es	
7.	Is there any contro	versy surrounding th	is ordinanc	e? Please ex	plain.	
To be completed by Mayor's Legislative Team:						
SIF	RE Tracking Number:				Date	Entered: