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: _	May 23, 2016	
Please mark one:		one:	X Bill Request	or	Reso	lution Request		
1.	Has your	agency s	ubmitted this request in th	e last 12 mont	hs?			
	□ Y	es	X No					
	If yes	s, please e	explain:					
2.		rly indica	oncise, one sentence descript ates the type of request: gran est, etc.)					
	Amend or behaviora		no. 156, series 2004 to expan	d the purpose o	of the Office o	f Drug Strategy Donations	program to include	
3.	Requesti	Requesting Agency: Budget and Management Office (BMO) and Denver Department of Human Services (DHS)						
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Justin Sykes/Regi Huerter Phone: 720-913-5533/720-913-6606 Email: justin.sykes@denvergov.org/regina.huerter@denvergov.org							
5.	will be av ■ Nam ■ Phon	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: Justin Sykes/Regi Huerter Phone: 720-913-5533/720-913-6606 Email: justin.sykes@denvergov.org/regina.huerter@denvergov.org						
6.			on of proposed ordinance in	C		work if annlicables		
0.	Ordinance strategy p program v just "rece	e no. 156, rograms a vith "Dru iving and	series 2004 established fund and efforts. This request wou g Strategy <u>and Behavioral Ho</u> administering donations for <u>ehavioral health</u> programs ar	I number 13703 ald amend that cealth" program drug strategy p	3 for the purpordinance to re (lines 9, 15, a rograms and e	ose of receiving and admin eplace all instances of "Dru and 21). It also expands the	ag Strategy Donations" e purpose of the fund from	
	** Please enter N/A		the following fields: (Incom	plete fields may	y result in a d	elay in processing. If a fie	ld is not applicable, please	
	b. I c. I d. A e. I	Duration: Location: Affected (N/A Council District: All Increase donations for drug s	strategy and bel	havioral healtl	1.		
7. Is there any controversy surrounding this ordinance? (Groups or individuals who may have explain.						uals who may have concer	ns about it?) Please	
			To be co	ompleted by Ma	yor's Legislai	tive Team:		
SII	RE Tracking	g Number	· ·			Date Entered:		

No.								
	To be completed by Mayo	r's Legislative Team:						
SIRE Tracking Number:	RE Tracking Number: Date Entered:							