



Legislation Text

File #: 21-1452, Version: 1

**Finance Item/Grant Request Template**

**Date Submitted:** 11-22-21

**Requesting Agency:** Finance  
**Division:**

**Subject Matter Expert Name:**

Name:	Nikki McCabe
Email:	Nikki.mccabe@denvergov.org

**Item Title & Description:**

*(Do not delete the following instructions)  
These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

**A bill for an ordinance authorizing expenditures in the Human Services Special Revenue Fund based on a letter of intent from the State of Colorado to award funding to the City and County of Denver for the "Community Services Block Grant (CSBG)" program for the 2022 program year.**

Appropriates \$653,600 based on a letter of intent to fund the Community Services Block Grant program for program year 2022. The Committee approved filing this item at its meeting on 11-30-21.

**Affected Council District(s) or citywide?** Citywide

**Executive Summary with Rationale and Impact:**

*Detailed description of the item and why we are doing it. This can be a separate attachment.*  
Request budget appropriation of \$653,600 for the Community Services Block Grant (CSBG) from the State of Colorado Department of Local Affairs. CSBG funded projects are intended to alleviate the effects of poverty, demonstrate a way out of poverty and promote long-term or sustainable futures for low income persons. Denver Human Services (DHS) receives this grant on an annual basis. DHS is requesting to establish budget based off the award letter from the funder which equates to 80 percent of the total forecasted award. The total award estimate is \$817,000. Establishing budget will facilitate continuity of service provision.

**Type (choose one: Grant; Supplemental; Fund Creation; Fund Rescission; Fund Transfer; Appropriation; Other):**

**Amount:**

**Budget Year:**

**Fund and Funding Source (Fund/Org/Grant Number, if applicable):**

**Grantor (if applicable):**

**Fund Matching Requirements (if applicable):**

**Fiscal Impact:**