

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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: 11-22-2017

Please mark one:  Bill Request or  Resolution Request

**1. Has your agency submitted this request in the last 12 months?**

Yes  No

If yes, please explain:

**2. Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

Mitchell International Inc.; #102118; 201418934; contract amendment to extend the term to December 31, 2019. Contract was awarded by RFP on 1-1-2015. Increase term by 2 years; New expiration date 12-31-19. Medical Services 603100/65100/2558210.

**3. Requesting Agency:** Department of Finance, Cash, Risk and Capital Funding

**4. Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Raymond Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@denvergov.org

**5. 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:** Raymond Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@denvergov.org

**6. General description of proposed ordinance including contract scope of work if applicable:**

Resolution approves the amendment to the contract with Mitchell International, Inc. through December 31, 2019. Mitchell International provides pharmacy benefit management services for the City and County of Denver workers' compensation program.

**\*\*Please complete the following fields:** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)*

- a. **Contract Control Number:** 201418934
- b. **Duration:** 1-1-2018 thru 12-31-2019
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Pharmacy benefit management services on all workers' compensation claims.
- f. **Costs:** Current Total Contract Amount = \$1,275,000

**7. Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

No

*To be completed by Mayor's Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_