

# 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**. Contact the Mayor's Legislative team with questions

Date of Request: October 10, 2022

Please mark one:  Bill Request or  Resolution Request

## 1. Type of Request:

- Contract/Grant Agreement  Intergovernmental Agreement (IGA)  Rezoning/Text Amendment  
 Dedication/Vacation  Appropriation/Supplemental  DRMC Change  
 Other:

## 2. Title: (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Amends a contract with Colorado Health Network, Inc., by adding \$1,731,108.00 for a new total of \$5,120,954.00 for emergency financial assistance, food bank & home delivered meals, medical case management, medical transportation, outpatient / ambulatory health, mental health, oral health care and oral health care directives, psychosocial support, substance abuse outpatient care and housing services to individuals living with HIV / AIDS in the Denver Transitional Grant Area, citywide. No change to agreement duration (202264489-03).

## 3. Requesting Agency: Public Health & Environment (DDPHE)

## 4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: <b>Will Fenton &amp; Robert George</b>	Name: <b>Will Fenton &amp; Robert George</b>
Email: <b>William.Fenton@denvergov.org</b> <b>Robert.George2@denvergov.org</b>	Email: <b>William.Fenton@denvergov.org</b> <b>Robert.George2@denvergov.org</b>

## 5. General description or background of proposed request. Attach executive summary if more space needed:

Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center expenditure contract provides services including medical case management, mental health, food bank, early intervention, emergency financial assistance, housing services, outpatient ambulatory health services, medical transportation, psychosocial support, and substance abuse to individuals living with HIV/AIDS residing in the TGA.

## 6. City Attorney assigned to this request (if applicable): Breena Meng

## 7. City Council District: All

## 8. **\*\*For all contracts, fill out and submit accompanying Key Contract Terms worksheet\*\***

To be completed by Mayor's Legislative Team:

Resolution/Bill Number:

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

## Key Contract Terms

**Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):**  
Professional Services

**Vendor/Contractor Name:** Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center

**Contract control number: 202264489-03** (Original Contract: 202158736-00/Amendment 01: 202161299-01/Amendment 02: 202262517-02)

**Location:** Citywide

**Is this a new contract?**  Yes  No **Is this an Amendment?**  Yes  No **If yes, how many?** 03

**Contract Term/Duration (for amended contracts, include existing term dates and amended dates):**  
Current 3/1/2021-2/28/2023

**Contract Amount (indicate existing amount, amended amount and new contract total):**  
Current contract amount: \$3,389,846.00 Amended Amount: \$1,731,108.00 Amended Total: \$5,120,954.00

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$3,389,846.00	\$1,731,108.00	\$5,120,954.00

**Scope of work:**

Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center expenditure contract provides services including medical case management, mental health, food bank, early intervention, emergency financial assistance, housing services, outpatient ambulatory health services, medical transportation, psychosocial support, and substance abuse to individuals living with HIV/AIDS residing in the TGA.

**Was this contractor selected by competitive process?** yes **If not, why not?** n/a

**Has this contractor provided these services to the City before?**  Yes  No

**Source of funds:** Ryan White Part A grant HRSA

**Is this contract subject to:**  W/MBE  DBE  SBE  XO101  ACDBE  N/A

**WBE/MBE/DBE commitments (construction, design, Airport concession contracts):**

**Who are the subcontractors to this contract?** none

---

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

Resolution/Bill Number:

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