

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor’s Legislative team with questions

Date of Request: 10-8-18

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.)

Grants approval to amend the Lease Agreement between CCD as Lessee and Denver Health and Hospital Authority (DHHA) as Lessor for the premises located at 500 Quivas Street.

3. Requesting Agency:

Division of Real Estate, Department of Finance

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Lisa Lumley	Name: Lisa Lumley
Email: lisa.lumley@denvergov.org	Email: lisa.lumley@denvergov.org

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

Amends the Lease Agreement with DHHA for the newly constructed Office of the Medical Examiner to revise the lease payments based on actual construction costs amortized over the first eight years of the term of the lease. Amendment also includes a one time payment of \$156,352 for environmental remediation.

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

Nicole Franklin

7. City Council District:

District 7

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

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: RR18 1170

Date Entered: _____

Key Contract Terms

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

Vendor/Contractor Name:
 Denver Health and Hospital Authority

Contract control number:

Location:
 500 Quivas Street

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 1

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
 1-1-2016 through 12-31-2025

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
11,176,675.64	1,251,066.28	12,427,741.92

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1-1-16 through 12-31-25	n/a	12-31-25

Scope of work:
 Amends the lease agreement to reflect change to rent schedule based upon full build out of the OME space.

Was this contractor selected by competitive process? No **If not, why not?** Existing landlord

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

Source of funds:

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

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

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