

## 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:** 09/11/2017

Please mark one:      **Bill Request**                      or              **X Resolution Request**

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

**Yes**                      x **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.)*

Approval and execution of a proposed grant agreement between the City and County of Denver and the State of Colorado concerning the FY17 UASI program and funding, and to procure equipment utilizing these funds MOOEM-201736805-00

**3. Requesting Agency:** MOOEM

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

- **Name:** Lin Bonesteel
- **Phone:** 720-865-7659
- **Email:** Linda.bonesteel@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:** Lin Bonesteel
- **Phone:** 720-865-7659
- **Email:** Linda.bonesteel@denvergov.org

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

Ordinance will allow the execution of the grant agreement between CCD and the State of Colorado regarding the FY17 UASI funds. The ordinance will also allow MOOEM, as the administrator for this grant, to procure the following equipment with this grant:

- \$556,504 for a mobile multi-patient treatment and transport vehicle for DHHA
- 

**\*\*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.)*

- a. Contract Control Number:** MOOEM – 201736805-00
- b. Duration:** Contract execution date - 08/31/20
- c. Location:** N/A
- d. Affected Council District:** All
- e. Benefits:** This is a regional grant that benefits the ten counties in the State's North Central All Hazards Region
- f. Costs:** \$2,269,600

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

N/A

---

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

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

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