

**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:** July 24, 2014

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.)*

Amendment of Colorado Department of Corrections contract (CE91216-4) to extend the term for an additional year to provide dialysis treatment to incarcerated patients at Denver County Jail and Downtown Detention Center.

**3. Requesting Agency:** Denver Sheriff Department

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

- **Name:** Hli Ly
- **Phone:** 720-865-4109
- **Email:** hli.ly@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:** Mark Valentine
- **Phone:** 720-865-4108
- **Email:** mark.valentine@denvergov.org

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

The Denver Sheriff Department requests a one year contract extension with Colorado Department of Corrections to provide out-patient Hemo-Dialysis and related services to incarcerated patients held within the custody of Denver Sheriff Department. The cost is at a rate of \$335.00 per patient treatment.

*\*\*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:** CE91216-4
- b. **Duration:** August 1, 2014 – July 31, 2015
- c. **Location:** Denver County Jail and Downtown Detention Center
- d. **Affected Council District:** N/A
- e. **Benefits:** Provide dialysis treatment for Denver Sheriff Department at a reduced rate
- f. **Costs:** \$607,500.00

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

We are not aware of any concerns regarding this request.

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

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

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