

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 02/13/2025

Please mark one: Bill Request or Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

Yes No

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.)

Approves a grant agreement with the U.S. Department of Health and Human Services for \$1,406,203.00 and through 02-28-2026 concerning the Ryan White Program Part A response to provide care, treatment, and supportive services to persons living with HIV/AIDS in the Denver Transitional Grant Area, citywide (ENVHL-202578046-00).

3. **Requesting Agency:** DDPHE

4. Contact Person:

| | |
|--|---|
| Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert) | Contact person for council members or mayor-council |
| Name: Robert George/Cathleen Beaver | Name: Elise Matatall |
| Email: Robert.George2@denvergov.org/ Cathleen.Beaver@denvergov.org | Email: Elise.Matatall@denvergov.org |

5. **General description or background of proposed request. Attach executive summary if more space needed:**
(who, what, why)

This is a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration for Ryan White HIV/AIDS Program Part A response activities for individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA). The Denver Transitional Grant Area includes Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties. The grant will be issued to subrecipients for services such as: Case Management Continuum (CMC); Outpatient/Ambulatory Health Services (OAH); Oral Health Care (OHC); Early Intervention Services (EIS); Mental Health Services (MHS); Substance Abuse Services – Outpatient (SAO); Food Bank/Home Delivered Meals (FBM); Psychosocial Support Services (PSS); Medical Transportation Services (MTS); Housing Services (HS); Other Professional Services (OPS); Emergency Financial Assistance (EFA) and Oral Health Fund (OHF).

This funding is awarded from the U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA) each year in two parts that are processed individually to make up the whole award for the fiscal year. The amount listed in this request of \$1,406,203.00 is for the first part of the award for fiscal year FY2025, which runs from 03/01/2025-02/28/2026. This first part of the award for FY2025 was received with a Notice of Award (NoA) in January 2025 in the amount of \$1,406,203.00. The second part of the award for FY2025 has not yet been determined and will be received with a NoA from HRSA later this year. The two Notice of Award amounts will equal the total award for FY2025.

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

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

7. City Council District: Citywide

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

Key Contract Terms

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

Vendor/Contractor Name (including any dba's): U.S. Department of Health and Human Services, Health Resources and Services Administration

Contract control number (legacy and new): ENVHL-202578046

Location: Citywide

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

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
March 1, 2025 through February 28, 2026

Contract Amount (indicate existing amount, amended amount and new contract total): \$1,406,203.00

| <i>Current Contract Amount</i> (A) | <i>Additional Funds</i> (B) | <i>Total Contract Amount</i> (A+B) |
|---------------------------------------|--------------------------------|---------------------------------------|
| \$1,406,203.00 | | \$1,406,203.00 |

| <i>Current Contract Term</i> | <i>Added Time</i> | <i>New Ending Date</i> |
|------------------------------|-------------------|------------------------|
| 03/01/2025 | | 02/28/2026 |

Scope of work:

Ryan White HIV/AIDS Program Part A response activities in the Denver Transitional Grant Area.

Was this contractor selected by competitive process? N/A If not, why not? N/A

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

Source of funds: N/A

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

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

Who are the subcontractors to this contract? N/A

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