

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor’s Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by **11 a.m. Monday**. Contact the Mayor’s Legislative team with questions

**Date of Request: 12/4/23**

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.)

Approves a master purchase agreement contract with Compsych Employee Assistance Programs, Inc. Compsych to offer all Denver employees and dependents an Employee Assistance Program (EAP)., This agreement’s term is from 1/1/24 through 12/31/28 with a max contract amount of \$1,100,000.00. Competitive bid conducted in 2023—Compsych awarded the contract.

**3. Requesting Agency:** Office of Human Resources

**4. Contact Person:**

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Chris O’Brien	Name: Chris O’Brien
Email: Christopher.obrien@denvergov.org	Email: christopher.obrien@denvergov.org

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

Agreement with Compsych to provide all Denver employees and dependents an Employee Assistance Program from 1/1/24 through 12/31/28.

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

**7. City Council District:** Citywide

**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):**

Expenditure – Professional Services

**Vendor/Contractor Name:** ComPsych Employee Assistance Programs, Inc.

**Contract control number:** CSAHR-202370373-00

**Location:** N/A

**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):** 1/1/2024 – 12/31/2028

**Contract Amount (indicate existing amount, amended amount and new contract total):** \$1,100,000.00

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
		\$1,100,000.00

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/24 – 12/31/28		

**Scope of work:**

Agreement with Compsych to provide all Denver employees and dependents an Employee Assistance Program from 1/1/24 through 12/31/28.

**Was this contractor selected by competitive process?** Yes **If not, why not?**

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

**Source of funds:** General Fund

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

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

Resolution/Bill Number: \_\_\_\_\_

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

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

**Who are the subcontractors to this contract?** N/A

---

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

Resolution/Bill Number: \_\_\_\_\_

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