

## ORDINANCE REQUEST

Approving Agency	Approved	Not Approved	Date
Mayor's Office			
Budget and Management			
City Attorney			

**1. Ordinance Request Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (completed by Mayor's Office)

**Instructions:** *Fill in all sections and blanks below. Put unknown or not applicable (NA) where necessary.*

**2. Requesting Agency:** Technology Services – Denver Media Services

**3. Contact Person with actual knowledge of proposed ordinance :** Darryn Zuehlke  
**Phone:** 720-865-2301

**4. Affected Council District(s):** ALL

**5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who’s involved, scope of work, duration, location, benefits, costs, and why Council approval is requested. (This is intended to give a brief overview of the ordinance. For additional background and history, attach an executive summary)**

The ordinance would extend the current Comcast franchise agreement for six months, to July 1, 2013, so the City can conclude franchise renewal negotiations on the new contract. The current franchise is set to expire on December 31, 2012 and negotiations will not be complete by then. This ordinance only extends the term of the franchise. No other provisions are modified.

**6. Source of funds:** N/A

**a. Fund/Org/Project No.:** \_\_\_\_\_

**b. Description:** \_\_\_\_\_

**7. Should this proposed ordinance be considered for a Committee consent agenda:** Yes X No \_\_\_\_\_

**a. Explain (why yes or no):**

**There are no negative fiscal or contractual impacts. This is simply a term extension to provide sufficient time to conclude renegotiation proceedings.**

**b. Are there any concerns or issues about which Council should be aware?** No

8. Are there any fiscal impacts of the proposed ordinance? Yes \_\_\_ No X  
If yes, complete **Attachment 1.**

9. Are there any staffing impacts of the proposed ordinance? Yes \_\_\_ No X  
If yes, explain:

10. Is a supplemental appropriation being requested? Yes \_\_\_ No X  
If yes, complete **Attachment 2.**

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11. For **CONTRACTS** and **CONTRACT AMENDMENTS**, complete this section:

a. Is this a new contract or contract amendment? New \_\_\_ Amendment X

b. Project Title: \_\_\_\_\_

c. Project Contract Number: \_\_\_\_\_

d. Contract Control Number: RC9Y007

e. Term of this proposed contract (start/end date): extended 6 months to 6/30/12  
If the proposed contract is an amendment, what is the term of the original contract  
(start/end date): 1/1/2000 – 12/31/2012

f. Contractor: Comcast

g. Has this contractor been used before? Yes X No \_\_\_  
If yes, for what projects?  
Current franchise agreement with Comcast.

h. Proposed contract amount: N/A

i. Engineer's estimate: \_\_\_\_\_

j. If this is a **CONTRACT AMENDMENT**:

(i) what was the original contract amount: \$ Revenue Contract

(ii) amounts of any prior amendments: \$ \_\_\_\_\_

(iii) this proposed amendment amount: \$ \_\_\_\_\_

(iv) total amount (original, prior amendments,  
proposed amendment) \$ \_\_\_\_\_

**k. SBE/DBE Compliance:**

- (i) SBE/DBE goals: \_\_\_\_\_%
- (ii) Contractor commitment \_\_\_\_\_%
- (iii) If goals not met, explain why not:

**l. Selection process:**

- (i) Competitive bid? Yes \_\_\_ No X  
If yes,
  - (a) Date of bid process: \_\_\_\_\_
  - (b) How many bids were received? \_\_\_\_\_
  - (c) Range: Low: \$ \_\_\_\_\_ High: \$ \_\_\_\_\_
- (ii) RFQ/RFP? Yes \_\_\_ No X  
If yes,
  - (a) Date of RFQ/RFP process: \_\_\_\_\_
  - (b) How many proposals were received: \_\_\_\_\_
  - (c) Who was on the selection panel?
- (iii) Sole source? Yes X No \_\_\_

If yes, explain why a sole source was used:

This is an amendment of an existing contract for cable TV subscription service

- (iv) IGA? Yes \_\_\_ No X
- (v) Other? \_\_\_\_\_

Explain if Other:

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**12. For GRANTS, complete this section:**

- a. Fund/Org/Grant No. \_\_\_\_\_
- b. Title: \_\_\_\_\_
- c. Contract Control Number: \_\_\_\_\_

- d. This grant amount: \$ \_\_\_\_\_ ; start/end dates \_\_\_\_\_ - \_\_\_\_\_
- e. If this is a multi-year grant, the total grant amount is \$ \_\_\_\_\_ ;  
start/end dates \_\_\_\_\_ - \_\_\_\_\_
- f. Grantor: \_\_\_\_\_
- g. If federal direct or pass-through dollars, indicate the Catalogue of Federal Domestic Assistance Number (CFDA): \_\_\_\_\_
- h. If State funds, how is the allocation authorized? (State long bill appropriation, state reimbursement, mandate, County function, or other)
- i. Are there any requirements for matching funds or in-kind services? Yes \_\_\_ No \_\_\_  
If yes, indicate amount and source of funds.
- Match Amount: \_\_\_\_\_ Source: \_\_\_\_\_
- Match Amount: \_\_\_\_\_ Source: \_\_\_\_\_
- j. Does this Grant have funding implications beyond the grant term? Yes \_\_\_ No \_\_\_  
If yes, explain: