

**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**. Contact the Mayor’s Legislative team with questions

Date of Request: 1/25/19

Please mark one:  Bill Request or  Resolution Request

**1. Type of Request:**

- Contract/Grant Agreement     Intergovernmental Agreement (IGA)     Rezoning/ext 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.)

Amends UNIFYHR, LLC contract to extend term of contract to the new proposed term (2015-08-01 to 2020-12-31). This contract amendment also increases the contract total dollar amount from previous total of \$300,000.00 to a new total of \$570,000.00.

**3. Requesting Agency:** OHR Benefits

**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:**

UNIFYHR produces and provides required annual employee medical plan tax documents to comply with reporting individual medical plan enrollment requirements set forth in the Affordable Care Act.

**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: RR19 0088

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:** UnifyHR, LLC.

**Contract control number:** 201523351

**Location:** N/A

**Is this a new contract?**  Yes  No **Is this an Amendment?**  Yes  No **If yes, how many?** \_\_\_First\_\_\_

**Contract Term/Duration (for amended contracts, include existing term dates and amended dates):** existing term is 8/1/2015 – 12/31/2018, amended term is 8/1/2015 – 12/31/2020

**Contract Amount (indicate existing amount, amended amount and new contract total):** \$1,225,000.00

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
<b>\$300,000.00</b>	\$270,000.00	<b>\$570,000.00</b>

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
12/31/2018	2 years	12/31/2020

**Scope of work:**

UNIFYHR produces and provides required annual employee medical plan tax documents to comply with reporting individual medical plan enrollment requirements set forth in the Affordable Care Act.

**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

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

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

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