## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

| Please mark one:   | ill Request or  | □ Resolution Request  | Date of Request: March 22, 2023  |  |
|--|---|---|--|--|
| 1. Type of Request:  |   |   |  |  |
| <b>◯</b> Contract/Grant Agreement  | Intergovernment   | al Agreement (IGA) 🔲 Reze   | oning/Text Amendment   |  |
| ☐ Dedication/Vacation  | Appropriation/Su  | pplemental DRM  | AC Change  |  |
| Other:   |   |   |  |  |
| Amends a contract with supportive services to in   | on, contract amendment, r<br>Vivent Health, Inc., by a  | municipal code change, suppler<br>dding \$10,000 for a new total o<br>//AIDS in the Denver Transitio  | ractor and indicate the type of request: grant mental request, etc.)  f \$967,567 to provide care, treatment, and nal Grant Area, citywide. No change to   |  |
| 3. Requesting Agency: Public   | : Health & Environment (  | DDPHE)  |  |  |
| 4. Contact Person:   |   | <u></u>   |  |  |
| Contact person with knowledge of proposed ordinance/resolution   |   | Contact person to pres  | sent item at Mayor-Council and   |  |
| Name: Will Fenton  |   | Name: Will Fenton   | Name: Will Fenton & Robert George  |  |
| Email: William.Fenton@denv   | rergov.org  | Email: William.Fer<br>Robert.George2@de   | nton@denvergov.org   |  |
| This is a contract amendment to a White Part A funding runs on a financial spent at the end of the previous fit total fiscal year award. The Ryan Metropolitan area (Denver Trans Initiative (MAI) funding. The sou (HRSA) HIV/AIDS Bureau (HAID) portion of the award is based on a based on a competitive process the year's unspent funding that HRS. Formula portion of the total award grant year. At the end of FY2021 County of Denver's Ryan White contracts for FY2022 and based to being amended has a term of 03/102/28/2023. Vivent Health, Inc. will continue | add carryover funds from iscal year of March 1 to Fiscal year that can be carried. White Part A funding that itional Grant Area, TGA) arce of the federal funding B). The Formula portion is the number of HIV/AIDS brough the three-year apple A has available collective and. The grantee can only co., \$209,218.00 was the tot Part A grant. This amount on need and an ability to us of 1/2021-02/28/2023. All stoprovide case management outpatient ambulatory hear | FY2021 to this FY2022 contra-<br>february 28 each year. Each fiscally<br>at the City and County of Denvision is comprised of three parts: For<br>gomes from the Health Resouts based on the number of cases<br>cases that are People of Color.<br>dication and renewal process and ly from all jurisdictions. The cast<br>arryover 5% of the Formula potal carryover funds to be carried to is divided among several organise the funds appropriately to so<br>work being provided with this attention in the cast of the continuum, early intervention of the carried to the continuum, early intervention in the cast of the carried to the continuum, early intervention in the cast of the carried to the continuum, early intervention in the cast of the carried to t | ct for a Ryan White Part A project. The Ryan cal year, carryover funds are those funds not year, up to 5% of the Formula portion of the er receives to serve the six county Denver rmula, Supplemental, and Minority AIDS rces Services Administration of HIV/AIDS in the Denver TGA. The MAI The Supplemental portion of the award is d is contingent upon the amount of previous arryover funding is only applied to the rtion of the award unspent from the previous I over and applied to FY2022 for the City and unizations holding Ryan White Part A upport the work of the project. The contract amendment was completed prior to |  |
|  | To be complete  | ed by Mayor's Legislative Tean  | n:   |  |

Resolution/Bill Number:

Revised 03/02/18

Date Entered:

| 8. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet** |  |                                       |  |          |  |
|---|--|---------------------------------------|--|----------|--|
|   |  |                                       |  |          |  |
|   |  |                                       |  |          |  |
|   |  |                                       |  |          |  |
|   |  |                                       |  |          |  |
|   |  |                                       |  |          |  |
|   |  |                                       |  |          |  |
|   |  | W. G. A. A.                           |  |          |  |
|   |  | <b>Key Contract Terms</b>             |  |          |  |
|   | ract: (e.g. Professional Services > \$5 ssional Services               | 00K; IGA/Grant Agreement, S           | ale or Lease of Real Property):  |          |  |
| Vendor/Contr  | ractor Name: Vivent Health, Inc. (VI                                   | I)                                    |  |          |  |
| <b>Contract cont</b> 02: 202264496  |  | Contract Number: 202158723-0          | 00; Amendment 01: 202262519-01; An   | nendment |  |
| Location: Cit   | ywide  |                                       |  |          |  |
| Is this a new o   | contract?  Yes  No Is this   | an Amendment? ⊠ Yes □                 | No If yes, how many?03   |          |  |
|   | m/Duration (for amended contracts, nt 3/1/2021-2/28/2023               | include <u>existing</u> term dates an | d <u>amended</u> dates):   |          |  |
|   | ount (indicate existing amount, ame<br>act Amount: \$957,567.00 Amende |                                       | total):<br>led Total: \$967,567.00   |          |  |
|   | Current Contract Amount  | Additional Funds                      | Total Contract Amount  |          |  |
|   | (A)  | Addutonat Funds (B)                   | (A+B)  |          |  |
|   | \$957,567.00   | \$10,000.00                           | \$967,567.00   |          |  |
|   |  |                                       |  |          |  |
| Scope of work   | :  |                                       |  |          |  |
| medical transp  |  |                                       | ention services, food bank, mental hea<br>h care to individuals living with HIV/ |          |  |
| Was this contractor selected by competitive process? yes                                |  | ess? yes If no                        | ot, why not? n/a   |          |  |
| Has this contr  | actor provided these services to the                                   | City before? ⊠ Yes □ No               |  |          |  |
|   | To be co   | mpleted by Mayor's Legislative        | Теат:  |          |  |
| Resolution/Bil  | l Number:  |                                       | Date Entered:  |          |  |

7. City Council District: All

| Source of funds: Ryan White Part A grant HRSA                                 |  |  |  |  |  |
|---|--|--|--|--|--|
| Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A        |  |  |  |  |  |
| WBE/MBE/DBE commitments (construction, design, Airport concession contracts): |  |  |  |  |  |
| Who are the subcontractors to this contract? none                             |  |  |  |  |  |
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| To be completed by Mayor's Legislative Team:                                  |  |  |  |  |  |