## 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:   Bill Request or   | ■ Resolution Recolution | Date of Request:   | 12/15/22   |  |  |
|--|--|--|--|--|--|
| 1. Type of Request:  |  | •  |  |  |  |
| -  | Agreement (IGA)  | Rezoning/Text Amendment  |  |  |  |
| □ Dedication/Vacation       □ Appropriation/Supplemental       □ DRMC Change   |  |  |  |  |  |
| ☐ Dedication/ vacation ☐ Appropriation/Suppl   | ementai  | DRIVIC Change  |  |  |  |
| <ul> <li>2. Title: (Start with approves, amends, dedicates, etc., include acceptance, contract execution, contract amendment, mun Approves the extension of the declaration of local disaster</li> <li>3. Requesting Agency: Mayor's Office</li> </ul>   | nicipal code change,   | supplemental request, etc.)  | equest: grant  |  |  |
|  |  |  |  |  |  |
| 4. Contact Person:  Contact person with knowledge of proposed ordinance/resolution   | Contact person to present item at Mayor-Council and Council  |  |  |  |  |
| Name: Skye Stuart  | Name:  | Skye Stuart  |  |  |  |
| Email: skye.stuart@denvergov.org   | Email:   | skye.stuart@denvergov.org  |  |  |  |
| issued by Mayor Michael B. Hancock on December 15, 2022 period through January 17, 2023, as related to sheltering of mi the period of local disaster cannot exceed seven days except by the influx to Denver of migrants seeking shelter and asylum fr shelter, transportation, food and services, basic health and first during quarantine and isolation and other supportive services expected freezing temperatures throughout December and January on city resources, this action intends to further extend the curr for critical services that provide shelter and services for migra among other time-sensitive needs. | igrants and asylum so<br>y or with the approva-<br>com foreign countries<br>t aid needs, COVID-<br>within the City, is struary. Out of an abun-<br>tent declaration in ord   | sekers. Under CRS §24-33.5-709(1), that of City Council. The dramatic recens has significantly increased the need to 19 testing and associated medical care aining city resources, and will be exact dance of caution for continued needs after to facilitate the ability to expedite parts. | ne effect of<br>t increase in<br>o provide<br>needed<br>erbated by<br>and demands<br>procurement |  |  |
| 6. City Attorney assigned to this request (if applicable): Deanne Durfee   |  |  |  |  |  |
| 7. City Council District: Citywide   |  |  |  |  |  |
| 8. **For all contracts, fill out and submit accompanying   | Key Contract Tern  | ns worksheet**   |  |  |  |
|  |  |  |  |  |  |
| To be completed b  | y Mayor's Legislativ   | re Team:   |  |  |  |
| Resolution/Bill Number:  | D  | ate Entered:   |  |  |  |

## **Key Contract Terms**

| Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):  |                                  |   |                 |  |  |  |                             |                         |                             |  |
|--|----------------------------------|---|-----------------|--|--|--|-----------------------------|-------------------------|-----------------------------|--|
| Vendor/Cont  | ractor Name:                     |   |                 |  |  |  |                             |                         |                             |  |
| Contract con   | trol number:                     |   |                 |  |  |  |                             |                         |                             |  |
| Location:  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): |                                  |   |                 |  |  |  |                             |                         |                             |  |
|  |                                  |   |                 |  |  | Contract Amount (indicate existing amount, amended amount and new contract total): |                             |                         |                             |  |
|  |                                  |   |                 |  |  |  | Current Contract Amount (A) | Additional Funds<br>(B) | Total Contract Amount (A+B) |  |
|  | Current Contract Term            | Added Time                              | New Ending Date |  |  |  |                             |                         |                             |  |
| Scope of worl  | k:                               |   |                 |  |  |  |                             |                         |                             |  |
| Was this contractor selected by competitive process?  If not, why not?   |                                  |   |                 |  |  |  |                             |                         |                             |  |
| Has this contractor provided these services to the City before? $\square$ Yes $\square$ No   |                                  |   |                 |  |  |  |                             |                         |                             |  |
| Source of funds:   |                                  |   |                 |  |  |  |                             |                         |                             |  |
| Is this contract subject to:   W/MBE DBE SBE X0101 ACDBE N/A   |                                  |   |                 |  |  |  |                             |                         |                             |  |
| WBE/MBE/DBE commitments (construction, design, Airport concession contracts):  |                                  |   |                 |  |  |  |                             |                         |                             |  |
| Who are the s  | subcontractors to this contract? |   |                 |  |  |  |                             |                         |                             |  |
|  | To be                            | e completed by Mayor's Legislative Tear | m:              |  |  |  |                             |                         |                             |  |
| Resolution/Bil   | on/Bill Number: Date Entered:    |   |                 |  |  |  |                             |                         |                             |  |