

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: 05/25/2017

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** (Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

Contract execution for Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center FY2017 Ryan White Part A contract (contract control number 201734734-00) to deliver services to persons with HIV/AIDS in the Denver Transitional Grant Area.

3. **Requesting Agency:** Department of Environmental Health – Denver Office of HIV Resources

4. **Contact Person:** (With actual knowledge of proposed ordinance/resolution.)

- Name: Terra Haseman Swazer
- Phone: 720.865.5435
- Email: terra.hasemanswazer@denvergov.org

5. **Contact Person:** (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)

- Name: Anthony E. Stamper
- Phone: 720.865.5420
- Email: Anthony.stamper@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center expenditure contract provides services including medical case management, mental health, food bank, early intervention, emergency financial and housing assistance, and substance abuse to individuals living with HIV/AIDS residing in the Denver grant area.

****Please complete the following fields:** (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)

- a. **Contract Control Number:** 201734734-00
- b. **Duration:** March 1, 2017 – February 28, 2018
- c. **Location:** NA
- d. **Affected Council District:** All districts
- e. **Benefits:** Individuals living with HIV have access to care, treatment, and other supportive services which will help them lead healthier lives by achieving viral suppression.
- f. **Costs:** \$ 1,124,665

7. Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain. No

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____