

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by 9:00 a.m. on **Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 1/2/2025

Please mark one: ☐ Bill Request or ☒ Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

☐ Yes ☒ No

### 1. Type of Request:

- ☒ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/Text 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 a contract with Colorado Coalition for the Homeless Housing First and Supportive Services Project. This amendment will add an additional \$3,700,000.00 and will extend the contract for an additional year. The new contract total will be \$17,841,667 with a new contract end date of 12/31/25 (HOST-202477320-03).

### 3. Requesting Agency: Department of Housing Stability (HOST)

### 4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Midori Higa	Name: Chris Lowell
Email: <a href="mailto:midori.higa@denvergov.org">midori.higa@denvergov.org</a>	Email: <a href="mailto:Christopher.Lowell@denvergov.org">Christopher.Lowell@denvergov.org</a>

### 5. General description or background of proposed request. Attach executive summary if more space needed:

This program provides supportive services, treatment, case management, housing placement, utility and other housing stability related financial assistance, and housing for individuals experiencing chronic homelessness.

### 6. City Attorney assigned to this request (if applicable): Gabrielle Corica

### 7. City Council District: Citywide

### 8. **\*\*For all contracts, fill out and submit accompanying Key Contract Terms worksheet below\*\***

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

## Key Contract Terms

**Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):**  
Professional Services > \$500K

**Vendor/Contractor Name:** Colorado Coalition for the Homeless

**Contract control number:** HOST-202477320-03

**Location:** 2111 Champa Street Denver, CO 80205

**Is this a new contract?** ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** 3

**Contract Term/Duration (for amended contracts, include existing term dates and amended dates):**

HOST202157444: 1/1/2021 – 12/31/2023

HOST202159074-01: 1/1/2021 – 12/31/2023

HOST202370439-02: 1/1/2021 – 12/31/2024

HOST202477320-03 1/1/2021-12/31/2025

**Contract Amount (indicate existing amount, amended amount and new contract total):**

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
(A)	(B)	(A+B)
\$14,141,667	\$3,700,000	\$17,841,667

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/2021 to 12/31/2024	12 Months	12/31/2025

**Scope of work:**

**CCH shall provide the following housing first and supportive services:**

1. Under the Combined Housing First Program, CCH will provide intensive case management services to at least 180 individuals per year by providing the following:
  - a. Crisis response, nursing care, psychiatry/medication support, treatment planning, case management, addiction assistance, care coordination, peer support, vocational services, individual therapy, group therapy, and life skills development.
  - b. Provide financial assistance related to housing costs such as but not limited to rental assistance, deposits, fees, utility costs.
2. Under the Transitional Housing Subprogram, CCH will provide case management, to at least 54 participants per year and include the following services:
  - a. CCH Case Managers will provide home-based case management to families and individuals in the transitional housing program utilizing the HOME Investment Partnerships Programs (HOME) subsidies.
    - i. Case Managers will provide supportive services including life skills training, budgeting, parenting classes, vocational employment and training services, and access to integrated health care such as primary, behavioral, oral health, vision and pharmacy services.
    - ii. Case Managers will also provide direct client supports including transportation assistance, food assistance, legal assistance and rental application fees.
  - b. CCH Housing Navigators will assist participants in identifying housing units in the community that fit participants' needs. The Housing Navigator and team will work directly with private landlords to secure low-barrier access to safe and affordable housing units in the Denver community that accept rental subsidies.
  - c. CCH Housing Intake Coordinator will aid participants in gathering documents and necessary paperwork for acceptance into the HOME voucher subsidy program and will support clientele exiting the HOME program onto other subsidies after the transitional housing period is completed.

**Was this contractor selected by competitive process?** Yes ☐ If not, why not?

**Has this contractor provided these services to the City before?** ☒ Yes ☐ No

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**Source of funds:** Homelessness Resolution Fund

**Is this contract subject to:** ☐ W/MBE ☐ DBE ☐ SBE ☒ XO101 ☐ ACDBE ☐ N/A

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

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

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