

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

Date of Request:

Please mark one: Bill Request or Resolution Request

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 Health Network, Inc., by adding \$728,846 for a new total of \$3,389,846 and one year for a new end date of 2-28-23 for emergency financial assistance, food bank & home delivered meals, medical case management, medical transportation, outpatient / ambulatory health, mental health, oral health care and oral health care directives, psychosocial support, substance abuse outpatient care and housing services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (202262517-02).

3. Requesting Agency: Public Health & Environment (DDPHE)

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Will Fenton & Robert George	Name: Will & Robert
Email: Will.Fenton@denvergov.org Robert.George2@denvergov.org	Email: Will & Robert

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

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 assistance, housing services, outpatient ambulatory health services, medical transportation, psychosocial support, and substance abuse to individuals living with HIV/AIDS residing in the TGA.

6. City Attorney assigned to this request (if applicable): Breen Meng

7. City Council District: All

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

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number:

Date Entered: _____

Who are the subcontractors to this contract? none

To be completed by Mayor's Legislative Team:

Resolution/Bill Number:

Date Entered: _____