

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: 12/3/20

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.)

Approves a contract between the City and County of Denver and the University of Colorado Health Sciences Center -Addiction Research and Treatment Services (Peer I /Haven) for residential and non-residential community corrections services. This request results from RFP2917QG Residential and Non-Residential Services for Justice Involved Individuals.

3. Requesting Agency: Safety

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Greg Mauro	Name: Greg Mauro
Email: greg.mauro@denvergov.org	Email: greg.mauro@denvergov.org

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

The Department of Safety is requesting an ordinance to approve a contract with the University of Colorado Health Science Center - ARTS in the amount of \$5,000,000.00 for residential and non-residential services beginning in January 2021 through December 2023.

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

Gaby Corica

7. City Council District: Citywide. Program is located in CD 2.

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

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: BR20 1469

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: University of Colorado Health Sciences Center -Addiction Research and Treatment Services

Contract control number: SAFTY-202056981

Location: CD 2

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): 1/1/21-12/31/23

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

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
5,000,000.00		5,000,000.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
New contract		12/31/23

Scope of work: Provides residential and non-residential services to offenders.

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

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

Source of funds: State of Colorado

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? N/A

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