

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: **12-10-2025**

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 agreement with Colorado Health Network to add \$254,300.00 for a new total of \$644,800.00 and to add twelve months for a new end date of 8-31-2026 to continue providing overdose education and distribution of naloxone and drug testing strips, citywide (ENVHL-202472967/ENVHL-202581550-02).

3. **Requesting Agency:** DDPHE

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Clinton Whatley	Name: Alex Vidal
Email: clinton.whatley@denvergov.org	Email: alex.vidal@denvergov.org

5. **General description or background of proposed request. Attach executive summary if more space needed:**
(who, what, why)

Colorado Health Network (CHN) will be granted additional time and funds to continue providing the following services in the City and County of Denver: The Provider will provide overdose education and distribution of naloxone and drug testing strips to people at risk for an opioid overdose and to others who may be in a position to respond to an overdose for DDPHE. Additionally, CHN will perform drug product testing with program participants in order to enhance our understanding of the illicit drug supply and prevent overdose for DDPHE.

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

7. **City Council District:** Citywide

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: _____

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 (including any dba's): Colorado Health Network

Contract control number (legacy and new): ENVHL- 202472967-00 \ ENVHL- 202581550-02

Location: 6260 E Colfax Ave., Denver, CO, 80220

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** 02

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

Existing term: 9-01-2023 – 8-31-2025

Amended term: 9-01-2023 – 8-31-2026

Contract Amount (indicate existing amount, amended amount and new contract total): \$916,470.04

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$390,500.00	\$254,300.00	\$644,800.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
9/1/23 – 8/31/25	1 Year	08/31/26

Scope of work: The Provider will provide overdose education and distribution of naloxone and drug testing strips to people at risk for an opioid overdose and to others who may be in a position to respond to an overdose for DDPHE. Additionally, the provider will perform drug product testing with program participants in order to enhance our understanding of the illicit drug supply and prevent overdose for DDPHE. This will be done by incorporating linkage to and retention in care, staff and community member education, data/information sharing, and stigma reduction into existing efforts for DDPHE.

Was this contractor selected by competitive process? Yes, RFP

If not, why not?

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

Source of funds: CDC - Overdose Data To Action Grant

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____