

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: 1/17/2024

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 with Peak Form LLC, to provide medical treatment for employees injured on the job, pre the requirements of the Colorado Workers' Compensation Act.

3. **Requesting Agency:** Finance/Risk Management and Workers' Compensation Division

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: Devron McMillin	Name: Devron McMillin
Email: Devron.McMillin@denvergov.org	Email: Devron.McMillin@denvergov.org

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

The Colorado Workers' Compensation Act requires employers provide at least four medical providers to treat employees injured on the job. Peak Form, LLC is one of 4 designated providers selected via an RFP to provide medical care as required in the Colorado Workers' Compensation Act.

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

7. **City Council District:** N/A

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

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

Vendor/Contractor Name (including any dba's): Peak Form, LLC

Contract control number (legacy and new): FINAN-202371601

Location: Citywide

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

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): 1/1/2024 – 12/31/2026

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)
\$3,000,000	N/A	\$3,000,000

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/2024 – 12/31/2026	N/A	12/31/2026

Scope of work:

Provide initial and subsequent medical treatment for employee injuries or illnesses sustained in the workplace.

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: Workers' Compensation Internal Service 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? None

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