

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by **3:00pm on Monday**.

***\*All fields must be completed.\****  
*Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: 1/15/16

Please mark one:  Bill Request or  Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes  No

If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)* Amendment to the 2016 Denver Health and Hospital Authority Operating Agreement

3. **Requesting Agency:** Budget and Management on behalf of Environmental Health

4. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Bob McDonald and Laurel Delmonico
- **Phone:** 720-865-5479/ 720-913-5051
- **Email:** [Bob.McDonald@denvergov.org](mailto:Bob.McDonald@denvergov.org) [Laurel.Delmonico@denvergov.org](mailto:Laurel.Delmonico@denvergov.org)

5. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*

- **Name:** Bob McDonald and Laurel Delmonico
- **Phone:** 720-865-5479 / 720-913-5051
- **Email:** [Bob.McDonald@denvergov.org](mailto:Bob.McDonald@denvergov.org) [Laurel.Delmonico@denvergov.org](mailto:Laurel.Delmonico@denvergov.org)

6. **General description of proposed ordinance including contract scope of work if applicable:**

This amendment captures three corrections to the 2016 Operating Agreement:

1. A-2: Clarifies the monthly billable amount for EMT training services
2. A-4: Corrects the vehicle description for the donated vehicle for Denver CARES.
3. B-4 Adds the OUCH Line fee scheduled.

***\*\*Please complete the following fields:*** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** CE60436
- b. **Duration:** 1/1/2016-12/31/2016
- c. **Location:** n/a
- d. **Affected Council District:** all
- e. **Benefits:** Correct omissions and errors in the 2016 Operating Agreement.
- f. **Costs:** none

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.** No controversy.

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*To be completed by Mayor's Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

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