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

Please mark one: Bill Request or X	Date of Request: July 25, 2022 Resolution Request
1. Type of Request:	
☐ Contract/Grant Agreement ☐ Intergovernmental Agreement	eement (IGA) Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Supplement	ental DRMC Change
X Other: Public Hearing	
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., include no acceptance, contract execution, contract amendment, municipal acceptance.)	ame of company or contractor and indicate the type of request: grant pal code change, supplemental request, etc.)
Request a public hearing and vote to decline participation in the s	state-run Family and Medical Leave Insurance Program (FAMLI).
3. Requesting Agency: Office of Human Resources4. Contact Person:	
Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Heather Britton	Name: Heather Britton or Kathy Nesbitt
Email: heather.britton@denvergov.org	Email: Heather.britton@denvergov.org
In 2020, Colorado voters passed a new paid family lea Insurance Program (FAMLI). More information about FAMLI requires employers and employees to pay a pre 2023 with the benefit beginning on <i>January 1</i> , 2024. Tand employees. In exchange for the premium, employ benefit for up to 12 weeks.	the law can be found here . emium of 0.9% of the employees' wage beginning in The premium would be split equally between the employer
· · · · · · · · · · · · · · · · · · ·	oyees and the City nearly \$10 million in 2023, with half to the maximum weekly benefit, provide less than a 70%
the inadequate coverage for our staff, the Office of Hu participation in the state's plan in favor of implementing	ng a city administered alternative plan. The alternative purs of full salary replacement and would be called a 'care ales effective 1/1/23. Benefits for any collectively
To be completed by M	Mayor's Legislative Team:
Resolution/Bill Number:	Date Entered:

FAMLI law requires a public hearing and v	ote of City Council to declin	e employer participation.	
6. City Attorney assigned to this request (if app	olicable):		
7. City Council District:			
s. ** <u>For all contracts,</u> fill out and submit accon	npanying Key Contract Terms w	orksheet**	
	Key Contract Terms		
Type of Contract: (e.g. Professional Services > \$5	500K; IGA/Grant Agreement, Sa	lle or Lease of Real Property):	
endor/Contractor Name:			
Contract control number:			
ocation:			
s this a new contract?			
Contract Term/Duration (for amended contracts	, include <u>existing</u> term dates and	amended dates):	
Contract Amount (indicate existing amount, ame	ended amount and new contract	total):	
Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)	
(A)	(<i>D</i>)	(A+D)	
To be co	ompleted by Mayor's Legislative T	eam:	

Resolution/Bill Number: _____

Date Entered:

Scope of work:		
Was this contractor selected by competiti	ve process?	If not, why not?
Has this contractor provided these service	es to the City before? Yes	No
Source of funds:		
Is this contract subject to: W/MBE	☐ DBE ☐ SBE ☐ XO101 [☐ ACDBE ☐ N/A
WBE/MBE/DBE commitments (construct	ion, design, Airport concession co	ntracts):
Who are the subcontractors to this contra	oct?	
	T. 1 . 11 . 1	·
Resolution/Bill Number:	To be completed by Mayor's Legisla	Date Entered:

Added Time

Current Contract Term

New Ending Date