

**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**. Contact the Mayor’s Legislative team with questions

**Date of Request: 12/6/21**

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.)

Amends a contract with Colorado Health Network, Inc., by adding \$359,221 for a new total of \$2,661,000 for emergency financial assistance, food bank & home delivered meals, medical case management, medical transportation, outpatient / ambulatory health, mental health, oral health care and oral health care directives, psychosocial support, substance abuse outpatient care and housing services to individuals living with HIV/AIDS in the Denver Transitional Grant Area. No change to agreement duration (ENVHL-202161299-01).

**3. Requesting Agency:** Public Health & Environment (DDPHE)

**4. Contact Person:**

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Robert George / Bridget Tetteh	Name: Will Fenton
Email: Robert.George@denvergov.org	Email: Will.Fenton@denvergov.org

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

The City’s HIV/AIDS Program receives a carryover fund annually from the Health Resources and Services Administration (HRSA) for disbursement to the subrecipients. The carryover award is unutilized funds from the previous fiscal year. As a result, a number of subrecipient based on system wide need and priority to certain specific services are selected for the additional award.

Colorado Health Network, Inc. (CHN) was selected for the additional fund to enhance the Emergency Financial Assistance, Housing Services, Medical Case Management, Oral Health Care and Oral Health Care Directive to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA). The Denver Transitional Grant Area includes Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties. These are existing programs that CHN already provides but needed more funds to serve additional clients and better services.

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

**7. City Council District: All**

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

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

Resolution/Bill Number: RR21 1509

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

**Key Contract Terms**

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

**Vendor/Contractor Name:** Colorado Health Network, Inc.

**Contract control number:** ENVHL-202161299

**Location:** Citywide

**Is this a new contract?**  Yes  No **Is this an Amendment?**  Yes  No **If yes, how many?** 01

**Contract Term/Duration (for amended contracts, include existing term dates and amended dates):**  
March 1, 2021 through February 28, 2022

**Contract Amount (indicate existing amount, amended amount and new contract total):** \$2,661,000.00

<i>Current Contract Amount (A)</i>	<i>Additional Funds (B)</i>	<i>Total Contract Amount (A+B)</i>
\$2,301,779	\$359,221	\$2,661,000

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
3/1/2021 – 2/28/22	N/A	N/A

**Scope of work:**

Colorado Health Network, Inc. to provide emergency financial assistance, food bank & home delivered meals, medical case management, medical transportation, outpatient / ambulatory health, mental health, oral health care and oral health care directives, psychosocial support, substance abuse outpatient care and housing services to individuals living with HIV/AIDS in the Denver Transitional Grant Area.

**Was this contractor selected by competitive process?** YES **If not, why not?** N/A

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

**Source of funds:** Ryan White Part A HIV/AIDS Grant

**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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