

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

Date of Request: 5/3/18

Please mark one: Bill Request or Resolution Request

1. Type of Request:

- Contract//IGA/Grant Agreement Rezoning/Map Amendment Appointment
- Dedication/Vacation OHR Classification Other:

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, contract amendment, municipal code change, supplemental request, etc.)*

Amending contract #ENVHL-201734734-02 with Colorado Health Network, Inc.

3. Requesting Agency: *DDPHE (ENVHL)*

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: <i>Terra Haseman Swazer/Jean Finn</i>	Name: <i>Terra Haseman Swazer/Jean Finn</i>
Email: <i>Terra.HasemanSwazer@denvergov.org/Jean.Finn@denvergov.org</i>	Email: <i>Terra.HasemanSwazer@denvergov.org/Jean.Finn@denvergov.org</i>

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

Dental supplies for direct oral health services provided by Colorado Health Network, Inc. dba Howard Dental Center. Funds from the FY17 Ryan White Grant, not included in the original contract or first amendment, but should have been. Adding \$59,333 to contract for a new total max of \$2,339,345.

6. City Attorney assigned to this request (if applicable): *None yet, but likely Nicole Franklin (executed original contract and first amendment).*

7. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet (highlight this line somehow)**

See next page

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: **RR18 0524**

Date Entered: _____

Key Contract Terms

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

Vendor/Contractor Name: *Colorado Health Network, Inc. dba Denver Colorado AIDS Project and Howard Dental Center*

Contract control number: *ENVHL-201734734-02*

Location: *City wide*

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

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): *3/1/17-2/28/18*

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
<i>2,280,012</i>	<i>59,333</i>	<i>2,339,345</i>

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
<i>3/1/17-2/28/18</i>	<i>N/A</i>	<i>N/A</i>

Scope of work: *Dental supplies for direct oral health services provided to individuals living with HIV/AIDS in the Denver Transitional Grant Area.*

Was this contractor selected by competitive process? *Yes, selected by grant review committee. If not, why not?*

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

Source of funds: *Grant funded, FY17 Ryan White Grant*

Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A

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Date Entered: _____

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): *N/A*

Who are the subcontractors to this contract? *N/A*

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