

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team
at 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: February 12, 2018

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.)*

Approves a contract with COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC for \$840,000 through 12/31/2018 to offer employee assistance programs to all eligible employees. (CSAHR-201736858-00)

3. Requesting Agency: Office of Human Resources

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

- **Name:** Christopher O’Brien
- **Phone:** 720-913-0748
- **Email:** Christopher.Obrien@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:** Christopher O’Brien
- **Phone:** 720-913-0748
- **Email:** Christopher.Obrien@denvergov.org

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

An agreement with COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC for \$840,000 through 12/31/2018 to offer employee assistance programs to eligible employees pursuant to section 18-171, 18-174, 18-176, and 18-177 of the DRMC, and classified members of the police and fire departments. Contract amount not to exceed \$840,000 (CSAHR-201736858-00)

****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 – please do not leave blank.)*

- a. Contract Control Number:** CSAHR-201736858-00
- b. Duration:** 01/01/2018 – 12/31/2018
- c. Location:** N/A
- d. Affected Council District:** City Wide
- e. Benefits:** City Employee Benefits
- f. Costs:** \$840,000

7. Is there any controversy surrounding this ordinance? *(Groups or individuals who may have concerns about it?)* **Please explain.**

None

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: RR18 0185

Date Entered: _____