

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **11 a.m. Monday**. Contact the Mayor's Legislative team with questions

Please mark one: ☒ Bill Request or ☐ Resolution Request Date of Request: 11/21/22

1. Type of Request:

- ☐ Contract/Grant Agreement ☒ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change
☐ Other:

2. **Title:** Approves a City Amendment #3 (CO State referred to as Amendment #1) to Revenue Agreement with Colorado Department of Human Services - Office of Economic Security for maximum contractual commitment of \$1,221,408.09 for the term of the contract from 11/1/2021 to 6/30/2023 through contract control number SOCSV-202160615-03 Jaggaer.

3. **Requesting Agency:** Denver Human Services

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Mimi Scheuermann	Name: Laura Tateyama
Email: mimi.scheuermann@denvergov.org	Email: laura.tateyama@denvergov.org

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

DHS requests authorization to approve City Amendment #3 (CO State referred to as Amendment #1) to Revenue Agreement with Colorado Department of Human Services - Office of Economic Security that reduces the revenue amount by \$62,613.55 for a new contract maximum of \$1,221,408.09, there are no changes to the term of 11/1/2021 through 6/30/2023. The reduction is a result of the state lessening the city's allocation for this service.

The State agreement references Contract Performance Beginning Date February 17, 2022 – that is the effective date of the revenue reduction – the full term of the agreement is 11/1/2021-6/30/2023. The relevant contract control number is SOCSV-202160615-03 Jaggaer. This contract supports the ability of Denver Human Services to provide assistance to the Needy and Disabled, Disability Navigator Program, Family and Adult Assistance Division, contract subject to delegation language.

6. **City Attorney assigned to this request (if applicable):** Andrew Riester

7. **City Council District:** City Wide

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Key Contract Terms

Type of Contract: Intergovernmental Revenue >500K

Vendor/Contractor Name: Colorado Department of Human Services, Office of Economic Stability

Contract control number: SOCSV-202160615-03, Jaggaer

Location: Denver, CO

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** 3

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

Original Contract: SOCSV-202160615-00 Jaggaer; 11/1/2021 to 6/30/2022

City Amendment #1 (State Holdover Letter): SOCSV-202160615-01 Jaggaer; 11/1/2021 to 8/31/2022

City Amendment #2 (State Option Letter): SOCSV-202160615-02 Jaggaer; 11/1/2021 to 6/30/2023

City Amendment #3 (State Amendment #1): SOCSV-202160615-03 Jaggaer; 11/1/2021 to 6/30/2023

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>
\$1,284,021.64	\$(62,613.55)	\$1,221,408.09

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
11/1/2021 – 6/30/2023	N/A	11/1/2021 – 6/30/2023

Scope of work:

- Provide DHS with the funding required to implement the Disability Navigator Program.
- The contract will further the ability of DHS to assist persons with disabilities who participate in the State AND-SO program to navigate the application process for federal disability benefits under the SSI program.
- The contract will enable DHS in its efforts to assist program participants in submitting timely and complete applications for SSI, increase the percentage of SSI approvals, reduce the time to SSI approval, and reduce the time on AND-SO.

Was this contractor selected by competitive process? No **If not, why not?** N/A, this is a revenue

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

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

Source of funds: State of CO

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

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): No

Who are the subcontractors to this contract? N/A

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____