

ORDINANCE/RESOLUTION REQUEST

**Please email requests to the Mayor’s Legislative Team
at MileHighOrdinance@DenverGov.org by NOON on Tuesday.**

**All fields must be completed.*
Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: _____

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:

Amendatory Agreement #3 to Contract for: Software Purchase and Related Support and Maintenance for Talyst medication dispenser interface with existing Jail Management System – Vendor: Syscon Justice Systems – Control No.: CE 076012

3. Requesting Agency: Public Works

6. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Alfredo Esguerra – Jacobs/Public Works
- **Phone:** 720-913-1578
- **Email:** alfredo.esguerra@denvergov.org

6. Contact Person: *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- | | |
|--|---|
| ▪ Name: Sara Harmer – Technology Services | ▪ Name: Captain James Leahy - DSD |
| ▪ Phone: 720-913-4820 | ▪ Phone: 720-865-3994 |
| ▪ Email: sara.harmer@denvergov.org | ▪ Email: james.leahy@denvergov.org |

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

Amendatory Agreement #3 will cove the cost to develop a software interface between the Syscon Jail Management system and the Talyst equipment, an automated medication dispensing system used in the Denver Detention Center.

Please include the following:

- a. **Duration:** Not defined
- b. **Location:** Denver Detention Center
- c. **Affected Council District:** District 10 – Jeanne Robb
- d. **Benefits:** Labor efficiencies, medicine dispensing accuracy, reduce waste on un-dispensed medicines.
- e. **Costs:** \$96,526.00

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: _____

Date: _____

Ordinance Request Number: _____

Date: _____