

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: November 12, 2025

Please mark one: ☒ Bill Request or ☐ Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

☐ Yes ☒ No

### 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 an intergovernmental agreement with Regents of the University of Colorado Children's Hospital Immunodeficiency Program by adding \$99,810.00 for a new total of \$800,149.00 to provide care, treatment, and supportive services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA). No change to agreement term, citywide (ENVHL-202368150/ENVHL-202581861-05).

3. **Requesting Agency:** DDPHE

### 4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Robert George	Name: Alex Vidal
Email: Robert.George2@denvergov.org	Email: Alex.Vidal@denvergov.org

5. **General description or background of proposed request. Attach executive summary if more space needed:**  
(who, what, why)

Regents of the University of Colorado-Children's Hospital Immunodeficiency Program provides Case Management Continuum, Early Intervention Services, Mental Health Services, Medical Transportation Services, Outpatient Ambulatory Health Services (HIV Specialty care), Psychosocial Support Services, and Substance Abuse Outpatient Care to individuals living with HIV/AIDS in the Denver TGA.

6. **City Attorney assigned to this request (if applicable):** Mitch Behr

7. **City Council District:** Citywide

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

Professional Services

**Vendor/Contractor Name (including any dba's):** Regents of the University of Colorado-Children's Hospital Immunodeficiency Program (CHIP)

**Contract control number (legacy and new):** 202581861-05 (Original Contract: ENVHL-202368150-00; Amendment 01: ENVHL-202369975-01; Amendment 02: ENVHL-202472263-02; Amendment 03: ENVHL-202476577-03; Amendment 04: ENVHL-202578059-04)

**Location:** Citywide

**Is this a new contract?** ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** \_05\_

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

Current Term: 03/01/2023-02/28/2026 (no changes to term)

**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>
\$700,339	\$99,810	\$800,149

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
03/01/2023-02/28/2026	N/A	N/A

**Scope of work:**

Regents of the University of Colorado-Children's Hospital Immunodeficiency Program provides Case Management Continuum, Early Intervention Services, Mental Health Services, Medical Transportation Services, Outpatient Ambulatory Health Services (HIV Specialty care), Psychosocial Support Services, and Substance Abuse Outpatient Care to individuals living with HIV/AIDS in the Denver TGA.

**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 grant HRSA

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

**WBE/MBE/DBE commitments (construction, design, Airport concession contracts):** n/a

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

**Who are the subcontractors to this contract?** None

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