

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: 10/02/15

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.)*

**Lease Agreement with Denver Health and Hospital Authority (DHHA) FINAN 201524424-00
For Office of Medical Examiner (OME).**

This is a companion ordinance request to the 2016 DHHA Operating Agreement ordinance.

3. Requesting Agency: Division of Finance, Department of Real Estate

- **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*
- **Name:** Lisa Lumley
- **Phone:** 720.913.1515
- **Email:** lisa.lumley@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:** Lisa Lumley
- **Phone:** 720.913.1515
- **Email:** lisa.lumley@denvergov.org

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

OME currently leases space from DHHA at 660 Bannock Street. DHHA intends to demo the building in the next year as part of the implementation of their capital master plan. The Lease Agreement with DHHA is a ten year term allowing the Office of Medical Examiner to relocate and occupy space in another DHHA building located at 500 Quivas Street. DHHA will build out the space to the City's specifications. The total contract amount of \$11,176,675.64 includes rent, capital improvement costs and operating expenses over the 10 year term. Rent will begin upon execution of the lease but before occupancy.

****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.)*

- a. **Contract Control Number:** FINAN 201524424-00
- b. **Duration:** Approx January 2016 – December 2025
- c. **Location:** 500 Quivas Street
- d. **Affected Council District:** District 7
- e. **Benefits:** Provides space for the Office of the Medical Examiner
- f. **Costs:** \$11,176,675.64

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 Entered: _____