

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor’s Legislative team with questions

Please mark one: Bill Request or Resolution Request Date of Request: 3/19/18

1. Type of Request:

- Contract//IGA/Grant Agreement Rezoning/Map Amendment Appointment
- Dedication/Vacation OHR Classification Other:

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, contract amendment, municipal code change, supplemental request, etc.)*

Amending the term of the Grant from Colorado Health Foundation.

3. Requesting Agency: Denver Department of Public Health and Environment

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Tristan Sanders	Name: Tristan Sanders
Email: Tristan.sanders@denvergov.org	Email: Tristan.sanders@denvergov.org

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

Grant from The Colorado Health Foundation for the Denver Healthy Corner Store Initiative, Grant ID #6853. To sell healthy, affordable foods to residents in underserved areas and improve the food environment so it is easier for children and families to make healthier choices. The grantor has approved a no-cost extension to change the term end date from 3/31/18 to 6/30/18.

6. City Attorney assigned to this request (if applicable): Lindsay Carder

7. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet (highlight this line somehow)**

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: RR18-0318

Date Entered: _____

Key Contract Terms

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

Grant Agreement

Vendor/Contractor Name: The Colorado Health Foundation

Contract control number: ENVHL-201523490-02

Location: City-wide

Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? 2nd

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): Existing term 7/1/15-3/31/18, amended term 7/1/15-6/30/18

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>
(A)	(B)	(A+B)
660,932	0	660,932
 <i>Current Contract Term</i>	 <i>Added Time</i>	 <i>New Ending Date</i>
7/1/15-3/31/18	3 months	6/30/18

Scope of work:

Was this contractor selected by competitive process? N/A If not, why not?

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

Source of funds: Grant awarded, no cost extension.

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

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: RR18-0318

Date Entered: _____

Who are the subcontractors to this contract? N/A

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