

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 **a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: October 30, 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 a contract with Colorado Health Network, Inc. by adding \$976,936.00 for a new total of \$7,383,358.00 to provide care, treatment, and supportive services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA). No change to contract term, citywide (ENVHL-202368045/ENVHL-202581777-05).

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)

Colorado Health Network, Inc. provides Case Management Continuum, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Housing Services, Mental Health Services, Medical Transportation Services, Outpatient Ambulatory Health Services (HIV Specialty care), Oral Health Care, Oral Health Fund, Other Professional Services, 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:** All

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): Colorado Health Network, Inc.

Contract control number (legacy and new): 202581777-05 (Original Contract: ENVHL-202368045; Amendment 01: ENVHL-202369974-01; Amendment 02: ENVHL-202472137-02; Amendment 03: ENVHL-202476602-03; Amendment 04: ENVHL-202578474-04; ENVHL-202581777-05)

Location: Citywide

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** _5_

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
Current Term: 03/01/2023-02/28/2026 (no changes to the term)

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> <i>(A)</i>	<i>Additional Funds</i> <i>(B)</i>	<i>Total Contract Amount</i> <i>(A+B)</i>
\$6,406,422	\$976,936	\$7,383,358

<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:

Colorado Health Network, Inc. provides Case Management Continuum, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Housing Services, Mental Health Services, Medical Transportation Services, Outpatient Ambulatory Health Services (HIV Specialty care), Oral Health Care, Oral Health Fund, Other Professional Services, 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

Who are the subcontractors to this contract? None

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Date Entered: _____