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: ___5/6/15_____

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* <u>*name of company or contractor*</u> *and* <u>*contract control number*</u> *- that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)* **Englewood EMS Service Agreement with Denver Health & Hospital Authority**

3. **Requesting Agency:** Budget and Management Office on Behalf of Denver Fire Department

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
   ▪ **Name:** Laurel Delmonico
   ▪ **Phone:** 720.913.5051
   ▪ **Email:** laurel.delmonico@denvergov.org

5. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution* <u>*who will present the item at Mayor-Council and who*</u> <u>*will be available for first and second reading, if necessary.)*</u>
   ▪ **Name:** Laurel Delmonico
   ▪ **Phone:** 720.913.5051
   ▪ **Email:** laurel.delmonico@denvergov.org

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

   This agreement is a companion to the IGA with Englewood to provide Fire and EMS services to that jurisdiction. Denver Health and Hospital Authority will provide these services and, including 2 ambulances in Englewood 24/7. This agreement will cover June 1, 2015 through December 31, 2015 and will be folded into the Operating Agreement for 2016 and future years.

   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:** n/a
   b. **Duration:** June 1, 2015 through December 31, 2015
   c. **Location:** Englewood
   d. **Affected Council District:** n/a
   e. **Benefits:**
   f. **Costs:** The cost of services for the contract period is $631,386, but these costs are covered by revenue from the Englewood IGA.

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: _____