

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: MileHighOrdinance@DenverGov.org) by **3:00pm on Monday**. For any questions please contact Skye Stuart.

**\*All fields must be completed.\***  
*Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: 2/8/2018

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

Intergovernmental agreement between Denver Sheriff and Denver Health and Hospital Authority for providing two additional full-time positions for on-site mental health providers at both the Downtown Detention Center (DDC) and the Denver County Jail (County).

3. **Requesting Agency:** Denver Sheriff

4. **Contact Person:** (With actual knowledge of proposed ordinance/resolution.)

- **Name:** Chief Connie Coyle
- **Phone:** 720.337.0183
- **Email:** [Connie.Coyle@denvergov.org](mailto:Connie.Coyle@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:** Chief Connie Coyle
- **Phone:** 720.337.0183
- **Email:** [Connie.Coyle@denvergov.org](mailto:Connie.Coyle@denvergov.org)

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

This MOU will allow Denver Health to provide two additional full-time positions for on-site mental health providers at both the DDC and the County for 24 hours per day, seven days a week (one position per facility).

This MOU was developed as a part of the Marshall settlement.

**\*\*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 – please do not leave blank.)

- a. **Contract Control Number:** SHERF201840183
- b. **Contract Term:** 3/1/2018 – 12/31/2018
- c. **Location:** County Jail and Van Cise-Simonet Detention Center
- d. **Affected Council District:** n/a
- e. **Benefits:**
- f. **Contract Amount (indicate amended amount and new contract total):** \$814,527

7. **Is there any controversy surrounding this ordinance?** (Groups or individuals who may have concerns about it?) **Please explain.**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: BR18 0179

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

None known

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SIRE Tracking Number: **BR18 0179**

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