

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: 10/13/14

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.)*

Risk Management is requesting approval of a contract amendment to add dollars and extend an agreement with Occupational Health Centers of the Southwest P.A., P.C. d/b/a Concentra Medical Centers to provide primary medical Care for City & County of Denver Employees utilizing the Workers Compensation Program.

3. Requesting Agency: DOF/Cash, Risk, and Capital Funding

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

- **Name:** Ray Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@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:** Ray Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@Denvergov.org

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

A request to add dollars and extend the service agreement with Concentra Medical Centers to provide primary care to City & County of Denver employees, utilizing the City's Workers' Compensation program as required by State Law.

****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:** FINAN-201313774-00
- b. **Duration:** Extend current agreement through 12/31/2016
- c. **Location:** Citywide
- d. **Affected Council District:** All
- e. **Benefits:** Provide state mandated services.
- f. **Costs:** Increase current agreement by \$1.4 million, for total contract not to exceed \$1.8 Million

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: _____