

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

Please mark one: ☐ Bill Request or ☒ Resolution Request

Date of Request: 1/8/2025

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:** Amends a contract with Bluff Mercy, LLC to add \$300,000.00 for a new total of \$1,500,000.00 and add one year for a new end date of 12-31-2025 to provide permanent supportive housing services, rental subsidy and supportive services for 31 units at Mercy Housing's Bluff Lake property, citywide (HOST-202057233/HOST-202477258-03).

3. **Requesting Agency:** Department of Housing Stability

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: Gaelyn Feeney-Coyle	Name: Chris Lowell
Email: gaelyn.feeney-coyle@denvergov.org	Email: Christopher.lowell@denvergov.org

5. **General description or background of proposed request. Attach executive summary if more space needed:**

Amendment to contract to add 300K and extend the term for one additional year to 12/31/25. These funds will be provided to Bluff Mercy, LLC (Mercy) to be utilized for supportive services and housing subsidy for formerly homeless households.

6. **City Attorney assigned to this request (if applicable):** Carmen Jackson Brown

7. **City Council District:** 8

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 > \$500K

Vendor/Contractor Name (including any dba's): Bluff Mercy, LLC

Contract control number (legacy and new): HOST-202477258-03

Location: 1600 Broadway, Suite 2000, Denver, CO 80202

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** 3

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

HOST-202057233	1/1/2021 – 12/31/2023
HOST-202262755-01	1/1/2021 – 12/31/2023
HOST-202371165-02	1/1/2021 – 12/31/2024
HOST-202477258-03	1/1/2021 – 12/31/2025

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>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$1,200,000	\$300,000	\$1,500,000

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/2021 – 12/31/2024	12 months	12/31/2025

Scope of work:

II. SERVICES DESCRIPTION

The contractor will provide thirty-one (31) rental units at Bluff Lake Apartments to households formerly experiencing homelessness whose income is equal to or less than 30% of the area median gross income (AMI) at the time they initially lease a unit. 100% of all vacancies of these 31 units must be filled with referrals from the OneHome System. A 30-day notice will be sent to all wait-list applicants prior to changes being implemented. The contractor will be entitled to be reimbursed by the City for a Monthly Rental Subsidy in an amount not to exceed \$19,445 per month for the 31 units designated for the 30% and below AMI units for people formerly experiencing homelessness. The Monthly Rental Subsidy amount is calculated as the difference between the actual tenant rent collected from the 30% AMI households and the HOST Fair Market Rent (FMR) as periodically established. The Tenant Rent Contribution shall be established by the contractor on the condition that the tenant rent contribution shall not exceed 30% of HOST Fair Market Rents.

The HOST FMR Rate per bedroom size is as follows:

Number of Units Unit Type HOST FMR

13 1BR/1BA \$759

16 2BR/2BA \$925

2 3BR/2BA \$1,304

The contractor will make its best efforts to enter either of two types of Housing Assistance Payments (HAP) contracts with the Denver Housing Authority. Although the referral for the 31 HOST specified units originate from the OneHome Coordinated Entry System,

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Mercy reserves the right to accept or deny any residents based upon the pre-established criteria detailed in the Resident Selection Criteria. If tenants receive Housing Choice Vouchers, Housing Assistance Payments (HAP) or Section 8 vouchers and reside in one of the 31 units reserved for 30% AMI or below, the amount of the voucher or HAP contracts will be subtracted from the Monthly Rental Subsidy request submitted to the City.

The contractor will provide Resident Services Coordination onsite to the 31 households receiving the rental subsidy. These activities are subject to COVID restrictions. As required by State and local Departments of Health or at the discretion of Mercy Housing Management, there are times in which these and other community activities may be canceled or occur virtually. This service coordination will include, but not limited to the following activities.

- i. Economic Development
- ii. Financial Stability
- iii. Housing Stability
- iv. Community
- v. Education

Was this contractor selected by competitive process? Yes **If not, why not?**

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

Source of funds: General Fund

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

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

Who are the subcontractors to this contract? NA

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____