

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor's Legislative team with questions

Date of Request: 8/2/2018

Please mark one: Bill Request or Resolution Request

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.)

Contract execution for Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center FY2018 Ryan White Part A contract (contract control number ENVHL-201842310) to deliver services to persons with HIV/AIDS in the Denver Transitional Grant Area for a one-year term.

3. Requesting Agency: Public Health & Environment (DDPHE)

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Beau Mitts	Name: Terra Haseman Swazer
Email: Beau.Mitts@denvergov.org	Email: terra.hasemanswazer@denvergov.org

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

Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center expenditure contract provides services including medical case management, mental health, food bank, early intervention, emergency financial and housing assistance, and substance abuse to individuals living with HIV/AIDS residing in the Denver grant area.

6. City Attorney assigned to this request (if applicable): Lindsay Carder

7. City Council District: All

8. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet**

Key Contract Terms

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: RR18 0878

Date Entered: _____

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):
Professional Services

Vendor/Contractor Name: Colorado Health Network d/b/a Denver Colorado AIDS Project

Contract control number: ENVHL-201843782-00

Location: Citywide

Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? _____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
March 1, 2018 through February 28, 2019

Contract Amount (indicate existing amount, amended amount and new contract total): \$1,846,727

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$1,846,727	\$0	\$1,846,727

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
3/1/2018 – 2/28/2019	-	2/28/2019

Scope of work:

CHN/DCAP will provide Food Bank, Medical Case Management, Oral Health care, Mental health services, Substance Abuse treatment, Psychosocial Support Services and Medical Transportation Services 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

Is this contract subject to: W/MBE DBE SBE XO101 ACDDBE N/A

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

Who are the subcontractors to this contract? none

To be completed by Mayor's Legislative Team:

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Date Entered: _____