

## ORDINANCE REQUEST

Approving Agency	Approved	Not Approved	Date
Mayor's Office			
Budget and Management			
City Attorney			

**1. Ordinance Request Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (completed by Mayor's Office)

**Instructions:** *Fill in all sections and blanks below. Put unknown or not applicable (NA) where necessary.*

**2. Requesting Agency:** \_\_\_\_\_ **Technology Services – Denver Media Services** \_\_\_\_\_

**3. Contact Person with actual knowledge of proposed ordinance :** \_\_\_Darryn Zuehlke \_\_\_\_\_  
**Phone:** \_\_\_720-865-2301\_\_\_\_\_

**4. Affected Council District(s):** \_\_\_ALL\_\_\_\_\_

**5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who’s involved, scope of work, duration, location, benefits, costs, and why Council approval is requested. (This is intended to give a brief overview of the ordinance. For additional background and history, attach an executive summary)**

Extending the current Comcast franchise agreement for a three month period, through September 30, 2013 with three one-month extensions with the approval of the Mayor. This will allow sufficient time for the new franchise to go through the City Council ordinance process. The current franchise is set to expire June 30, 2013 and there is not sufficient time to complete the contract approval process.

**6. Source of funds:** \_\_\_\_\_

**a. Fund/Org/Project No.:** \_\_\_\_\_

**b. Description:** \_\_\_\_\_

**7. Should this proposed ordinance be considered for a Committee consent agenda: Yes XX\_ No**  
 \_\_\_\_\_

**a. Explain (why yes or no):**

Yes, because a similar extension occurred in December 2012 and City Council approved that ordinance without concern. Finance Committee Chair Jeanne Faatz has indicated she would prefer this to be on Consent Agenda. The only thing changing in the contract is the term.

**b. Are there any concerns or issues about which Council should be aware?**  
**NO**

8. Are there any fiscal impacts of the proposed ordinance? Yes \_\_\_ No XX  
If yes, complete **Attachment 1.**

9. Are there any staffing impacts of the proposed ordinance? Yes \_\_\_ No XX  
If yes, explain:

10. Is a supplemental appropriation being requested? Yes \_\_\_ No XX  
If yes, complete **Attachment 2.**

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11. For **CONTRACTS** and **CONTRACT AMENDMENTS**, complete this section:

a. Is this a new contract or contract amendment? New \_\_\_ Amendment XX

b. Project Title: \_\_\_\_\_

c. Project Contract Number: \_\_\_\_\_

d. Contract Control Number: RC9Y007

e. Term of this proposed contract (start/end date): extended 3 months, to 9/30/13  
If the proposed contract is an amendment, what is the term of the original contract (start/end date): 1/1/2000 to 6/30/13

f. Contractor: Mile Hi Cable Partners, LP (Comcast)

g. Has this contractor been used before? Yes XX No \_\_\_  
If yes, for what projects?  
Existing Comcast cable franchise agreement

h. Proposed contract amount: N/A

i. Engineer's estimate: N/A

j. If this is a **CONTRACT AMENDMENT**:

(i) what was the original contract amount: \$ N/A

(ii) amounts of any prior amendments: \$ N/A

(iii) this proposed amendment amount: \$ N/A

(iv) total amount (original, prior amendments, proposed amendment) \$ N/A

**k. SBE/DBE Compliance:**

- (i) SBE/DBE goals: \_\_\_ N/A \_\_\_\_\_ %
- (ii) Contractor commitment \_\_\_ N/A \_\_\_\_\_ %
- (iii) If goals not met, explain why not:

**l. Selection process: N/A**

- (i) Competitive bid? Yes \_\_\_ No \_\_\_  
If yes,
  - (a) Date of bid process: \_\_\_\_\_
  - (b) How many bids were received? \_\_\_\_\_
  - (c) Range: Low: \$ \_\_\_\_\_ High: \$ \_\_\_\_\_
- (ii) RFQ/RFP? Yes \_\_\_ No \_\_\_ N/A  
If yes,
  - (a) Date of RFQ/RFP process: \_\_\_\_\_
  - (b) How many proposals were received: \_\_\_\_\_
  - (c) Who was on the selection panel?
- (iii) Sole source? Yes XX No \_\_\_  
If yes, explain why a sole source was used: existing cable franchise
- (iv) IGA? Yes \_\_\_ No XX
- (v) Other? \_\_\_\_\_  
Explain if Other:

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**12. For GRANTS, complete this section:**

- a. Fund/Org/Grant No. \_\_\_\_\_
- b. Title: \_\_\_\_\_
- c. Contract Control Number: \_\_\_\_\_

- d. This grant amount: \$ \_\_\_\_\_ ; start/end dates \_\_\_\_\_ - \_\_\_\_\_
- e. If this is a multi-year grant, the total grant amount is \$ \_\_\_\_\_ ;  
start/end dates \_\_\_\_\_ - \_\_\_\_\_
- f. Grantor: \_\_\_\_\_
- g. If federal direct or pass-through dollars, indicate the Catalogue of Federal Domestic Assistance Number (CFDA): \_\_\_\_\_
- h. If State funds, how is the allocation authorized? (State long bill appropriation, state reimbursement, mandate, County function, or other)
- i. Are there any requirements for matching funds or in-kind services? Yes \_\_\_ No \_\_\_  
If yes, indicate amount and source of funds.
- Match Amount: \_\_\_\_\_ Source: \_\_\_\_\_
- Match Amount: \_\_\_\_\_ Source: \_\_\_\_\_
- j. Does this Grant have funding implications beyond the grant term? Yes \_\_\_ No \_\_\_  
If yes, explain: