

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

Date of Request: December 3, 2025

Please mark one: ☐ Bill Request or ☒ Resolution Request

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:** (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.)

Amends a contract with ComPsych Corporation to add additional service options. No change to contract capacity or term, citywide (CSAHR-202370373/CSAHR-202370373-01).

3. **Requesting Agency:** OHR Benefits & Wellness

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: Heather Britton	Name: Heather Britton
Email: heather.britton@denvergov.org	Email: heather.britton@denvergov.org

5. **General description or background of proposed request. Attach executive summary if more space needed:**
(who, what, why)

ComPsych will continue to provide employee assistance options to all qualified Denver civilian and uniformed Sheriff, Police and Fire employees through the end of 2028 calendar year.

6. **City Attorney assigned to this request (if applicable):** Rob McDermott

7. **City Council District:** Citywide

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):

Vendor/Contractor Name (including any dba's): ComPsych

Contract control number (legacy and new): CSAHR-202370373/CSAHR-202370373-01

Location:

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☐ Yes ☒ No **If yes, how many?** 1

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 1/1/2024 – 12/31/2028

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$1,100,000	N/A	

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
12/31/2028	N/A	

Scope of work: Added services include:

- Critical Incident Response Services and Trainings for managers and employees to address workplace, wellbeing, and wellness topics
- Travel Time and Trainer Downtime
- Mental Health First Aid Training

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):

Who are the subcontractors to this contract?

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____