

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: 4/9/2026

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 Denver SIPPR LLC to update the program data sharing agreement to allow for better data flow between City agencies and the program providers. No change to contract term or capacity, citywide (HOST-202262618/HOST-202683557-02).

3. **Requesting Agency:** Department of Housing Stability (HOST)

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: Kevin Kelly	Name: Polly Kyle
Email: Kevin.kelly@denvergov.org	Email: Polly.Kyle@denvergov.org

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

SIPPR provides supportive housing for 125 households who have experienced chronic homelessness. The program relies on referrals from Denver's Department of Safety, Denver Health and Hospital Authority who meet specific criteria. The proposed change will clarify an existing data sharing agreement to allow referral partners to provide relevant referral data to program providers and evaluators.

6. **City Attorney assigned to this request (if applicable):** Brad Neiman

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): Professional Services > \$500K

Vendor/Contractor Name (including any dba's): Denver SIPPRA LLC.

Contract control number (legacy and new):
HOST-202262618/HOST-202683557-02

Location: 55 Broadway 10th floor, New York, NY 10006

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 2

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): November 1, 2022 through November 30, 2029 (No Change)

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)
5,512,000.00	N/A	N/A

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
11/1/2022- 11/30/2029	N/A	N/A

Scope of work: SIPPRA provides supportive housing for 125 households who have experienced chronic homelessness. The program relies on referrals from Denver's Department of Safety and Denver Health and Hospital Authority who meet specific criteria. The proposed change will clarify an existing data sharing agreement to allow referral partners to provide relevant data to program providers and evaluators.

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): N/A

Who are the subcontractors to this contract? N/A

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____