ORDINANCE/RESOLUTION REQUEST

Please email requests to Kiki Turner

at Kiki.Turner@DenverGov.org by noon on Friday.

Please mark one: X Bi	II Request	or	Resolution R	Request	Date of Request: 4.18.22
1. Type of Request:	-			-	
	t 🗌 Interage	ency Agreen	nent (IAA)	Rezoning	/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Supp		riation/Supp	lemental		
acceptance, contract executi	mends, dedicates on, contract ame the sub-award ag	s, etc., includendment, must greement bet	de <u>name of comp</u> nicipal code cha tween the City a	oany or contractor nge, supplementa nd Denver Health	and indicate the type of request: grant l request, etc.) and Hospital Authority to provide for
3. Requesting Agency: Depart	rtment of Financ	e			
4. Contact Person:					
Contact Person: Contact person with knowledge of proposed ordinance/resolution			Contact person to present item at Mayor-Council and Council		
Name: Rory Regan			Name: Rory Regan		
Email: Rory.Regan@denverg	ov.org			ory.Regan@denv	ergov.org
expenses incurred while managing those individuals directly managassociated with the City's FEMA City's agreement with CDHSEM	Assistance program. 'ing the program A consultant. With I to add these marks.	gram, grantee This allows to as well as to th Resolution anagement co	es may claim ma the recipients of include certain n No. 1241, Serio osts as additiona	funding to charge professional servi es of 2021, City C I scope to the agre	Council approved an amendment to the
6. City Attorney assigned to	this request (if a	applicable):	Brad Nieman		
7. City Council District: N/A					
8. **For all contracts, fill out	and submit acc	companying	Key Contract	Terms workshee	t **
	$T_{C}L$	a gompleted	by Mayor's Legi	slative Team.	
Resolution/Bill Number:	10 06	z compieted i	oy muyor s Legi	Date Entered:	

Key Contract Terms

	3	
Type of Contract: Grant Agreement		
endor/Contractor Name: Denver Health and Ho	ospital Authority	
ontract control number: FINAN-202054689		
Location: N/A		
s this a new contract? Yes No Is this	an Amendment? 🛛 Yes 🗌 N	To If yes, how many? _1
Contract Term/Duration (for amended contracts existing Term: April 21, 2020 – June 12, 2022 Amended Dates: No date change Contract Amount (indicate existing amount, ame	·	
Current Contract Amount	Additional Funds	Total Contract Amount
(A)	(B)	(A+B)
\$18,839,685.38	\$201,480	\$ 19,041,165.38
Current Contract Term	Added Time	New Ending Date
4/21/20 - 6/12/22	No change	No change
cope of work: his amendment incorporates management costs, when the program. These include select categories of particles to the contractor selected by competitive processes the contractor provided these services to the	ayroll and professional services use ess? FEMA - N/A	
Source of funds: N/A		
LEVATE DENVER BOND:		
s this contract subject to: W/MBE X DBI	E SBE XO101 ACI	OBE N/A
VBE/MBE/DBE commitments (construction, des	sign, Airport concession contract	s): N/A
To be co	ompleted by Mayor's Legislative Te	eam:
Resolution/Bill Number:	Date	Entered:

Who are the subcontractors to this contract? N/A .							
	To be completed by Mayor's Legislative Team:						
D 1 . (' /D'II N 1	10 oc completed by Mayor S Legist						
Resolution/Bill Number:		Date Entered:					