ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday.**

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: 02/27/2017

Please mark one: ☐ **Bill Request**   **or**   ☒ **Resolution Request**

1. **Has your agency submitted this request in the last 12 months?**

    ☐ **Yes**   ☒ **No**

    If yes, please explain:

2. **Title:** Request for approval of contract, pursuant to Charter § 3.2.6(E), with Compsych Corporation Insurance Company for employee assistance plan benefits.

    Contract #201312609

3. **Requesting Agency:** OHR

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
    ▪ **Name:**
    ▪ **Phone:**
    ▪ **Email:**
5.   **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*
    ▪ **Name:**
    ▪ **Phone:**
    ▪ **Email:**
    ▪

6. **General description of proposed ordinance including contract scope of work if applicable:**
    Compsych Corporation, vendor #91746; CSAHR; Contract Amendment; Adding $204,000 (new max $904,000); New term end date 12/31/17 (existing end date 12/31/16); Scope to remain the same; 604600-01010-0601150.
    Assistance plan benefits include confidential counseling, worklife solutions, finincial information and resources.

**Please complete the following fields: (*Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)*

    a. **Contract Control Number: 201312609**
    b. **Duration: Extending end date to 12/31/2017**
    c. **Location:**
    d. **Affected Council District: Citywide**
    e. **Benefits: Employee Assistance Plan Benefits**
    f. **Costs:** Adding $204,000 (new max $904,000)

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

    None Known

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____   Date Entered: _____

Revised 08/16/10