

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: 3/18/16

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: Purchasing submitted a *similar* request in November 2015 to increase the maximum amount on two (2) awards under the former contract, because we did not have enough funds remaining to get through the expiration date of the last contract.

2. **Title:** (Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

Request to create a \$4 million dollar Master Purchase Order (MPO # 0181A0416) with US Foods for the purchase of Grocery Items to be used by the Denver Sheriff and Human Services Departments.

3. **Requesting Agency:** Denver Sheriff and Human Services Departments

4. **Contact Person:** (With actual knowledge of proposed ordinance/resolution.)

- **Name:** Tony Franklin
- **Phone:** 720-913-3722
- **Email:** Tony.Franklin@denvergov.org

5. **Contact Person:** (With 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:** JD Allred
- **Phone:** 720-913-8155
- **Email:** john.allred@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

To create a Master Purchase Order to provide Grocery Items for the Denver Sheriff and Human Services Departments.

****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:** 0181A0416
- b. **Duration:** 5 years (1 year with an option of 4 renewals each year)
- c. **Location:** US County Jail, Denver Detention Center, Denver Family Crisis Center
- d. **Affected Council District:** All
- e. **Benefits:** Provides food for Denver Inmates and the Family Crisis Center
- f. **Costs:** \$4,000,000.00

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

N/A

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____