

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Amends a contract with the Colorado Department of Corrections by extending the term an additional year to provide out-patient Hemo-Dialysis and related services to incarcerated patients held within the custody of Denver Sheriff Department at a rate of \$335.00 per patient treatment (CE91216-4).
  
- 2. Requesting Agency:** Department of Safety
  
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:** Mark Valentine  
**Phone:**  
**Email:**
  
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***  
**Name:**  
**Phone:**  
**Email:**
  
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
  - a. Scope of Work**
  
  - b. Duration**
  
  - c. Location**
  
  - d. Affected Council District**
  
  - e. Benefits**
  
  - f. Costs**
  
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

**Bill Request Number: BR14-0655**

**Date: 8/5/2014**