## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Re	equest or [	☑ Resolution I	Request	Date of Request:
1. Type of Request:				
	Intergovernmental Ag	reement (IGA)	☐ Rezoning/Text Amendmen	ıt
☐ Dedication/Vacation ☐	Appropriation/Supplen		☐ DRMC Change	
Other:	112ppropraedom/supprom			
<b>2. Title:</b> (Start with <i>approves</i> , <i>amend</i> , acceptance, contract execution, co				pe of request: grant
new end date of 2-28-23 for emedical transportation, outpa	emergency financial assista tient / ambulatory health, ince abuse outpatient care a	ance, food bank mental health, o	8,846 for a new total of \$3,389,84 & home delivered meals, medica ral health care and oral health carices to individuals living with HI	l case management, e directives,
3. Requesting Agency: Public Hea	lth & Environment (DDPF	łE)		
<b>4. Contact Person:</b> Contact person with knowledge of pr	ronosed	Contact pers	on to present item at Mayor-Cour	ncil and
ordinance/resolution		Council	on to present item at wayor-cour	ich and
Name: Will Fenton & Robert Ge		Name:	Will & Robert	
Email: Will.Fenton@denvergov.org Robert.George2@denvergov.org		Email:	Will & Robert	
<ul> <li>5. General description or backgro Colorado Health Network d/b/a Deservices including medical case massistance, housing services, outpasubstance abuse to individuals livin</li> <li>6. City Attorney assigned to this research</li> </ul>	enver Colorado AIDS Pranagement, mental healt tient ambulatory healthing with HIV/AIDS resident	roject and How h, food bank, of services, medi- ling in the TG.	ward Dental Center expenditure early intervention, emergency to cal transportation, psychosocia	e contract provides financial
7. City Council District: All				
8. **For all contracts, fill out and	submit accompanying K	ey Contract Te	rms worksheet**	
	To be completed by	Mayor's Legisla	utive Team:	
Resolution/Bill Number:			Date Entered:	

## **Key Contract Terms**

	tract: (e.g. Professional Services > \$5 essional Services	00K; IGA/Grant Agreement, Sa	le or Lease of Real Property):		
Vendor/Contractor Name: Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center					
Contract cor	ntrol number: 202262517-02 (Origina	Contract: 202158736-00/Amend	ment 01: 202161299-01)		
Location: C	itywide				
Is this a new	contract? ☐ Yes ☒ No Is this	an Amendment? 🛛 Yes 🗌 N	No If yes, how many?02		
	rm/Duration (for amended contracts, tent 3/1/2021-2/28/2022 End Da	include existing term dates and te Amended to 2/28/2023	amended dates):		
	nount (indicate existing amount, ame act amount: \$2,661,000.00 Amended		otal): nded Total: \$3,389,846.00		
	Current Contract Amount	Additional Funds	Total Contract Amount		
	(A)	(B)	(A+B)		
	\$2,661,000.00	\$728,846.00	\$3,389,846.00		
	Current Contract Term	Added Time	New Ending Date		
	3/1/2021 – 2/28/2022	12 months	2/28/2023		
Scope of work:  Colorado Health Network d/b/a Denver Colorado AIDS Project and Howard Dental Center expenditure contract provides services including medical case management, mental health, food bank, early intervention, emergency financial assistance, housing services, outpatient ambulatory health services, medical transportation, psychosocial support, and substance abuse to individuals living with HIV/AIDS residing in the TGA.  Was this contractor selected by competitive process? yes  If not, why not? n/a  Has this contractor provided these services to the City before?   Yes   No					
Source of funds: Ryan White Part A grant HRSA					
Is this contra	act subject to: W/MBE DB	E SBE XO101 AC	CDBE ⊠ N/A		
WBE/MBE/I	DBE commitments (construction, des	sign, Airport concession contract	s):		
	To be co	mpleted by Mayor's Legislative Te	eam:		
Resolution/B	olution/Bill Number: Date Entered:				

Who are the subcontractors to this contract?	none
To t	e completed by Mayor's Legislative Team:
Resolution/Bill Number:	Date Entered: