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 Request or	Date of Request: 06/22/2022 ☐ Resolution Request		
	Resolution Request		
1. Type of Request:			
☐ Contract/Grant Agreement ☐ Intergovernmental A	Agreement (IGA)		
☐ Dedication/Vacation ☐ Appropriation/Supp	lemental DRMC Change		
Other:			
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., includ acceptance, contract execution, contract amendment, mur	e <u>name of company or contractor</u> and indicate the type of request: grant nicipal code change, supplemental request, etc.)		
APPROVES contract MOEAI-202262476 with Den the Head Start delegate agencies with a max contrac	Exercise Health & Hospital Authority to provide vendor services to amount of \$710,810.		
3. Requesting Agency: Office of Children's Affairs4. Contact Person:			
Contact Person: Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council		
Name: Al Martinez	Name: Al Martinez		
■ Email: Al.Martinez@denvergov.org	Email: Al.Martinez@denvergov.org		
contract amount of \$710,810 for the 7/1/2022 – 6/30 Vendor services (DHHA) will provide health and mental healt families, and OCA is paying Denver Health.	th services for Head Start delegate agencies and support services for		
6. City Attorney assigned to this request (if applicable):	Jason Moore		
7. City Council District: Citywide			
8. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet**			
To he completed by	by Mayor's Legislative Team:		
•	Date Entered:		
Resolution/Bill Number:	Date Efficien.		

Type of Control Professional s		\$500K; IGA/Grant Agreement, Sal	e or Lease of Real Property):		
Vendor/Cont	ractor Name: Denver Health & H	ospital Authority			
Contract con	trol number: 202262476				
Location: Cit	ywide				
Is this a new o	contract? Xes No Is this	s an Amendment? Yes No	If yes, how many?		
Contract Ter	m/Duration (for amended contrac	ts, include <u>existing</u> term dates and <u>a</u>	amended dates): 7/01/2022-06/30/2023		
Contract Amount (indicate existing amount, amended amount and new contract total):					
	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)		
	\$710,810		\$710,810		
	Current Contract Term	Added Time	New Ending Date		
	7/1/2022		6/30/2023		
 Scope of work: Denver Health & Hospital Authority to provide vendor services to the Head Start delegate agencies with a max contract amount of \$710,810. Was this contractor selected by competitive process? YES If not, why not? Has this contractor provided these services to the City before? ∑ Yes □ No 					
Source of funds: Head Start Federal Grant					
Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A					
WBE/MBE/DBE commitments (construction, design, Airport concession contracts):					
Who are the subcontractors to this contract? N/A					
	To be completed by Mayor's Legislative Team:				

Resolution/Bill Number: _____

Date Entered: