

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

Date of Request: 08/09/22

Please mark one: Bill Request or Resolution Request

1. Type of Request:

- Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text Amendment
 Dedication/Vacation Appropriation/Supplemental DRMC Change
 Other:

2. **Title:** (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Authorizes a contract amendment with the Colorado Coalition for the Homeless contract control number HOST-202264339-04 to add \$1,654,324 for a new total of \$39,943,696

3. **Requesting Agency:** Department of Housing Stability

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Evie Bengler	Name: Sabrina Allie
Email: evangeline.bengler@denvergov.org	Email: Sabrina.Allie@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

This contract will provide facility and personnel support for hotel/motel rooms to serve people experiencing homelessness throughout the current COVID-19 emergency. Hotel and/or motel rooms will be used for activated respite and as protective action to place high risk individuals in safe conditions out of congregate shelter or unsheltered conditions. Activated respite rooms will serve people who are medically referred for isolation and protective action rooms will serve people who are high risk, such as those who are over 65 or those with underlying health conditions.

6. **City Attorney assigned to this request (if applicable):** Johna Varty

7. **City Council District:** Citywide

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Services > \$500K

Vendor/Contractor Name: Colorado Coalition for the Homeless

Contract control number: Original: 202054331; HOST-202264339-04

Location: Citywide

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 4

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

Original Agreement- HOST-202054331-00: 3/1/2020 to 8/15/2020

1st Amendment - HOST-202054431-01: 3/1/2020-12/31/2020

2nd Amendment- HOST 202054658-02: 3/1/2020-6/30/2021

3rd Amendment- HOST 202159887-03: 3/1/2020-6/30/2022

4th Amendment- HOST 202264339-04: 3/1/2020-12/31/2022

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$38,289,372	\$1,654,324	\$39,943,696

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
3/1/2020-6/30/2022	6 Months	12/31/2022

Scope of work:

The primary purpose of this scope of work is to:

A. Provide Activated Respite Rooms: Provide a safe hotel/motel facility for people experiencing homelessness who are medically referred for isolation or quarantine related to COVID-19 (“Activated Respite Rooms”).

B. Provide Protective Action Rooms: Provide a safe hotel/motel facility for people experiencing homelessness who are at higher risk of issues related to COVID-19 and are currently in congregate shelter or unsheltered conditions (“Protective Action Rooms”).

C. Provide Staffing Support for Activated Respite and Protective Action Rooms: Provide medical, behavioral health and other staffing support for people experiencing homelessness who have low acuity level of care needs in Activated Respite Rooms and Protective Action Rooms.

Was this contractor selected by competitive process? No
response

If not, why not? Sole Source for COVID emergency

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Has this contractor provided these services to the City before? Yes No

Source of funds: Federal Emergency Management Agency (FEMA)

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

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