## ORDINANCE/RESOLUTION REQUEST

Please email requests to Kiki Turner

at Kiki.Turner@DenverGov.org by noon on Friday.

Please man	rk one:	X Bill Request	or	Resolution R	equest	Date of Request: 11.14.22				
1. Type of	f Request:									
⊠ Contra	- act/Grant Agi	reement   Interage	ncy Agreem	ent (IAA)	Rezoning	g/Text Amendment				
☐ Dedication/Vacation ☐ Appropriation/Supple			emental	DRMC C	hange					
2. <b>Title:</b> (Start with <i>approves</i> , <i>amends</i> , <i>dedicates</i> , etc., include <u>name of company or contractor</u> and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)										
	rity, d/b/a Den					City and Denver Health and Hospital e grant program for COVID-19				
3. Reques	ting Agency:	Department of Finance	e							
4. Contac	t Person:									
Contact p	erson with kno	owledge of proposed			Contact person to present item at Mayor-Council and					
	e/resolution				Council					
	ory Regan Rory.Regan@d				Name: Rory Regan  Email: Rory.Regan@denvergov.org					
2	tory troguin o a			2	ory irreguir o deli i	0150 11015				
requests redemergency turn sub-ave On Februar share. Prev funds. Substance, effect This amend Assistance funding soon	ry 2, 2021, Previously, the fed sequently, FEM ctive July 2, 20 dment revises program. The urces and upda 5.12 for a new	rograms and services, linter functions. Funding wer Health and Hospital esident Biden directed Feral government required MA revised its guidance 222.  The total amount sub-awamendment removes that tes the total award amo	ke emergency for expenses Authority (D EMA to reim d that grante to reinstate 1 arded to DHI e outdated re unt to reflect	y sheltering, person specific to hospio (HHA).  burse recipients es contribute 25 matching require  HA given the chaquirement that E the current cost	of Public Assistate percent of the comments at 90 percentage in cost share DHHA contribute share requirements	ajority of the claim incorporated equipment, needs at the airport, and ere also submitted, approved, and insert ance funds at 100 percent federal cost ost of eligible expenses from non-FEMA ent federal share and 10 percent local erequirements for the FEMA Public e 25 percent of the cost through its own ents. This is accomplished by adding all provide nor to any other terms within				
6. City A	Attorney assig	ned to this request (if a	applicable): 1	Brad Neiman						
7. City C	Council Distric	et: N/A								
8. ** <u>For</u>	all contracts,	_fill out and submit acc	companying	<b>Key Contract</b>	Terms workshee	t**				
		To be	completed b	by Mayor's Legis	slative Team:					
Resolution	/Bill Number:				Date Entered:	·				

## **Kev Contract Terms**

	Key Contract Terms				
Type of Contract: Intergovernmental Agreement					
Vendor/Contractor Name: Denver Health and I	Hospital Authority				
Contract control number: FINAN-2020	54689/ FINAN- 20226	5467-03			
Location: N/A					
Is this a new contract?   Yes No Is the	nis an Amendment? 🛛 Yes 🗌 N	No If yes, how many? _3			
Contract Term/Duration (for amended contract Existing Term: April 21, 2020 – December 31, 20 Amended Dates: No date change		amended dates):			
Contract Amount (indicate existing amount, ar	nended amount and new contract t	otal):			
Current Contract Amount	Additional Funds	Total Contract Amount			
(A) \$19,041,165.38	(B) \$6,279,895.12	(A+B) \$25,321,060.50			
\$19,041,103.38	\$0,279,893.12	\$23,321,000.30			
Current Contract Term	Added Time	New Ending Date			
4/21/20 - 12/31/23	No change	No change			
Scope of work:  This agreement allows Denver Health and Hospita patients and to ensure the continued operation of smust adhere to the terms and conditions of FEMA personnel, services, supplies, equipment as well as	services during exigent circumstances s's Public Assistance grant program a	s. All activity conducted under the agreement			
Was this contractor selected by competitive pro	ocess? FEMA - N/A				
Has this contractor provided these services to t	he City before?   Yes   No				
Source of funds: N/A					
ELEVATE DENVER BOND:					
Is this contract subject to: W/MBE X D	BE SBE X0101 ACI	OBE N/A			
WBE/MBE/DBE commitments (construction, o	lesign, Airport concession contract	s): N/A			
To be	completed by Mayor's Legislative Te	eam:			
Resolution/Bill Number:	on/Bill Number: Date Entered:				

Who are the subcontractors to this contract? N/A.										
	To be completed by Mayor's	Legislative Team:		-						

Resolution/Bill Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_