ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9:00 a.m. on Friday. Contact the Mayor's Legislative team with questions

	Date of Request: 11/08/23
Please mark one: Bill Request or	Resolution Request
1. Type of Request:	
	ement (IGA) Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Suppleme	ental DRMC Change
Other:	
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., include <u>na</u> acceptance, contract execution, contract amendment, municip	me of company or contractor and indicate the type of request: grant al code change, supplemental request, etc.)
	ent of Housing and Urban Development (HUD) for \$4,036,662 in enue supporting the housing needs of low-income people living with
3. Requesting Agency: Department of Housing Stability (HOST	")
4. Contact Person: Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Dave Riggs	Name: Chris Lowell
Email: dave.riggs@denvergov.org	Email: Christopher.Lowell@denvergov.org
low-income persons living with HIV/AIDS and their families. HO	ance: Tenant Based Rental Assistance helps pay a portion of rent for s a portion of rent for up to 21 weeks, and Permanent Housing help someone get into a permanent housing unit.
7. City Council District: Citywide	
8. **For all contracts, fill out and submit accompanying Key	Contract Terms worksheet below**
To be completed by M	ayor'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):				
Grant Agreem	ent > \$500K			
Vendor/Cont	ractor Name: U.S. Department of Ho	ousing and Urban Development		
Contract control number: HOST-202371195 Location: 1670 Broadway Denver, CO 80202				
Contract Ter HOST-20	m/Duration (for amended contracts) 2371195 11/1/2023 – 10/31/2026	, include <u>existing</u> term dates and <u>a</u>	nmended dates):	
Contract Am	ount (indicate existing amount, ame	ended amount and new contract to	tal):	
	Current Contract Amount	Additional Funds	Total Contract Amount	
	(A)	(B)	(A+B)	
	\$4,036,662	N/A	\$4,036,662	
	Current Contract Term	Added Time	New Ending Date	
	11/1/23 – 10/31/26	N/A	N/A	
Was this contractor selected by competitive process? N/A If not, why not? Revenue Grant Agreement Has this contractor provided these services to the City before? ☑ Yes ☐ No Source of funds: HOPWA Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☑ N/A WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A Who are the subcontractors to this contract? 2023 Sub-contractors: Colorado Health Network The Empowerment Program Vivent Health				
		ompleted by Mayor's Legislative Tea		
Resolution/Bi	esolution/Bill Number: Date Entered:			