ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

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

Please mark one: Bill Request or	Date of Request: 1/23/2024
1. Type of Request:	
	eement (IGA) Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Supplem	ental DRMC Change
Other:	
acceptance, contract execution, contract amendment, municipal Approves a contract with Occupational Health Centers of the	e Southwest, DBA Concentra, to provide medical treatment for lorado Workers' Compensation Act. Vendor will also provide non-
3. Requesting Agency: Finance/Risk Management and Worke	ers' Compensation Division
4. Contact Person:	
Contact person with knowledge of proposed	Contact person for council members or mayor-council
ordinance/resolution (e.g., subject matter expert) Name: Devron McMillin	Name: Devron McMillin
Email: Devron.McMillin@denvergov.org	Email: Devron.McMillin@denvergov.org
job. Occupational Health Centers of the Southwest is one of 4 required in the Colorado Workers' Compensation Act. Occupat related medical services, as may be requested by the City, includi	conditional job offer physical and fitness for duty evaluations physicals and drug screens on and assessment asbestos
 7. City Council District: N/A 8. **For all contracts, fill out and submit accompanying Ke 	y Contract Terms worksheet**
To be completed by M	Mayor's Legislative Team:
Resolution/Bill Number:	Date Entered:

Type of Contract: Services	(e.g. Professional Services > 5	\$500K; IGA/Grant Agreement, Sale	or Lease of Real Property): Professional	
Vendor/Contracto	or Name (including any dba's)	: Occupational Health Centers of the	e Southwest D.B.A. Concentra	
Contract control n	number (legacy and new): FIN	JAN-202371567		
Location: Citywid	e			
Is this a new contr	ract? 🛛 Yes 🗌 No 🏻 Is th	is an Amendment? Yes No	If yes, how many?	
Contract Term/Du	uration (for amended contrac	ts, include <u>existing</u> term dates and <u>a</u>	mended dates): 1/1/2024 – 12/31/2026	
Contract Amount	(indicate existing amount, an	nended amount and new contract to	tal):	
C	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)	
	\$3,000,000	N/A	\$3,000,000	
	Current Contract Term	Added Time	Now Ending Date	
	1/1/2024 – 12/31/2026	N/A	New Ending Date 12/31/2026	
provide non-we Was this contracto	orkers' compensation-related n	nedical services, as may be requested becess? Yes If not,	sustained in the workplace. Vendor will also by the City. why not?	
Has this contractor provided these services to the City before? ☐ Yes ☐ No Source of funds: Workers' Compensation Internal Service Fund				
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 subco	ontractors to this contract? N	Jone		
	To be	completed by Mayor's Legislative Tea	m:	
Resolution/Bill Nui	solution/Bill Number: Date Entered:			