## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 11 a.m. Friday. Contact the Mayor's Legislative team with questions

Please mark one:   Bill Request or	Date of Request: 4/18/2024  Resolution Request
	Kestidion Request
1. Type of Request:	
☐ Contract/Grant Agreement ☐ Intergovernmental A	Agreement (IGA)   Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Suppl	emental DRMC Change
☐ Other:	
Approves a map amendment to rezone multiple properties	e <u>name of company or contractor</u> and indicate the type of request: grant nicipal code change, supplemental request, etc.)  s from U-SU-C; U-SU-C, CO-6; U-SU-C, CO-7; U-SU-C, CO-8; and U-O-7; U-SU-C1, CO-8; and U-SU-C1, UO-3 located in the Berkeley,
3. Requesting Agency:	
4. Contact Person:	
Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Libbie Glick	Name: Libbie Glick
Email: Libbie.Glick@denvergov.org	Email: Libbie.Glick@denvergov.org
	U-SU-C, CO-7; U-SU-C, CO-8; and U-SU-C, UO-3 to U-SU-C1; U-SU-C1, UO-3 for multiple properties in Berkeley, Sunnyside, and
7. City Council District: 1	
8. **For all contracts, fill out and submit accompanying	Key Contract Terms worksheet**
•	y 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):				
Vendor/Conti	ractor Name (including any dba'	s):		
Contract cont	trol number (legacy and new):			
Location:				
Is this a new o	contract?	his an Amendment?   Yes No	If yes, how many?	
Contract Terr	m/Duration (for amended contra	cts, include <u>existing</u> term dates and <u>an</u>	nended dates):	
Contract Amo	ount (indicate existing amount, a	mended amount and new contract tota	al):	
	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)	
	Current Contract Term	Added Time	New Ending Date	
Scope of work	<b>x:</b>			
Was this contractor selected by competitive process?  If not, why not?				
Has this contractor provided these services to the City before? $\square$ Yes $\square$ No				
Source of funds:				
Is this contract subject to:  \[ \begin{array}{c} \text{W/MBE} & \begin{array}{c} \text{DBE} & \begin{array}{c} \text{SBE} & \begin{array}{c} \text{XO101} & \begin{array}{c} \text{ACDBE} & \begin{array}{c} \text{N/A} \end{array} \]				
WBE/MBE/DBE commitments (construction, design, Airport concession contracts):				
Who are the s	subcontractors to this contract?			
	$T_{\wedge} h$ .	e completed by Mayor's Legislative Tean	a ·	
Resolution/Bil	Il Number: Date Entered:			