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

Date of Request: January 2, 2025

Please mark one: ☒ **Bill Request** **or** ☐ **Resolution Request**

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map HERE)

☐ **Yes** ☒ **No**

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.)

Amends an intergovernmental agreement with University of Colorado Hospital Authority (UCHA) by adding $402,889 for a new total of $2,038,411 with no change to the term date to provide care, treatment, and supportive services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA), citywide (202476421-03).

3. Requesting Agency: DDPHE

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: Robert George & Cathleen Beaver	Name: Elise Matatall
Email: Robert.George2@denvergov.org; Cathleen.Beaver@denvergov.org	Email: Elise.Matatall@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed: (who, what, why)

University of Colorado Hospital Authority provides Case Management Continuum, Early Intervention Services, Mental Health Services, Outpatient Ambulatory Health Services (HIV Specialty care), and Substance Abuse Outpatient Care to individuals living with HIV/AIDS in the Denver TGA.

6. City Attorney assigned to this request (if applicable): Breena Meng

7. City Council District: All

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):
Professional Services

Vendor/Contractor Name (including any dba's): University of Colorado Hospital Authority (UCHA)

Contract control number (legacy and new): 202476421-03 (Original Contract: 202368046-00; Amendment 01: 202369751-01; Amendment 02: 202472170-02)

Location: Citywide

Is this a new contract? ☐ **Yes** ☒ **No** **Is this an Amendment?** ☒ **Yes** ☐ **No** **If yes, how many? _03__**

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
Current Term: 03/01/2023-02/28/2025; No change to term with this amendment.

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

Current Contract Amount (A)	*Additional Funds (B)*	*Total Contract Amount (A+B)*
$1,635,522	$402,889	$2,038,411

Current Contract Term	*Added Time*	*New Ending Date*
03/01/2023-02/28/2025	No Change	No Change

Scope of work:
University of Colorado Hospital Authority provides Case Management Continuum, Early Intervention Services, Mental Health Services, Outpatient Ambulatory Health Services (HIV Specialty care), and Substance Abuse Outpatient Care to individuals living with HIV/AIDS in the Denver TGA.

Was this contractor selected by competitive process? Yes **If not, why not?** n/a

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

Source of funds: Ryan White Part A grant HRSA

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? None

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____ Date Entered: _____