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: July 1, 2026

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

2. **Does this request directly impact property within .5 miles of the South Platte River (Check map HERE)** ☐ **Yes** ☒ **No**

3. **Does this item fall under XO 66 (Prop 123) requiring it to skip Mayor-Council** ☐ **Yes** ☒ **No**

4. **Do you need to request a Waiver Request for this item** ☐ **Yes** ☒ **No**

5. **Type of Request:**

☐ **Contract/Grant Agreement** ☒ **Intergovernmental Agreement (IGA)** ☐ **Rezoning/Text Amendment**

☐ **Dedication/Vacation** ☐ **Appropriation/Supplemental** ☐ **DRMC Change** ☐ **Other:**

6. **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.)

   Approves an intergovernmental agreement with Regents of the University of Colorado Children's Hospital Immunodeficiency Program for $1,344,756.00 with an end date of 2-28-2031 to provide care, treatment, and supportive services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA), citywide (ENVHL-202683898).

7. **Requesting Agency:** DDPHE

8. **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	Name: Alex Vidal
Email: Robert.George2@denvergov.org	Email: Alex.Vidal@denvergov.org

9. **General description or background. Attach executive summary if more space needed:** (who, what, why)

   Regents of the University of Colorado-Children's Hospital Immunodeficiency Program provides Case Management Continuum, Early Intervention Services, Mental Health Services, Medical Transportation Services, Outpatient Ambulatory Health Services (HIV Specialty care), Psychosocial Support Services, and Substance Abuse Outpatient Care to individuals living with HIV/AIDS in the Denver TGA.

10. **City Attorney assigned to this request (if applicable):** Mitch Behr

11. **City Council District:** All

****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 greater than $500K

Vendor/Contractor Name (including dba): Regents of the University of Colorado

Contract control number (legacy and new): New Contract: ENVHL-202683898-00

Location: University of Colorado Anschutz Medical Campus, Fitzsimons Building, 13001 E 17th Place, Room W1124, Aurora, CO 80045-2571

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

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): Term: 03/01/2026-02/28/2031

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

Current Contract Amount (A)	*Additional Funds (B)*	*Total Contract Amount (A+B)*
$1,344,756.00	N/A	$1,344,756.00

Current Contract Term	*Added Time*	*New Ending Date*
03/01/2026-02/28/2031	N/A	N/A

Scope of work:

Regents of the University of Colorado-Children's Hospital Immunodeficiency Program provides Case Management Continuum, Early Intervention Services, Mental Health Services, Medical Transportation Services, Outpatient Ambulatory Health Services (HIV Specialty care), Psychosocial Support Services, 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? N/A

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____ Date Entered: _____