ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

Please mark one:	☐ Bill Request	or	X Resolutio	n Request	Date of Request: October 4, 2018	
1. Type of Request:						
☐ Contract/Grant Agree	ment 🗌 Intergove	ernmental	Agreement (IGA) 🗌 Rezoni	ing/Text Amendment	
☐ Dedication/Vacation	Appropria	ation/Sup	plemental	□DRMC	Change	
Other: X			F			
U Other: A						
2. Title: (Start with <i>approv</i> acceptance, contract ex					tor and indicate the type of request: grant ntal request, etc.)	
					the Denver Health and Hospital Authority cessor is duly appointed.	
3. Requesting Agency: N	Mayor's Office					
4. Contact Person:	1.1		Contact		titem at Marra Council and	
Contact person with know ordinance/resolution	leage of proposed		Contact per	Contact person to present item at Mayor-Council and Council		
Name: Barry Burch Jr.				arry Burch Jr.		
Email: Barry.Burch@de	envergov.org		Email: B	arry.Burch@c	lenvergov.org	
5. General description of6. City Attorney assigned				tive summar	y if more space needed:	
7. City Council District:						
8. **For all contracts, fil	ll out and submit acco	ompanyin	g Key Contract T	'erms worksh	eet**	
	T- 1	aone - 1 - 4 - 1	l by Manay'- I '	latina Ta		
_		completed	l by Mayor's Legis			
Resolution/Bill Number: R	R18 1190			Date Entere	ed:	

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):						
Vendor/Cont	ractor Name:					
Contract con	trol number:					
Location:						
Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many?						
Contract Term/Duration (for amended contracts, include <u>existing</u> term dates and <u>amended</u> dates):						
Contract Am	ount (indicate existing amount, a	nmended 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 worl	k:					
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: W/MBE DBE SBE X0101 ACDBE N/A						
WBE/MBE/DBE commitments (construction, design, Airport concession contracts):						
	То в	e completed by Mayor's Legislative Team	n:			
Resolution/Ril	Resolution/Bill Number: RR18 1190 Date Entered:					

Who are the subcontractors to this contract?				
_	To be completed by Mayor's Legislative Team:			
Resolution/Bill Number: RR18 1190	Date Entered:			