## 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 r	nark one:	☐ Bill l	Request	or		Request	Date of Request:	4/2/2020
1. Type of	Request:							
	ct/Grant Agi	reement	☐ Intergove	rnmental	Agreement (IGA)	) $\square$ Rezo	oning/Text Amendment	
	tion/Vacation		☐ Appropria				IC Change	
_	tion/ v acation	11		ւստո/ծաբյ	piementai		ic Change	
Other:								
							ractor and indicate the type of request, etc.)	ıest: grant
homeles	sness through	auxiliary s	shelter. Auxilia	ary shelter		ide relief f	n Center for people experiencing for existing day and overnight shell 19 emergency.	lter to
3. Request	ting Agency:	Departme	ent of Housing	Stability				
4. Contact	Person:							
	erson with kno	owledge of	nronosad		Contact per	reon to proc	sent item at Mayor-Council and	
	/resolution				Council			
Name:	La	aura Brudz	ynski		Name:	]	Laura Brudzynski	
Email:	la	ura.brudzyı	nski@denverge	ov.org	Email:	1	laura.brudzynski@denvergov.org	
represe	enting 106 star	ndard stalls	and 6 ADA ac	ecessible s	stalls.			
12 - 8 \$	Stall Mobile S	Shower Train	ilers (96 standa	ard stalls)				
3 - Sin	gle Stall ADA	Shower T	railers					
1 - 6 St	tall Shower Ti	railer (1 AI	OA stall / 5 star	ndard stall	ls)			
1 - 5 St	tall Shower Ti	railer (1 AI	OA stall / 4 star	ndard stall	ls)			
1 - 2 St	tall Shower Ti	railer (1 AI	OA stall / 1 star	ndard stall	ls)			
Total n	umber of unit	ts - 18						
a.	Contract C	Control Nu	mber: PO-0	0085939				
b.	<b>Duration:</b>	4/1/2020	- 5/31/2020					
c.	Location:	Denver,						
d.	Affected C							
e.	Benefits:	Sets up tl	ne National Wo	estern Cor	nplex as an auxilia	ry shelter t	o support people experiencing hor	melessness
f.	Costs:	\$1,205.73	38.00					
6. City A	ttorney assig	ned to this	request (if ap	oplicable)	: Jen Welborn			
			To be	completed	by Mayor's Legisl	ative Team	1:	
Resolution/	Bill Number:	RR20 034	7			Date Ent	ered:	

Revised 03/02/18

<b>Key Contract Terms</b>								
Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Professional Services > \$500K								
Vendor/Cont	ractor Name: OKS Cascade Compa	any LLC						
Contract con	trol number: PO-00085939							
Location: 46	55 Humboldt St							
Is this a new	contract? ⊠ Yes □ No Is thi	is an Amendment?   Yes   N	o If yes, how many?					
Contract Ter	rm/Duration (for amended contract	ts, include <u>existing</u> term dates and <u>s</u>	amended dates):					
Contract Am	ount (indicate existing amount, am	nended amount and new contract to	otal):					
	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)					
	\$0	\$1,205,738.00	\$1,205,738.00					
3 - Single 1 - 6 Stall 1 - 5 Stall 1 - 2 Stall	all Mobile Shower Trailers (96 standa e Stall ADA Shower Trailers I Shower Trailer (1 ADA stall / 5 star I Shower Trailer (1 ADA stall / 4 star I Shower Trailer (1 ADA stall / 1 star Inber of units - 18	ndard stalls) ndard stalls)						
Was this cont Has this cont Source of fun	tractor selected by competitive pro- ractor provided these services to the ads: General Funds and Category: S00000042 – Lea	ne City before?   Yes No	gency Procurement					
	t Center: 2500100 Cash Risk & d: 01010 General Fund  To be de	& Capital Funding — Cash Man  completed by Mayor's Legislative Tec						
Resolution/Bi	ll Number: RR20 0347		Entered:					
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7. City Council District: District 9

\*\*For all contracts, fill out and submit accompanying Key Contract Terms worksheet\*\*

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: RR20 0347

Date Entered: \_\_\_\_\_