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

	Date of Request: 11/03/2020
Please mark one: Bill Request or	Resolution Request
1. Type of Request:	
	Agreement (IGA) Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Sup	pplemental DRMC Change
Other:	
acceptance, contract execution, contract amendment, mu 202056350 (#2) Amend expenditure agreement to l \$669,164.00 DHHA provides health and mental health services include: clinical oversight, resource	nde <u>name of company or contractor</u> and indicate the type of request: grant unicipal code change, supplemental request, etc.) Denver Health and Hospital Authority for full funding in the amount of ces to 1,344 Head Start and Early Head Start children and their families in support, training, technical assistance, monitoring and coordination. urce referral and training. Adding dollars Early Head Start expansion.
3. Requesting Agency: Office of Children's Affairs 4. Contact Person:	
Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Al Martinez	Name: Al Martinez
■ Email: <u>Al.Martinez@denvergov.org</u>	Email: Al.Martinez@denvergov.org
Amend (#2) agreement for Denver Health and Hospital Auth	
To be completed Resolution/Bill Number: BR20 1348	by Mayor's Legislative Team:
Kesolution/Bill Number: DK2U 1348	Date Entered:

Revised 03/02/18

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):				
	ractor Name: Denver Health and Ho trol number: 202056350	ospital Authority		
Location: Dis	strict Citywide			
Is this a new	contract? Yes No Is this a	nn Amendment? 🛛 Yes 🗌 N	o If yes, how many? _2	
Contract Ter	m/Duration (for amended contracts,	include <u>existing</u> term dates and	<u>amended</u> dates): 7/1/2020-06/30/2021	
Contract Am	ount (indicate existing amount, amer	nded amount and new contract t	total):	
	Current Contract Amount	Additional Funds	Total Contract Amount	
	<i>(A)</i>	(B)	(A+B)	
	\$643,564.00	\$25,600.00	\$669,164.00	
	Current Contract Term	Added Time	New Ending Date	
Was this cont	tractor selected by competitive proce	ss? YES If not	t, why not?	
Has this contractor provided these services to the City before? ⊠ Yes ☐ No				
Source of funds: Head Start Federal Grant				
Is this contract	ct subject to: W/MBE DBI	E SBE XO101 AC	CDBE N/A	
WBE/MBE/D	OBE commitments (construction, desi	ign, Airport concession contract	s):	
Who are the	subcontractors to this contract? N/A	.		
	To be con	mpleted by Mayor's Legislative Te	eam:	
Resolution/Bil	ll Number: BR20 1348	Date 1	Entered:	

Date Entered: _____