## 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   Resolution Request	Date of Request: 2/5/2021
1. Type of Request:		
	mental Agreement (IGA)  Rezoning/T	ext Amendment
	on/Supplemental DRMC Cha	
	m/supplemental Drivie chai	inge
Other:		
2. <b>Title:</b> (Start with <i>approves, amends, dedicates</i> , etc acceptance, contract execution, contract amendments)		
Approves a grant agreement with the U.S. Depart concerning the Ryan White grant program part A with HIV/AIDS in the Denver Transitional Gran	a response to provide care, treatment, and sup	
3. Requesting Agency: Denver Department of Pul	olic Health & Environment (DDPHE)	
4. Contact Person:		
Contact person with knowledge of proposed ordinance/resolution	Contact person to present item Council	1 at Mayor-Council and
Name: Robert George / Bridget Tetteh	Name: Will Fenton, Bridget T	Setteh, Robert George
Email: Robert.George@denvergov.org	Email: Will.Fenton@denverg	ov.org
This is a grant from the U.S. Department of Health at White HIV/AIDS Program Part A response activities (TGA). The Denver Transitional Grant Area includes grant will be issued to subrecipients for services such (OAH); Oral Health Care (OHC); Early Intervention Outpatient (SAO); Food Bank/Home Delivered Meal (MTS); Housing Services (HS); Emergency Financia	nd Human Services, Health Resources and So for individuals living with HIV/AIDS in the s Adams, Arapahoe, Broomfield, Denver, Do as: Medical Case Management (MCM); Ou Services (EIS); Mental Health Services (MH s (FBM); Psychosocial Support Services (PS	ervices Administration for Ryan Denver Transitional Grant Area uglas, and Jefferson counties. The tpatient/Ambulatory Health Services (S); Substance Abuse Services — (S); Medical Transportation Services
6. City Attorney assigned to this request (if appl	icable): Lindsay Carder	
7. City Council District: All		
8. **For all contracts, fill out and submit accom	panying Key Contract Terms worksheet*	*
To be con	npleted by Mayor's Legislative Team:	
Resolution/Bill Number: RR21 0143 DDPHE	Date Er	ntered:

Key Contract Terms				
	ract: (e.g. Professional Services > \$. Agreement	500K; IGA/Grant Agreement, Sa	le or Lease of Real Property):	
Vendor/Contr Administration	cactor Name: U.S. Department of on	Health and Human Services, He	ealth Resources and Services	
Contract cont	rol number: ENVHL-202157644-0	0		
Location: Cit	ywide			
Is this a new o	contract? 🛛 Yes 🗌 No 🏻 Is this	s an Amendment?   Yes   N	To If yes, how many?	
	m/Duration (for amended contracts in 1, 2021 through February 28, 2022	s, include <u>existing</u> term dates and	amended dates):	
Contract Amo	ount (indicate existing amount, am	ended amount and new contract t	otal): \$1,737,027.00	
	Current Contract Amount	Additional Funds	Total Contract Amount	
	(A)	(B)	(A+B)	
	\$1,737,027.00	\$0	\$1,737,027.00	
	Current Contract Term	Added Time	New Ending Date	
	3/1/2021 - 2/28/2022			
Scope of work:  Ryan White HIV/AIDS Program Part A response activities in the Denver Transitional Grant Area.  Was this contractor selected by competitive process? N/A  If not, why not? N/A				
Has this contr	ractor provided these services to th	e City before? 🛛 Yes 🗌 No		
Source of fund	ds: Ryan White Part A Grant			
Is this contrac	et subject to: U/MBE DI	BE SBE XO101 AC	DBE ⊠ N/A	
	To be c	ompleted by Mayor's Legislative Te	eam:	
Resolution/Bil	l Number: RR21 0143 DDPHE		Date Entered:	

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):				
Who are the subcontractors to this contract? $\mathrm{N/A}$				
To he com:	pleted by Mayor's Legislative Tec	ım·		
Resolution/Bill Number: RR21 0143 DDPHE	owieu oy mayor o Degistative let	Date Entered:		