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	marl	k one:	☐ Bill Reques	st or	∇	Resolution	n Reamest	Date of Request:	07/19/2021
			Din Reques	or 01		Resolution	i Request		
1. Typ	pe of	Request:							
⊠ Co	ontra	ct/Grant Agr	eement	tergovernmen	tal Agro	eement (IGA	(A) Re	zoning/Text Amendr	nent
□ De	edicat	ion/Vacation	\square Ap	propriation/S	applem	ental	☐ DR	MC Change	
Ot	her:								
								ntractor and indicate the emental request, etc.)	ne type of request: grant
H(\$6	OST 2 5,000,	202159592 (or 000. Nine mor	riginal contract H nths will be adde	OST 2021582 d to the term w	29), add ith a ne	ing an additi w expiration	ional for \$6 date of Se	4,000,000 for a new to	ontract control number otal contract amount of is amendment will allow useholds served.
3. Rec	questi	ing Agency:	Department of I	Housing Stabili	ty				
4. Co	ntact	Person:							
		rson with kno resolution	wledge of propos	sed		-	erson to pr	esent item at Mayor-C	Council and
Name			elissa Thate			Council Name:	Elvis Rı	ıbio	
Emai	1:	Me	elissa.Thate@den	vergov.org		Email:	Elvis.Ru	ıbio@denvergov.org	
He of	OST 2	202159592. N ver earning up	DHC provides en	mergency hous ea median inco	ing rent ome tha	al and utility t are unable	assistance	e to eligible household	contract control numbers in the City and County he COVID-19 pandemic
	a.	Contract Co	ontrol Number:	HOST 2021:	59592				
	b.	Duration:	3/1/2021 to 9/30	0/2022					
	c.	Location:	Denver, CO						
	d.	Affected Co	uncil District:	All Districts					
	e.	Benefits: financial har		months of eme	rgency i	ental and uti	ility assista	ance to eligible housel	olds experiencing
	f.	Costs: \$6,0	000,000						
6. Ci	ity At	torney assign	ed to this reque	st (if applicab	le): And	lrew Riester			
7. Ci	ity Co	ouncil Distric	t: All						
8. **	**For all contracts, fill out and submit accompanying Key Contract Terms worksheet**								
				Ke	y Con	tract Teri	ms		
				To be comple	ted by M	Mayor's Legi	slative Tea	um:	
Resolu	ıtion/I	Bill Number: I	RR21 0835				Date E	ntered:	

Revised 03/02/18

vendor/Con	itractor Name: Northeast Denver Hous	sing Center Inc. (NDHC)	
Contract con	ntrol number: HOST 202159592		
Location: 17	735 Gaylord St. Denver, Colorado 80206	5	
Is this a new	contract? Yes No Is this	an Amendment? 🛛 Yes 🗌 N	o If yes, how many? 1
Original Agre Proposed Am	rm/Duration (for amended contracts, eement: 3/1/2021 to 12/31/2021 nendment: 3/1/2021 to 9/30/2022 nount (indicate existing amount, amen		
	,		
	Current Contract Amount	Additional Funds	Total Contract Amount
	(A)	(B)	(A+B)
	\$2,000,000	\$4,000,000	\$6,000,000
	Current Contract Term	Added Time	New Ending Date
	3/1/2021 to 12/31/2021	9 months	9/30/2022
and moderate has experience Was this cor Has this con Source of fu	e-income residents (80% area median in	come and below) who are experience curred significant costs, or experiences? No If not, why no City before? Yes \sum No A) Program	I maintain housing stability by assisting lowncing a housing crisis due to unemployment or need financial hardship due to COVID-19. t? Emergency Conditions Bidding Exemption DBE N/A
WBE/MBE/	DBE commitments (construction, des	ign, Airport concession contract	s): N/A
Who are the	subcontractors to this contract? N/A	A	
Executive Su	ımmary:		
Differences below.	petween the Temporary Rental & Utility	Assistance (TRUA) program and t	he Emergency Rental Assistance ERA program
	To be con	mpleted by Mayor's Legislative Te	am:
Resolution/B	ill Number: RR21 0835	Date I	Entered:

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Professional

Services > \$500K

TRUA (CRF) vs ERAP

Criteria	TRUA (CRF)	ERAP			
Income Level	80% AMI	80% AMI *Prioritization to 50% AMI			
Income Determination	Monthly income at time of application	Total household income for 2020 or			
		monthly income at time of application			
Eligibility	Financial hardship due to COVID-19	Qualifies for unemployment or has			
		experienced a reduction in household			
		income, incurred significant costs, or			
		experienced a financial hardship due			
		to COVID-19; Demonstrates a risk of			
		experiencing homelessness or housing			
		instability *Prioritization to households			
		unemployed for more than 90 days			
Documentation of Hardship	Self-attestation	Self-attestation			
Able to serve residents who are	Yes	Yes			
undocumented					
Able to serve residents who	Yes, but must not be a duplication of	Yes, but must not be a duplication of			
receive other rental subsidies	benefits	benefits			
Landlord Application on Behalf of Tenant	Landlords may apply to State POP	Yes, but tenant must cosign			
	Program				
Direct Payments to Tenants	Payments are made to landlord or utility	Yes, but must first make an effort to			
	provider	pay landlord/utility provider.			
Assistance type and duration	Up to 6 months of rent; up to	Up to 12 months' rent and utilities;			
	2 occurrences of utilities. Pays arrears	additional 3 months possible (arrears,			
	and current.	current, and prospective if arrears paid			
		and with income recertification)			
Able to serve residents who	Yes, but must not be a duplication of	Yes, but must not be a duplication of			
receive other rental subsidies	benefits	benefits			

To l	be compi	leted i	by M	'ayor'.	s L	egisl	ative	Team:
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