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:	07/19/2021	
_ · -				
1. Type of Request:				
	ement (IGA) Rezo	oning/Text Amendment		
☐ Dedication/Vacation ☐ Appropriation/Suppleme	ntal DRM	IC Change		
Other:				
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., include <u>na</u> acceptance, contract execution, contract amendment, municip			e of request: grant	
Approves an agreement with Jewish Family Service of Colora \$3,502,208. Purpose is to fund the administration of the Emer 7/1/2021-9/30/2022.				
3. Requesting Agency: Department of Housing Stability				
4. Contact Person:				
Contact person with knowledge of proposed ordinance/resolution	Contact person to pres	ent item at Mayor-Counc	il and	
Name: Melissa Thate	Name: Elvis Rub	io		
Email: Melissa.Thate@denvergov.org	Email: Elvis.Rub	io@denvergov.org		
(in this section, please describe what the additional funding This agreement creates a \$3,502,208 contract between HOSE Emergency Rental Assistance (ERA) Program. The ERA propartment of the Treasury, pursuant to Section 501(a) of Div Service of Colorado, Inc. will provide emergency housing rent of Denver earning up to 80% of the area median income that This contract will serve approximately 293 unduplicated house a. Contract Control Number: HOST 202159613	g will support if it is and Jewish Family program was established ision N of the Consolidate all and utility assistance are unable to pay rent as	Service of Colorado, Inc d and is funded through ated Appropriations Act, 2 to eligible households in	e. to administer the n the United States 2021. Jewish Family the City and County	
b. Duration: 7/1/2021 to 9/30/2022				
c. Location: Denver, CO				
d. Affected Council District: All Districts				
e. Benefits: Provides up 12 months of emergency rental and utility assistance to eligible households experiencing financial hardship.				
f. Costs: \$3,502,208				
6. City Attorney assigned to this request (if applicable): TBD				
7. City Council District: All				
8. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet**				
To be completed by Mayor's Legislative Team:				

Resolution/Bill Number: RR21 0836

Date Entered:

Key Contract Terms

Services > \$50		ook, 194/91 ant Agreement, 5a	ie of Lease of Real Property). Profession	ai	
Vendor/Contr	ractor Name: Jewish Family Service	of Colorado, Inc.			
Contract cont	trol number: HOST 202159613				
Location: 320	01 S. Tamarac Dr. Denver, CO 80231				
Is this a new o	contract? Xes No Is this	an Amendment? Yes Yes	No If yes, how many?		
7/1/2021 to 9/3	m/Duration (for amended contracts 30/2022 ount (indicate existing amount, ame	<u> </u>			
	Current Contract Amount	Additional Funds	Total Contract Amount		
	<i>(A)</i>	(B)	(A+B)		
	\$3,502,208		\$3,502,208		
	Current Contract Term	Added Time	New Ending Date		
	7/1/2021 to 9/30/2022				
COVID-19. Was this cont Has this contr	t or has experienced a reduction in hour cractor selected by competitive process ractor provided these services to the ds: Emergency Rental Assistance (ER	ess? Yes If not, why no	nt costs, or experienced financial hardship o	lue to	
Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A					
WBE/MBE/D	DBE commitments (construction, des	sign, Airport concession contract	s): N/A		
Who are the s	subcontractors to this contract? N/.	A			
Executive Sur	mmary:				
	To be co	ompleted by Mayor's Legislative To	еат:		
Resolution/Bil	esolution/Bill Number: RR21 0836 Date Entered:				

Differences between the Temporary Rental & Utility Assistance (TRUA) program and the Emergency Rental Assistance ERA program below.

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

10	be compi	leted by .	Mayor's	s Legisla	itive Team: