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 1	mark one:	☐ Bill Reque	est or	⊠ Resolution	n Request	Date of Request:	07/19/2021
1. Typ	e of Request:						
	ntract/Grant A	.greement In	ntergovernmental A	.greement (IGA	A) \square Rez	zoning/Text Amendm	ent
	lication/Vacati	_	ppropriation/Suppl			MC Change	
□ Oth			propriation/Suppr	cincinui		or change	
_ Ծա	er:						
						tractor and indicate the mental request, etc.)	e type of request: grant
						HOST 202159612 for a contract term from 7/	r \$4,177,531. Purpose is 1/2021-9/30/2022.
3. Req	uesting Agency	Department of	Housing Stability				
4. Con	tact Person:						
	ct person with k	nowledge of propo	sed	Contact pe	erson to pre	esent item at Mayor-Co	ouncil and
Name		Melissa Thate		Name:	Elvis Ru	bio	
Email	:	Melissa.Thate@de	nvergov.org	Email:	Elvis.Ru	bio@denvergov.org	
Thi Ass pur em	is agreement cr sistance (ERA) suant to Section ergency housing	reates a \$4,177,531 Program. The ERA on 501(a) of Divising rental and utility the that are unable to	program was establication N of the Consoassistance to eligible	HOST and The shed and is fundilidated Approper households in	Communi led through riations A the City ar	ity Firm to administer to the United States Dep ct, 2021. The Commund County of Denver e	the Emergency Renta partment of the Treasury unity Firm will provide arning up to 80% of the will serve approximately
			HOST 20215961	2			
	b. Duration		0/2022				
	c. Locationd. Affected	: Denver, CO Council District:	All Districts				
	e. Benefits:	Provides up 12		cy rental and uti	lity assista	nce to eligible househo	olds experiencing
	f. Costs: S	\$4,177,531					
6. Cit	y Attorney ass	igned to this requ	est (if applicable):	ГВD			
7. Cit	y Council Dist	rict: All					
8. ** <u>]</u>	For all contrac	ts, fill out and sub	mit accompanying	Key Contract	Геrms woı	ksheet**	
			To be completed b	y Mayor's Legis	slative Tea	m:	

Resolution/Bill Number: RR21 0842

Revised 03/02/18

Date Entered: _____

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Professional Services > \$500K								
Vendor/Cont	ractor Name: The Community Firm							
Contract control number: HOST 202159612								
Location: 410 Acoma St., #311, Denver, CO 80204								
Is this a new contract? 🛛 Yes 🗌 No Is this an Amendment? 🗌 Yes 🔯 No If yes, how many?								
7/1/2021 to 9/	m/Duration (for amended contracts, 30/2022 ount (indicate existing amount, ame							
	Current Contract Amount	Additional Funds	Total Contract Amount					
	(A)	(B)	(A+B)					
	\$4,177,531	(-)	\$4,177,531					
	ψ1,177,551		Ψ1,177,531					
	Current Contract Term	Added Time	New Ending Date					
	7/1/2021 to 9/30/2022							
reduction in household income, incurred significant costs, or experienced financial hardship due to COVID-19. Was this contractor selected by competitive process? Yes If not, why not? N/A Has this contractor provided these services to the City before? Yes No								
Source of fun	ds: Emergency Rental Assistance (ER	A) Program						
Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A								
Executive Sur	mmary:							
Differences between the Temporary Rental & Utility Assistance (TRUA) program and the Emergency Rental Assistance ERA program below.								
	To be co	mpleted by Mayor's Legislative Te	am:	_				
Resolution/Bill Number: RR21 0842 Date Entered:								

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		

			ve Team: