## 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 o	Date of Request: 8.11.2021  Resolution Request
1. Type of Request:	
	ental Agreement (IGA)   Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/	/Supplemental DRMC Change
Other:	
	include <u>name of company or contractor</u> and indicate the type of request: grant nt, municipal code change, supplemental request, etc.)
Approves a three-year Agreement between Denver Hu control number SOCSV 202159628-00, for three years,	uman Services and the University System of New Hampshire through contract, for \$599,072.
3. Requesting Agency: Denver Human Services	
4. Contact Person:	
Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Lauren Harvey/Crystal Porter	Name: Lauren Harvey
Email: lauren.harvey@denvergov.org/ crystal.porter@denvergov.org	Email: <u>lauren.harvey@denvergov.org</u>
This Agreement is between Denver Human Services at their Center for Systematic, Therapeutic, Assessment, Epart of the university system and they have sole owners provide training and consultation for the development of the local START provider, Rocky Mountain Human Services	I request. Attach executive summary if more space needed:  and the University System of New Hampshire, Institute on Disability (through Resources and Treatment (START) Services. The Center for START Services is ship of the START model. This is a three-year apprenticeship type Agreement to of a START clinical team in Denver for the Department of Human Services and ervices, to implement a Denver-based START program. Please note that there is a new three-year Agreement between Denver Human Services and Rocky
6. City Attorney assigned to this request (if applica	able): Andrew Riester, Assistant City Attorney.
7. City Council District: Citywide.	
8. **For all contracts, fill out and submit accompa	nnying Key Contract Terms worksheet**
To be comp	pleted by Mayor's Legislative Team:
Resolution/Bill Number:	Date Entered:

## **Key Contract Terms**

Type of Cont	ract: (e.g. Professional Services > \$5	500K; IGA/Grant Agreement, Sal	le or Lease of Real Property):
Standard Expe	enditure		
Vendor/Cont			
	stem of New Hampshire (Institute on l	Disability).	
	trol number: SOCSV-202159628-00	•	
	y and County of Denver	,	
	contract?  Yes  No Is this	on Amondment?    Vec N	Io If you have many?
is this a new o	contract: A res 10 is this	an Amendment: Tes N	o if yes, now many?
Contract Ter	m/Duration (for amended contracts	, include <u>existing</u> term dates and	amended dates):
9.1.2021 – 8.3	1.2024		
Contract Am	ount (indicate existing amount, ame	ended amount and new contract t	otal):
			,
	Current Contract Amount	Additional Funds	Total Contract Amount
	(A)	(B)	(A+B)
	\$599,072	0.00	\$599,072
	Current Contract Term	Added Time	New Ending Date
	9.1.2021 – 8.31.2024	N/A	9.1.2021 - 8.31.2024
(I/DD) with m to implement a START Service to DHS and the a Denver-base  Was this cont If not, why no  Has this control  Source of fun  Is this contract  WBE/MBE/D	ommunity-based tertiary care crisis in ental/behavioral health needs (IDD/M and attain START program certification ces (CSS) program staff will provide	H) and their families or caregivers. On in Denver (i.e. Denver START Contraining and consultation on the dect with DHS. Consultation will spacess?  No This is a sole source agreement.  City before?  Yes  No  See See See See See See See See See Se	_
	To be co	ompleted by Mayor's Legislative Te	eam:
Resolution/Bil	Number: Date Entered:		