



Legislation Text

File #: 22-0711, Version: 1

**Contract Request Template (Contracts; IGAs; Leases)**

**Date Submitted: 6-6-2022**

**Requesting Agency: Department of Public Health and Environment  
Division:**

**Subject Matter Expert Name: Will Fenton and Robert George**

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**Phone Number:**

**Item Title & Description:**

*(Do not delete the following instructions)*

*These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

**A bill for an ordinance approving a proposed Second Amendatory Agreement between the City and County of Denver and University of Colorado Hospital Authority, to provide services to individuals living with HIV/AIDS in the Denver Transitional Grant Area.**

Amends an intergovernmental agreement with University of Colorado Hospital Authority (UCHA) by adding \$324,700 for a new total of \$1,425,314 and one year for a new end date of 2-28-23 for medical case management, mental health, substance abuse outpatient care, outpatient/ambulatory health and early intervention services to individuals living with HIV/AIDS in the Denver Transitional Grant Area, citywide (202262927-02). The last regularly scheduled Council meeting within the 30-day review period is on 7-18-22. The Committee approved filing this item at its meeting on 6-15-22.

**Affected Council District(s) or citywide? Citywide**

**Contract Control Number: 202262927-02**

**Vendor/Contractor Name (including any "DBA"): University of Colorado Hospital Authority (UCHA)**

**Type and Scope of services to be performed:**

University of Colorado Hospital Authority expenditure contract provides services including early intervention, medical case management, mental health, outpatient ambulatory health services, and substance abuse outpatient care to individuals living with HIV/AIDS residing in the TGA.

**Location (if applicable):**

**WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts):**

**Are WBE/MBE/DBE goals met (if applicable)?**

**Is the contract new/a renewal/extension or amendment?**

Amendment

**Was this contractor selected by competitive process or sole source?**

**For New contracts**

**Term of initial contract:**

**Options for Renewal:**

How many renewals (i.e. up to 2 renewals)?

Term of any renewals (i.e. 1 year each):

**Cost of initial contract term:**

**Cost of any renewals:**

**Total contract value council is approving if all renewals exercised:**

**For Amendments/Renewals Extensions:**

**Is this a change to cost/pricing; length of term; terms unrelated to time or price (List all that apply)?**

Cost and length

***If length changing***

**What was the length of the term of the original contract?**

3/1/2021 - 2/28/2022

**What is the length of the extension/renewal? One year**

**What is the revised total term of the contract? 3/1/2021 - 2/28/2023**

***If cost changing***

**What was the original value of the entire contract prior to this proposed change?**

\$1,100,614.00

**What is the value of the proposed change?**

\$324,700.00

**What is the new/revised total value including change?**

\$1,425,314.00

***If terms changing***

**Describe the change and the reason for it (i.e. compliance with state law, different way of doing business etc.)**