



Legislation Text

File #: 20-1441, Version: 1

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

**Date Submitted:** 11-30-20

**Requesting Agency:** Human Services  
**Division:**

**Subject Matter Expert Name:**

Name:	Rachel Flank Goldberg
Email:	Rachel.flankgolderberg@denvergov.org

**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 Denver Health and Hospital Authority, for child abuse and neglect medical evaluations, consultation services, medical passport services and nursing health assessment triage and training.**

Amends an intergovernmental agreement with Denver Health and Hospital Authority by adding \$479,032 for a new total of \$2,212,757 and six months for a new end date of 6-30-21 for child abuse and neglect medical evaluations, consultation services, medical passport services and nursing health assessment triage and training (SOCSV-2018-44199-02; SOCV-202056783-02). The last regularly scheduled Council meeting within the 30-day review period is on 1-11-21. The Committee approved filing this item at its meeting on 12-9-20.

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

**Contract Control Number:** SOCSV-2018-44199-02 Alfresco, SOCV-202056783-02 Jaggaer

**Vendor/Contractor Name (including any "DBA"):** Denver Health and Hospital Authority

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

Scope of work:

- Child Abuse and Neglect Medical Evaluations
- Out-of-home Placement Exams
- Consultation Services
- Medical Passport Services
- Nursing Health Assessment Triage for Families referred to DHHA by DHS
- Training for CW staff and community partners

**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?**

**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)?**

***If length changing***

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

1/1/19-12/31/2020

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

6 months

**What is the revised total term of the contract?**

1/1/19-6/30/2021

***If cost changing***

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

\$1,733,725

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

\$479,032

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

\$2,212,757

***If terms changing***

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