



Legislation Text

File #: 23-1723, Version: 1

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

**Date Submitted: 11-13-2023**

**Requesting Agency: DDPHE  
Division:**

**Subject Matter Expert Name: Will Fenton  
Email Address: William.fenton@denvergov.org  
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 resolution approving a proposed Fifth Amendatory Agreement between the City and County of Denver and Colorado Health Network, Inc., doing business as Denver Colorado Aids Project, for syringe access services at 6260 East Colfax Avenue in Council District 5, citywide.**

Amends a contract with Colorado Health Network, Inc. operating as Denver Colorado AIDS Project (201948547-00), by adding \$46,097 for a new total of \$791,150 and amending the scope of work to include a city-wide needs assessment survey, for syringe access services at 6260 East Colfax Avenue in Council District 5 and serving residents, citywide. 202370712-05. The last regularly scheduled Council meeting within the 30-day review period is on 12-18-2023. The Committee approved filing this item at its meeting on 11-15-2023.

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

**Citywide**

**Contract Control Number:  
202370712-05/201948547-00**

**Vendor/Contractor Name (including any "DBA"):**

Colorado Health Network, Inc. operating as Denver Colorado AIDS Project

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

Colorado Health Network, Inc. dba Denver Colorado AIDS Project will manage individual survey interviews or be present to assist with online Redcap surveys for four days a week, Monday-Friday, five hours a day aiming to facilitate two participants at a time. Survey coordinator will produce a report on survey execution. The assigned survey coordinator will engage participants on-site at CHN, and will partner with other Syringe Access Programs and community organizations.

**Location (if applicable):**

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

N/A

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

N/A

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

Amendment

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

Competitive process

**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:**

<i>Current Contract Amount (A)</i>	<i>Additional Funds (B)</i>	<i>Total Contract Amount (A+B)</i>
\$745,053.00	\$46,097.00	\$791,150.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
04/01/2019 - 12/31/2023	No Additional Time	No Change 12/31/2023

***If terms changing***

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