ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

				,	Date of Request: August 12, 2013
Please mark one:		☐ Bill Request	or	XX Resolution Request	
1.	Has your agency s	ubmitted this request in	the last 1	12 months?	
	Yes Yes	XX No			
	If yes, please	explain:			
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)				
		nver African-American C			del Carey, Floyd Jones, Jr., and Graylon and expiring on May 1, 2015OR until a
3.	Requesting Agenc	y: Mayor's Office			
4.	 4. Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org 				
5.	will be available fo Name: Antho Phone: 720-8	o <u>r first and second reading</u> ony Aragon	g, if necess		sent the item at Mayor-Council and who
6.	_	on of proposed ordinance description here.]	e includin	ng contract scope of work if appl	icable:
		following fields: (Incomp please do not leave blar		may result in a delay in processing	g. If a field is not applicable, please
	a. Contract	Control Number:			
	b. Duration:	· ·	diately an	d expire on May 1, 2015	
	c. Location: d. Affected	: Council District:			
	e. Benefits:	Council District.			
	f. Costs:				
7.	Is there any contrexplain.	oversy surrounding this	ordinanc	ee? (Groups or individuals who ma	y have concerns about it?) Please
	[Start typing h	ere.]			
	. ,,				
		To be	complete	ed by Mayor's Legislative Team:	
SI	RE Tracking Number	r:		Date Entere	!:

Boards and Commissions - Applicant Information

Printed Date: 08-12-2013

Prefix: MS. Last Name: BAILEY First Name: KIM Middle Name:

Applicant\Appointee Record Id: 158 Date Last Modified: June-19-2012 11:19:00 AM MDT App Deleted Flag:

Occupation: PROJECT CONSULTANT

Employer: GREENPLAY, LLC

Work Email:
Work Address:

Work City: Work State: Work Zip: Work Zip Ext:

Work Phone: Work Phone Ext: Work Fax: Work Cell Phone:

Home Email:

Home Address: 2650 PERRY STREET

Home City: DENVER Home State: CO Home Zip: 80212 Home Zip Ext:

Home Phone: (303)830-3943 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: AFRICAN AMERICAN GLBT: UNDECLARED

City Council District: 10 City Council Other:

Registered Voter: YES Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: ECONOMIC DEVELOPMENT Interest: NEIGHBORHOOD SERVICES Confidence: NO

Confidence Extension:

City Employed: YES Date Submitted: May-06-2005 09:00:16 AM MDT

Boards Applying For:

DENVER AFRICAN AMERICAN COMMISSION

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 158 BoardName: CABLELAND HOME FOUNDATION BOARD OF DIRECTORS Delete Flag: N
Status: MEMBER Reason: APPOINTED Start Date: 10-01-2003 End Date: 09-21-2008 Tech Date: 01-01-2009

Resolution: Addendum: REPL. MEJIA

Relation Id: 4792 BoardName: DENVER AFRICAN AMERICAN COMMISSION Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 02-13-2012 End Date: 05-01-2013 Tech Date: 05-01-2013

Resolution: 12-0092 2012 Addendum:

Relation Id: 2562 BoardName: DOWNTOWN AREA PLAN STEERING COMMITTEE Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 11-01-2005 End Date: 01-01-2009 Tech Date: NONE

Date Printed: 08-12-2013 Page 1 of 2

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Denver African American Commission Last Name: Carey First Name: Voradel Occupation/Employer: Dish Network				
Work Address: 5300 Dish Blvd City: Littleton Zip 80220				
Work E-mail Address:				
Work Phone: Work/Home Fax:				
Home Address: 460 S. Marion Pkwy #1102C City: Denver Zip: 80209				
Home Phone: 303.722.7398 Cell Phone/ Pager: 720.581.4705				
Home E-mail Address: voradel@comcast.net				
Are you a registered voter? X Yes No If so, what county? Denver				
Colorado ID or Driver's License Number: 92-035-3959				
Denver City Council District No.: _6 Ethnicity African-American Highest Level of Education or Degree Earned: Masters Year Completed: 2011				
Memberships/ Organizations/ Volunteer Activities (include past or present):				
Warren Village-Volunteer and member of Board of Trustees, Colorado Youth Tennis Foundation Board member, The First Tee of Denver Board of Directors, Colorado USTA Diversity and Inclusion Committee Chair, Alpha Sigma Nu Honor Society-Secretary Board of Directors, Denver Library Read Aloud Program-Reader, ArtReach Denver-Secretary and member of Board of Directors, Habitat for Humanity, Community Resource Inc-Volunteer, USGA member, Center for African American Health-volunteer,				
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number				
Haven Moses 1140 Cherokee #604 Denver, CO 80204 720.231.3077				
Paula McClain 3300 E. Bayaud Suite 209 Denver, CO 80209 303.669.0794 Sr. Mary Ellen Roach, SC 3605 Martin Luther King Blvd Denver 80205 303.355.0565				
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes NoX				
If yes, please explain on a separate sheet of paper. Signature April 4, 20/3 Date Return Completed Form to:				
Anthony R. Aragon, Director of Boards and Commissions				
1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787				

anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for:

Denver African American Commission

Last Name:

Jones First Name:

Floyd, Jr.

Occupation/Employer: Legal Administrator / Colorado Affordable Legal Services, LLC

Work Address:

910 16th Street, Suite 206, Denver, Colorado 80202

Work E-mail Address: fjones@calslawfirm.com

Work Phone:

303.996.0010

Work/Home Fax:

303.996.0721

Home Address:

1777 Larimer Street, Unit 511, Denver, Colorado 80202

Home Phone:

303.547.6088

Home E-mail Address: floydjonesjr@hotmail.com

Are you a registered voter?

Yes No

If so, what county? Denver

Denver City Council District No.: Judy Montero District 9

Ethnicity (Optional) African American

Highest Level of Education or Degree Earned: 12 (w/specialized training) Year Completed: 1980

Memberships/ Organizations/ Volunteer Activities (include past or present):

NAACP, Lower Downtown Denver Neighborhood Association

References (List three persons, not related to you, whom you have known at least one year): Phone Number Name Address

Sid Wilson (DAA Commission member) #303.758.8149

Terrance D. Carroll, Esq. # 303.572.6531

Albus Brooks / Denver City Council District 8 # 720.337.8888

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No

If yes, please explain on a separate sheet of paper,

2.13.13

Date

Signáture

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions

City and County of Denver Building, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@ci.denver.co.us

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Type of princip black make					
Board or Commission you are applying for: DENVER AFRICAN AMERICAN Commission					
Last Name: GRAYLON					
Occupation/Employer: Tresurante Consulting/ SAUTS, ELF EMPLOYED					
Work Address: 2017 VINE ST. City: DEVVER Zip: 80205					
Work E-mail Address: gray/oncole amsn.com					
Work Phone: 720 937-4787 Work/Home Fax: N/A					
Home Address: JAME AS ABOVE City: SAME Zip: SAME					
Home Phone: Cell Phone/ Pager: SAME					
Home E-mail Address:					
Are you a registered voter? Yes No If so, what county?					
Denver City Council District No.: _ Ethnicity (Optional)					
Highest Level of Education or Degree Earned: WEERAND BA Year Completed: 1975					
Memberships/ Organizations/ Volunteer Activities (include past or present):					
50 FOR CNORADO CUI BOULDER KREDS SCHOOL OF BUSINESS 2013					
DENVER METRO CHAMETR, LEGACY REAGERSHIP PROGRAM 2013					
DENVER EAST HIGH SCHOOL ALUMNI BEARD, 1991-CURRENT					
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number					
GREGORY MOORE 1560 BROADNAY DC 80202 303 954-1010					
DR. EVIE DEUNIS 1313 STEELE ST. DC 80200 303333-1896					
GEORGE SPELISTES 3560 WALNUT ST. DC80205 303 518-575					
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper.					
MARCH 12, 2013					
Signature Date					
Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions					

City and County of Denver Building, Room 350
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@ci.denver.co.us