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.

XX Resolution Request

Date of Request: September 11, 2015

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

or

Please mark one:

☐ Yes

☐ Bill Request

1. Has your agency submitted this request in the last 12 months?

XX No

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	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.)
	To approve the Mayoral reappointment of Barbara Evans to the Denver Commission on Aging for terms effective immediately and expiring August 31, 2017 or until a successor is duly appointed.
3.	Requesting Agency: Mayor's Office
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org
5.	Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org
6.	General description of proposed ordinance including contract scope of work if applicable: [Insert general description here.]
	Please complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please er N/A for that field – please do not leave blank.)
	a. Contract Control Number:
	b. Duration: Terms effective immediately and expiring August 31, 2017
	c. Location:
	d. Affected Council District: e. Benefits:
	f. Costs:
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.
	[Start typing here.]
	To be completed by Mayor's Legislative Team:
SIR	E Tracking Number: Date Entered:
	Revised 08/16/10

Boards and Commissions - Applicant Information

Printed Date: 09-11-2015

Prefix: UNDECLARED Last Name: EVANS First Name: BARBARA Middle Name:

Applicant\Appointee Record Id: 3661 Date Last Modified: July-11-2012 09:14:19 AM MDT App Deleted Flag:

Occupation:

Employer: DENVER HOUSING AUTHORITY

Work Email: BEVANS@DENVERHOUSINGAUTHORITY.ORG

Work Address: 2350 CLEVELAND PLACE

Work City: DENVER Work State: CO Work Zip: 80205 Work Zip Ext:

Work Phone: 720-956-3842 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email:

Home Address: 120 POPLAR STREET, #D

Home City: DENVER Home State: CO Home Zip: 80220 Home Zip Ext:

Home Phone: 303-294-9405 Home Cell Phone:

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

City Council District: 5 City Council Other:

Registered Voter: YES Registered County: DENVER Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: July-11-2012 09:14:19 AM MDT

Boards Applying For:

DENVER COMMISSION ON AGING

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: 4893 BoardName: DENVER COMMISSION ON AGING Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 11-04-2013 End Date: NONE Tech Date: 08-31-2015

Resolution: 0739 2013 Addendum: REAPPT

Date Printed: 09-11-2015 Page 1 of 1