

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at [MileHighOrdinance@DenverGov.org](mailto: 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: December 9, 2014

Please mark one: Bill Request or Resolution Request

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

Yes No

If yes, please explain:

2. Title: *(Include a concise, one sentence description -- please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

To approve the Mayoral appointments of Laura Archuleta and Chris Hinds to the Denver Commission for People with Disabilities for terms effective immediately and expiring on September 30, 2016 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 enter N/A for that field -- please do not leave blank.)*

- a. Contract Control Number:**
- b. Duration:** Terms effective immediately and expiring September 30, 2016
- 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:

SIRE Tracking Number: _____

Date Entered: _____

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: Commission for People with Disabilities

First name: Laura
Last name: Archuleta

Occupation: Executive Director/Founder
Employer: IDEAS, Inc.
Work address: 3774 S. Tibet way
City: Aurora
ZIP code: 80018
Work email address: laura@ideasineducation.org
Work phone: 303-960-5423
Work/Home fax: N/A

Home address: 3774 S. Tibet way
City: Aurora
ZIP code: 80018
Home phone: 303-875-9170
Home email address: laura5377@gmail.com
Mobile phone: 303-875-9170

Are you a registered voter? yes / no
If so, what county are you registered in?
Arapahoe
Colorado driver's license No.: 95-130-1961
Ethnicity: white

Highest level of education or, degree earned: Masters
Year completed: 2008

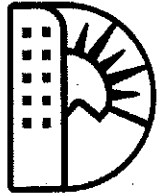
Please list any memberships, organizations and/or volunteer activities you are a part of (past or present):

Autism Society of Colorado
Colorado Education Association
National Education Association

References (Please list three persons, not related to you, whom you have known at least one year):

Name	Phone number	Address
<u>Frances Woolery-Jones</u>	<u>720-554-4229</u>	<u>4700 S. Yosemite St, Greenwood Village</u>
<u>Marquetta Thomas</u>	<u>720-856-4509</u>	<u>26301 E. Arapahoe Rd, Aurora, ⁸⁰¹¹¹ 80016</u>
<u>Barb Stewart</u>	<u>303-693-5212</u>	<u>4426 S. Atchison Cir. Aurora, CO 80015</u>

BOARDS AND COMMISSIONS APPLICATION



DENVER

THE MILE HIGH CITY

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

Type or print in blue or black ink.

Board or Commission you are applying for: Denver Commission for Persons with Disabilities

Last Name: Hinds First Name: Chris

Occupation/Employer: N/A

Work Address: _____ City: _____ Zip: _____

Work E-mail Address: _____

Work Phone: _____ Work/Home Fax: _____

Home Address: 1950 Logan St Unit 902 City: Denver Zip: 80203

Home Phone: 303-717-9174 Cell Phone/ Pager: _____

Home E-mail Address: chris@chrishinds.com

Are you a registered voter? Yes No If so, what county? Denver

Colorado ID or Driver's License Number: 07-082-0875

Denver City Council District No.: 10 Ethnicity Caucasian

Highest Level of Education or Degree Earned: MBA Year Completed: 2005

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

Colorado Advisory Council for Persons with Disabilities, Executive Council member (present).
Christopher and Dana Reeve Foundation, Colorado chapter Board member (past). Advocate on behalf of persons with disabilities who provides research and testimony to elected officials at the national, state, and local levels. Frequent volunteer for various political incumbents and candidates at the national, state, and local levels.

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

Name	Address	Phone Number
<u>Curt Garrett</u>	<u>curtis.garrett@denvergov.org</u>	<u>720-865-0845</u>
<u>Julie Reiskin</u>	<u>jreiskin@ccdconline.org</u>	<u>303-839-1775</u>
<u>Darla Stuart</u>	<u>dstuart@thearcofaurora.org</u>	<u>720-213-1420</u>

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.

CC Hinds
Signature

10/21/14
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