## **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: <u>November 20, 2014</u>
Please mark one:		⊠ Bill Request		or	F	Resolution Request
1.	. Has your agency submitted this request in the last 12 months?					
	☐ Yes	🛛 No				
	If yes, please explain:					
2.	<b>Title:</b> Request for approval of contract, pursuant to Charter § 3.2.6(E), with <u>Denver Health Medical Plan, Inc</u> for employee health insurance benefits.					
3.	Requesting Agend	су:	Office of Human Resou	rces		
4.	Contact Person: ( <i>with actual knowledge of proposed ordinance</i> ) <ul> <li>Name: Heather Britton</li> </ul>					

- Phone: 720-913-5699
- Email: heather.britton@denvergov.org
- 5. Contact Person: (with actual knowledge of proposed ordinance <u>who will present the item at Mayor-Council and who</u> <u>will be available for first and second reading, if necessary</u>)
  - Name: Heather Britton
  - Phone: 720-913-5699
  - Email: heather.britton@denvergov.org

#### 6. General description of proposed ordinance including contract scope of work if applicable:

Agreement for <u>Denver Health Medical Plan, Inc</u>. to provide medical insurance in 2014 to employees eligible pursuant to section 18-171 of the DRMC, contract amount not to exceed \$4,500,000. Approval to purchase granted with COUNCIL BILL NO. CB13-0576. Contract ID#CSAHR-201417752-00

# Please include the following:

- a. Duration:
- b. Location:
- c. Affected Council District:
- d. Benefits:
- e. Costs:
- 7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) Please explain.

None known