

**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: October 30, 2015**

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:** Request for approval of contract, pursuant to Charter § 3.2.6(E), with Denver Health Medical Plan, Inc for employee health insurance benefits.

**3. Requesting Agency:** Office of Human Resources

**4. Contact Person:** *(with actual knowledge of proposed ordinance)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

**5. Contact Person:** *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

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

Agreement for Denver Health Medical Plan, Inc. to provide medical insurance in 2015 to eligible employees. Approval to purchase granted with COUNCIL BILL NO. BR15-0413. Contract amount not to exceed \$4,873,300.00. Contract ID#

***Please include the following:***

- a. **Duration:** NA
- b. **Location:** NA
- c. **Affected Council District:** NA
- d. **Benefits:** NA
- e. **Costs:** NA

**7. Is there any controversy surrounding this ordinance?** (groups or individuals who may have concerns about it?) **Please explain.**

None known