ORDINANCE/RESOLUTION REQUEST

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

Date of Request: December 8, 2016

Please mark one: ☐ **Bill Request**   **or**   **X**☐ **Resolution Request**

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

   ☐ **Yes**   **X**☐ **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.)*

   To approve the Mayoral reappointment of Janice Sinden to the Denver Preschool Program Board of Directors for a term effective January 1, 2017 and expiring December 31, 2019 or until a successor is duly appointed.

3. **Requesting Agency:** Mayor's Office

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
   - **Name:** Barry Burch Jr.
   - **Phone:** 720-865-9128
   - **Email:** barry.burch@denvergov.org

5. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution <u>who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.</u>)*
   - **Name:** Barry Burch Jr.
   - **Phone:** 720-865-9128
   - **Email:** barry.burch@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 January 1, 2017 and expiring December 31, 2019
   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: _____