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: November 20, 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:** Request for approval of contract, pursuant to Charter § 3.2.6(E), with: Kaiser Foundation Health Plan of Colorado for employee health care insurance benefits.

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

4. **Contact Person:** (*with actual knowledge of proposed ordinance)*
   - **Name:** Heather Britton
   - **Phone:** 720-913-5699
   - **Email:** heather.britton@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:** 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 Kaiser Foundation Health Plan of Colorado to provide medical insurance coverage in 2014 to employees eligible pursuant to section 18-171 of the DRMC, contract amount not to exceed $59,408,000. Approval to purchase granted with COUNCIL BILL NO. CB13-0576. Contract ID#CSAHR-201419383-00.

   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