

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MailHighOrdinance@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: February 6, 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 appointment of Terencia Beauvais-Nikl to the Denver Commission for People with Disabilities for a term effective immediately and expiring on September 30, 2015 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, 2015
- 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: _____



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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 ON DISABILITIES

Last Name: BEAUVAIS-NIKL First Name: TERENCIA

Occupation/Employer:

SELF EMPLOYED - NURSE ADVOCATE

Work Address: 2811 W. 28th AVE City: DENVER
CO Zip: 80211

Work E-mail Address: NURSADVOCATE@GMAIL.COM

Work Phone: 303-985-2440 Work/Home Fax: —
CELL 303-641-9394

Home Address: 2811 W. 28th AVE City: DENVER
Zip: 80211

Home Phone: 303-985-2440 Cell Phone/ Pager: 303-641-9374

Home E-mail Address:
NURSADVOCATE@GMAIL.COM

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

Denver City Council District No.: 1
Ethnicity CAUC

Highest Level of Education or Degree Earned: DIPLOMA IN NRSGL + POST GRAD WORK
Completed: 1970

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

COLORADO CROSS-DISABILITY COALITIONS, ADVOCACY DENVER,
ALLEY CAT ALLIES, HOMELESS COALITION, JEFFERSON PARK HOMEOWNERS ASSOC.
HSLS, HUMANISE FARMING ASSOC
AIS-CTC, LIFE COLLEGE, ST. LAURENCE'S CHURCH-ALTAR GUILD, OUTREACH, BISHOP'S
COMMITTEE- 2 TERMS
STATE BOARD OF MARRIAGE & FAMILY THERAPISTS, FTD SUPPORT GROUP
MULTI-CULTURAL FAMILY SUPPORT GROUP, SWAN VALLEY-METRO ORGANIZATIONS
FOR PEOPLE

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

Name	Address	Phone
LEAH HUFFEE SOLOMON		720-865-0825
JULIE RIESKIN		303-893-1775
TRICIA METZLER		