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 20,2013</u>

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 <u>Denver Health Medical Plan, Inc</u> for employee health 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 <u>who will present the item at Mayor-Council and who 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 2013 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. CB12-0673. Contract ID#CSAHR-201310658-00

   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