

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: February 24, 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:** *(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 reappointment of Penny May and the appointment of Jeff Fitzgerald to the Denver Welfare Reform Board for terms effective immediately and expiring January 1, 2019 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 January 1, 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: _____

Boards and Commissions - Applicant Information

Printed Date: 02-23-2015

Prefix: UNDECLARED Last Name: MAY First Name: PENNY Middle Name:
Applicant\Appointee Record Id: 3463 Date Last Modified: February-24-2015 07:55:01 AM MST App Deleted Flag:
Occupation: EXECUTIVE DIRECTOR
Employer: DENVER HUMAN SERVICES
Work Email:
Work Address: 1200 FEDERAL BOULEVARD
Work City: DENVER Work State: CO Work Zip: 80204 Work Zip Ext:
Work Phone: 720-944-2999 Work Phone Ext: Work Fax: Work Cell Phone:
Home Email:
Home Address: PO BOX 1159
Home City: BRIGHTON Home State: CO Home Zip: 80601 Home Zip Ext:
Home Phone: 303-655-0114 Home Cell Phone:
Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: UNDECLARED GLBT: UNDECLARED
City Council District: UNDECLARED City Council Other:
Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED
Education Level: Year Completed:
Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED
Confidence Extension:
City Employed: UNDECLARED Date Submitted: September-21-2011 03:07:16 AM MDT

Boards Applying For:

DENVER PRE-SCHOOL PROGRAM BOARD OF ADVISORS
DENVER DRUG STRATEGY COMMISSION

References

Reference 1: First Name: Last Name: Phone:
Reference 2: First Name: Last Name: Phone:
Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4619 BoardName: DENVER DRUG STRATEGY COMMISSION Delete Flag: N
Status: MEMBER Reason: REAPPOINTED Start Date: 03-11-2014 End Date: NONE Tech Date: 01-24-2017
Resolution: Addendum: REAPPT

Relation Id: 4878 BoardName: DENVER PRE-SCHOOL PROGRAM BOARD OF ADVISORS Delete Flag: N
Status: MEMBER Reason: APPOINTED Start Date: 06-25-2012 End Date: NONE Tech Date: 03-12-2015
Resolution: 0456 2012 Addendum:

Relation Id: 4720 BoardName: WELFARE REFORM BOARD DENVER Delete Flag: N

BOARDS AND COMMISSIONS APPLICATION

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: Welfare Reform Board

First name: Jeff

Last name: Fitzgerald

Occupation: Colorado Unemployment Insurance Director

Employer: Colorado Department of Labor and Employment

Work address: 251 E. 12th Street

City: Denver

ZIP code: 80203

Work email address: jeff.fitzgerald@state.co.us

Work phone: 303-318-9008

Work/Home fax: 303-318-9011

Home address: 2105 E Iowa Ave

City: Denver

ZIP code: 80210

Home phone: 720-339-0519

Home email address: jfitz009@yahoo.com

Mobile phone: 720-339-0519

Are you a registered voter? YES

If so, what county are you registered in? Denver

Colorado driver's license No.: 05-332-0590

Ethnicity: Caucasian

Highest level of education or, degree earned: Master's degree (MBA)

Year completed: 2005

Please list any memberships, organizations and/or volunteer activities you are a part of (past or present): Abbreviated list: Rocky Mountain Workforce Development Association, National Association of Workforce Boards, Denver Welfare Reform Board (*please see attached resume for full list*)

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

Name	Phone number	Address
Curt Pesicka	720-944-2736	1200 Federal Blvd., Denver, CO 80204
Ellen Golombek	303-318-8017	633 17 th Street, Denver, CO 80202
Stephanie Klein	303-300-6976	1777 S Harrison Street, Denver, CO 80210