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: October 30, 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:** Request for approval of contract, pursuant to Charter § 3.2.6(E), with Denver Health Medical Plan, Inc for employee health insurance benefits.

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

4. **Contact Person:** (*with actual knowledge of proposed ordinance)*
   - **Name:** Jennifer Cahoon
   - **Phone:** 720-913-5521
   - **Email:** Jennifer.cahoon@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:** Jennifer Cahoon
   - **Phone:** 720-913-5521
   - **Email:** Jennifer.cahoon@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

   Agreement for Denver Health Medical Plan, Inc. to provide medical insurance in 2016 to eligible employees. Approval to purchase granted with COUNCIL BILL NO. BR15-0413. Contract amount not to exceed $7,019,400.00. Contract ID#

   Please include the following:
   a. **Duration: NA**
   b. **Location: NA**
   c. **Affected Council District: NA**
   d. **Benefits: NA**
   e. **Costs: NA**

7. **Is there any controversy surrounding this ordinance?** (groups or individuals who may have concerns about it?) **Please explain.**

   None known