

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: December 17, 2013

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.)

Approve the Mayoral reappointments of Scott Field, Christopher Colwell and Kathryn Beauchamp to the Regional Emergency Medical and Trauma Council (RETAC) for a term effective January 1, 2014 and expiring December 31, 2015.

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 January 1, 2014 and expire December 31, 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: _____

Boards and Commissions - Applicant Information

Printed Date: 12-16-2013

Prefix: UNDECLARED **Last Name:** FIELD **First Name:** SCOTT **Middle Name:**
Applicant/Appointee Record Id: 3471 **Date Last Modified:** September-27-2011 07:39:37 AM MDT **App Deleted Flag:**
Occupation: DIRECTOR
Employer: DENVER OFFICE OF EMERGENCY MANAGEMENT
Work Email: SCOTT.FIELD@DENVERGOV.ORG
Work Address: 1437 BANNOCK STREET, ROOM 3
Work City: DENVER **Work State:** CO **Work Zip:** 80202 **Work Zip Ext:**
Work Phone: 720-865-7603 **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**
Home Email: WSCOTTFIELD@COMCAST.NET
Home Address: 3315 W. 37TH AVENUE
Home City: DENVER **Home State:** CO **Home Zip:** 80211 **Home Zip Ext:**
Home Phone: **Home Cell Phone:** 303-888-8256
Birth Date: July-04-2776 12:00:0 **Gender:** MALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED
City Council District: 1 **City Council Other:**
Registered Voter: YES **Registered County:** DENVER **Political Affiliation:** UNDECLARED
Education Level: **Year Completed:**
Experience: UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED
Confidence Extension:
City Employed: YES **Date Submitted:** September-27-2011 07:39:37 AM MDT

Boards Applying For:

REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC

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: 4627 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N
Status: MEMBER **Reason:** REAPPOINTED **Start Date:** 01-09-2012 **End Date:** NONE **Tech Date:** 12-31-2013
Resolution: 12-0010 2012 **Addendum:** REAPPT

Boards and Commissions - Applicant Information

Printed Date: 12-16-2013

Prefix: DR. Last Name: COLWELL First Name: CHRISTOPHER Middle Name: B

Applicant/Appointee Record Id: 912 Date Last Modified: December-17-2013 09:20:43 AM MST App Deleted Flag:

Occupation:

Employer: PHYSICIAN DENVER HEALTH MEDICAL CENTER

Work Email:

Work Address: 777 BANNOCK STREET

Work City: DENVER Work State: CO Work Zip: 80204 Work Zip Ext:

Work Phone: (303)436-7961 Work Phone Ext: Work Fax: (303)436-8195 Work Cell Phone:

Home Email:

Home Address: 7353 E. MERCER PLACE

Home City: DENVER Home State: CO Home Zip: 80237 Home Zip Ext:

Home Phone: Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: MALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: 4 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: May-06-2005 09:02:55 AM MDT

Boards Applying For:

No boards listed.

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: 3273 BoardName: REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 01-09-2012 End Date: NONE Tech Date: 12-31-2013

Resolution: 12-0010 2012 Addendum: REAPPT-REAPPT

Relation Id: 912 BoardName: REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 03-24-2005 End Date: 12-30-2006 Tech Date: 12-31-2006

Resolution: 170 2005 Addendum: REAPPT

Boards and Commissions - Applicant Information

Printed Date: 12-16-2013

Prefix: MS. **Last Name:** BEAUCHAMP **First Name:** KATHRYN **Middle Name:**
Applicant/Appointee Record Id: 2202 **Date Last Modified:** January-05-2006 10:40:18 AM MST **App Deleted Flag:**
Occupation: PHYSICIAN
Employer: DENVER HEALTH MEDICAL CENTER
Work Email:
Work Address: 777 BANNOCK ST.
Work City: DENVER **Work State:** CO **Work Zip:** 80704 **Work Zip Ext:**
Work Phone: 720-839-9749 **Work Phone Ext:** **Work Fax:** 303-436-6572 **Work Cell Phone:**
Home Email: KATHRYN.BEAUCHAMP@DHHA.ORG
Home Address: 8170 E. 6TH AVE.
Home City: DENVER **Home State:** CO **Home Zip:** 80250 **Home Zip Ext:**
Home Phone: 303-340-8080 **Home Cell Phone:** 720-839-9749
Birth Date: July-04-2776 12:00:0 **Gender:** FEMALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED
City Council District: 5 **City Council Other:**
Registered Voter: YES **Registered County:** DENVER **Political Affiliation:** UNDECLARED
Education Level: MD **Year Completed:** 1996
Experience: UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED
Confidence Extension:
City Employed: UNDECLARED **Date Submitted:** January-05-2006 10:40:18 AM MST

Boards Applying For:

REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC

References

Reference 1: First Name: GENE **Last Name:** BOLLES **Phone:** 303-550-5263

Reference 2: First Name: **Last Name:** **Phone:**

Reference 3: First Name: **Last Name:** **Phone:**

Skills, Activities, Memberships, Resume/Cover Letter:

AANS,CNS,PTO, ETHICS COMMITTEE, PEDIATRIC TRAUMA COMMITTEE.

Board Assignment Information:

Relation Id: 3802 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** REAPPOINTED **Start Date:** 01-09-2012 **End Date:** NONE **Tech Date:** 12-31-2013

Resolution: 12-0010 2012 **Addendum:** REAPPT.-REAPPT

Relation Id: 2522 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** APPOINTED **Start Date:** 12-31-2005 **End Date:** 12-31-2007 **Tech Date:** 12-31-2007

Resolution: 1017 2005 **Addendum:** REPL. CIESLA