# ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at <a href="MileHighOrdinance@DenverGov.org">MileHighOrdinance@DenverGov.org</a> by 3:00pm on <a href="Monday.">Monday</a>.

# \*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

|   |   |                     |                              | Date of                     | Request: July 2, 2014                 |
|---|---|---------------------|------------------------------|-----------------------------|---------------------------------------|
| Please mark one:                                | ☐ Bill Request  | or                  | XX Resolution Requ           |                             |                                       |
| 1. Has your agen                                | cy submitted this request in  | the last 1          | 2 months?                    |                             |                                       |
| ☐ Yes   | XX No   |                     |                              |                             |                                       |
| If yes, plea                                    | se explain:   | •                   |                              | •                           |                                       |
|   | a concise, one sentence descr<br>dicates the type of request: gr<br>equest, etc.) |                     |                              |                             |                                       |
|   | the Mayoral appointment of a term effective immediately                           |                     |                              |                             |                                       |
| 3. Requesting Ag                                | ency: Mayor's Office  | + *.                |                              |                             |                                       |
| ■ Name: Ai<br>■ Phone: 72                       | •   |                     | ordinance/resolution.)       |                             |                                       |
| • Email: an                                     | thony.aragon@denvergov.org  |                     |                              |                             | 2                                     |
| will be available  Name: An Phone: 72 Email: an | thony.aragon@denvergov.org  | if necess           | ary.)                        |                             | ayor-Councii and who                  |
|   | ption of proposed ordinance<br>ral description here.]                             | includin            | g contract scope of work     | if applicable:              |                                       |
| [more gene                                      | and another there.  |                     |                              |                             |                                       |
| **Please complete to<br>enter N/A for that fie  | <b>he following fields:</b> (Incompl<br>eld – please do not leave blant           | ete fields 1<br>k.) | may result in a delay in pro | ocessing. If a field is not | applicable, please                    |
| a. Contra                                       | ect Control Number:   |                     |                              |                             |                                       |
|   | on: Term begins immediate   | ely and ex          | pires on April 1, 2016       |                             | e e e e e e e e e e e e e e e e e e e |
| c. Location                                     |   |                     |                              | • .                         |                                       |
|   | ed Council District:  |                     |                              |                             |                                       |
| e. Benefit<br>f. Costs:                         | <b></b>   |                     |                              |                             |                                       |
| 7. Is there any con explain.                    | ntroversy surrounding this c  | ordinance           | ? (Groups or individuals v   | who may have concerns a     | bout it?) Please                      |
| Start typing                                    | g here.1  | ٠                   |                              |                             |                                       |
| [come of pure                                   | 5   |                     |                              |                             |                                       |
|   |   |                     |                              |                             |                                       |
|   |   |                     |                              |                             |                                       |
|   |   |                     |                              |                             |                                       |
|   | To be   | completed           | l by Mayor's Legislative T   | 'eam:                       |                                       |
| SIRE Tracking Num                               | ber:  |                     | Date                         | Entered:                    |                                       |

## **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:

First name: Carrie Last name: Warren

Occupation: Paralegal and Assistant Secretary to the Board of Trustees

Employer: Metropolitan State University of Denver Work address: P.O. Box 173362, Campus Box 01

City: Denver ZIP code: 80217

Work email address: ctwarren@msudenver.edu

Work phone: 303-352-4493

Work/Home fax:

Home address: 2248 S. Dexter Street

City: Denver ZIP code: 80222

Home phone: 303-756-1102

Home email address: carrietwarren@yahoo.com

Mobile phone: 720-236-9831

Are you a registered voter? Yes

If so, what county are you registered in? Denver

Colorado driver's license No.: 96-102-0872

Ethnicity: African American

Highest level of education or, degree earned: Some college, currently a junior

Year completed: anticipated graduation 2015

Please list any memberships, organizations and/or volunteer activities you are a part of (past or present):

#### **Current Affiliations:**

General Member, African American Affairs Council, MSU Denver
Vice Chair, Law & Society Student Association, University of Denver
Committee Member, Inclusive Excellence Committee, University of Denver
Advisor, Chamber Connect Leadership & Development Program, Colorado Black Chamber of Commerce
Member, Association of Governing Boards (2014 Program Development Committee)

#### **Previous Affiliations & Honors:**

Wellington E. Webb Distinguished Young Professional Award, Blair-Caldwell African American Library, 2013 Commissioner, Denver African-American Commission, City & County of Denver (Mayoral appointee, July 2012) General Member, Colorado for Legal Inclusiveness, 2010-2012

Richard Lewis & Angela Williams Distinguished Service Award Recipient, Colorado Black Chamber of Commerce

Foundation, 2010

Program Co-Chair, Chamber Connect Leadership & Development Program, 2008-2010
Silent Leader Award Recipient, Colorado Black Chamber of Commerce Foundation, 2008
Dean's Scholarship Award Recipient, University of Denver, 2007-2013
Board Member and Networking Committee Chair, Employee Development Network, U.S. Bank, 2006-2008
Board Member and Communications Committee Chair, Employee Development Network, U.S. Bank, 2004-2006

| References (Please list three persons, not related to you, whom you have known at least one year): |                |                          |  |  |  |
|--|----------------|--------------------------|--|--|--|
| Name   | Phone number   | Address                  |  |  |  |
| Ryan Ross, Ph.D.   | (303) 524-4180 | ryan.ross@ccd.edu        |  |  |  |
| Leslie Lewis   | (303) 894-7701 | leslii.lewis@state.co.us |  |  |  |
| Perla Gheiler  | (303) 589-5309 | pgheiler@msudenver.edu   |  |  |  |