

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: **November 20, 2014**

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: Kaiser Foundation Health Plan of Colorado for employee health care 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 who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **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 Kaiser Foundation Health Plan of Colorado to provide medical insurance in 2014 to eligible employees of the Denver Police Department, contract amount not to exceed \$12,200,000. Approval to purchase granted with COUNCIL BILL NO. CB13-0576. Contract ID#CSAHR-201419380-00.

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