## **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 20, 2014
Please mar	rk one:	🔲 Bill Request	0 <b>r</b>	X Resolution Reques	st
. Has yo	our agency su	Ibmitted this request in	n the last 1	2 months?	G.
	] Yes	X No			đ
If	yes, please ex	xplain:			ай 2
2. Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal supplemental request, etc.)					
Pa	dilla and Ang		er Latino C		as, Omar Gudino, Chris Gutierrez, Teri e immediately and expiring on January 1,
8. Reque	sting Agency	: Mayor's Office	<i>1</i> ):	8 <u>.</u>	10 10
■ Na ≊ ■ Pl	ct Person: (V ame: Anthor none: mail:	With actual knowledge o ny Aragon	of proposed	l ordinance/resolution.)	
<u>will be</u> • Na • Ph		first and second reading			ll present the item at Mayor-Council and who
6. Gener	al description	1 of proposed ordinand	ce includin	g contract scope of work if	applicable:
II]	nsert general c	lescription here.]			
		p <b>llowing fields:</b> (Incomp please do not leave bla		may result in a delay in proc	essing. If a field is not applicable, please
a.	Contract C	Control Number:			
b.	<b>Duration:</b>	Terms effective imme	ediately and	d expiring January 1, 2016	14
с.	Location:			×	
d.		ouncil District:			
e.	Benefits:				
f.	Costs:				11a
7. Is ther explain	-	versy surrounding this	ordinance	e? (Groups or individuals wh	to may have concerns about it?) Please
•	tart typing her	re.]			
L		<u></u>			

To be completed by Mayor's Legislative Team:

Date Entered:



Please complete the following information in full and return with your current resume or biography to the address below.

#### Type or print in blue or black ink.

Board or Commission you are applying for: <u>Latino Advisory Commission</u>							
Last Name: <u>Celado-Stenger</u> First Name: <u>Monika</u>							
Occupation/Employer: Entrepreneur/Business Owner-Servitech, Inc							
Work Address: City: Zip:							
Work E-mail Address:							
Work Phone: Work/Home Fax:							
Home Address:City:							
Home Phone: N/A. Cell Phone/ Pager:							
Home E-mail Address:							
Are you a registered voter? Yes No If so, what county? <u>Denver</u>							
Colorado ID or Driver's License Number:							
Denver City Council District No.: <u>District 4</u> Ethnicity <u>Hispanic</u>							
Highest Level of Education or Degree Earned: B.A. Psychology Year Completed: 1999							
Memberships/ Organizations/ Volunteer Activities (include past or present):							
Board Member at Latina Initiative							
Spanish Advisory Committee/Fundraising at Families First							
There with Care							
References (List three persons, not related to you, whom you have known at least one year):NameAddressPhone Number							
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes If yes, please explain on a separate sheet of paper.							
Shame Decel, 1/8/14							
Signature Date							

No

Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions 1437 Bannack Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787 anthony.aragon@denvergov.org



Please complete the following information in full and return with your current resume or biography to the address below.

### Type or print in blue or black ink.

	Signature	Date
	Ind	12/6/13
Is there anything that would advert If yes, please explain on a separa	• • •	your appointment or service? Yes
19 (A) 8 10		
Special Information:		
References (List three persons, not Name	t related to you, whom you have Address	known at least one year): Phone Number
-Goodwill Summer Bridge Youth 1 -American Psychological Associat -National Latino/a Psychological A	tion (member)	
Memberships/ Organizations/ Volu		present):
Highest Level of Education or Deg	gree Earned: PhD in Psychology	Year Completed: 2009
Denver City Council District No.:	8 Ethnicity: Latino	(Mexican-American)
Colorado ID or Driver's License N	Jumber:	
Are you a registered voter? Yes	No If so, what county?	Denver
Home E-mail Address:		
Home Phone:	Cell Phone/ Pager:	
Home Address:	City: Zip:	0
Work Phone:	Work/Home Fax:	
Work E-mail Address:		
Work Address:	City: Zip:	
Occupation/Employer: Assistant P	rofessor and Clinical Psychologi	st/University of Denver
Last Name: Gudino	First Name: Omar	
Board or Commission you are appl	lying for: Denver Latino Commi	ssion

No

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Please complete the following information in full and return with your current resume or biography to the address below.

### Type or print in blue or black ink.

Month and the first							
Board or Commission you are applying for: NENVER Lating Commission							
Last Name: <u>First Name</u> : <u>TONT</u>							
Occupation/Employer: MEALEN Heal Ht. Abouten Health Wedicul Afri Inc.							
Last Name:							
Work Phone: Work/Home Fax:							
Home Address: City: Zip:							
Cell Phone/ Pager							
Home E-mail Address:							
Are you a registered voter?							
Colorado ID or Driver's License Number:							
Denver City Council District No.: Ethnicity							
Highest Level of Education or Degree Earned: <u>M_S_9</u> , Year Completed: <u>795</u>							
Memberships/ Organizations/ Volunteer Activities (include past or present):							
References (List three persons, not related to you, whom you have known at least one year):							
Name Address Phone Number							
- 6 44							
2690							
Special Information:							
Is there anything that would adversely affect public confidence in your appointment or service? Yes No							
If yes, please explain on a separate sheet of paper.							
Jacking 1-10-14							
Signature Date							
Return Completed Form to:							
Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350							
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787							

anthony.aragon@denvergov.org



Please complete the following information in full, current resume or biography and return to the address below.

### Type or print in blue or black ink,

Board or Commission you are applying	g for: <u>Denver Latino Commision - HRCR</u>		
Last Name: <u>Gutierrez</u>	First Name: Christopher		
Occupation/Employer: _Finance/ Uni	iversity of the Rockies		
Work Address:	City: DenverZip:		
Work E-mail Address:			
Work Phone:	Work/Home Fax:		
Home Address:	City: Denver Zip:		
Home Phone:	Cell Phone/ Pager:		
Home	E-mail Address:		
Are you a registered voter? Yes N	Io If so, what county?		
Colorado ID or Driver's License Numb	per:		
Denver City Council District No.: 11	Ethnicity <u>Hispanic/Latino</u>		
Highest Level of Education or Degree	Earned: <u>Ashford University</u> Year Completed: 2		
Memberships/ Organizations/ Voluntee Human Relations Commission - C	er Activities (include past or present): ity of Aurora (Commissioner) Jan. 2013 - Oct. 2013		
Rights for All People - Aurora, CO.	. (Leadership Committe) Feb. 2013 - Current Member		
References (List three persons, not rela Name	ated to you, whom you have known at least one year): Address Phone Number		
Special Information: Is there anything that would adversely	affect public confidence in your appointment or service? Yes		

If yes, please explain on a separate sheet of paper.

Signature

Date

Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787 anthony.aragon@denvergov.org



Comment [RP1];

Please complete the following information in full, 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: Denver Latino Commission Recruitment

Last Name: Padilla First Name: Teri

Occupation/Employer: Retired 10/31/13 Forner City employee. Office of Human Resources Zip:

Work Address.

Work E-mail Address: N/A Work/Home Fax: Work Phone: \_\_\_\_\_

City:

Home Address: City: Zip:

Home Phone: Cell Phone/ Pager:

Home E-mail Address: Are you a

registered voter? Yes x No If so, what county? USA

Denver City Council District No: 2 Ethnicity Hispanic

Highest Level of Education or Degree Earned: Associate Degree Year Completed: 2003

Memberships/ Organizations/ Volunteer Activities (include past or present):

Membenships - IPMA -CP member- Workplace Mediation – Denver Olversity and Inclusion Committee – Mentor Program – Facilitate Community Mediation Volunteer Activities – Special Police Officer in the Human Rights and Community Relations Disability parking Enforcement Volunteer Handicapped Parking. Volunteer at Traylor Elementary School, Church Volunteer – Norte Oame

References (List three persons, not related to you, whom you have known at least one year): Address **Phone Number** Name

Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper.

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Please complete the following information in full and return with your current resume or biography to the address below.

### Type or print in blue or black ink.

Board or Commission you are applying	ng for: The Denver Latino Com	mission
Last Name: _Angela	First Name: Urrego	2 W
Occupation/Employer: _Program Ass (Globeville-Elyria and Swansea)		
Work Address:City:Z		
Work E-mail Address: _	all the second	
Work Phone: Work/Home Fax_		
Home Address: City: Zi	ip:	
Home Phone:	Cell Phone/ Pager:	Home E-mail
Address: Are you a registered voter? Yes	No X If so, what county?	?N/A
Colorado ID or Driver's License Nun	1ber:	
Denver City Council District No.:	N/A Ethnicity _	_Hispanic
Highest Level of Education or Degree	e Earned: Masters	_Year Completed: _2009-2012
Memberships/ Organizations/ Volunt	eer Activities (include past or p	present):
LiveWell Colorado ASLA (American Society of Landsca AIA Colombia (Asociacion de Arquit		
References (List three persons, not re Name	lated to you, whom you have k Address	nown at least one year): Phone Number
2		
<b>Special Information:</b> Is there anything that would adversel No X <b>If yes, please explain on a separate</b>		our appointment or service? Yes
Angela Urrego	12-04-2013	
Signature	Date	
Return Completed Form to:		8. 4

Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350