

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: July 2, 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:** *(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.)*

To approve the Mayoral reappointments of Diane Young and Paul Ramsey and the appointments of Joan Foster, Kristen Reming, Jordan Sauers, Eliza Lanman, Leo Carosella, Tamara Vermeer and Alan Walker to the Denver Commission on Aging for terms effective immediately and expiring August 31, 2016 OR until a successor is duly appointed.

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 immediately and expiring August 31, 2016
- 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: 09-05-2014

Prefix: UNDECLARED **Last Name:** YOUNG **First Name:** DIANE **Middle Name:**

Applicant/Appointee Record Id: 3737 **Date Last Modified:** February-13-2013 07:25:54 AM MST **App Deleted Flag:**

Occupation: CITY COUNCIL AIDE

Employer: CITY & COUNTY OF DENVER

Work Email:

Work Address: 3540 S. POPLAR STREET 102

Work City: DENVER **Work State:** CO **Work Zip:** 80237 **Work Zip Ext:**

Work Phone: 720-337-4444 **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**

Home Email: DIANE.YOUNG@DENVERGOV.ORG

Home Address: 3540 S. POPLAR STREET

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

Home Phone: 303-759-3921 **Home Cell Phone:**

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

City Council District: 4 **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: UNDECLARED **Date Submitted:** February-13-2013 07:23:42 AM MST

Boards Applying For:

DENVER COMMISSION ON AGING

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: 4980 **BoardName:** DENVER COMMISSION ON AGING **Delete Flag:** N

Status: MEMBER **Reason:** APPOINTED **Start Date:** 02-11-2013 **End Date:** NONE **Tech Date:** 08-31-2014

Resolution: 0056 2013 Addendum:

Boards and Commissions - Applicant Information

Printed Date: 09-05-2014

Prefix: UNDECLARED **Last Name:** RAMSEY **First Name:** PAUL **Middle Name:**
Applicant/Appointee Record Id: 3676 **Date Last Modified:** September-19-2012 10:01:15 AM MDT **App Deleted Flag:**
Occupation: EXECUTIVE DIRECTOR
Employer: A LITTLE HELP
Work Email: PAUL@ALITTLEHELP.ORG
Work Address: 288 CLAYTON STREET SUITE 202
Work City: DENVER **Work State:** CO **Work Zip:** 80206 **Work Zip Ext:**
Work Phone: 720-242-9032 **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**
Home Email: LEONRAMSEY@GMAIL.COM
Home Address: 50 W. 2ND AVENUE
Home City: DENVER **Home State:** CO **Home Zip:** 80223 **Home Zip Ext:**
Home Phone: **Home Cell Phone:** 303-829-9339
Birth Date: July-04-2776 12:00:0 **Gender:** MALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED
City Council District: 9 **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: UNDECLARED **Date Submitted:** September-19-2012 10:01:15 AM MDT

Boards Applying For:

DENVER COMMISSION ON AGING

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: 4913 **BoardName:** DENVER COMMISSION ON AGING **Delete Flag:** N
Status: MEMBER **Reason:** APPOINTED **Start Date:** 09-10-2012 **End Date:** NONE **Tech Date:** 08-31-2014
Resolution: 0608 2012 **Addendum:**

Application Form

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: Commission on Aging

Last Name: Foster First Name: Joan M.

Occupation/Employer: Retired from Metropolitan State University-Denver with 21 years service: Faculty Member (English), Dean of Letters, Arts and Sciences, Associate Provost for Strategic Planning, Interim Provost (2 times), Dean Emeritus of Letters, Arts and Sciences.

Work

Address: N/A **City:** N/A **Zip:** N/A

Work E-mail Address: N/A

Work Phone: N/A **Work/Home Fax:** N/A

Home

Address: 1020 15th St. #42B **City:** Denver **Zip:** 80202

Home Phone: 303-629-5609 **Cell Phone/ Pager:** N/A

Home E-mail Address: j_foster9@msn.com

Are you a registered voter? Yes No **If so, what county?** Denver

Colorado ID or Driver's License Number: 92-073-9017

Denver City Council District No.: 7 **Ethnicity:** Caucasian

Highest Level of Education or Degree Earned: Ph.D **Year Completed:** 1972

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

All current:

City Club of Denver

Downtown Denver Democratic Forum

Denver Art Museum

Denver Botanic Gardens

Museum of Nature & Science

Museum of Contemporary Art

Secretary of Brooks Tower Condo Association

Chair of *Newsletter* Committee

Acting Chair of Finance Committee

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
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Dr. Betsy Zeller	1498 Briarhollow Lane, Highlands Ranch	303-274-7544
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Dr.Zeller is a former colleague who reported to me. We worked on grants and special events and activities for Metropolitan State University of Denver (MSU-Denver).

Ms. Nancy Brock	1020 15 th St.	303-629-7200
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Ms. Brock is the Property Manager where I live and can talk about my work on Brooks Tower committees and the Board of Directors.

Dr. Stephen J. Leonard	2610 Cherry St. Denver	303-388-9464
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Dr. Leonard is a former colleague and long-time chair of the Department of History at MSU-Denver. He can discuss my abilities to work collaboratively and/in a leadership role.

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? No X

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

Jan M. Yaster
Signature

7/7/14
Date

Return Completed Form to:

Anthony Aragon, Director of Boards and Commissions

City and County of Denver Building, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@denvergov.org

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: DCOA
 Last Name: Reming First Name: Kristen
 Occupation/Employer: Volunteers of America - Division Director of Volunteer Services
 Work Address: 2660 Larimer St City: Denver Zip: 80205
 Work E-mail Address: KReming@voacolorado.org
 Work Phone: 720-264-3307 Work/Home Fax: 720-264-3312
 Home Address: 150 South Humboldt City: Denver Zip: 80209
 Home Phone: _____ Cell Phone/ Pager: 716-906-1856
 Home E-mail Address: KristenReming@gmail.com
 Are you a registered voter? Yes No If so, what county? Denver
 Denver City Council District No.: _____ Ethnicity (Optional) White
 Highest Level of Education or Degree Earned: B.S. in Business Year Completed: 5
 Memberships/ Organizations/ Volunteer Activities (include past or present):
Brent's Place - ongoing volunteer Executive Leadership Committee - present
CU Cancer Foundation - events committee - 2013

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Cecille Portee</u>	<u>150 South Humboldt Denver</u>	<u>303-817-4684</u>
<u>Erika Nelson-Conrad</u>	<u>2660 Larimer St Denver</u>	<u>303-854-7252</u>
<u>Amanda Gregg</u>	<u>2016 Colfax Dept 1102 2nd floor</u>	<u>720-220-6079</u>

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.

Kristen Reming 5-12-14
 Signature Date

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions
 City and County of Denver Building, Room 350
 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
 anthony.aragon@ci.denver.co.us

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 Denver Commission on Aging

Last Name: Sauers First Name: Jordan

Occupation/Employer: CLLARO

Work Address: 301 1st St City: Denver Zip: 80233

Work E-mail Address: sauers.jordan@gmail.com

Work Phone: _____ Work/Home Fax: _____

Home Address: 10484 Clarkson St City: Denver Zip: 80233

Home Phone: (720)936-3442 Cell Phone/ Pager: _____

Home E-mail Address:
Sauers.jordan@gmail.com

Are you a registered voter? Yes No If so, what county? _____

Denver City Council District No.: _____ Ethnicity (Optional) _____

Highest Level of Education or Degree Earned: Bachelor of Arts Double major: Communication Studies and Sociology, Minors: Gender and Women's Studies and Socio-Legal Studies Year Completed: 2014

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

- Colorado Capitol Hispanic Caucus Director
- Secretary and Commissioner for the State of Colorado Collection Board Agency
- Denver Young Democrats
- Colorado Latino Forum
- Member and Coordinator of Judge Arguello's Dream Team

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Laura Steffen</u>	<u>101 Monroe st Cherry Creek Co</u>	<u>(720) 941-4455</u>
<u>Peter Droege</u>	<u>Daniels Fund</u>	<u>(720)-941-4422</u>
<u>Manuel Ciaro</u>	<u>Snell & Wilmer Arizona</u>	<u>602.382.6534</u>

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.

Jordan Sauers _____ **05/5/14**
Signature Date

Return Completed Form to:
Anthony R. Aragon, Director of Boards and Commissions

BOARDS AND COMMISSIONS APPLICATION

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 Commission on Aging
Last Name: Lanman First Name: Eliza
Occupation/Employer: HealthSET – Executive Director and Centura Health LINKS - Director
Work Address: 2420 W 26th Avenue, Suite 460D City: Denver Zip: 80211
Work E-mail Address: elizalanman@centura.org
Work Phone: 720-321-9332
Home Address: 4835 W 31st Avenue, Denver 80212
Home Phone: 303-919-7416 Cell: 303-919-7416
Home E-mail Address: erlanman@gmail.com
Are you a registered voter? Yes
Colorado ID or Driver's License Number: 99-321-0389
Denver City Council District No.: 1 Ethnicity: White
Highest Level of Education or Degree Earned: Master's degree
Year Completed: 2009

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

Previous Bike Denver: Board of Directors

Current member: Adult and Disabled Resource Council - Advisory Council member

References (List three persons, not related to you, whom you have known at least one year):

Name Address Phone Number

~ Nicole Hartog - Community Resource Program Manager, Area Agency on Aging at Denver Regional Council of Governments – 1290 Broadway, Suite 700, Denver CO 80201 - 303-480-6786

~ Cathy Grimm - Director of Jewish Family Services Senior Solutions -3201 S. Tamarac Drive, Suite 200 - Denver, CO 80231-4394 – 720-248-4601

~ Susan Scott - Legislative Aide at Denver City Council, District 10 – 720-201-7049

Is there anything that would adversely affect public confidence in your appointment or service? No

Signature: 

Date: July 28, 2014

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 for: COMMISSION ON AGING

Last Name: CAROSELLA First Name: LEO

Occupation/Employer: ASSOCIATE BROKER, RE/MAX

Work Address: 495 UINIA WAY #100 City: DENVER Zip: 80232

Work E-mail Address: leo.carosella@remax.net

Work Phone: 303-477-1000 Work/Home Fax: 303-477-1377

Home Address: 963 E 5th AVE #205 City: DENVER Zip: 80230

Home Phone: n/a Cell Phone/ Pager: 303-981-5588

Home E-mail Address: leo.carosella@yahoo.com

Are you a registered voter? Yes No If so, what county? DENVER

Colorado ID or Driver's License Number: 68-091-0813

Denver City Council District No.: 5 Ethnicity CAUCASIAN

Highest Level of Education or Degree Earned: B.S. JOURNALISM Year Completed: '81

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

- HABITAT FOR HUMANITY
- WOMEN'S HOMELEX INITIATIVE
- HEY DENVER.ORG

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>DEREK CAMUZZI</u>	<u>RE/MAX</u>	<u>303-477-1000</u>
<u>METT FISHER</u>	<u>HEY DENVER</u>	<u>303-888-9039</u>
<u>REV. CHARLES LAFOND</u>	<u>SAINTE-JEAN'S CATHEDRAL</u>	<u>303-831-7115</u>

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.

[Signature] 7/5/14
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

BOARDS AND COMMISSIONS APPLICATION



Jean Richards recommended that I apply

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: Denver Commission on Aging
 Last Name: Vermeer First Name: Tamara
 Occupation/Employer: InnovAge - Sr Business Development
 Work Address: 8950 F. Lowry Blvd City: Denver Zip: 80230
 Work E-mail Address: tvermeer@myinnovage.org
 Work Phone: 303-877-7002 Work/Home Fax: _____
 Home Address: 9032 W. San Juan ^{DK} City: Littleton Zip: 80128
 Home Phone: 303-513-1714 Cell Phone/ Pager: same
 Home E-mail Address: tavermeer@aol.com
 Are you a registered voter? Yes No If so, what county? Jefferson
 Denver City Council District No.: _____ Ethnicity (Optional) _____
 Highest Level of Education or Degree Earned: BA Year Completed: 1987

Memberships/ Organizations/ Volunteer Activities (include past or present): Antique Row Business Member
DEMAC, South Metro Health Alliance, Hispanic Chamber,
Black Chamber, Denver Chamber, Denver Senior Coalitions,
DRCOG - ADRC member (Aging + Disability Resources for Colorado)

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number	Association -
<u>Ram Waters</u>		<u>303-513-5113</u>	<u>Colorado Bar Association -</u>
<u>Pamela Peterson Hols</u>	<u>4155 E. Jewell Ave</u>	<u>720-402-9945</u>	<u>partner member</u>
<u>Tina Wells</u>	<u>455 Sherman St #500</u>	<u>303-813-1669</u>	

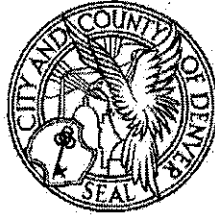
Special Information:
 Is there anything that would adversely affect public confidence in your appointment or service? Yes No
 If yes, please explain on a separate sheet of paper.

Tamara Vermeer 7/23/2014
 Signature Date

Return Completed Form to:
 Anthony R. Aragon, Director of Boards and Commissions
 City and County of Denver Building, Room 350
 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
 anthony.aragon@ci.denver.co.us

Die. 00 Women's Ministry for Weststone Church

BOARDS AND COMMISSIONS APPLICATION



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: Commission on Aging

Last Name: Walker First Name: Alan

Occupation/Employer: Retired

Work Address: _____ City: _____ Zip: _____

Work E-mail Address: _____

Work Phone: _____ Work/Home Fax: _____

Home Address: 354 S. Williams St. City: Denver Zip: 80209

Home Phone: 303-989-7830 Cell Phone/ Pager: 720-357-4497

Home E-mail Address: alanwalker50@gmail.com

Are you a registered voter? Yes No If so, what county? Denver

Colorado ID or Driver's License Number: 99-096-1118

Denver City Council District No.: 6 Ethnicity Caucasian

Highest Level of Education or Degree Earned: MBA Year Completed: 1975

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

Current volunteer activity:

• AARP Ambassador

BBB - development work on a Senior Outreach program

Denver Botanic Gardens - perform interviews and orientations new

References (List three persons, not related to you, whom you have known at least one year):

volunteers	Name	Address	Phone Number
	Tom Hicks	2840 S. Logan St Denver, 80113	@ 720-732-2556
	Jeremiah Mora	303 E 17th Ave #510 Denver 80203	303-764-5986
	Robert Conner	480 Marion Pkwy #1302 Denver 80209	720-988-4916

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.

Handwritten signature of Alan Walker in blue ink.

Signature

7/4/14

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