

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: 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 Delta Dental of Colorado for employee dental 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 Delta Dental of Colorado to provide dental insurance in 2014 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police and fire departments, contract amount not to exceed \$10,408,789. Contract ID#CSAHR-201417758-00

***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