

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: _____

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.)*

A contract with Concentra to provide primary medical care for City and County of Denver employees utilizing the Workers’ Compensation Program.

3. Requesting Agency:

Risk Management

4. Contact Person: *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Raymond Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@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:** Raymond Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

Ordinance approves the contract with Concentra to provide primary care through a second medical facility as required by law to all employees who are using the Workers Compensation Program.

****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.)*

- a. Contract Control Number:** CE81011
- b. Duration:** 12 months
- c. Location:** All
- d. Affected Council District:** All
- e. Benefits:** Provide State mandated services
- f. Costs:** \$200,000

7. Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.

No

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____