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.

or

XX Resolution Request

Please mark one:

☐ Yes

☐ Bill Request

1. Has your agency submitted this request in the last 12 months?

XX No

Date of Request: July 9, 2015

If yes, please explain: Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> 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 appointment of Trinidad Gomez to the Denver Commission for People with Disabilities for a term effective immediately and expiring on September 30, 2016 or until a successor is duly appointed. Requesting Agency: Mayor's Office **Contact Person:** (With actual knowledge of proposed ordinance/resolution.) ■ Name: Anthony Aragon ■ Phone: 720-865-9032 • Email: anthony.aragon@denvergov.org 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: **Duration:** Term effective immediately and expiring September 30, 2016 b. Location: d. Affected Council District: Benefits: e. Costs: f. 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: Revised 08/16/10

BOARDS AND COMMISSIONS APPLICATION



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: Commission for People w	rith Disabilities
Last Name: Gómez	First Name: Trinidad	
Occupation/Employer: Intern/ Office of Sign Language Services, HRCP, CCD Adaptive Technology Assistant, MSUD Access Center, MSU Denver		
Work Address: 2 nd Fl Zip: 80202	oor, 201 W Colfax/Plaza Building Suite 122, Au	raria Camus City: Denver
Work E-mail Address: Trinidad.Gomez@denvergov.org		
Work Phone: (720)-9	13-8494 Work/Home Fax:	5
Home Address: 3755 W Union Avenue City: Denver Zip: 80236		
Home Phone: Cell Phone/ Pager: (720)-224-7723		
Home E-mail Address: tgomez13@msudenver.edu		
Are you a registered voter? Yes If so, what county? United States of America		
Colorado ID or Driver's License Number: 13-211-0981		
Denver City Council District No.: 2 Ethnicity: Latino		
Highest Level of Education or Degree Earned: HS Diploma Year Completed: 2014		
Memberships/ Organizations/ Volunteer Activities (include past or present):		
Commission for People with Disabilities (January 6 th , 2015 – Present)		
Delta Alpha Pi Honor Society Member (March, 2015 – Present)		
Student Advisory Boa	ard for the Auraria Library, Member at Large (De	ecember, 2014 - Present)
References (List three Name	persons, not related to you, whom you have kno Address	own at least one year): Phone Number
Taylour Elliott	3441 S Ammons St. #10-3	720-440-3723
Mel Morell	Plaza Building Suite 122, Auraria Campus	303-556-8387
David Olivas	1331 17th Street, Suite 510	303-595-0529
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? No If yes, please explain on a separate sheet of paper.		
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Date