

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: **5/27/2015**

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:** National Medical Services – amendment request

3. **Requesting Agency:** Office of the Medical Examiner

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

- **Name:** Jami Milsap
- **Phone:** 303-436-7707
- **Email:** jami.milsap@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:** Steven Castro
- **Phone:** 303-436-7704
- **Email:** Steven.Castro@denvergov.org

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

- a. **Contract Control Number:** 201100880
- b. **Duration:** 4/11/2011 – 4/11/2016
- c. **Location:** Citywide
- d. **Affected Council District:** All
- e. **Benefits:** Toxicology results used for determining cause and manner of death in forensic autopsy cases.
- f. **Costs:** Total ongoing support cost is \$600,000.00

Original Amount Requested: \$450,000.00

NEW Amount Requested: \$150,000.00

Total Amount Requested: \$600,000.00

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)*
Please explain. None

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____