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: October	er 2, 201 3
Ple	ase mark	one:	☐ Bill Request	or	xΧ	Resolution 1	Request	
1.	Has you	r agency sı	ibmitted this request i	in the last 12	2 montl	hs?		
		Yes	XX No					
	If ye	es, please e	xplain:					
2.	- that cle		tes the type of request: {				f company or contractor and contract contro tion, amendment, municipal code change,	ol number
			Mayoral appointment of dexpiring March 12, 20				chool Program Board of Directors for a term appointed.	effective
3.	Requesti	ing Agency	: Mayor's Office					
4.	■ Nan ■ Pho	ne: Anthon ne: 720-86			ordinar	nce/resolution.		4
5.	<u>will be a</u> ■ Nan ■ Pho	<i>vailable for</i> ne: Antho ne: 720-86	<i>first and second readir</i> ny Aragon	ng, if necessa		ce/resolution	who will present the item at Mayor-Council	and who
6.	General	descriptio	n of proposed ordinan	ce including	g contra	act scope of w	vork if applicable:	
	[Inse	ert general	description here.]					
			Collowing fields: (Incom - please do not leave bla		nay resi	ult in a delay i	in processing. If a field is not applicable, pi	lease
	a.	Contract (Control Number:					
	b.	Duration:	Terms effective imm	ediately and	expirin	ig March 12, 2	2015	
		Location:						
			Council District:					
		Benefits:						
	f.	Costs:						
7.	Is there explain.	any contro	oversy surrounding thi	is ordinance	? (Groi	ups or individi	uals who may have concerns about it?) Ple	ase
	[Star	rt typing he	ere.]					
							•	
		· · · · · · · · · · · · · · · · · · ·	To l	be completed	l by Ma	yor's Legislat	ive Team:	
SIF	RE Trackin	ng Number:	:			3	Date Entered:	

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	e applying for: Denver Preschool I	Program
Last Name: Daily	First Name: Sarah	
	/ Childhood Research/Child Trend	
Work Address: Corporate of	fice: 7315 Wisconsin Ave, Ste 120 stone Circle, Highlands Ranch, CO	0W Bethesda, MD 20814
	ily@childtrends.org	
	Work/Home Fax:	
	tone Circle, Highlands Ranch, CO	
Trome Address: 10049 Offits	ione Circle, riighlands Ranch, CO	<u>80130</u>
Home Phone: 703-304-8751	Cell Phone/ Pager: <u>s</u>	ame
Home E-mail Address: smda	aily@gmail.com	
Are you a registered voter?	Yes If so, what coun	ty? Douglas County
Colorado ID or Driver's Lice	nse Number: <u>13-193-1056</u>	·
Denver City Council District	No.: Ethnicit	y <u>Caucasian</u>
Highest Level of Education of	r Degree Earned: Ph.D	Year Completed: 2013
Memberships/ Organizations/	Volunteer Activities (include past	or present):
American Psychological	gical Association, Division 15, E	ducational Psychology
Society for Research	n in Child Development	
References (List three persons Name	, not related to you, whom you hav Address	e known at least one year): Phone Number
Jennifer Stedron jenn	ifer.stedron@aspeninstitute.or	rg 303-547-6381
Tamara Halle	thalle@childtrends.org	240-223-9234
Kathryn Tout	ktout@childtrends.org	612-331-2223 ext. 21
Special Information:	lversely affect public confidence in	Vous annointment or coming?
If yes, please explain on a ser		Tour abboungment of set vices [140]
- · ·	KI)aile	9/26/2012
	Signature	Date
Return Completed Form to:	of Doordo and Commissions	
Anthony R. Aragon, Director of	A DOMES AND COMMISSIONS	

1437 Bannock Street, Room 350

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

anthony.aragon@denvergov.org