

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: November 2, 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: Request for approval of contract, pursuant to Charter § 3.2.6(E), with: Kaiser Foundation Health Plan of Colorado for employee health care insurance benefits.

3. Requesting Agency: Office of Human Resources

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@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:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

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

Agreement for Kaiser Foundation Health Plan of Colorado to provide medical insurance coverage in 2015 to eligible employees. Contract amount not to exceed \$58,419,757.00. Approval to purchase granted with COUNCIL BILL NO. BR15-0413.

Please include the following:

- a. Duration:** January 1, 2015 – December 31, 2015
- b. Location:** NA
- c. Affected Council District:** NA
- d. Benefits:** NA
- e. Costs:** NA

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

None known