ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at Molday. 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.

Ple	ase mark one: Bill Request or XX Resolution Request					
1.	1. Has your agency submitted this request in the last 12 months?					
	☐ Yes XX No					
	If yes, please explain:					
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control num</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)					
	To approve the Mayoral appointments of Alicia Harvey and Summer Nettles to the Denver African American Commiss for terms effective immediately and expiring on September 26, 2017 or until a successor is duly appointed.					
3.	Requesting Agency: Mayor's Office					
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@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: 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.]					
	lease complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please r N/A for that field – please do not leave blank.)					
	a. Contract Control Number:					
	b. Duration: Terms effective immediately and expire on September 26, 2017					
	c. Location: d. Affected Council District:					
	e. Benefits:					
	f. Costs:					
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:						
SIR	E Tracking Number: Date Entered:					

Date of Request: March 17, 2016

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, current resume or biography and return to the address below.

Type or print in blue or black ink.

Last Name: Harvey	ou are applying for: Denver African American Commission	
	First Name: Alicia	
	Field Sales Engineer/Keysight Technologies	
Work Address: _9780	S. Meridian Blvd, City: Englewood Zip: 80112	
Work E-mail Address:	adharvey71@hotmail.com	
Work Phone: 303-662	-2221 Work/Home Fax: 303-690-9141	
Home Address: 16285	E. Hinsdale Avenue City: Centennial Zip: 80016	
Home Phone: 303-690	0-9141 Cell Phone/ Pager: 303-522-4253	
Home E-mail Address: _	adharvey71@hotmail.com	
Are you a registered vote		
Colorado ID or Driver's	License Number: 94-271-1198	
Denver City Council Dis	trict No.: Ethnicity Black	
Highest Level of Educati	on or Degree Earned: Master's Degree Year Completed: 1994	
Memberships/ Organizati	ons/ Volunteer Activities (include past or present):	
	E Links, Inc., Alpha Kappa Alpha Sorority, Inc., National Society	
of Women Engineers	, National Society of Black Engineers and Scientists, National	
Association of Black M	BAs, and DU, Daniels College of Business Executive Advisory Board.	
	rsons, not related to you, whom you have known at least one year): Address Phone Number	
Wil & Roz Alston	2910 S. Clermont St., Denver 80207 303-399-3872	
Dr. Barbara Wilcots	1302 Forest Trails Dr., Castle Rock 80104 303-814-0218	
Ed Wingfield	103 S. Granby Court, Aurora 80012 720-297-1910	
Special Information: ls there anything that wou If yes, please explain on a	ld adversely affect public confidence in your appointment or service? Yes a separate sheet of paper.	No
	alicia revalues 1/15/16	
Return Completed Form	Signature Date to:	

Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350

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

anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION

Please complete the following information in full,

current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: African-American Commission

Last Name: Nettles First Name: Summer

Occupation/Employer: <u>Denver 8 TV, City and County of Denver</u>

Work Address: 1437 Bannock St. City: Denver Zip: 80203

Work E-mail Address: Summer.Nettles@denvergov.org

Work Phone: _720/865-2316_ Work/Home Fax: _N/A

Home Address: 777 Washington St. Apt. 302 City: Denver Zip: 80203

Home Phone: 708/466-2914 Cell Phone/ Pager: 708/466-2914

Home E-mail Address: summer@u.northwestern.edu

Are you a registered voter? Yes No If so, what county? Denver

Colorado ID or Driver's License Number: <u>14-332-0171</u>

Denver City Council District No.: 10 Ethnicity: African-American, Hispanic, Native-American, White

Highest Level of Education or Degree Earned: Master of Science in Journalism Year Completed: 2013

Memberships/ Organizations/ Volunteer Activities (include past or present):

- Leukemia and Lymphoma Society 2015 Triathlete and Fundraiser
- Urban Leadership Foundation of Colorado Alumna, class of 2015
- Lambda Pi Eta: Communication Honors Society
- 2012 Emmy Award Winner: Videography

References (List three persons, not related to you, whom you have known at least one year):

Name Address Phone Number

Monique Dyers: 504/427-7906

Dr. Ryan Ross: 303/524-4180

Katherine Burse: 303/489-5557

Special Information:

I am a survivor of Non-Hodgkin's Lymphoma who has a special interest in the health needs of the African-American population. Additionally, as a transplant to Denver who has the honor to produce television for the City and County, I have an extensive understanding of City Council and its various committees. It would be my honor to apply my experiences to the advancement of Denver's African-American community.

Is there anything that would adversely affect public confidence in your appointment or service? Yes No

If yes, please explain on a separate sheet of paper.

Signature

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions

1437 Bannock Street, Room 350

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

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