

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: August 8, 2012

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:** (Include a concise, one sentence description – please include name of company or contractor 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 reappointment of Amanda Gregg and the appointment of Paul Ramsey to the Denver Commission on Aging for terms effective September 1, 2012 and expiring August 31, 2014 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.]

****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:**
- b. **Duration:** Terms effective September 1, 2012 and expiring August 31, 2014
- 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:

SIRE Tracking Number: _____

Date Entered: _____

Boards and Commissions - Applicant Information

Printed Date: 08-08-2012

Prefix: UNDECLARED Last Name: GREGG First Name: AMANDA Middle Name:

Applicant/Appointee Record Id: 3308 Date Last Modified: August-08-2012 08:23:00 AM MDT App Deleted Flag:

Occupation:

Employer: VOLUNTEERS OF AMERICA

Work Email:

Work Address: 2700 LARIMER STREET

Work City: DENVER Work State: CO Work Zip: 80205 Work Zip Ext:

Work Phone: Work Phone Ext: Work Fax: Work Cell Phone:

Home Email:

Home Address: 7668 UPHAM STREET

Home City: ARVADA Home State: CO Home Zip: Home Zip Ext:

Home Phone: 720-220-6079 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: UNDECLARED Ethnicity: UNDECLARED GLBT: UNDECLARED

City Council District: UNDECLARED City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: September-30-2010 01:18:39 AM MDT

Boards Applying For:

No boards listed.

References

Reference 1: First Name: Last Name: Phone:

Reference 2: First Name: Last Name: Phone:

Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4415 BoardName: DENVER COMMISSION ON AGING Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 09-01-2010 End Date: NONE Tech Date: 08-31-2012

Resolution: CR10-0688 2010 Addendum:

Application Form

BOARDS AND COMMISSIONS APPLICATION

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

Board or Commission you are applying for: **Commission on Aging**

Last Name: **Ramsey** First Name: **Paul**

Occupation/Employer: **Executive Director, A Little Help: with aging in community (a nonprofit)**

Work Address: **A Little Help, 288 Clayton Suite 202 City: Denver Zip: 80206**

Work E-mail Address: **Paul@alittlehelp.org**

Work Phone: **720-242-9032**

Home Address: **50 West 2nd Ave. City: Denver Zip: 80223**

Cell Phone: **303-829-9339**

Home E-mail Address: **leonramsey@gmail.com**

Are you a registered voter? **Yes** If so, what county? **Denver**

Denver City Council District No.: **9** Ethnicity: **Caucasian**

Highest Level of Education or Degree Earned: **Doctorate** Year Completed: **2007**

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

**Baker Historic Neighborhood Association, President 2010-2012, Vice-President 2008-2010.
Denver's Road Home- Family and Senior Homeless Initiative, Mentor 2006-Present.**

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

Name	Address	Phone Number
District 9 City Councilwoman Judy Montero,	3457 Ringsby Ct. Ste 215, 80216.	720-337-7709
City Council President Chris Nevitt,	1437 Bannock St. Rm. 494, 80202.	720-337-7777
State Rep. Mark Ferrandino,	217 W. 2 nd Ave. Denver, 80223.	303-866-5523

Special Information:

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

Paul Leon Ramsey
Signature

July 13, 2012
Date

Return Completed Form to:

Anthony Aragon, Director of Boards and Commissions
City and County of Denver Building, Room 350
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
anthony.aragon@denvergov.org