

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: April 17, 2020

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 appointments and reappointments to the Denver Health and Hospital Authority:

The Authority supervises the governance and operations of Denver Health.

Hollie Velasquez-Horvath, Denver (F)(H)(CD5) for a term expiring June 30, 2025, appointed;

Elias Provencio-Vasquez, Denver (M)(H)(CD9) for a term expiring June 30, 2025, appointed;

Richard James "Jim" Chavez, Highlands Ranch (M)(H) for a term expiring June 30, 2025, reappointed;

Fernando Carreira, Denver (M)(H)(CD6) for a term expiring June 30, 2022, reappointed;

Paul Washington, Boulder (M)(AA) for a term expiring June 30, 2025, reappointed.

3. **Requesting Agency:** Mayor's Office of Boards and Commissions

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

- **Name:** Romaine Pacheco
- **Phone:** 720.865.9085
- **Email:** romaine.pacheco@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:** Romaine Pacheco
- **Phone:** 720.849.7935
- **Email:** romaine.pacheco@denvergov.org

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

****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:**
- c. **Location:**
- d. **Affected Council District:**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: RR20 1459

Date Entered: _____

e. **Benefits:**

f. **Costs:**

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

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