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: September 13, 2013
Ple	ease mark one:	☐ Bill Request	or	XΧ	Resolu	tion Req	uest
1.	Has your agency s	ubmitted this request in	the last 12	2 mont	hs?		
	Yes	XX No					
	If yes, please e	explain:					
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)						
		Control Commission for to					ry Jackson and Nikki Johnson to the Crime ring September 1, 2016 OR until a successor is
3.	Requesting Agenc	y: 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	on of proposed ordinanc	e includin	g contr	act scope	e of work	k if applicable:
	[Insert general	description here.]					
		following fields: (Incomp – please do not leave blar		may res	ult in a d	lelay in pi	rocessing. If a field is not applicable, please
	a. Contract	Control Number:					
		Terms effective imme	diately and	l expire	Septemb	er 1, 201	6
	c. Location: d. Affected (Council District:					
	e. Benefits:	Louisti Ict.					
	f. Costs:						
7.	Is there any contro	oversy surrounding this	ordinance	e? (Gro	ups or inc	dividuals	who may have concerns about it?) Please
	Start typing he	ere.]					
		To be	completed	d by Mo	tyor's Leg	gislative :	Теат:
SII	RE Tracking Number	:				Date	e Entered:

Printed Date: 09-13-2013

Prefix: UNDECLARED Last Name: BORIS First Name: LOUISE Middle Name:

Applicant\Appointee Record Id: 3508 Date Last Modified: November-30-2011 09:40:33 AM MST App Deleted Flag:

Occupation: VICE PRESIDENT OF PROGRAMS

Employer: COLORADO COALITION FOR THE HOMELESS
Work Email: LBORIS@COLORADOCOALITION.ORG

Work Address: 2111 CHAMPA STREET

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

Work Phone: 303-285-5203 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: LBORIS@NETZERO.COM
Home Address: 5697 GREEN OAKS DRIVE

Home City: GREENWOOD VILLAGE Home State: CO Home Zip: 80121 Home Zip Ext:

Home Phone: 303-797-8342 Home Cell Phone: 303-550-0099

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: CAUCASIAN 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: NO Date Submitted: November-30-2011 09:40:33 AM MST

Boards Applying For:

CRIME PREVENTION AND CONTROL COMMISSION

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: 4674 BoardName: CRIME PREVENTION AND CONTROL COMMISSION Delete Flag: N Status: MEMBER Reason: APPOINTED Start Date: 11-21-2011 End Date: NONE Tech Date: 09-01-2013

Resolution: 11 0809 2011 Addendum: HOMELESS

Printed Date: 09-13-2013

Prefix: MR. Last Name: COHN First Name: SHAWN Middle Name:

Applicant\Appointee Record Id: 2476 Date Last Modified: September-14-2006 08:54:22 AM MDT App Deleted Flag:

Occupation: CHIEF PROBATION OFFICER Employer: DENVER JUVENILE PROBATION

Work Email: SHAWN.COHN@JUDICIAL.STATE.CO.US

Work Address: 303 W. COLFAX AVE. DEPT 1401

Work City: DENVER Work State: CO Work Zip: 80204 Work Zip Ext:

Work Phone: 720-913-4218 Work Phone Ext: Work Fax: 720-913-4219 Work Cell Phone: 303-947-8319

Home Email:

Home Address: 10605 W. WALKER PL.

Home City: LITTLETON Home State: CO Home Zip: 80127 Home Zip Ext:

Home Phone: 303-948-4430 Home Cell Phone: 303-947-8319

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

City Council District: JEFFERSON COUNTY City Council Other:

Registered Voter: YES Registered County: JEFFERSON Political Affiliation: UNDECLARED

Education Level: BS Year Completed: 1990

Experience: EDUCATION/YOUTH Interest: EDUCATION/YOUTH Confidence: NO

Confidence Extension:

City Employed: NO Date Submitted: July-27-2006 11:00:49 AM MDT

Boards Applying For:

COMMUNITY CORRECTIONS BOARD DENVER

References

Reference 1: First Name: MIKE Last Name: GARCIA Phone: 303-451-5555

Reference 2: First Name: JENNIFER Last Name: MENDOZA Phone: 303-835-3230
Reference 3: First Name: JEANETTE Last Name: HENSEL Phone: 303-451-5555

Skills, Activities, Memberships, Resume/Cover Letter:

AWARDED JUDGE PHILLIP B. GILLIAM AWARD FOR ADMIN/SPVSR OF YEAR BY COLORADO JUVENILE COURT - 2004

AWARDED EMPLOYEE OF THE YEAR BY 17TH JUDICIAL DISTRICT PROBATION DEPT - 2003

Board Assignment Information:

Relation Id: 4062 BoardName: COMMUNITY CORRECTIONS BOARD DENVER Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 08-06-2012 End Date: NONE Tech Date: 06-30-2016

Resolution: 0545 2012 Addendum: REAPPT -- REAPPT. CHIEF PROBATION OFFICER REP.

Relation Id: 3102 BoardName: COMMUNITY CORRECTIONS BOARD DENVER Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 09-14-2006 End Date: 06-30-2008 Tech Date: 06-30-2008

Resolution: 62 2006 Addendum: CHIEF PROBATION OFFICER, REPLC. DONOVAN

Relation Id: 3110 BoardName: CRIME PREVENTION AND CONTROL COMMISSION Delete Flag: N

Printed Date: 09-13-2013

Prefix: UNDECLARED Last Name: JACKSON First Name: HENRY Middle Name:

Applicant\Appointee Record Id: 3507 Date Last Modified: November-30-2011 09:35:07 AM MST App Deleted Flag:

Occupation: ASSISTANT PROFESSOR Employer: METRO STATE COLLEGE Work Email: HJACKSON9@MSCD.EDU

Work Address: CAMPUS BOX 10, POB 173362

Work City: DENVER Work State: CO Work Zip: 80217 Work Zip Ext:

Work Phone: 303-352-7068 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: HENRYJACKSONJR@HOTMAIL.COM

Home Address: 3635 STUART STREET

Home City: DENVER Home State: CO Home Zip: 80212 Home Zip Ext:

Home Phone: Home Cell Phone: 316-258-2874

Birth Date: July-04-2776 12:00:0 Gender: MALE Ethnicity: AFRICAN AMERICAN 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: NO Date Submitted: November-30-2011 09:35:07 AM MST

Boards Applying For:

CRIME PREVENTION AND CONTROL COMMISSION

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: 4673 BoardName: CRIME PREVENTION AND CONTROL COMMISSION Delete Flag: N Status: MEMBER Reason: APPOINTED Start Date: 11-21-2011 End Date: NONE Tech Date: 09-01-2013

Resolution: 11 0809 2011 Addendum: ACADEMIC

Printed Date: 09-13-2013

Prefix: UNDECLARED Last Name: JOHNSON First Name: NIKKI Middle Name:

Applicant\Appointee Record Id: 3312 Date Last Modified: October-18-2010 11:05:13 AM MDT App Deleted Flag:

Occupation:

Employer: DENVER CENTER FOR CRIME VICTIMS.
Work Email: NJOHNSON@DENVER_VICTIME.ORG

Work Address: P.O. BOX 18975

Work City: DENVER Work State: CO Work Zip: 80218 Work Zip Ext:

Work Phone: 303-860-0660 Work Phone Ext: 235 Work Fax: Work Cell Phone:

Home Email: DIVENIAJ@HOTMAIL.COM Home Address: 20482 E. 40TH PLACE

Home City: DENVER Home State: CO Home Zip: 80249 Home Zip Ext:

Home Phone: 720-296-1469 Home Cell Phone:

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

City Council District: UNDECLARED City Council Other:

Registered Voter: YES Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: October-18-2010 11:05:13 AM MDT

Boards Applying For:

No boards listed.

References

Reference 1: First Name: ALVIN Last Name: LACABE Phone: Reference 2: First Name: WILLIAM Last Name: ROBBINS Phone:

Reference 3: First Name: LINDA Last Name: FERRY Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4421 BoardName: CRIME PREVENTION AND CONTROL COMMISSION Delete Flag: N
Status: MEMBER Reason: APPOINTED Start Date: 10-13-2010 End Date: NONE Tech Date: 09-01-2013

Resolution: Addendum: VICTIM ADVOCATE