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: July 8, 2	2014
Ple	ase mark one:	☐ Bill Request	or	XX Resolut	ion Request			
1.	Has your agency	submitted this request i	n the last 12	months?				
	☐ Yes	XX No						
-	If yes, please	explain:			•			
2.	Title: (Include a d	concise, one sentence desc	cription – ple	ease include nan	ne of company o	or contractor and	d contract control nun	nhor
		ates the type of request: g						<u></u>
٠	Gemma Locki	e Mayoral reappointment hart to the Denver Americ cessor is duly appointed.						016
3.	Requesting Agend	ey: Mayor's Office						
4.	Contact Person:	(With actual knowledge o	of proposed o	ordinance/resolu	tion.)			
	Name: AnthoPhone: 720-8		· ·			,		
		ony.aragon@denvergov.or	rg		•			
	Name: AnthoPhone: 720-8Email: antho	365-9032 ony.aragon@denvergov.or	rg	·				
6.	, -	on of proposed ordinand	ce including	contract scope	of work if app	licable:	100 mg (100 mg) 100 mg) 100 mg) 100 mg) 100 mg	
	[insert general	description here.]						
		following fields: (Incomp – please do not leave bla		ay result in a de	lay in processii	ng. If a field is n	ot applicable, please	
	a. Contract	Control Number:						
	b. Duration:		ediately and	expiring July 11	, 2016		•	
	c. Location:	Council District:			•		* .	
	e. Benefits:	Council District.	*					
	f. Costs:						•	
7.	Is there any contro	oversy surrounding this	ordinance?	(Groups or ind	ividuals, who m	ay have concern	s about it?) Please	
	[Start typing he	ere.]						
				•			•	
	* * * * * * * * * * * * * * * * * * *		· .	·				<u> </u>
		To be	e completed	by Mayor's Legi	islative Team:			
SIR	E Tracking Number			•	Date Entere	ed:`		,

Boards and Commissions - Applicant Information

Printed Date: 07-08-2014

Prefix: UNDECLARED Last Name: HART First Name: NIABI Middle Name:

Applicant\Appointee Record Id: 3399 Date Last Modified: April-19-2011 12:55:55 PM MDT App Deleted Flag:

Occupation:

Employer: TENNYSON CENTER FOR CHILDREN

Work Email:

Work Address: 2950 TENNYSON ST

Work City: DENVER Work State: CO Work Zip: 80212 Work Zip Ext: Work Phone: Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: NIABI.HART@GMAIL.COM Home Address: 4555 W. 8TH AVENUE

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

Home Phone: Home Cell Phone: 720-249-6463

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: April-19-2011 12:55:55 PM 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: 4536 BoardName: DENVER AMERICAN INDIAN COMMISSION Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 02-25-2013 End Date: NONE Tech Date: 07-11-2014

Resolution: Addendum: REAPPT

Boards and Commissions - Applicant Information

Printed Date: 07-08-2014

Prefix: UNDECLARED Last Name: PEREZ First Name: MICHELLE Middle Name:

Applicant\Appointee Record Id: 3747 Date Last Modified: February-26-2013 10:51:01 AM MST App Deleted Flag:

Occupation: DANCE INSTRUCTOR

Employer: DENVER INDIAN CENTER

Work Email:

Work Address: 4407 MORRISON ROAD

Work City: DENVER Work State: CO Work Zip: 80219 Work Zip Ext: Work Phone: Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: TYPEWRITERBLUE21@GMAIL.COM

Home Address: 3748 FENTON STREET

Home City: WHEAT RIDGE Home State: CO Home Zip: 80212 Home Zip Ext:

Home Phone: Home Cell Phone: 720-837-5461

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

City Council District: UNDECLARED City Council Other:

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

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: February-26-2013 10:51:01 AM MST

Boards Applying For:

DENVER AMERICAN INDIAN 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: 4989 BoardName: DENVER AMERICAN INDIAN COMMISSION Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 02-25-2013 End Date: NONE Tech Date: 07-11-2014

Resolution: 0087 2013 Addendum:

Date Printed: 07-08-2014 Page 1 of 1

Boards and Commissions - Applicant Information

Printed Date: 07-08-2014

Prefix: UNDECLARED Last Name: GOODSOLDIER First Name: ELICIA Middle Name:

Applicant\Appointee Record Id: 3667 Date Last Modified: August-03-2012 07:07:08 AM MDT App Deleted Flag:

Occupation: MENTAL HEALTH WORKER Employer: MENTAL HEALTH PARTNERS

Work Email: EGOODSOLDIER@MHPCOLORADO.ORG

Work Address: 1333 IRIS AVENUE

Work City: BOULDER Work State: CO Work Zip: 80304 Work Zip Ext:

Work Phone: 303-440-4842 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: EGOODSOLDIER@YAHOO.COM Home Address: 11148 COLUMBINE STREET

Home City: FIRESTONE Home State: CO Home Zip: 80504 Home Zip Ext:

Home Phone: 303-827-3378 Home Cell Phone: 303-710-9957

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

City Council District: UNDECLARED City Council Other:

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

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: August-03-2012 07:07:08 AM MDT

Boards Applying For:

DENVER AMERICAN INDIAN 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: 4902 BoardName: DENVER AMERICAN INDIAN COMMISSION Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 07-30-2012 End Date: NONE Tech Date: 07-11-2014

Resolution: 0526 2012 Addendum: `

Date Printed: 07-08-2014 Page 1 of 1

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.

Type or print in blue or black ink.

Board or Commission you are applying for: Denver American Indian Commission								
Last Name: Lockhalt First Name: Genny								
Occupation/Employer:								
Work Address: P.O. Box 20555 City: Boulder Zip: 80308								
Work E-mail Address: genma, lockhock @ gmail. Com								
Work Phone: 720.979.6569 Work/Home Fax:								
Home Address: 7863 S. Everett St. City: Littleton Zip: 80(28)								
Home Phone: Cell Phone/ Pager: Cell Phone/ Pager:								
Home E-mail Address:								
Are you a registered voter? Yes No If so, what county? <u>Sefferson</u>								
Denver City Council District No.:								
Ethnicity/Tribal Affiliation(s) (Optional) Rosebud Story Wibe								
Highest Level of Education or Degree Earned: Year Completed:Y								
Memberships/ Organizations/ Volunteer Activities (include past or present):								
Colorado Women's Leadership Circles of Influence								
Light of the world Catholic Church - Adoration								
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number Francine Campone Democr, CO 303.862.7710								
Dik Darnell Hotchkiss, (0 303, 910, 3830								
Lula Fred Cloud Hermosa, SD 605.255.4952								
Special Information: s 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 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