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: <u>November 20, 2014</u>	
Please mark one:		🛛 Bi	ill Request	or		Resolution Request	
1.	. Has your agency submitted this request in the last 12 months?						
	☐ Yes	N	0				
	If yes, please explain:						
2.	Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with: <u>Kaiser Foundation Health Plan of</u> <u>Colorado</u> for employee health care insurance benefits.						
3.	Requesting Agend	;y:	Office of Human Resou	rces			
4.	 Contact Person: (with actual knowledge of proposed ordinance) Name: Heather Britton Phone: 720-913-5699 Email: heather.britton@denvergov.org 						

- 5. Contact Person: (with actual knowledge of proposed ordinance <u>who will present the item at Mayor-Council and who</u> <u>will be available for first and second reading, if necessary</u>)
 - Name: Heather Britton
 - Phone: 720-913-5699
 - Email: heather.britton@denvergov.org

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

Agreement for <u>Kaiser Foundation Health Plan of Colorado</u> to provide medical insurance in 2014 to eligible employees of the Denver Fire Department, contract amount not to exceed \$16,044,000. Contract ID#CSAHR-201417747-00.

Please include the following:

- a. Duration:
- b. Location:
- c. Affected Council District:
- d. Benefits:
- e. Costs:
- 7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) Please explain.

None known