

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor’s Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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: **November 28, 2016**\_\_\_\_\_

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:** Request for approval of contract, pursuant to Charter § 3.2.6(E), with Denver Health Medical Plan for employee medical insurance benefits.

3. **Requesting Agency:** Office of Human Resources

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

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@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:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

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

Agreement for Denver Health Medical Plan to provide medical insurance in 2017 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police departments, contract amount not to exceed \$7,018,554.96. Contract ID# CSAHR-201631067-00

***\*\*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:** 01/01/2017 – 12/31/2017
- 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.**

None Known

*To be completed by Mayor’s Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_