

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 **a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 05/07/2025

Please mark one: ☐ Bill Request or ☒ Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

☐ Yes ☒ No

1. Type of Request:

- ☐ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change
☒ Other: Board/Commission Appointment

2. **Title:** (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves the Mayor's reappointment to the Denver Health & Hospital Authority. Approves the reappointment of Richard James 'Jim' Chavez to the Denver Health & Hospital Authority for a term from 7-1-2025 through 6-30-2030 or until a successor is duly appointed, citywide.

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

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Esther Lee Leach	Name: Esther Lee Leach
Email: esther.leeleach@denvergov.org	Email: esther.leeleach@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

Reappointment of board member to Denver Health & Hospital Authority

6. City Attorney assigned to this request (if applicable):

7. **City Council District:** Citywide

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

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Resolution/Bill Number: _____

Date Entered: _____