

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MailHighOrdinance@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: February 11, 2014

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:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

To approve the Mayoral reappointments of Bridget Kaminetsky and Elizabeth Horn to the Denver Welfare Reform Board for terms effective immediately and expiring January 1, 2017 OR until a successor is duly appointed.

3. **Requesting Agency:** 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 of proposed ordinance including contract scope of work if applicable:**

[Insert general description here.]

****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:** Terms effective immediately and expiring January 1, 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.*

[Start typing here.]

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

Boards and Commissions - Applicant Information

Printed Date: 02-11-2014

Prefix: UNDECLARED **Last Name:** KAMINETSKY **First Name:** BRIDGET **Middle Name:**
Applicant/Appointee Record Id: 3631 **Date Last Modified:** April-18-2012 09:35:01 AM MDT **App Deleted Flag:**
Occupation: LEAD COMMUNITY ORGANIZER
Employer: 9TO5, NATIONAL ASSOC OF WORKING WOMEN
Work Email:
Work Address:
Work City: **Work State:** CO **Work Zip:** **Work Zip Ext:**
Work Phone: **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**
Home Email: BJREAVY@GMAIL.COM
Home Address: 2349 FRANKLIN STREET
Home City: DENVER **Home State:** CO **Home Zip:** 80205 **Home Zip Ext:**
Home Phone: **Home Cell Phone:** 720-979-3289
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: UNDECLARED **Date Submitted:** April-18-2012 09:35:01 AM MDT

Boards Applying For:

WELFARE REFORM BOARD DENVER

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: 4850 **BoardName:** WELFARE REFORM BOARD DENVER **Delete Flag:** N
Status: MEMBER **Reason:** APPOINTED **Start Date:** 04-16-2012 **End Date:** NONE **Tech Date:** 01-01-2014
Resolution: 0247 2012 **Addendum:** REPL HERNANDEZ

Boards and Commissions - Applicant Information

Printed Date: 02-11-2014

Prefix: MS. Last Name: HORN First Name: ELIZABETH Middle Name: H

Applicant/Appointee Record Id: 990 Date Last Modified: January-19-2006 10:25:11 AM MST App Deleted Flag:

Occupation: RETIRED

Employer: SOCIAL WORKER

Work Email:

Work Address:

Work City: Work State: CO Work Zip: Work Zip Ext:

Work Phone: Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: GILHORN@JUNO.COM

Home Address: 1555 LOCUST ST.

Home City: DENVER Home State: CO Home Zip: 80220 Home Zip Ext:

Home Phone: 303-322-5572 Home Cell Phone:

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

City Council District: 11 City Council Other:

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

Education Level: MASTERS Year Completed: 1981

Experience: UNDECLARED Interest: UNDECLARED Confidence: NO

Confidence Extension:

City Employed: NO Date Submitted: May-06-2005 09:03:19 AM MDT

Boards Applying For:

WELFARE REFORM BOARD DENVER

References

Reference 1: First Name: ROXANE Last Name: WHITE Phone: 720-944-1700

Reference 2: First Name: Last Name: Phone:

Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

ALL FAMILIES DESERVE A CHANCE COALITION, LEAGUE OF WOMEN VOTERS, COLORADO ANTI-HUNGER NETWORK.

Board Assignment Information:

Relation Id: 4462 BoardName: WELFARE REFORM BOARD DENVER Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 01-12-2011 End Date: NONE Tech Date: 01-01-2014

Resolution: Addendum: AT-LARGE REP

Relation Id: 2569 BoardName: WELFARE REFORM BOARD DENVER Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 01-01-2006 End Date: 01-01-2010 Tech Date: 01-01-2010

Resolution: 22 2006 Addendum: REP. SERVICE PROVIDERS, REAPPT.

Relation Id: 990 BoardName: WELFARE REFORM BOARD DENVER Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 02-03-2003 End Date: 12-31-2005 Tech Date: 01-01-2006