

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: January 31, 2013

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 reappointment of Curtis Garrett and the appointments of Jessica Sweeney, Elizabeth Woodruff, Becky Zimmermann, Michele McCandless, Aleaza Goldberg and Edward Schneider to the Denver Commission for People with Disabilities for terms effective immediately and expiring on September 30, 2014 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 September 30, 2014
- 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: 01-31-2013

Prefix: UNDECLARED **Last Name:** GARRETT **First Name:** CURTIS **Middle Name:**

Applicant/Appointee Record Id: 3218 **Date Last Modified:** March-02-2010 02:32:52 AM MST **App Deleted Flag:**

Occupation: RECREATION ADMINISTRATION

Employer: PARKS

Work Email:

Work Address: 1849 EMERSON STREET

Work City: DENVER **Work State:** CO **Work Zip:** 80218 **Work Zip Ext:**

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

Home Email: CERCULES@COMCAST.NET

Home Address: 8361 EMERSON STREET

Home City: DENVER **Home State:** CO **Home Zip:** 80229 **Home Zip Ext:**

Home Phone: 303-495-3937 **Home Cell Phone:** 303-726-2165

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:** March-02-2010 02:32:52 AM MST

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:

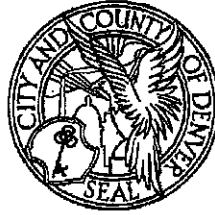
Board Assignment Information:

Relation Id: 4303 **BoardName:** PEOPLE WITH DISABILITIES COMMISSION FOR **Delete Flag:** N

Status: MEMBER **Reason:** APPOINTED **Start Date:** 02-19-2010 **End Date:** NONE **Tech Date:** 03-01-2012

Resolution: 58 2010 **Addendum:**

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,
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: Commission for People with Disabilities
Last Name: Sweeney First Name: Jessica

Occupation/Employer: Government Relations Director / Mountain States Chapter Paralyzed Veterans of America

Work Address: 12200 East Iliff Ave. #107 City: Aurora Zip: 80014

Work E-mail Address: Jsweneey@mscpva.org

Work Phone: 303-597-0038 Work/Home Fax: 303-597-0039

Home Address: 1220 Gaylord Street #301 City: Denver Zip: 80206

Home Phone: 720-629-0550 Cell Phone/ Pager: 720-629-0550

Home E-mail Address:
swnyjsse@yahoo.com

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: 10 Ethnicity Caucasian

Highest Level of Education or Degree Earned: Masters Year Completed: 2007

Memberships/ Organizations/ Volunteer Activities (include past or present):

Board of Director Member for the Metro Denver Promotion of Letters

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Kim Welch</u>	<u>Louisville, CO</u>	<u>720-352-0149</u>
<u>Amy Widmann</u>	<u>Denver, CO</u>	<u>303-359-4559</u>
<u>Mary Lutz</u>	<u>recently moved from Denver to Wisconsin</u>	<u>720-280-5541</u>

Special Information:

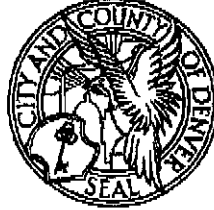
Is there anything that would adversely affect public confidence in your appointment or service? Yes No
If yes, please explain on a separate sheet of paper.

[Signature] 10/24/12
Signature Date

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions
1437 Bannock Street, Room 350
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, 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 Commission for People with Disabilities

Last Name: Woodruff First Name: Elizabeth

Occupation/Employer: Education Coordinator/Assistive Technology Partners

Work Address: 601 E. 18th Ave, Suite 130 City: Denver Zip: 80203

Work E-mail Address: elizabeth.woodruff@ucdenver.edu

Work Phone: 303.315.0591 Work/Home Fax: 303.837.1208

Home Address: 1279 Lafayette St. Apt C City: Denver Zip: 80218

Home Phone: cell Cell Phone/ Pager: 970.310.5148

Home E-mail Address: elizabeth.jo.woodruff@gmail.com

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: 10 Ethnicity: Caucasian

Highest Level of Education or Degree Earned: MA - Political Science Year Completed: 2010

Memberships/ Organizations/ Volunteer Activities (include past or present):
Volunteer: Denver Firefighter's Museum; Learning Ally;
10,000 Village; Living Beyond Breast Cancer

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>April Legy</u>	<u>1405 Downing St, Denver</u>	<u>970.231.6473</u>
<u>Sarah Barthel</u>	<u>15416 Hudson St, Denver</u>	<u>303.399.3112</u>
<u>Maureen Melonis</u>	<u>9331 Chambray Ln, Highlands Ranch</u>	<u>303.315.1283</u>

Special Information:
Is 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] Oct. 25, 2012
Signature Date

Return Completed Form to:
Anthony R. Aragon, Director of Boards and Commissions
1437 Bannock Street, Room 350
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
anthony.aragon@denvergov.org



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- [Boards and Commissions Listing](#)
- [Contact Us](#)
- [Links to Boards and Commissions](#)

Application Form

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 Commission for People with Disabilities

Last Name: Zimmermann First Name: Becky

Occupation/Employer: National Sports Center for the Disabled President/CEO

Work Address: 1801 mile High Stadium Circle, #1500 Denver Zip: 80204

Work E-mail Address: DBimm@nscd.org

Work Phone: 303.293.5319 Work/Home Fax:

Home Address: 1380 S. Rac St City: Denver Zip: 80210

Home Phone: 303.897.6239 Cell Phone/ Pager:

Home E-mail Address:

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: 6
Ethnicity Caucasian

Highest Level of Education or Degree Earned: MBA Year
Completed: 1992

Memberships/ Organizations/ Volunteer Activities (include past or present):

Colorado Nonprofit Association
YPO (Young Presidents Association)
American Planning Association

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone
Todd Frederickson	1999 Broadway, #3300, Denver 80202	303.218.3660
Gay DeFranke	85 Parson Rd, Winter Park 80482	970.726.1510
Jeff Z... Terri Harrington	1390 Lawrence St, Denver 80204	303.623.5186

Special Information:

Is 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.

10/26/12 [Signature]
Date Signature

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

BOARDS AND COMMISSIONS APPLICATION

Please complete the following information, attach a cover letter, current resume or biography and return to address below.

Board or Commission you are applying for: **Denver Commission for People with Disabilities**

Last Name: **McCandless** First Name: **Michele**

Occupation/Employer: **University of Denver; director, Disability Services Program**

Work Address: 1999 E. Evans Ave., 4th floor City: Denver Zip: 80208

Work E-mail Address: **Michele.McCandless@studentlife.du.edu**

Work Phone: **303.871.2278** FAX 303.871.2248

Home Address: 7218 E. Appleton Circle City: Centennial Zip: 80112

Home Phone: N/A Cell Phone: **303.638.7261**

Home E-mail Address: N/A

Are you a registered voter? Yes No If so, what county? Yes, Arapahoe County

Denver City Council District No.: _____ Ethnicity Caucasian

Highest Level of Education or Degree Earned: **Masters - Social Work, DU Year Completed: 2005**

Memberships/ Organizations/ Volunteer Activities (include past or present):

- Colo/Wyo Consortium of Disability Service Providers in Higher Education
- Advocate/friend for adult who has severe developmental disabilities (15 years)
- Member of planning team for national Association on Higher Education And Disability (AHEAD) Denver conference, July 2010.

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
1. Maria Armstrong	5179 S. Pearl St., Littleton	303.789.9910 (12 years)
2. Roberta Albi, PhD	2565 S. Birch St., Denver	303.758.5683 (40 years)
3. Chanda Hinton Leichtle	4226 Raritan St., Denver	303-246-4290 (12 years)

Special Information:

Is 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. **NO.**

Michele McCandless 11-1-12

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

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full, 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 Commission for People with Disabilities

Last Name: Goldberg First Name: Aleaza

Occupation/Employer: Speech/Language Pathologist; Assistive Technology Specialist

Work Address: Assistive Technology Partners 601 E. 19th Ave. # 930 City: Denver Zip: 80203

Work E-mail Address: aleaza.goldberg@ucdenver.edu

Work Phone: 303-315-1277 Work/Home Fax: 303-837-1208

Home Address: 8564 E. 28th Ave City: Denver Zip: 80238

Home Phone: 303-433-8022 Cell Phone/Pager: *303-514-3998

Home E-mail Address: aleaza@comcast.net

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: 11 Ethnicity White

Highest Level of Education or Degree Earned: MA Year Completed: 1993

Memberships/ Organizations/ Volunteer Activities (include past or present):
American Speech-Language-Hearing Association

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
<u>Cathy Bodine, Ph.D, CCC-SLP</u>		<u>303-315-1281</u>
<u>Terrell Curtis</u>		<u>303-588-2746</u>
<u>Brian Burne, MSM, OTR</u>		<u>303-315-1287</u>

Special Information:

Is 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]
Signature

10/23/2012
Date

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions
1437 Bannock Street, Room 350
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anthony.aragon@denvergov.org

Certification

National Association of Legal Assistants

Certified Paralegal 2007-Present
Advanced Certified Paralegal *Civil Litigation, Business Law, Family Law, Real Estate*

United Kingdom Institute of Paralegals

Certified Paralegal 2007-2011
Specialty Paralegal 2010-Present International Law/ Business
Licensed Fellows 2011-Present Business

Westlaw Certified Paralegal

Legal Research 2010-Present

American Red Cross

CPR/AED Expires: December 2012
First Aid Expires: December 2012
ACLS Expires: August 2015

State of Michigan Department of Community Health

Emergency Medical Technician-Critical Care
Expires: August 2012

Proficiencies

- Microsoft Office Platforms (Office 2007; Word; Excel; Outlook; Powerpoint), Lotus Notes, SAP, Reimbursement Technology, Quickbooks, Financial Statement drafts, ProLaw, Westlaw, LexisNexis, FinPlan, Trial Prep
 - French Language, American Sign Language, German
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