

## 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: **July 10, 2012**

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 appointment of Mamay Worku to the Denver Commission on Aging for a term effective immediately and expiring on August 31, 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](mailto: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](mailto: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:** Term effective immediately and expires on August 31, 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 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: Commission on Aging \_\_\_\_\_

Last Name: Worku First Name: Mamay

Occupation/Employer: \_\_\_\_\_ City and County of Denver, Office of Economic Development \_\_\_\_\_

Work Address: 1200 Federal BLVD City: Denver Zip: 80204

Work E-mail Address: mamay.worku@denvergov.org

Work Phone: 720-944-2149 Work/Home Fax: 720-944-1717

Home Address: 5142 Liverpool Way City: Denver Zip: 80249

Home Phone: 303-576-9939 Cell Phone/ Pager: 720-275-0349

Home E-mail Address: mamayworku@comcast.net

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

Denver City Council District No.: \_\_\_\_\_ Ethnicity (Optional) African

Highest Level of Education or Degree Earned: BA in Human Services Year Completed: 1995

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

People to People – Secretary of Board of Directors

BLR INC- , Service to the elderly, Founder/President

Please see attached resume for additional information

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

**Name**

**Address**

**Phone Number**

Laura Stillman, RN Administrator/Director of Clinical Services for Human Touch Home Health 8973 E  
Kenyon Ave 303-798-4219

Deacon Yoseph Tafari, 7800 W. Jewell Ave. Unit J Lakewood, CO 80232, 303- 988-1560

Kristine Clark Resident Services Director, River Point Senior Living, 5225 S Prince Street, Littleton CO  
80123, 303-797-0600

## 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.

Mamay Worku  
Signature

June 6th, 2012\_  
Date

## Return Completed Form to:

Suzan Moore, Director of Boards and Commissions  
City and County of Denver Building, Room 350

Denver, CO 80202 Phone: (720) 865-9034 Fax: (720) 865-8787

Suzan.moore@denvergov.org