

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: March 6, 2015

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 appointments of Barry Burch, Jr., Katherine Burse, Brandé Micheau, Shayla Sanders and Victoria Wisdom to the Denver African American Commission for a terms effective immediately and expiring on May 1, 2016 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 expire on May 1, 2016
- 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.**

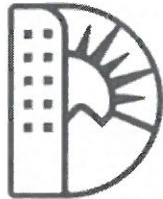
[Start typing here.]

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

BOARDS AND COMMISSIONS APPLICATION



DENVER

THE MILE HIGH CITY

Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Denver African American Commission

Last Name: Burch, Jr First Name: Barry

Occupation/Employer: Mayor's Office

Work Address: 1437 Bannock Street, Rm 350 City: Denver Zip: 80202

Work E-mail Address: barry.burch@denvergov.org

Work Phone: 720-865-9128 Work/Home Fax: _____

Home Address: 1001 E. Bayaud Ave, Apt 19 City: Denver, CO Zip: 80209

Home Phone: _____ Cell Phone/ Pager: 720-448-5691

Home E-mail Address: barryburchjr@gmail.com

Are you a registered voter? Yes No If so, what county? U.S.

Colorado ID or Driver's License Number: 12-333-0595

Denver City Council District No.: 7 Ethnicity African-American

Highest Level of Education or Degree Earned: BA Year Completed: 2009

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

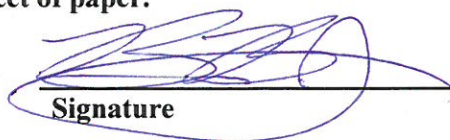
Kappa Alpha Psi, Inc., Intern with Councilman Albus Brooks of District 8, Intern with the Colorado Democratic party, Denver Public Schools

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

Name	Address	Phone Number
<u>Levi Johnson</u>	<u>Denver, CO</u>	<u>303-880-0433</u>
<u>Albus Brooks</u>	<u>Denver, CO</u>	<u>720-220-4632</u>
<u>Brandi Micheau</u>	<u>Denver, CO</u>	<u>720-337-8881</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.

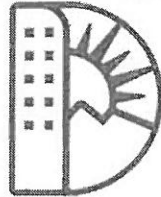

Signature

12/10/14
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



DENVER THE MILE HIGH CITY

Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: African American Commission (DAAC)

Last Name: Burse First Name: Katherine

Occupation/Employer: Public Affairs Specialist, USDA (Dept. of Agriculture)

Work Address: Denver Federal Center City: Denver Zip: 80225

Work E-mail Address: Katherine.burse-johnson@co.usda.gov

Work Phone: 720-544-2863 Work/Home Fax: 720-544-2965

Home Address: 18892 E Oregon Dr City: Aurora Zip: 80017

Home Phone: Cell Phone/ Pager: 303-489-5557

Home E-mail Address: Katherine.burse@yahoo.com

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

Colorado ID or Driver's License Number: 97-182-0649

Denver City Council District No.: Ethnicity African-American

Highest Level of Education or Degree Earned: BS Year Completed: 2001

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

Chamber Connect 2014 Alum, NOPBNRCSE Executive Board Rep and Chapter President (National Organization of Professional Black Natural Resources Conservation Service Employees) Chair of NRCs Civil Rights Committee

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

Name Address Phone Number

Ed Wingfield 103 S Granby Ct, Aurora 720-297-1910, Pres. Chamber Connect

Chris Herndon 41685 Pennia St, Denver 720-337-7711 Councilman,

William T. Golson 14333 Bolling Dr, Denver 303-375-0754 True Light Baptist

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes (No)

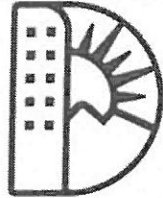
If yes, please explain on a separate sheet of paper.

Signature Katherine Burse Date 1/8/15

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



DENVER
THE MILE HIGH CITY

Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: DENVER AFRICAN AMERICAN COMMISSION

Last Name: MICHEAU First Name: BRANDE

Occupation/Employer: CITY & COUNTY OF DENVER

Work Address: 2855 TREMONT PL City: DENVER Zip: 80205

Work E-mail Address: BRANDE.MICHEAU@DENVER.GOV

Work Phone: 7/337-8888 Work/Home Fax: N/A

Home Address: 2917 CLAYTON ST City: DENVER Zip: 80205

Home Phone: 3/434-3294 Cell Phone/ Pager: 3/434-3294

Home E-mail Address: BRANDE.MICHEAU@GMAIL.COM

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

Colorado ID or Driver's License Number: 96-234-0906

Denver City Council District No.: 8 Ethnicity BLACK

Highest Level of Education or Degree Earned: M.S Year Completed: 2013

Memberships/ Organizations/ Volunteer Activities (include past or present):
BOARD MEMBER DENVER SISTER CITIES INT
ONE COLORADO - PEOPLE OF COLOR COMMITTEE
COLORADO BLACK CHAMBER LEADERSHIP FOUNDATION

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

Name	Address	Phone Number
<u>AUBUS BROWN</u>	<u>UPON REQUEST</u>	<u>7/220-4032</u>
<u>ANTHONY GRAVER</u>	<u>" "</u>	<u>3/579-7063</u>
<u>BARCLAY JONES</u>	<u>" "</u>	<u>3/907-3962</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.

Brandi Miche 12/11/14
 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,
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: The Denver African American Commission

Last Name: Sanders First Name: Shayla

Occupation/Employer: African American Outreach Organizer / New Era Colorado

Work Address: 1722 Humboldt St City: Denver Zip: 80218

Work E-mail Address: Shayla@neweracolorado.org

Work Phone: 303-905-4766 Work/Home Fax: _____

Home Address: 3610 Ivy St City: Denver Zip: 80207

Home Phone: _____ Cell Phone/ Pager: 303-905-4766

Home E-mail Address: Shaylaki1@gmail.com

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

Denver City Council District No.: 11 Ethnicity (Optional) African American

Highest Level of Education or Degree Earned: Bachelors Year Completed: 2014

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

New Era Colorado, (AAECI) African American Civic Engagement Initiative,

Colorado Black Women For Political Action, (C.O.A.T.) Community Organizations Aligning Together

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

Name	Address	Phone Number
<u>Lizzy Stephan</u>	<u>1722 Humboldt St Denver, 80210</u>	<u>845-551-6843</u>
<u>Levi Johnsen</u>	<u>2842 Vine St Denver, 80207</u>	<u>303-880-0433</u>
<u>Feven Netsanet</u>	<u>1437 Bannock St, Denver, 80202</u>	<u>720 495-1373</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.

Shayla Sanders 1/9/2015
Signature Date

Return Completed Form to:

Anthony R. 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@ci.denver.co.us

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: AFRICAN AMERICAN
Last Name: Wisdom First Name: VICTORIA
Occupation/Employer: Licensed Psychotherapist - Self Employed
Work Address: 2323 S. Tray St City: Aurora Zip: 80014
Work E-mail Address: 4therapy@victoriawisdom.com
Work Phone: 303 946-9071 Work/Home Fax: 303 480-5755
Home Address: 9200 Cherry Creek S. Dr #49 City: DENVER Zip: 80231
Home Phone: 303 946-9071 Cell Phone/ Pager: 303 946-9071
Home E-mail Address: vjwisdom@msn.com
Are you a registered voter? Yes No If so, what county? DENVER
Denver City Council District No.: 4 Ethnicity (Optional) AFRICAN AMERICAN
Highest Level of Education or Degree Earned: PhD Year Completed: 2014
Memberships/ Organizations/ Volunteer Activities (include past or present):
GIVE AN HOUR - Pro bono counseling to veterans
EARTHlinks - Pro bono counseling to low income community

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

Name	Address	Phone Number
<u>Jerry Shelton</u>	<u>Parker Co</u>	<u>(303) 688-6311</u>
<u>MARK Bonifer</u>	<u>Indianapolis IN</u>	<u>(317) 513-7829</u>
<u>MARK Montijo</u>	<u>Antioch CA</u>	<u>(925) 813-7859</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.

Dr. Victoria J. Wisdom PhD 1/2/15
Signature Date

Return Completed Form to:

Anthony R. 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@ci.denver.co.us