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: July 7, 2015

Please mark one:		☐ Bill Request	or	XX	Resolution Request			
1.	Has your agency submitted this request in the last 12 months?							
	☐ Yes	XX No						
	If yes, please e	xplain:						
2.	Title: (Include a concise, one sentence description – please include name of company or contractor and contract control re- that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.) Approves the Mayoral appointment of Denise Bryant to the Denver Office of Strategic Partnerships Commission for a effective immediately and expiring April 20, 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							
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5.	will be available for first and second reading, if necessary.) Name: Anthony Aragon Phone: 720-865-9032							
	• Email: anthony	y.aragon@denvergov.org						
6.	er proposed or animale metading contract scope of work it applicable.							
	[Insert general d	escription here.]						
**P ente	Please complete the fo er N/A for that field – j	llowing fields: (Incomple please do not leave blank	ete fields m k.)	ay resu	sult in a delay in processing. If a field is not applicable, please			
	a. Contract C	ontrol Number:						
	b. Duration:c. Location:	Term effective immedia	ately and ex	xpiring	g April 20, 2017			
		ouncil District:						
	e. Benefits:							
	f. Costs:							
7.	Is there any controv explain.	ersy surrounding this o	rdinance?	(Group	ups or individuals who may have concerns about it?) Please			
	[Start typing here	÷.]						
		To be o	completed b	y Mayo	yor's Legislative Team:			
SIRI	E Tracking Number:		_		Date Entered:			
					Revised 08/16/	/10		

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	e applying for:_DOS	P Commission								
Last Name: Bryant	1	First Name: <u>Denis</u>	e							
Occupation/Employer: Direct										
Work Address: _201 W. Colf	fax Ave. Dept. 208	City: <u>Denver</u>	Zip: <u>802</u>	202						
Work E-mail Address: _Denis	se.Bryant@denvergo	v.org								
Work Phone: <u>_720-913-1548</u>										
Home Address: 10000 E. A	lameda Ave. #210	City: _Denver_	Zip:	80247						
Home Phone:	5	Cell Phone/ Page	er: <u>720-234-162</u>	<u>6</u>						
Home E-mail Address:dy_										
Are you a registered voter?										
Colorado ID or Driver's Licer										
Denver City Council District 1	No.: <u>5</u>	Ethnicity Af	rican-American							
Highest Level of Education or	Degree Earned: _M	aster's Degree	Year Comple	eted:						
Memberships/ Organizations/	Volunteer Activities	(include past or pres	sent): N/A							
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number										
Ebony Campbell	65 E. Van Buren, C	hicago, IL	312-498-9324							
Lucas Fopma	65 E. Van Buren, C	hicago, IL	773-851-4420							
Mary Howard	65 E. Van Buren, C	hicago, IL	312-287-2360	730.2						
Special Information: Is there anything that would ad If yes, please explain on a sep	versely affect public	confidence in your	appointment or ser	rvice? Yes <u>No</u>						
Return Completed Form to	Signat	nus Ryon ure		/5/2015 ate						

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