

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: October 30, 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: Request for approval of contract, pursuant to Charter § 3.2.6(E), with Colorado Dental Services, Inc, d/b/a Delta Dental of Colorado for employee dental insurance benefits.

3. Requesting Agency: Office of Human Resources

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

5. Contact Person: *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

Agreement for Colorado Dental Services, Inc. d/b/a, Delta Dental of Colorado to provide dental insurance in 2016 to eligible employees and classified members of the police and fire departments. Approval to purchase granted under COUNCIL BILL NO. BR15-0413. Contract amount not to exceed \$15,775,000.00. Contract ID#CSAHR-201525104-00

Please include the following:

- a. Duration:** January 1, 2016 – December 31, 2016
- b. Location:** NA
- c. Affected Council District:** NA
- d. Benefits:** NA
- e. Costs:** NA

7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) **Please explain.**

None known