

## 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: August 10, 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 reappointments of Tom Case, Cec Ortiz, Maureen Spiegleman, Beverly Sunshine and Janine Vanderburg to the Denver Commission on Aging for terms effective immediately and expiring August 31, 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](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:** Terms effective immediately and expiring August 31, 2017
- 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: 08-10-2015

**Prefix:** UNDECLARED **Last Name:** CASE **First Name:** THOMAS **Middle Name:**

**Applicant/Appointee Record Id:** 3871 **Date Last Modified:** January-15-2014 12:05:17 PM MST **App Deleted Flag:**

**Occupation:** AGENT

**Employer:** UNITED HEALTH CARE MEDICARE SOLUTIONS

**Work Email:**

**Work Address:** 6455 S. YOSEMITE 600

**Work City:** GREENWOOD VILLAGE **Work State:** CO **Work Zip:** 80111 **Work Zip Ext:**

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

**Home Email:** TWC2395@COMCAST.NET

**Home Address:** 2395 S. OSCEOLA STREET

**Home City:** DENVER **Home State:** CO **Home Zip:** 80219 **Home Zip Ext:**

**Home Phone:** **Home Cell Phone:** 303-358-7001

**Birth Date:** July-04-2776 12:00:0 **Gender:** MALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED

**City Council District:** 2 **City Council Other:**

**Registered Voter:** YES **Registered County:** DENVER **Political Affiliation:** UNDECLARED

**Education Level:** **Year Completed:**

**Experience:** UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED

**Confidence Extension:**

**City Employed:** UNDECLARED **Date Submitted:** January-15-2014 12:05:17 PM MST

### Boards Applying For:

DENVER COMMISSION ON AGING

### 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:** 5161 **BoardName:** DENVER COMMISSION ON AGING **Delete Flag:** N

**Status:** MEMBER **Reason:** APPOINTED **Start Date:** 12-24-2013 **End Date:** NONE **Tech Date:** 08-31-2015

**Resolution:** 0951 2013 **Addendum:**

## Boards and Commissions - Applicant Information

Printed Date: 08-10-2015

Prefix: MS. Last Name: ORTIZ First Name: CEC Middle Name:

Applicant/Appointee Record Id: 479 Date Last Modified: March-06-2006 04:51:05 AM MST App Deleted Flag:

Occupation:

Employer: DIRECTOR MOWD

Work Email:

Work Address: 1391 SPEER BLVD.

Work City: DENVER Work State: CO Work Zip: 80204 Work Zip Ext:

Work Phone: (720)865-5700 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: CECLIA.ORTIZ@CI.DENVER.CO.US

Home Address: 3268 TENNYSON

Home City: DENVER Home State: CO Home Zip: 80212 Home Zip Ext:

Home Phone: 303-433-0166 Home Cell Phone: 303-888-4614

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: HISPANIC GLBT: UNDECLARED

City Council District: 1 City Council Other:

Registered Voter: YES Registered County: Political Affiliation: UNDECLARED

Education Level: BS Year Completed: 1994

Experience: ECONOMIC DEVELOPMENT Interest: NEIGHBORHOOD SERVICES Confidence: NO

Confidence Extension:

City Employed: YES Date Submitted: May-06-2005 09:00:44 AM MDT

### Boards Applying For:

DENVER COMMISSION ON AGING

HOUSING PLAN TASK FORCE

### 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: 5162 BoardName: DENVER COMMISSION ON AGING Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 12-23-2013 End Date: NONE Tech Date: 08-31-2015

Resolution: 0951 2013 Addendum:

Relation Id: 2950 BoardName: GREENPRINT COUNCIL Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 04-24-2006 End Date: 01-01-2008 Tech Date: NONE

Resolution: Addendum:

Relation Id: 479 BoardName: HOMELESS COMMISSION ON Delete Flag: N

## Boards and Commissions - Applicant Information

Printed Date: 08-10-2015

**Prefix:** UNDECLARED **Last Name:** SPIEGLEMAN **First Name:** MAUREEN **Middle Name:**  
**Applicant\Appointee Record Id:** 3872 **Date Last Modified:** January-15-2014 12:10:42 PM MST **App Deleted Flag:**  
**Occupation:** STUDENT  
**Employer:**  
**Work Email:**  
**Work Address:**  
**Work City:** **Work State:** CO **Work Zip:** **Work Zip Ext:**  
**Work Phone:** **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**  
**Home Email:** MAUREEN\_S@ME.COM  
**Home Address:** 470 S. LAFAYETTE STREET  
**Home City:** DENVER **Home State:** CO **Home Zip:** 80439 **Home Zip Ext:**  
**Home Phone:** **Home Cell Phone:** 303-913-9166  
**Birth Date:** July-04-2776 12:00:0 **Gender:** FEMALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED  
**City Council District:** 6 **City Council Other:**  
**Registered Voter:** YES **Registered County:** DENVER **Political Affiliation:** UNDECLARED  
**Education Level:** **Year Completed:**  
**Experience:** UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED  
**Confidence Extension:**  
**City Employed:** UNDECLARED **Date Submitted:** January-15-2014 12:10:42 PM MST

### Boards Applying For:

DENVER COMMISSION ON AGING

### 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:** 5164 **BoardName:** DENVER COMMISSION ON AGING **Delete Flag:** N

**Status:** MEMBER **Reason:** APPOINTED **Start Date:** 12-23-2013 **End Date:** NONE **Tech Date:** 08-31-2015

**Resolution:** 0951 2013 **Addendum:**

## Boards and Commissions - Applicant Information

Printed Date: 08-10-2015

Prefix: UNDECLARED Last Name: SUNSHINE First Name: BEVERLY Middle Name:

Applicant/Appointee Record Id: 3873 Date Last Modified: January-15-2014 12:13:05 PM MST App Deleted Flag:

Occupation: RETIRED

Employer:

Work Email:

Work Address:

Work City: Work State: CO Work Zip: Work Zip Ext:

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

Home Email: BEVLARRYSUNSHINE@MSN.COM

Home Address: 1551 LARIMER STREET 602

Home City: DENVER Home State: CO Home Zip: 80202 Home Zip Ext:

Home Phone: 303-623-2556 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: 9 City Council Other:

Registered Voter: YES Registered County: DENVER Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: January-15-2014 12:13:05 PM MST

### Boards Applying For:

DENVER COMMISSION ON AGING

### 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: 5165 BoardName: DENVER COMMISSION ON AGING Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 12-31-2013 End Date: NONE Tech Date: 08-31-2015

Resolution: 0951 2013 Addendum:

## Boards and Commissions - Applicant Information

Printed Date: 08-10-2015

**Prefix:** UNDECLARED **Last Name:** VANDERBURG **First Name:** JANINE **Middle Name:**

**Applicant/Appointee Record Id:** 3874 **Date Last Modified:** January-15-2014 12:15:29 PM MST **App Deleted Flag:**

**Occupation:** CEO

**Employer:** JVA CONSULTING

**Work Email:**

**Work Address:** 2465 SHERIDAN BOULEVARD

**Work City:** DENVER **Work State:** CO **Work Zip:** 80214 **Work Zip Ext:**

**Work Phone:** 303-477-4896 **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**

**Home Email:** JANINE@JVACONSULTING.COM

**Home Address:** 2043 GROVE STREET

**Home City:** DENVER **Home State:** CO **Home Zip:** 80211 **Home Zip Ext:**

**Home Phone:** **Home Cell Phone:** 720-236-8496

**Birth Date:** July-04-2776 12:00:0 **Gender:** FEMALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED

**City Council District:** 1 **City Council Other:**

**Registered Voter:** YES **Registered County:** DENVER **Political Affiliation:** UNDECLARED

**Education Level:** **Year Completed:**

**Experience:** UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED

**Confidence Extension:**

**City Employed:** UNDECLARED **Date Submitted:** January-15-2014 12:15:29 PM MST

### Boards Applying For:

DENVER COMMISSION ON AGING

### 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:** 5166 **BoardName:** DENVER COMMISSION ON AGING **Delete Flag:** N

**Status:** MEMBER **Reason:** APPOINTED **Start Date:** 12-23-2013 **End Date:** NONE **Tech Date:** 08-31-2015

**Resolution:** 0951 2013 **Addendum:**