

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: December 17, 2013

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.)*

Approve the Mayoral reappointments of Scott Field, Christopher Colwell and Kathryn Beauchamp to the Regional Emergency Medical and Trauma Council (RETAC) for terms effective January 1, 2016 and expiring December 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

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 January 1, 2016 and expire December 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: 11-30-2015

Prefix: UNDECLARED **Last Name:** FIELD **First Name:** SCOTT **Middle Name:**

Applicant/Appointee Record Id: 3471 **Date Last Modified:** September-27-2011 07:39:37 AM MDT **App Deleted Flag:**

Occupation: DIRECTOR

Employer: DENVER OFFICE OF EMERGENCY MANAGEMENT

Work Email: SCOTT.FIELD@DENVERGOV.ORG

Work Address: 1437 BANNOCK STREET, ROOM 3

Work City: DENVER **Work State:** CO **Work Zip:** 80202 **Work Zip Ext:**

Work Phone: 720-865-7603 **Work Phone Ext:** **Work Fax:** **Work Cell Phone:**

Home Email: WSCOTTFIELD@COMCAST.NET

Home Address: 3315 W. 37TH AVENUE

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

Home Phone: **Home Cell Phone:** 303-888-8256

Birth Date: July-04-2776 12:00:0 **Gender:** MALE **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: YES **Date Submitted:** September-27-2011 07:39:37 AM MDT

Boards Applying For:

REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC

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: 4627 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** REAPPOINTED **Start Date:** 01-13-2014 **End Date:** NONE **Tech Date:** 12-31-2015

Resolution: 1000 2013 **Addendum:** REAPPT-REAPPT

Boards and Commissions - Applicant Information

Printed Date: 11-30-2015

Prefix: DR. **Last Name:** COLWELL **First Name:** CHRISTOPHER **Middle Name:** B

Applicant/Appointee Record Id: 912 **Date Last Modified:** December-17-2013 09:20:43 AM MST **App Deleted Flag:**

Occupation:

Employer: PHYSICIAN DENVER HEALTH MEDICAL CENTER

Work Email:

Work Address: 777 BANNOCK STREET

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

Work Phone: (303)436-7961 **Work Phone Ext:** **Work Fax:** (303)436-8195 **Work Cell Phone:**

Home Email:

Home Address: 7353 E. MERCER PLACE

Home City: DENVER **Home State:** CO **Home Zip:** 80237 **Home Zip Ext:**

Home Phone: **Home Cell Phone:**

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

City Council District: 4 **City Council Other:**

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

Education Level: **Year Completed:**

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

Confidence Extension:

City Employed: UNDECLARED **Date Submitted:** May-06-2005 09:02:55 AM MDT

Boards Applying For:

No boards listed.

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: 3273 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** REAPPOINTED **Start Date:** 01-13-2014 **End Date:** NONE **Tech Date:** 12-31-2015

Resolution: 1000 2013 **Addendum:** REAPPT-REAPPT-REAPPT

Relation Id: 912 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** APPOINTED **Start Date:** 03-24-2005 **End Date:** 12-30-2006 **Tech Date:** 12-31-2006

Resolution: 170 2005 **Addendum:** REAPPT

Boards and Commissions - Applicant Information

Printed Date: 11-30-2015

Prefix: MS. **Last Name:** BEAUCHAMP **First Name:** KATHRYN **Middle Name:**
Applicant/Appointee Record Id: 2202 **Date Last Modified:** January-05-2006 10:40:18 AM MST **App Deleted Flag:**
Occupation: PHYSICIAN
Employer: DENVER HEALTH MEDICAL CENTER
Work Email:
Work Address: 777 BANNOCK ST.
Work City: DENVER **Work State:** CO **Work Zip:** 80704 **Work Zip Ext:**
Work Phone: 720-839-9749 **Work Phone Ext:** **Work Fax:** 303-436-6572 **Work Cell Phone:**
Home Email: KATHRYN.BEAUCHAMP@DHHA.ORG
Home Address: 8170 E. 6TH AVE.
Home City: DENVER **Home State:** CO **Home Zip:** 80250 **Home Zip Ext:**
Home Phone: 303-340-8080 **Home Cell Phone:** 720-839-9749
Birth Date: July-04-2776 12:00:0 **Gender:** FEMALE **Ethnicity:** CAUCASIAN **GLBT:** UNDECLARED
City Council District: 5 **City Council Other:**
Registered Voter: YES **Registered County:** DENVER **Political Affiliation:** UNDECLARED
Education Level: MD **Year Completed:** 1996
Experience: UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED
Confidence Extension:
City Employed: UNDECLARED **Date Submitted:** January-05-2006 10:40:18 AM MST

Boards Applying For:

REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC

References

Reference 1: First Name: GENE **Last Name:** BOLLES **Phone:** 303-550-5263

Reference 2: First Name: **Last Name:** **Phone:**

Reference 3: First Name: **Last Name:** **Phone:**

Skills, Activities, Memberships, Resume/Cover Letter:

AANS,CNS,PTO, ETHICS COMMITTEE, PEDIATRIC TRAUMA COMMITTEE.

Board Assignment Information:

Relation Id: 3802 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** REAPPOINTED **Start Date:** 01-13-2014 **End Date:** NONE **Tech Date:** 12-31-2015

Resolution: 1000 2013 **Addendum:** REAPPT.-REAPPT-REAPPT

Relation Id: 2522 **BoardName:** REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL RETAC **Delete Flag:** N

Status: MEMBER **Reason:** APPOINTED **Start Date:** 12-31-2005 **End Date:** 12-31-2007 **Tech Date:** 12-31-2007

Resolution: 1017 2005 **Addendum:** REPL. CIESLA