

**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: \_\_\_\_\_

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.)*

A contract for the provision of occupational health services for the City of Denver’s workers compensation program by Occupational Health Centers of the Southwest, P.A. d.b.a Concentra Health Services

3. **Requesting Agency:**

Risk Management

4. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Ray Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.sibley@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:** Ray Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.sibley@denvergov.org

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

Provision of medical services for the City of Denver’s workers compensation program as required by state statute.

**\*\*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.)*

- a. **Contract Control Number:** CE81011
- b. **Duration:** December 31, 2011
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Prevents penalty assessments by meeting State requirement that all employers offer two choices to employees for workers’ compensation treatment.
- f. **Costs:** \$839,000

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

No

*To be completed by Mayor’s Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_