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: August 1, 2013
ase mark one:	☐ Bill Request	or	xΧ	Resolution Request
Has your ager	ncy submitted this request in	the last 12	2 month	ıs?
☐ Yes	XX No			
If yes, ple	ase explain:			
- that clearly in	ndicates the type of request: gr			clude <u>name of company or contractor</u> and <u>contract control number</u> ontract execution, amendment, municipal code change,
				o the Denver Urban Renewal Authority Board of Directors for a until a successor is duly appointed.
Requesting A	gency: Mayor's Office			
Name: A Phone: 7	Anthony Aragon 20-865-9032		ordinan	ce/resolution.)
will be availab Name: A Phone: 7	ole for first and second reading Anthony Aragon 20-865-9032	, if necessa		ce/resolution <u>who will present the item at Mayor-Council and who</u>
General descr	iption of proposed ordinance	including	g contra	ict scope of work if applicable:
[Insert ger	neral description here.]			
			nay resu	ılt in a delay in processing. If a field is not applicable, please
a. Conti	ract Control Number:			
		iately and	expiring	April 3, 2014
f. Costs	:			
Is there any co	ontroversy surrounding this	ordinance	? (Grou	ps or individuals who may have concerns about it?) Please
[Start typi	ng here.]			
	To be	completed	l by Mon	vor's Legislative Team:
RE Tracking Nu				Date Entered:
	Has your agen Yes If yes, ple Title: (Include-that clearly is supplemental is supplemental is a supplemental is supplemental is a suppl	Has your agency submitted this request in Yes XXNo If yes, please explain: Title: (Include a concise, one sentence description of proposed ordinance of term effective immediately and expiring of the available for first and second reading nathony.aragon@denvergov.org Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org Contact Person: (With actual knowledge of will be available for first and second reading nathony.aragon@denvergov.org Email: anthony.aragon@denvergov.org Ceneral description of proposed ordinance [Insert general description here.] Please complete the following fields: (Incomplete N/A for that field – please do not leave blance of the control Number: b. Duration: Term effective immedic. Location: d. Affected Council District: e. Benefits: f. Costs: Is there any controversy surrounding this explain. [Start typing here.]	Has your agency submitted this request in the last 12 Yes XXNo If yes, please explain: Title: (Include a concise, one sentence description – p that clearly indicates the type of request: grant accept supplemental request, etc.) To approve the Mayoral appointment of Ismael Guterm effective immediately and expiring April 3, 20 Requesting Agency: Mayor's Office Contact Person: (With actual knowledge of proposed • Name: Anthony Aragon • Phone: 720-865-9032 • Email: anthony.aragon@denvergov.org Contact Person: (With actual knowledge of proposed will be available for first and second reading, if necesses • Name: Anthony Aragon • Phone: 720-865-9032 • Email: anthony.aragon@denvergov.org General description of proposed ordinance including [Insert general description here.] Please complete the following fields: (Incomplete fields neer N/A for that field – please do not leave blank.) a. Contract Control Number: b. Duration: Term effective immediately and ec. Location: d. Affected Council District: e. Benefits: f. Costs: Is there any controversy surrounding this ordinance explain. [Start typing here.]	Has your agency submitted this request in the last 12 month Yes XX No If yes, please explain: Title: (Include a concise, one sentence description – please inc that clearly indicates the type of request: grant acceptance, cosupplemental request, etc.) To approve the Mayoral appointment of Ismael Guerrero to term effective immediately and expiring April 3, 2014 OR Requesting Agency: Mayor's Office Contact Person: (With actual knowledge of proposed ordinant. Name: Anthony Aragon. Phone: 720-865-9032. Email: anthony.aragon@denvergov.org Contact Person: (With actual knowledge of proposed ordinant will be available for first and second reading, if necessary.) Name: Anthony Aragon. Phone: 720-865-9032. Email: anthony.aragon@denvergov.org General description of proposed ordinance including contra [Insert general description here.] Please complete the following fields: (Incomplete fields may result for that field – please do not leave blank.) a. Contract Control Number: b. Duration: Term effective immediately and expiring c. Location: d. Affected Council District: e. Benefits: f. Costs: Is there any controversy surrounding this ordinance? (Growexplain. [Start typing here.]

Boards and Commissions - Applicant Information

Printed Date: 08-01-2013

Prefix: MR. Last Name: GUERRERO First Name: ISMAEL Middle Name:

Applicant\Appointee Record Id: 536 Date Last Modified: August-01-2013 01:54:03 AM MDT App Deleted Flag:

Occupation: EXECUTIVE DIRECTOR

Employer: DENVER HOUSING AUTHORITY

Work Email:

Work Address: 777 GRANT STREET

Work City: DENVER Work State: CO Work Zip: 80203 Work Zip Ext:

Work Phone: Work Phone Ext: Work Fax: (303)561-2814 Work Cell Phone:

Home Email: ISMAEL.GUERRERO@USBANK.COM

Home Address: 3395 W. HAYWARD PLACE

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

Home Phone: (303)561-2814 Home Cell Phone:

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

City Council District: 1 City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: MBA Year Completed: 1992

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: May-06-2005 09:01:00 AM MDT

Boards Applying For:

ST. ANTHONY S CENTRAL HOSPITAL COMMUNITY ADVISORY TASKFORCE

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: 4820 BoardName: HOMELESS COMMISSION ON Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 10-31-2011 End Date: NONE Tech Date: NONE

Resolution: Addendum:

Relation Id: 5038 BoardName: HOUSING ADVISORY COMMITTEE Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 06-05-2013 End Date: NONE Tech Date: 05-31-2015

Resolution: Addendum:

Relation Id: 3925 BoardName: HUMAN SERVICES BOARD OF Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 05-01-2013 End Date: NONE Tech Date: 03-31-2018

Date Printed: 08-01-2013 Page 1 of 2