

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9:00am on Friday**.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: February 26, 2024

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 confirm the Mayoral appointments and reappointments of the following individuals to the Denver Commission on Aging for 3 years.

APPOINTMENT CANDIDATES:

Carol LeBoo (F) (AA) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

Haley Sanner (F) (C) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

REAPPOINTMENT CANDIDATES

Barb Walkosz (F) (C) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

Kristine Burrows (F) (C) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

3. Requesting Agency: Mayor's Office of Boards and Commissions

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

- **Name:** Esther Lee Leach
- **Phone:** 720-403-0756
- **Email:** esther.leeleach@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:** Esther Lee Leach
- **Phone:** 720-403-0756
- **Email:** esther.leeleach@denvergov.org

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

Appointments and Reappointments to the Denver Commission. On Aging.

****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.)

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

- a. **Contract Control Number:** N/A
- b. **Duration:** Term 03/01/2024 - 02/28/2027
- c. **Location:** N/A
- d. **Affected Council District:** N/A
- e. **Benefits:** N/A
- f. **Costs:** N/A

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

None

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____