

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: January 23, 2014

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 appointment of Mitchell McKee to the Denver Early Childhood Council for a term effective immediately and expiring June 30, 2016 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:** Term begins immediately and expires on June 30, 2016
- 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 APPLICATION



DENVER THE MILE HIGH CITY

Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Health Care Insurance Committee

Last Name: McKee First Name: Mitchell

Occupation/Employer: Denver Human Services

Work Address: 1200 Federal City: Denver Zip: 80204

Work E-mail Address: mitchell.mckee@denvergov.org

Work Phone: 720-944-2864 Work/Home Fax: 720-944-1010

Home Address: 3139 Umatilla Street City: Denver Zip: 80211

Home Phone: 720-936-5341 Cell Phone/ Pager: 720-201-0776

Home E-mail Address: mlanem@aol.com

Are you a registered voter? Yes No If so, what county? Denver

Colorado ID or Driver's License Number: 97-029-1070

Denver City Council District No.: Dist #9 Ethnicity White

Highest Level of Education or Degree Earned: Masters Year Completed: 1995

Memberships: Organizations/ Volunteer Activities (include past or present):

Colorado Government Human Services Financial Officers Assoc. (President, & Secretary), Colorado Fiscal Manager Assoc.

References (List three persons, not related to you, whom you have known at least one year):

Table with 3 columns: Name, Address, Phone Number. Rows include Lori Noble, Karon Schleigh, and Paul Cavender.

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper.

Handwritten signature and date 1/7/15.

Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787 anthony.aragon@denvergov.org