

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Approves a contract with Colorado Dental Service Inc., doing business as Delta Dental of Colorado Insurance Company for \$13,145,545.28 during 2015 for employee dental insurance benefits (CSAHR-2015-22024).
  
- 2. Requesting Agency:** Career Service Authority
  
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:**Jennifer Cahoon  
**Phone:**  
**Email:**
  
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***  
**Name:**  
**Phone:**  
**Email:**
  
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
  - a. Scope of Work**
  
  - b. Duration**
  
  - c. Location**
  
  - d. Affected Council District**
  
  - e. Benefits**
  
  - f. Costs**
  
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

**Bill Request Number: BR15-0299**

**Date: 5/5/2015**