

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: November 25, 2015

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: Request for approval of contract, pursuant to Charter § 3.2.6(E), with Compsych Employee Assistance Programs, Inc.: for employee assistance plan (EAP) benefits.

3. Requesting Agency: Office of Human Resources

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

5. 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:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

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

Agreement for Compsych Employee Assistance Programs, Inc. to provide term life insurance, additional life insurance, short-term and long-term disability insurance and dependent life insurance in 2016 to eligible employees, contract amount not to exceed \$588,000.00. Contract ID#CSAHR-201312609-01

Please include the following:

- a. **Duration:** January 1, 2016 – December 31, 2016
- b. **Location:** NA
- c. **Affected Council District:** NA
- d. **Benefits:** NA
- e. **Costs:** NA

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

None known