

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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 28, 2011**

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 reappointments of Kevin Grimsinger and Julie Farrar and the Mayoral appointments of Jennifer Reeves-Harris, Leah Huff-Solomon, Michael Kadovitz, Katherine Learned, Monique Dyers and Anita Cameron to the Denver Commission for People with Disabilities for a term effective immediately and expiring on September 30, 2013 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](mailto: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](mailto: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:**
- 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.]

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To be completed by Mayor's Legislative Team:

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Application Form

# BOARDS AND COMMISSIONS APPLICATION

Please complete the following information in full,  
attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: DCPD

Last Name: Grimsinger First Name: Kevin

Occupation/Employer: At this time I am unemployed

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work/Home Fax: \_\_\_\_\_

Home Address: 1955 Arapahoe St #1108 City: DENVER Zip: 80202

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: 303-520-1175

Home E-mail Address: grimsinger@comcast.net

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

Denver City Council District No.: 6 Ethnicity (Optional) \_\_\_\_\_

Highest Level of Education or Degree Earned: Bachelors Year Completed: 92

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

Past Quartermaster @ Denver VFW Post 1, Past State Coordinator for the forgotten heroes program, President of Halcyn House Resident Association, Currently Volunteering @ Denver Veterans Hospital



## Boards and Commissions - Applicant Information

Printed Date: 11-22-2011

Prefix: MS. Last Name: FARRAR First Name: JULIE Middle Name:

Applicant/Appointee Record Id: 2971 Date Last Modified: March-25-2008 03:13:00 AM MDT App Deleted Flag:

Occupation:

Employer: SERVICE EMPLOYEES INTERNATIONAL UNION

Work Email:

Work Address: 40 W. LOUISIANA

Work City: DENVER Work State: CO Work Zip: 80223 Work Zip Ext:

Work Phone: 720-979-8431 Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: JCEEHOTWHEELS@YAHOO.COM

Home Address: 2925 DEXTER ST.

Home City: DENVER Home State: CO Home Zip: 80207 Home Zip Ext:

Home Phone: 303-329-6376 Home Cell Phone: 720-979-8431

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: 8 City Council Other:

Registered Voter: YES Registered County: DENVER Political Affiliation: UNDECLARED

Education Level: BA Year Completed: 2007

Experience: UNDECLARED Interest: UNDECLARED Confidence: NO

Confidence Extension:

City Employed: UNDECLARED Date Submitted: March-25-2008 03:13:00 AM MDT

### Boards Applying For:

PEOPLE WITH DISABILITIES COMMISSION FOR

### References

Reference 1: First Name: DAWN Last Name: RUSSELL Phone: 303-884-1471

Reference 2: First Name: AILEEN Last Name: MCGINLEY Phone: 303-847-1250

Reference 3: First Name: TRACY Last Name: JOHNSON Phone: 720-394-1989

### Skills, Activities, Memberships, Resume/Cover Letter:

ARC OF DENVER - EXECUTIVE BOARD MEMBER.

### Board Assignment Information:

Relation Id: 3938 BoardName: PEOPLE WITH DISABILITIES COMMISSION FOR Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 03-17-2008 End Date: NONE Tech Date: 09-30-2011

Resolution: 42 2008 Addendum: REAPPOINTED

# BOARDS AND COMMISSIONS APPLICATION

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attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: DENVER COMMISSION FOR PEOPLE WITH DISABILITIES

Last Name: REEVES-HARRIS First Name: JENNIFER

Occupation/Employer: ADMINISTRATOR / ADA COORDINATOR

Work Address: 8500 PENA BOULEVARD City: DENVER Zip: 80249

Work E-mail Address: jennifer.harris@flydenver.com

Work Phone: 303.342.2814 Work/Home Fax: \_\_\_\_\_

Home Address: 1773 South IOLA ST. City: AURORA Zip: 80012

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: 720.971.3269

Home E-mail Address: jharris1954@gmail.com

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

Denver City Council District No.: \_\_\_\_\_ Ethnicity (Optional) AFRICAN-AMERICAN

Highest Level of Education or Degree Earned: BA, IN MASTERS program Year Completed: 17

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

Airport Minority Advisory Council (AMAC) - BOARD MEMBER

COLORADO BLACK WOMEN FOR POLITICAL ACTION - BOARD MEMBER

LEADERSHIP DENVER (DENVER METRO Chamber of Commerce)

- DENVER LEED PROGRAM
- DELTA SIGMA THETA SORORITY
- WOMEN FOR EDUCATION
- STRATEGIC ACTION TEAM - DIA
- EMERGENCY MANAGEMENT TEAM (exercised sign)

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Denver Boards and Commissions

You are here: Denver Boards and Commissions Application Form

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Application Form

BOARDS AND COMMISSIONS APPLICATION

Please complete the following information in full, attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: People w/ Disabilities

Last Name: Huffer-Solomon First Name: Leah

Occupation/Employer: City & County of Denver, Parks & Rec.

Work Address: 1819 Emerson St. City: Denver Zip: 80218

Work E-mail Address: leah.huffer@denvergov.org

Work Phone: 720-805-0825 Work/Home Fax: 720-805-0821

Home Address: 2916 S. Paris St. City: Aurora Zip: 80014

Home Phone: 303-514-6601 Cell Phone/ Pager: \_\_\_\_\_

Home E-mail Address: leah.huffer@comcast.net

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

Denver City Council District No.: \_\_\_\_\_ Ethnicity (Optional) Caucasian

Highest Level of Education or Degree Earned: Bachelors Year Completed: 1998

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

CPRA Special Olympics

NCTRC

DITT

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

Name	Address	Phone Number
<u>Sarah Swain</u>		<u>720-805-0826</u>

# BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,  
attach a cover letter, current resume or biography and return to the address below.

**Type or print in blue or black ink.**

Board or Commission you are applying for: Commission for People with Disabilities

Last Name: Kadovitz First Name: Michael

Occupation/Employer: Teacher/Temple Emanuel, Admin Asst: Denver City Council District #1

Work Address: 1475 Bannock City: Denver Zip: 80202

Work E-mail Address: Michael.Kadovitz@denvergov.org

Work Phone: 720.337.7701 Work/Home Fax: \_\_\_\_\_

Home Address: 2019 Lowell Blvd City: Denver Zip: 80211

Home Phone: 303.433.1350 Cell Phone/ Pager: 720.984.1350 / 408.394.2278

Home E-mail Address: mkadovitz@q.com

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

Denver City Council District No.: #1 Ethnicity (Optional) \_\_\_\_\_

Highest Level of Education or Degree Earned: BA Year Completed: 1984

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

Denver Gay Men's Chorus, 2006 - Present

Democratic Co-Capt Colorado House District 4B 2011 - Present

DPS GLBT Advisory Board 2010-Present

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

Name	Address	Phone Number
<u>Councilwoman Susan K Shepherd</u>	<u>1437 Bannock St</u>	<u>720.337.7701</u>
<u>Sen. Lucia Guzman</u>	<u>200 E. Colfax</u>	<u>303-866-4862</u>
<u>Rep. Dan Pabon</u>	<u>200 E. Colfax</u>	<u>303-866-4862</u>

### 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.

Signature

Date

### Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions  
City and County of Denver Building, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@ci.denver.co.us

# BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,  
attach a cover letter, current resume or biography and return to the address below.

**Type or print in blue or black ink.**

Board or Commission you are applying for: Mayor's Commission of Disabilities

Last Name: Learned First Name: Katherine

Occupation/Employer: Speaker/Author

Work Address: 1250 Humboldt #201 City: Denver Zip: 80218

Work E-mail Address: MsMikelle@gmail.com / tangoresults@gmad.com

Work Phone: 720.771.6535 Work/Home Fax: \_\_\_\_\_

Home Address: 789 Clarkson #202 City: Denver Zip: 80218

Home Phone: 303.246.7121 Cell Phone/ Pager: \_\_\_\_\_

Home E-mail Address: MsMikelle@gmail.com

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

Denver City Council District No.: \_\_\_\_\_ Ethnicity (Optional) Asian

Highest Level of Education or Degree Earned: HS Year Completed: 2004

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

Social Security Beneficiaries Delegate for Colorado  
Briefed Congress / Senate / House Committees on SST / Work Issues  
Honored Guest Reactor / Speaker @ National Press Club in Washington DC.

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

Name	Address	Phone Number
<u>Jill Houghton</u>	<u>tace.southeast@lawsry.edu</u>	<u>404.541.7750</u>
<u>Roger Van Lieshout</u>	<u>rogervan@aol.com</u>	<u>307.459.4193</u>
<u>Chanda Hinton</u>	<u>ch@theChandaPlanFoundation.org</u>	<u>303.246.4290</u>

### 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.

Signature

Date

### Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions  
City and County of Denver Building, Room 350  
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787  
anthony.aragon@ci.denver.co.us

# BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,  
attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Commission for People with Disabilities, Urban Renewal Auth.  
GreenPrint, Facilities/Energy Efficiency

Last Name: DYERS First Name: Monique

Occupation/Employer: Electrical Engineer/Vesta's Technology R&D

Work Address: 361 Centennial Pkwy City: Louisville zip: 80027

Work E-mail Address: modye@vestas.com

Work Phone: (303) 641-2106 Work/Home Fax: \_\_\_\_\_

Home Address: 1975 Grant St # 812 City: Denver Zip: 80203

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: 504-427-7906

Home E-mail Address: mdyers01@yahoo.com

Are you a registered voter?  Yes  No If so, what county? Henry County, Georgia

Denver City Council District No.: 8 Ethnicity (Optional) Black

Highest Level of Education or Degree Earned: Masters of Science Year Completed: 2005

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

Colorado Black Chamber Commerce Chamber Connect Leadership Program  
Women of Wind Energy, Women In Sustainable Energy,  
NSBE, Pi Mu Epsilon, Zeta Phi Beta Sorority Incorporated

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

Name	Address	Phone Number
<u>Shawn Abdul</u>	<u>725 W. Genesee St. Lansing MI</u>	<u>(225) 279-8767</u>
<u>Adrian Jones</u>	<u>1486 Beech Grove Dr. Hampton GA</u>	<u>(309) 299-0460</u>
<u>Angela Thomas</u>	<u>560 Rehoboth Griffin GA</u>	<u>(850) 212-3870</u>

### 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.

Monique M Dyers  
Signature

9/22/11  
Date

### Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions  
City and County of Denver Building, Room 350  
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787  
anthony.aragon@ci.denver.co.us



# BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full,  
attach a cover letter, current resume or biography and return to the address below.

**Type or print in blue or black ink.**

Board or Commission you are applying for: \_\_\_\_\_ People With  
Disabilities \_\_\_\_\_

Last Name: \_\_\_\_\_ Cameron \_\_\_\_\_ First Name:  
\_\_\_\_\_ Anita \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ None \_\_\_\_\_

Work Address: \_\_\_\_\_ N/A \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_ N/A \_\_\_\_\_

Work Phone: \_\_\_\_\_ N/A \_\_\_\_\_ Work/Home Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ 188 W. Cedar \_\_\_\_\_ City: \_\_\_\_\_ Denver \_\_\_\_\_ Zip:  
\_\_\_\_\_ 80223 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_ 202-445-  
3488 \_\_\_\_\_

Home E-mail Address:  
\_\_\_\_\_ anitacameron007@gmail.com \_\_\_\_\_

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

Denver City Council District No.: \_\_\_\_\_ 9 \_\_\_\_\_ Ethnicity (Optional) \_\_\_\_\_

Highest Level of Education or Degree Earned: \_\_\_\_\_ BS/Biology \_\_\_\_\_ Year Completed:  
\_\_\_\_\_ 1985 \_\_\_\_\_

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

\_\_\_\_ ADAPT, American Association of People with Disabilities (AAPD), National Council on Independent  
Living (NCIL), Not Dead Yet, Mayor's Committee on People with Disabilities – Washington, DC, Chevy  
Chase CERT (Community Emergency Response Team) – Washington, DC, Monroe County CERT –  
Rochester, NY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name	Address	Phone Number
____ Dawn Russell	201 S. Cherokee Denver, CO 80223	303-884-1471

\_\_\_\_ Babs Johnson 201 S. Cherokee Denver, CO 80223 303-733-9324

\_\_\_\_ Nola Nash 201 S. Cherokee Denver, CO 80223 303-733-7719