

**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 20, 2013**

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: Kaiser Foundation Health Plan of Colorado for employee health care insurance benefits.

**3. Requesting Agency:**           Office of Human Resources

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

- **Name:** Heather Britton
- **Phone:** 720-913-5699
- **Email:** heather.britton@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:** Heather Britton
- **Phone:** 720-913-5699
- **Email:** heather.britton@denvergov.org

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

Agreement for Kaiser Foundation Health Plan of Colorado to provide medical insurance coverage in 2013 to employees eligible pursuant to section 18-171 of the DRMC, contract amount not to exceed \$57,000,000. Approval to purchase granted with COUNCIL BILL NO. CB12-0673. Contract ID#CSAHR-201309503-00.

***Please include the following:***

- a. **Duration:**
- b. **Location:**
- c. **Affected Council District:**
- d. **Benefits:**
- e. **Costs:**

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

None known