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: February 28, 2013

Please mark one: ☐ **Bill Request**   **or**   X☒ **Resolution Request**

1. **Has your agency submitted this request in the last 12 months?**

   ☐ Yes   X☒ No

   If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

   To approve the Mayoral reappointment of George Brantley and the appointment of Rachel Contizano to the Denver Welfare Reform Board for terms effective immediately and expiring January 1, 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 <u>who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.</u>)*
   - **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:**   Terms effective immediately and expiring January 1, 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 - Applicant Information

Prefix: UNDECLARED **Last Name:** BRANTLEY **First Name:** GEORGE **Middle Name:**

Applicant\Appointee Record Id: 991 **Date Last Modified:** June-29-2005 11:01:34 AM MDT **App Deleted Flag:**

Occupation:

Employer: HOPE CENTER INC.

Work Email:

Work Address: 3400 ELIZABETH ST.

Work City: DENVER **Work State:** CO **Work Zip:** 80205 **Work Zip Ext:**

Work Phone: (303)388-4801 **Work Phone Ext:** **Work Fax:** (303)388-0249 **Work Cell Phone:**

Home Email: GBHOPE@QWEST.NET

Home Address: 4865 S DILLION WAY

Home City: AURORA **Home State:** CO **Home Zip:** 80015 **Home Zip Ext:**

Home Phone: (303)388-4802 **Home Cell Phone:**

Birth Date: July-04-2776 12:00:0 **Gender:** MALE **Ethnicity:** AFRICAN AMERICAN **GLBT:** UNDECLARED

City Council District: ARAPAHOE COUNTY **City Council Other:**

Registered Voter: UNDECLARED **Registered County:** **Political Affiliation:** UNDECLARED

Education Level: **Year Completed:**

Experience: UNDECLARED **Interest:** UNDECLARED **Confidence:** UNDECLARED

Confidence Extension:

City Employed: UNDECLARED **Date Submitted:** May-06-2005 09:03:19 AM MDT

Boards Applying For:

No boards listed.

References

Reference 1: First Name: **Last Name:** **Phone:**

Reference 2: First Name: **Last Name:** **Phone:**

Reference 3: First Name: **Last Name:** **Phone:**

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 4133 **BoardName:** WELFARE REFORM BOARD DENVER **Delete Flag:** N

Status: MEMBER **Reason:** REAPPOINTED **Start Date:** 01-02-2009 **End Date:** NONE **Tech Date:** 01-01-2013

Resolution: **Addendum:**

Relation Id: 991 **BoardName:** WELFARE REFORM BOARD DENVER **Delete Flag:** N

Status: MEMBER **Reason:** APPOINTED **Start Date:** 01-01-2005 **End Date:** 01-01-2009 **Tech Date:** 01-01-2009

Resolution: 851 2004 **Addendum:** REP. EARLY CHILDHOOD

BOARDS AND COMMISSIONS APPLICATION

Please complete the following information in full,
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 Welfare Reform Board**

Last Name: **Contizano** First Name: **Rachel**

Occupation/Employer: **Student - The Women's College at the University of Denver**

Work Address: _____ City: **Denver** Zip: **80208**

Work E-mail Address: _____

Work Phone: _____ Work/Home Fax: _____

Home Address: **10150 E. Virginia Ave. Unit # 11-204** City: **Denver** Zip: **80247**

Home Phone: _____ Cell Phone/ Pager: **303-525-3357**

Home E-mail Address: **rachel.contizano@hotmail.com**

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

Denver City Council District No.: **5** Ethnicity **White**

Highest Level of Education or Degree Earned: **A.A.S Business Admin** Year Completed: **2007**
B.B.A Business Admin. June 2013

Memberships/ Organizations/ Volunteer Activities (include past or present):
Economic Opportunity & Poverty Reduction Taskforce   2011 - present
Pathways Home Colorado Advisory Board - member   2013 - present
Student Advisory Board - Chair at The Womens College   2012 - 2013 (current chair)
LEAD - Leadership group at Warren Village   2011 - 2012
Warren Village Volunteer - Housing office & Admin. Offices   2011 - 2012

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

Name	Address	Phone Number
Sharon Knight	CEO / Warren Village	303-320-5070
Gary Sanford	Metro Denver Homeless Initiative	303-561-2194
Tracey Stewart	Colorado Center on Laws & Policy	303-573-5669 x 314

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: *Rachel Contizano*   Date: **1/28/13**

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