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: July 27, 2022

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* <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 appointments and reappointments to the Denver Health and Hospital Authority:

   Patti Klinge, Denver, (F)(C) for a term expiring June 30, 2026, reappointed;

   Frank deGruy, MD, Castle Rock (M)(C) for a term expiring June 30, 2027, reappointed;

   Douglas Friednash, Denver (M)(C) for a term expiring June 30, 2027, appointed;

   Danielle Shoots, Denver (F)(AA) for a term expiring June 30, 2027, appointed;

   Kathy Nesbitt, Aurora (F)(AA) for a term expiring June 30, 2027, appointed.

3. **Requesting Agency:** Mayor's Office of Boards and Commissions

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
   - **Name:** Romaine Pacheco
   - **Phone:** 720.865.9085
   - **Email:** romaine.pacheco@denvergov.org

5. **Contact Person:** (W*ith 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:** Romaine Pacheco
   - **Phone:** 720.849.7935
   - **Email: romaine.pacheco@denvergov.org**

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

**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:**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____   Date Entered: _____

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