

**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, 2016**

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 Colorado Dental Service Inc., d/b/a Delta Dental of Colorado Insurance Company for employee dental insurance 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 Colorado Dental Service Inc., d/b/a Delta Dental of Colorado Insurance Company to provide dental insurance in 2017 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police departments, contract amount not to exceed \$15,774,654.34. Contract ID# CSAHR-201631802-00

***Please include the following:***

- a. **Duration:** January 1, 2017 – December 31, 2017
- b. **Location:**
- c. **Affected Council District:** Citywide
- 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