	ORDINANCE/RESOLUTION REQUEST					
Please mark one:	☐ Bill Request	or	\boxtimes	Resolutio	Date of Request: 4/17/2023 on Request	
1. Type of Request: I	Resolution Request					
2. Title:						
					ement and Workers' Compensation (Department of hth Benefits Trust Board of Directors.	
3. Requesting Agency	y: Department of Financ	e/Risk Ma	nagem	nent and Wo	orkers' Compensation Division	
4. Contact Person:				I a		
Contact person with knowledge of proposed ordinance/resolution			Contact p	Council and		
Name: Devron McM	Iillin			Name:	Devron McMillin , Josh Rosenblum	
Email: Devron.McM	illin@denvergov.org			Email:	Devron.McMillin@denvergov.org	
Firefighters Compensati place of the this Resolut Compensati Board of Di Firefighters	who are diagnosed with the control of the whole of the control of	vith cance 07-1008) ad self-ad ninate De de Departi has been Chris Fer	er that to be minist vron ment appr gusor	t falls und e provided stered Wo McMillin of Financ roved by O	o Senate Bill 17-214. This allows Denver der the State's Firefighters Cancer Workers' d benefits from the Trust's VCAP program in orkers' Compensation program. The purpose of a, Director of Risk Management and Workers' ce to represent CCD on the Trust Committee's CCD's Fire Chief, Desmond Fulton and Denver	
7. City Council Dist	rict: All					
8. **For all contrac	ts, fill out and submit ac	companyir	ng Key	y Contract	Terms worksheet**	
	To be	e complete	d by M	Mayor's Leg	rislative Team:	

Resolution/Bill Number: _____

Date Entered:

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Nomination Form							
Vendor/Contractor Name: Trustees of the Colorado Firefighter Heart and Cancer Benefits Trust							
Contract control number: N/A							
Location: Citywide							
Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many?							
Contract Term/Duration (for amended contracts, include <u>existing</u> term dates and <u>amended</u> dates):							
Contract Amount (indicate existing amount, amended amount and new contract total): N/A							
	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)				
	Current Contract Term	Added Time	New Ending Date				
	k: Serving on the Colorado Firefigind direction.	hter Heart, Cancer, and Behavioral Healt	h Benefits Trust Board of Directors setting				
Was this contractor selected by competitive process? No							
Has this contractor provided these services to the City before? Yes No							
Source of funds: N/A							
Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A							
WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A							
Who are the subcontractors to this contract? N/A							
	To be	e completed by Mayor's Legislative Tean	n:				
Resolution/Bil	1 Number: Date Entered:						