ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9:00am on Friday.**

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: February 26, 2024

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 name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

To confirm the Mayoral appointments and reappointments of the following individuals to the Denver Commission on Aging for 3 years.

APPOINTMENT CANDIDATES:

Carol LeBoo (F) (AA) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

Haley Sanner (F) (C) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

REAPPOINTMENT CANDIDATES

Barb Walkosz (F) (C) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

Kristine Burrows (F) (C) for a term: 03/01/2024 - 02/28/2027 or until a successor is duly appointed.

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

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
   - **Name:** Esther Lee Leach
   - **Phone:** 720-403-0756
   - **Email:** esther.leeleach@denvergov.org

5. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*
   - **Name:** Esther Lee Leach
   - **Phone:** 720-403-0756
   - **Email:** **esther.leeleach@denvergov.org**

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

Appointments and Reappointments to the Denver Commission. On Aging.

***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.)*

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____ Date Entered: _____

a. **Contract Control Number:** N/A
b. **Duration:** Term 03/01/2024 - 02/28/2027
c. **Location:** N/A
d. **Affected Council District:** N/A
e. **Benefits:** N/A
f. **Costs:** N/A

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

None

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____ Date Entered: _____