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 Re	equest: Novemb	oer 25, 2015	
Please mark one:		Bill Request	or	\boxtimes	Resolutio	n Request			
1.	1. Has your agency submitted this request in the last 12 months?								
	Yes	🖂 No							
	lf yes, please	explain:							
2.	Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with Vision Service Plan Insurance Company for employee vision insurance benefits.								
3.	Requesting Agen	cy: Office of Human R	esources						
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 <u>who will present the item at Mayor-Council and who</u> <u>will be available for first and second reading, if necessary</u>) • Name: Jennifer Cahoon • Phone: 720-913-5521 • Email: jennifer.cahoon@denvergov.org								
6.	General descripti	on of proposed ordinance	including o	contra	act scope o	f work if appl	icable:		
		Vision Service Plan Insurant unt not to exceed \$605,000.0							

Please include the following:

- a. Duration: January 1, 2016 December 31, 2016
- b. Location: NA
- c. Affected Council District: NA
- d. Benefits: NA
- e. Costs: NA
- 7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) Please explain.

None known