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: November 25, 2015
Please mark one:		☐ Bill Request	or	\boxtimes	Resolution	Request
1.	Has your agency submitted this request in the last 12 months?					
	☐ Yes	⊠ No				
	If yes, please	e explain:				
2.		or approval of contract, purs ployee health care insuranc		er § 3.	2.6(E), with:	Kaiser Foundation Health Plan of
3.	Requesting Age	ncy: Office of Human	n 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 descrip	tion of proposed ordinan	ce including (contra	act scope of	f work if applicable:
	eligible emplo					edical insurance coverage in 2016 to proval to purchase granted with
		: January 1, 2016 – Dec	ember 31, 20 <i>°</i>	16		
	b. Location					
	c. Affected	Council District: NA				
	d. Benefits	: NA				
	e. Costs: N	NA .				
	7. Is there any	controversy surrounding	this ordinand	ce? (g	roups or ind	lividuals who may have concerns about

None known

it?) Please explain.