

## NON-PROCUREMENT DOCUMENTS ONLY

**ROUTING COVER SHEET**

PT

<b>Document Details</b>	
<b>Document Type</b>	Grant Agreement
<b>Parties</b>	
<b>County Contact Information</b>	
Boulder County Legal Entity	Boulder County
Department	Sheriff
Division/Program	Victims Services
Mailing Address	5600 Flatiron Pkwy, Boulder CO
Contract Contact	Lori Tully; ltully@bouldercounty.org
Invoice Contact	sheriffinvoices@bouldercounty.org
<b>Other Party Contact Information</b>	
Name	Colorado Dept of Public Safety, Div of Criminal Justice
Mailing Address	700 Kipling St. Denver, CO 80215
Contact 1- Name, title	Meghan Hartvigson-McIntyre , Grants Program Manager
Contact 1- email	meghan.hartvigson-mcintyre@state.co.us
Contact 2	
<b>Term</b>	
Start Date	1/1/2023
Expiration Date	12/31/2024
<b>Brief Description of Work/Services Provided</b>	
Grant will all BCSO to provide support services to victims of crime in Boulder County	
<b>Revenue Contract/Lease Details</b>	
Amount	
Fixed Price or Not-to-Exceed?	
<b>Grant Details</b>	
Award # (if any)	
Signature Deadline	

## NON-PROCUREMENT DOCUMENTS ONLY

Project/Program Name	
Project/Program Start Date	
Project/Program End Date	
Capital or Operating?	
<b>Grant Funding</b>	
Amount: Federal Funds	\$268,883 Federal Funds provided through State Grant
Amount: State Funds	
Amount: Other (specify)	
Amount: Match (dollars)	
Amount: Match (in-kind)	
<b>Total Project Budget</b>	
Account String	
<b>Federally Funded Grants</b>	
Federal Program Name	
CFDA #	
<b>Subrecipients</b>	
Name(s)	
Services to be Provided	
Subaward Amount	
<b>Subcontractors</b>	
Name(s)	
Services to be Provided	
Subcontract Amount	
<b>FileNet Contract Details</b> - Details should precisely match search variables in File Net (Only required where Original Agreement is stored in File Net)	
Other Party Name	
Start Date	
End Date	
Amount	

NON-PROCUREMENT DOCUMENTS ONLY

**Notes**

*Additional information not included above*

**DocuSign Approvals (Initials):**

\_\_\_\_\_ **Paralegal** (if required)

*CA*

\_\_\_\_\_ **County Attorney** (if required)

\_\_\_\_\_ **Risk Management** (if required)

*MD*

\_\_\_\_\_ **Finance** (if required)

*CW*

\_\_\_\_\_ **EO/DH** (if required)