

NON-PROCUREMENT DOCUMENTS ONLY

ROUTING COVER SHEET

Document Details	
Document Type	Grant Agreement
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Sheriff
Division/Program	Jail
Mailing Address	3280 Airport Rd Boulder CO
Contract Contact	Tim Oliveira; toliveira@bouldercounty.org
Invoice Contact	sheriffinvoices@bouldercounty.org
Other Party Contact Information	
Name	Colorado Office of Behavioral Health
Mailing Address	3824 West Princeton Circle, Denver CO 80236
Contact 1- <i>Name, title</i>	Athene Pappos, Contracts Administrator III
Contact 1- <i>email</i>	athene.pappos@state.co.us
Contact 2	
Term	
Start Date	7/1/2022
Expiration Date	6/30/2023
Brief Description of Work/Services Provided	
Adding Exhibit F and addl funds for BCSO to provide substance abuse and mental health treatment in Jail	
Revenue Contract/Lease Details	
Amount	
Fixed Price or Not-to-Exceed?	
Grant Details	
Award # (if any)	23 IHJA 174440; amendment # 23 IBEH 179355
Signature Deadline	

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Project/Program Name	
Project/Program Start Date	
Project/Program End Date	
Capital or Operating?	
Grant Funding	
Amount: Federal Funds	
Amount: State Funds	\$75,000
Amount: Other (specify)	
Amount: Match (dollars)	
Amount: Match (in-kind)	
Total Project Budget	
Account String	
Federally Funded Grants	
Federal Program Name	
CFDA #	
Subrecipients	
Name(s)	
Services to be Provided	
Subaward Amount	
Subcontractors	
Name(s)	
Services to be Provided	
Subcontract Amount	
FileNet Contract Details - 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	

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Notes

Additional information not included above

DocuSign Approvals (Initials):

_____ **Paralegal** (if required)

apj
_____ **County Attorney** (if required)

_____ **Risk Management** (if required)

MD
_____ **Finance** (if required)

CW
_____ **EO/DH** (if required)