

COVER SHEET

Document Details	
Document Type	Other
New or Continuing?	Continuing
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Housing and Human Services
Division/Program	PCS/IMPACT Care Management Division
Mailing Address	P.O. Box 471, Boulder, CO 80306
Contact Name and Title	Susan Caskey, Director
Contact Email	scaksey@bouldercounty.gov
Other Party Contact Information	
Name	Colorado Department of Human Services
Mailing Address	1575 Sherman St., Denver, CO 80203
Contact Name and Title	Anne Hyink, Interim Co-Chair of Placement Alternatives
Contact Email	ahyink@mhpcolorado.org
Term	
Start Date	06/01/2023
Expiration Date	05/31/2024
Brief Description of Work/Services Provided	
Annual Core Services Program Plan	
Revenue Contract/Lease Details	
Amount	\$1,857,623
	Not-to-Exceed
Grant Details	
Project/Program Name	Core Services Plan
Capital or Operating?	Operating
State Funds	\$1,857,623
Chart of Accounts String	
Subcontractors	
Name(s)	HHS will contract out of services with the providers named in the Core Plan.
Services to be Provided	
Subcontract Amount	

NON-PROCUREMENT DOCUMENTS ONLY

All approvals below will be obtained by HHS Finance.

N/A

Paralegal [ONLY FOR: Revenue Contracts]

County Attorney [ONLY FOR: Revenue Contracts, Leases, Grant Documents]

N/A

Risk Management [ONLY FOR: Leases]

Division Director

Finance

EO/DH

BOCC Clerk _____
(if applicable)