

**COVER SHEET**

<b>Document Details</b>	
<b>Document Type</b>	Revenue Contract
<b>New or Continuing?</b>	New
<b>Parties</b>	
<b>County Contact Information</b>	
Boulder County Legal Entity	Boulder County
Department	Housing and Human Services
Division/Program	Partnerships, Contracts and Services Division
Mailing Address	P.O. Box 471, Boulder, CO 80306
Contact Name and Title	Sara Boylan, Major Contracts Manager
Contact Email	<a href="mailto:sboylan@bouldercounty.gov">sboylan@bouldercounty.gov</a>
<b>Other Party Contact Information</b>	
Name	Colorado Community Health Alliance (CCHA)
Mailing Address	999 17 <sup>th</sup> St, Suite 500 Denver, CO 80202
Contact Name and Title	Megan Billesbach, Community Liaison, Medicaid Programs
Contact Email	<a href="mailto:Megan.Billesbach@cchacares.com">Megan.Billesbach@cchacares.com</a>
<b>Term</b>	
Start Date	July 6, 2023
Expiration Date	December 31, 2024
<b>Brief Description of Work/Services Provided</b>	
The purpose of this MOU is to provide Community Based Organization (CBO) with a single, lump-sum payment of \$52,000 to provide dual Dx/ID/MH Curriculum to Boulder Behavioral Health providers (providers that are qualified to take Medicaid would have priority) created and taught by Oliver Behavioral Consultants.	
<b>Revenue Contract/Lease Details</b>	
Amount	\$52,000.00 Not-to-Exceed
<b>Grant Details</b>	
Project/Program Name	Dual Diagnosis ID, Autism, BI/Mental Health Provider Training
Capital or Operating?	Operating
Federal Funds	N/A
State Funds	N/A
Other Funds: CCHA Grant	\$52,000.00
Match (dollars)	N/A
Match (in-kind)	N/A
<b>Total Project Budget</b>	<b>\$52,000.00</b>
Chart of Accounts String	
<b>Notes</b> (Additional information not included above)	

NON-PROCUREMENT DOCUMENTS ONLY

**All approvals below will be obtained by HHS Finance.**

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Paralegal [ONLY FOR: Revenue Contracts]

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

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N/A  
Risk Management [ONLY FOR: Leases]

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Division Director

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Finance

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EO/DH

BOCC Clerk \_\_\_\_\_  
(if applicable)