

NON-PROCUREMENT DOCUMENTS ONLY
ROUTE THROUGH DOCUSIGN – NOT ORACLE

ROUTING COVER SHEET

Document Details	
Document Type	Grant Agreement
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Community Services
Division/Program	Strategic Initiatives, Co-Responder Program
Mailing Address	P.O. Box 471, Boulder, CO 80306
Contract Contact – <i>Name, email</i>	Jim Adams-Berger, jadams-berger@bouldercounty.gov
Invoice Contact – <i>Name, email</i>	Chris Clark, chclark@bouldercounty.gov
Other Party Contact Information	
Name	Colorado Department of Human Services Behavioral Health Administration
Mailing Address	3824 W. Princeton Circle, Denver, CO 80236
Contact 1 – <i>Name, title, email</i>	
Contact 2 – <i>Name, title, email</i>	
Term	
Start Date	July 1, 2023
Expiration Date	June 30, 2024
Brief Description of Work/Services Provided	
Boulder County Co-Responder Project	
Revenue Contract/Lease Details	
Amount	\$154,783
Fixed Price or Not-to-Exceed?	Not-to-Exceed
Grant Details	
Award # (if any)	
Signature Deadline	
Project/Program Name	
Project/Program Start Date	
Project/Program End Date	
Capital or Operating?	
Grant Funding	
Amount: Federal Funds	\$154,783
Amount: State Funds	
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	

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Subaward Amount	
Subcontractors	
Name(s)	
Services to be Provided	
Subcontract Amount	
File Net 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	
Notes Additional information not included above	

DocuSign Approvals (Initials): Drop **initial tags** for each of the required approvers below

_____ **Paralegal** [ONLY FOR: Revenue Contracts]

APG

Use email: CAParalegalsDTC@bouldercounty.org

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

Use email: ca@bouldercounty.org

_____ **Risk Management** [ONLY FOR: Leases]

KK

Use email: mtusinski@bouldercounty.org

_____ **Finance** [ONLY FOR: Leases, Grant Documents]

RB

Use email: bmccarthy@bouldercounty.org

_____ **EO/DH** [ONLY FOR: BOCC-Signed Documents]

Cecilia Lacey

Grantee: Boulder County Colorado for the use and benefit of the Boulder Community Services Department

Supplemental Signature Page

GRANTEE APPROVE Cecilia Lacey, Clerk to the Board Initials: _____ Date: _____	GRANTEE ATTEST Cecilia Lacey, Clerk to the Board ATTEST: _____ Date: _____
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-- Signature and Cover Page End --

1. PARTIES

This Amendment (the “Amendment”) to the Original Contract shown on the Signature and Cover Page for this Amendment (the “Contract”) is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown on the Signature and Cover Page for this Amendment. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties’ respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown on the Signature and Cover Page for this Amendment and shall terminate on the termination of the Contract.

4. PURPOSE

Under the original contract the Contractor has implemented a Co-Responder Services Program for its community by partnering with key stakeholder partners.

The purpose of this contract amendment is to increase the budget by \$154,783 to a final amount of \$488,571.00.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Contract Maximum Amount table on the Contract’s Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown on the Signature and Cover Page for this Amendment.

B. REPLACE Exhibit B-1, Budget with Exhibit B-2, Budget, attached hereto and incorporated herein by reference.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the

Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

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COLORADO
Behavioral Health
Administration

EXHIBIT B-2, FY24 ANNUAL BUDGET

BHA Program	Co-Responder Program
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Agency Name	Boulder County Community Services Department
Budget Period	July 1, 2023 - June 30, 2024
Project Name	Boulder County Co-Responder Project

Program Contact Name, Title	Jennine Hall
Phone	720 355-1389
Email	jhall@bouldercounty.org
Fiscal Contract Name, Title	Chris Clark, Accountant II
Phone	303 441-2895
Email	chclark@bouldercounty.org
Date Completed	3/20/2023

All budget numbers are estimates. Contract billing will be on a cost reimbursement basis for actual expenses incurred.

EXPENDITURE CATEGORIES

Personnel Services / Salaried Employees					Annual Budget
Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from BHA
Lead Co-Responder	This position will provide Lead Co-Responder services and administrative leadership in support of Boulder County project staff. This position will be 100% on the project. The salary for this position is \$78,873 and 38% of salary is charged as fringe which includes taxes, workers comp, health insurance, and retirement plan benefits. 100% of this position will be paid out of this project for a total of \$108,844.74.	\$ 78,873.00	\$ 29,971.74	100%	\$ 108,844.74
Co-Responder Supervisor	This position will provide supervisory support to the Co-Responder team in conjunction with the project director. 100% of this position will be paid out of the this project budget for a total of \$117,300 including 38% of salary for fringe which includes taxes, workers comp, health insurance, and retirement plan benefits.	\$ 85,000.00	\$ 32,300.00	100%	\$ 117,300.00
Co-Responder	This position accompanies police officers in responding on-scene to behavioral health related calls. Cost of this position is \$75,684 with 38% fringe. 90% of this position will be paid out of the BHA budget for a total of \$93,999.53.	\$ 75,684.00	\$ 28,759.92	90%	\$ 93,999.53
Case Manager	This position will provide support to clients following a co-response to ensure they receive needed services and do not recidivate. 70% of this position will be paid out of the project budget for a total of \$72,450 including 38% of salary for fringe which includes taxes, workers comp, health insurance, and retirement plan benefits.	\$ 75,000.00	\$ 28,500.00	70%	\$ 72,450.00
Personnel Services / Hourly Employees					Annual Budget
Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from BHA
					\$ -
Total Personnel Services (including fringe benefits)					\$ 392,594.00
Contractors / Consultants (payments to third parties or entities)					Annual Budget

Contractor Name	Description of Work	Rate	Quantity	Total Amount Requested from BHA
OMNI Institute	Funds to pay for evaluation services from OMNI at an average rate of \$100 per hour x 300 hours equaling \$35,000.	\$ 100.00	350	\$ 35,000.00
Total Contractors/Consultants				\$ 35,000.00
Subawards				Annual Budget
Contractor Name	Description of Work	Rate	Quantity	Total Amount Requested from BHA
				\$ -
Total Subawards				\$ -
Travel				Annual Budget
Item	Description of Item	Rate	Quantity	Total Amount Requested from BHA
Mileage	Mileage reimbursement for Co-Responder calls for vehicles not assigned to the project (personal vehicles) @.58 per mile driven.	\$ 0.58	5767	\$ 3,344.86
Maintenance	Maintenance costs on vehicles assigned to the project computed at @.58 per mile driven.	\$ 0.58	7657	\$ 4,441.06
				\$ -
Total Travel				\$ 7,786.00
Supplies & Operating Expenses				Annual Budget
Item	Description of Item	Rate	Quantity	Total Amount Requested from BHA
Project Operating	This budget item supports incidental expenses associated with running the project including office supplies, staff uniforms, safety equipment, etc.	\$ 666.67	12	\$ 8,000.00
Client Expenses	Funds are used to pay for necessary service costs to support clients including co-pays, service related expenses; medical services; SUD Treatment; housing related expenses; food cards; etc. All expenditures will be carefully documented by client recipient and staff. This is budgeted at an average of \$2,167 per month for a total of \$26,000.	\$ 2,166.67	12	\$ 26,000.00
Training	Training costs include defensive tactics training, refreshers, and other training deemed necessary for staff. This is budgeted at \$1000 per CR for a total of \$3000.	\$ 1,000.00	3	\$ 3,000.00
Phones	Three phones are paid out of the budget at a cost of \$53 per month for 12 months - total cost of \$1,908.	\$ 636.00	4	\$ 2,544.00
Active 911 License	Active 911 supports calls from dispatch to CRs - annual cost of this license is \$150.	\$ 150.00	2	\$ 300.00
Computer	Computer for the project Case Manager	\$ 1,675.00	1	\$ 1,675.00
				\$ -
Total Supplies & Operating Expenses				\$ 41,519.00
TOTAL DIRECT COSTS (TDC)				\$ 476,899.00
Exclusions from Indirect Cost Base expenses per OMB 2CFR § 200				
			Subaward in excess of \$25,000	\$ 10,000.00
			Rent	\$ -
			Equipment in excess of \$5,000	\$ -
			Other Unallowable Expenses	\$ -
Total Expenses per OMB 2CFR § 200				\$ 10,000.00
MODIFIED TOTAL DIRECT COSTS (MTDC)				\$ 466,899.00
Indirect Costs				Annual Budget
Indirect Cost	Description of Item	Percentage	Total Amount Requested from BHA	
Drop Down Box	<i>Describe what the cost includes and the use of allowance</i>			
10% De Minimis Rate	Indirect costs	3%	\$	11,672.48
Total Indirect				\$ 11,672.00
TOTAL Request				\$ 488,571.00

The Parties may mutually agree, in writing, to modify the Budget administratively using an BHA Budget Reallocation form

Certificate Of Completion

Envelope Id: CD776237F734485AB8F9FE2D703914E3	Status: Sent
Subject: Grant Agreement - Behavioral Health Administration, Amendment #2, 24 IBEH 186366	
Type of Document: Grant Agreement	
Department/Office: Commissioners Office	
Source Envelope:	
Document Pages: 8	Signatures: 0
Certificate Pages: 2	Initials: 3
AutoNav: Enabled	Envelope Originator: Carlene Okiyama 2025 14th St Boulder, CO 80302 cokiyama@bouldercounty.org IP Address: 76.130.224.167
Enveloped Stamping: Enabled	
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	

Record Tracking

Status: Original 9/18/2023 7:43:30 PM	Holder: Carlene Okiyama cokiyama@bouldercounty.org	Location: DocuSign
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Signer Events

Signature	Timestamp
<p>April P Gatesman ca@bouldercounty.org County Attorney Boulder County Security Level: Email, Account Authentication (None)</p> <p><i>APG</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 73.229.136.192</p>	<p>Sent: 9/18/2023 7:50:28 PM Viewed: 9/22/2023 9:44:22 AM Signed: 9/22/2023 9:49:56 AM</p>

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

<p>Kelli Keith kkeith@bouldercounty.gov Security Level: Email, Account Authentication (None)</p> <p><i>KK</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 71.56.222.47</p>	<p>Sent: 9/19/2023 8:09:00 AM Viewed: 9/19/2023 1:57:44 PM Signed: 9/19/2023 2:04:41 PM</p>
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Electronic Record and Signature Disclosure:
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<p>Robin Bohannon rbohannon@bouldercounty.org Director of Community Services Boulder County Security Level: Email, Account Authentication (None)</p> <p><i>RB</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 24.8.103.116</p>	<p>Sent: 9/18/2023 7:50:28 PM Viewed: 9/19/2023 7:33:35 AM Signed: 9/19/2023 7:33:45 AM</p>
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

<p>Cecilia Lacey clacey@bouldercounty.org Clerk to the Board Boulder County Security Level: Email, Account Authentication (None)</p>	<p>Sent: 9/22/2023 9:49:58 AM</p>
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Bridgette McCarthy
bmccarthy@bouldercounty.org
Grant Accounting Supervisor
Boulder County
Security Level: Email, Account Authentication
(None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 9/19/2023 8:09:01 AM

Jim Adams-Berger
jadams-berger@bouldercounty.org
Security Level: Email, Account Authentication
(None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	9/18/2023 7:50:28 PM
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Payment Events	Status	Timestamps
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