

NON-PROCUREMENT DOCUMENTS ONLY

ROUTING COVER SHEET

| Document Details | |
|--|---|
| Document Type | Grant Application |
| Parties | |
| County Contact Information | |
| Boulder County Legal Entity | Boulder County |
| Department | Sheriff |
| Division/Program | Office of Disaster Managment |
| Mailing Address | 3280 Airport Rd Boulder CO 80301 |
| Contract Contact | Francesca Gonzales, fgonzales@bouldercounty.org |
| Invoice Contact | sheriffinvoices@bouldercounty.org |
| Other Party Contact Information | |
| Name | Division of Homeland Security & Emergency Mgt |
| Mailing Address | 9195 E. Mineral Avenue, Suite 200, Centennial, CO 80112 |
| Contact 1- <i>Name, title</i> | Nowell Curran, Field Manager |
| Contact 1- <i>email</i> | nowell.curran@state.co.us |
| Contact 2 | |
| Term | |
| Start Date | 1/1/2024 |
| Expiration Date | 12/31/2024 |
| Brief Description of Work/Services Provided | |
| 2024 Emergency Management Program Grant and Local Emergency Manager Support Program Funding Appl | |
| Revenue Contract/Lease Details | |
| Amount | |
| Fixed Price or Not-to-Exceed? | |
| Grant Details | |
| Award # (if any) | |
| Signature Deadline | 1/12/2024 |

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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 | \$84,385.60 |
| 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)

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

_____ **Risk Management** (if required)

CW
_____ **Finance** (if required)

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

Date:

Claire Levy

Chair, Board of County Commissioners

ATTEST:

Cecilia Lacey

Clerk to the Board