

NON-PROCUREMENT DOCUMENTS ONLY
ROUTE THROUGH DOCUSIGN – NOT ORACLE

ROUTING COVER SHEET

Document Details	
Document Type	Grant Application
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Community Services
Division/Program	Strategic Initiatives, Healthy Youth Alliance
Mailing Address	PO Box 471 Boulder CO 80306
Contract Contact – <i>Name, email</i>	Meca Delgado, mdelgado@bouldercounty.org McKenzie LeTendre, mletendre@bouldercounty.gov
Invoice Contact – <i>Name, email</i>	Emily McCluskey emcccluskey@bouldercounty.gov
Other Party Contact Information	
Name	Substance Abuse and Mental Health Services Administration (SAMHSA)
Mailing Address	
Contact 1 – <i>Name, title, email</i>	
Contact 2 – <i>Name, title, email</i>	
Term	
Start Date	8/31/2024
Expiration Date	9/1/2029
Brief Description of Work/Services Provided	
<p>This grant funding will support the Healthy Youth Alliance (HYA) in an iterative planning and implementation process intended to build local capacity in BOCO to prevent substance misuse through delivering Evidence-based programs (EPBs) and support the community into integrating evidence-based practices and policies in their service delivery models. Through this work, HYA will use a data-driven and community-engagement approach to identify underserved populations and aim to increase prevention services for those populations in a culturally sensitive way.</p>	
Revenue Contract/Lease Details	
Amount	\$375,000 per year/5 years
Fixed Price or Not-to-Exceed?	Choose an item.
Grant Details	
Award # (if any)	
Signature Deadline	2/14/2024
Project/Program Name	
Project/Program Start Date	
Project/Program End Date	
Capital or Operating?	
Grant Funding	
Amount: Federal Funds	
Amount: State Funds	
Amount: Other (specify)	
Amount: Match (dollars)	
Amount: Match (in-kind)	
Total Project Budget	1,875,000
Account String	

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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	
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]

Use email: CAParalegalsDTC@bouldercounty.org

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

Use email: ca@bouldercounty.org

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

Use email: mtusinski@bouldercounty.org

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

Use email: bmccarthy@bouldercounty.org

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