

ROUTING COVER SHEET

Document Details	
Document Type	Revenue Contract
New or Continuing?	Continuing
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Housing and Human Services
Division/Program	IMPACT Care Management Division
Mailing Address	P.O. Box 471, Boulder, CO 80306
Contact Name and Title	Sara Boylan
Contact Email	sboylan@bouldercounty.org
Other Party Contact Information	
Name	CDHS Division of Youth Services
Mailing Address	700 West 84 th Avenue, Ste 700, Thornton, CO 80260
Contact Name and Title	Maria Campos, NE Regional Director
Contact Email	maria.campos@state.co.us
Secondary Contact	Richard Knight, Program Manager Richard.knight@state.co.us
Term	
Start Date	07/01/2023
Expiration Date	06/30/2024
Brief Description of Work/Services Provided	
In accordance with the provisions of this contract and its exhibits and attachments, the Contractor shall: provide managed care services, funding the I.M.P.A.C.T. Program through Boulder County Department of Housing and Human Services (BCDHHS), County of Boulder, State of Colorado, Acting by and through its Board of County Commissioners (County). This amendment reflects a \$32,000 increase to the current contract term.	
Revenue Contract/Lease Details	
Amount	\$1,576,512.00
Fixed Price or Not-to-Exceed?	Not-to-Exceed
Grant Details	
Award #	24 ICAA 183648
Project/Program Name	IMPACT Program
Grant Funding	
Capital or Operating?	Operating
Amount: State Funds	\$1,576,512.00
Account String	
Notes	
Signature not needed at this point. Approval only. State will send for signature via DocuSign upon approval at a BOCC business meeting.	

NON-PROCUREMENT DOCUMENTS ONLY

All approvals below will be obtained by HHS Finance.

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) _____