COVER SHEET

Document Details			
Document Type	Grant Application		
New or Continuing?	Continuing		
Parties			
County Contact Information			
Boulder County Legal Entity	Boulder County		
Department	Housing and Human Services		
Division/Program	Health Coverage Enrollment Center / Employment & Financial Opportunities Unit		
Mailing Address	P.O. Box 471, Boulder, CO 80306		
Contact Name and Title	Dale Whyte, Program Coordinator / Darlene Bushue, Unit		
	Manager		
Contact Email	dwhyte@bouldercounty.gov I dbushue@bouldercounty.gov		
Other Party Contact Information			
Name	Connect for Health Colorado		
Mailing Address			
Contact Name and Title	Ezra Watland, Director of Marketing & Communication Strategy		
Contact Email	EWatland@c4hco.com		
Secondary Contact	N/A		
(if applicable)			
Term			
Start Date	7/1/2024		
Expiration Date	6/30/2025		
Brief Description of Work/S	Brief Description of Work/Services Provided		

CFDA # NA

Since the implementation of the Affordable Care Act in 2012 and beginning in 2013 this program has been designed to ensure that Boulder County residents have education about, and access to, affordable health coverage - whether public or private. Working in partnership with Connect for Health Colorado (C4HCO), and the HHS EFO division, this team provides free, unbiased health coverage education, navigation, and enrollment in qualified private health insurance plans (QHP), Health First Colorado (Colorado's Medicaid program), and Child Health Plan Plus, with the goal of maintaining Boulder County's 97% insured rate and strengthening health insurance literacy and use.

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Revenue Contract/Lease Details				
Amount	\$299,999 Fixed Price			
Grant Details				
Project/Program Name	Connect for Health Assistance Site Partner Agreement			
Capital or Operating?	Operating			
Federal Funds	NA			
State Funds	\$299,999			
Other Funds: [Specify]	NA			
Match (dollars)	NA			
Match (in-kind)	\$78,319 (Medicaid Reimbursement)			
Total Project Budget	\$378,318			
Chart of Accounts String	112.45067.51010.1016.101287.H113.0000			
Federally-Funded Grants				
Federal Program Name	NA			

NON-PROCUREMENT DOCUMENTS ONLY

Subrecipients		
Name(s)	NA	
Services to be Provided		
Subaward Amount	NA	
Subcontractors		
Name(s)	NA	
Services to be Provided		
Subcontract Amount		
Notes (Additional information	n not included above)	
Application due date is April 1	10, 2024.	
All approvals below will be obta	ained by HHS Finance.	
N/A		
Paralegal [ONLY FOR: Revenue C	contracts]	
County Attorney [ONLY FOR: Re	venue Contracts, Leases, Grant Documents]	
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NI/A		
N/A		
Risk Management [ONLY FOR: Leases]		
Division Director		
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Finance		
50/511		
EO/DH		
DOCC Chair		
BOCC Chair		
		BOCC Clerk
		DOOC CIEIK

(if applicable)