

## ROUTING COVER SHEET

|   |  |
|---|--|
| <b>Document Details</b>   |  |
| <b>Document Type</b>  | Other  |
| <b>Parties</b>  |  |
| <b>County Contact Information</b>                                 |  |
| Boulder County Legal Entity                                       | Boulder County   |
| Department  | Community Services   |
| Division/Program  | Workforce Boulder County   |
| Mailing Address   | <b>PO Box 471 Boulder CO 80306</b>   |
| Contract Contact – <i>Name, email</i>                             | Sara Miller <a href="mailto:smiller@bouldercounty.gov">smiller@bouldercounty.gov</a> |
| Invoice Contact – <i>Name, email</i>                              | Erin Jones, <a href="mailto:epjones@bouldercounty.gov">epjones@bouldercounty.gov</a> |
| <b>Other Party Contact Information</b>                            |  |
| Name  | Workforce Development Programs   |
| Mailing Address   | 633 17 <sup>th</sup> Street, Suite 700, Denver CO 80202-3660                         |
| Contact 1 – <i>Name, title, email</i>                             |  |
| Contact 2 – <i>Name, title, email</i>                             |  |
| <b>Term</b>   |  |
| Start Date  |  |
| Expiration Date   |  |
| <b>Brief Description of Work/Services Provided</b>                |  |
| Workforce Boulder County Wagner-Peyser Merit System Certification |  |
| <b>Revenue Contract/Lease Details</b>                             |  |
| Amount  |  |
| Fixed Price or Not-to-Exceed?                                     | Choose an item.  |
| <b>Grant Details</b>  |  |
| Award # (if any)  |  |
| Signature Deadline  |  |
| Project/Program Name  |  |
| Project/Program Start Date  |  |
| Project/Program End Date  |  |
| Capital or Operating?   |  |
| <b>Grant Funding</b>  |  |
| Amount: Federal Funds   |  |
| Amount: State Funds   |  |
| Amount: Other (specify)   |  |
| Amount: Match (dollars)   |  |
| Amount: Match (in-kind)   |  |
| <b>Total Project Budget</b>                                       |  |
| Account String  |  |
| <b>Federally Funded Grants</b>                                    |  |
| Federal Program Name  |  |
| CFDA #  |  |
| <b>Subrecipients</b>  |  |
| Name(s)   |  |
| Services to be Provided   |  |
| Subaward Amount   |  |

NON-PROCUREMENT DOCUMENTS ONLY  
ROUTE THROUGH DOCUSIGN – NOT ORACLE

| <b>Subcontractors</b>   |  |
|---|--|
| Name(s)   |  |
| Services to be Provided   |  |
| Subcontract Amount  |  |
| <b><i>File Net Contract Details</i></b> - Details should precisely match search variables in File Net<br>(Only required where Original Agreement is stored in File Net) |  |
| Other Party Name  |  |
| Start Date  |  |
| End Date  |  |
| Amount  |  |
| <b>Notes</b><br>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]