

**ROUTING COVER SHEET**

<b>Document Details</b>	
<b>Document Type</b>	Grant Application Cover Sheet
<b>New or Continuing?</b>	New
<b>Parties</b>	
<b>County Contact Information</b>	
Boulder County Legal Entity	Boulder County
Department	Public Works
Division/Program	Resource Conservation Division
Mailing Address	1901 63 <sup>rd</sup> Street, Boulder CO 80301
Contact Name and Title	Michal Duffy, Zero Waste Program Manager
Invoice Contact	Michal Duffy
Contact Email	mduffy@bouldercounty.gov
<b>Other Party Contact Information</b>	
Name	Colorado State Internet Portal Authority (SIPA)
Mailing Address	
Contact Name and Title	
Contact Email	<a href="mailto:sipa@cosipa.gov">sipa@cosipa.gov</a>
Secondary Contact (if applicable)	720-409-5634
<b>Term</b>	
Start Date	August 2024
Expiration Date	May 2025
<b>Brief Description of Work/Services Provided</b>	
Purchase 4 ipads with protective cases to operate our financial transactions at the two mountain transfer stations	
<b>Revenue Contract/Lease Details</b>	
Amount	\$4,592
Fixed Price or Not-to-Exceed?	Fixed Price
<b>Grant Details</b>	
Award # (if any)	Grant application only
Signature Deadline	
Project/Program Name	
Project/Program Start Date	August 2024
Project/Program End Date	
Capital or Operating?	capital
<b>Grant Funding</b>	
Amount: Federal Funds	
Amount: State Funds	\$4,592
Amount: Other (specify)	
Amount: Match (dollars)	
Amount: Match (in-kind)	
<b>Total Project Budget</b>	\$4,592
Chart of Accounts String	
<b>Federally-Funded Grants</b>	
Federal Program Name	
CFDA #	
<b>Subrecipients</b>	
Name(s)	n/a

NON-PROCUREMENT DOCUMENTS ONLY

Services to be Provided	
Subaward Amount	
<b>Subcontractors</b>	
Name(s)	n/a
Services to be Provided	
Subcontract Amount	
<b><i>File Net Contract Details</i></b> - Details should precisely match search variables in File Net (Only required where Original Agreement is stored in File Net)	
<b>Notes</b> <i>(Additional information not included above)</i>	

**DocuSign Approvals (initials):**

\_\_\_\_\_ **Paralegal** (if required)

\_\_\_\_\_ **County Attorney** (if required)

\_\_\_\_\_ **Risk Management** (if required)

\_\_\_\_\_ **Finance** (if required)

\_\_\_\_\_ **EO/DH** (if required)

\_\_\_\_\_ **BOCC Clerk** (if required)