

## **Exhibit A - Use of Funds**

### **A. Project Description**

Boulder County Human Services (BCHS) is committed to building a thriving future together, centering racial equity and opportunity for all. Through its Community Partnership Grant (CPG) program, BCHS supports community partners addressing complex challenges and providing essential services to individuals and families in need across Boulder County. Funded in part by the voter-approved Human Services Safety Net (HSSN) tax, CPG funding addresses critical gaps in health, housing, and human services. Key priorities for CPG funds include housing stability, employment and income stability, access to adequate food and nutrition, health and well-being, safety, and early childhood care and education.

### **B. Performance Responsibilities**

The Recipient agrees to, in accordance with the terms and conditions in this Agreement, provide the following services in a timely and satisfactory manner:

1. Serve as a Family Resource Center (FRC), providing holistic, family-centered support that connects individuals and families to community resources, fosters long-term self-sufficiency, and addresses the interconnected needs of families.
2. Provide comprehensive safety net services to low-income Longmont community members, addressing immediate basic needs such as access to food, financial assistance for rent, and utilities, reducing barriers to stability, and improving overall well-being.
3. Offer resource navigation through a bilingual, bicultural team of resource navigators and a Mountain Resource Liaison, ensuring equitable access to services for diverse communities, including those in rural and mountain areas within Recipient's service area, helping individuals and families connect to relevant resources that meet their immediate and long-term needs, such as housing referrals, employment resources, and healthcare access.
4. Support two-generational programming that empowers families across generations aimed at building long-term stability and self-sufficiency.
5. Provide coaching and consultation for secondary trauma, offering support to staff who work directly with individuals and families to ensure they have the tools and resources necessary to manage the demands of their work.
6. As needed, work collaboratively with BCHS staff to develop and distribute culturally appropriate marketing materials that work to destigmatize access and enrollment in public assistance benefits.
7. As needed, assist participants in accessing self-reliance benefits using the Colorado PEAK online application and/or by creating a Boulder County Connect (BCC) Account and encourage the use of these online systems for accessing case information, completing required actions on their cases, and uploading documents.
8. Ensure services are provided in a culturally, linguistically, and equitably appropriate manner.
9. Funds will not be used to supplant Medicaid, Medicare, or private insurance funded services.

### **C. Target Population**

The target population includes individuals and families who are Boulder County community members in the geographic service area for Recipient in Boulder County. Recipient shall ensure that priority for services is provided to individuals and families within the geographic service area who are at high risk or have unmet needs. Persons receiving services must reside in Boulder County.

#### **D. Referrals for Service**

1. Recipient agrees to accept referrals from BCHS and other service providers and government agencies operating in Boulder County who serve similar populations.
2. Recipient agrees to work collaboratively with BCHS and other community partners to ensure participants are enrolled in all self-sufficiency benefits they are eligible to receive.
3. Recipient agrees to make referrals to appropriate service providers in effort to move participants from crisis to stability, establishing a network of care supporting the participant.

#### **E. Meetings and Communications**

1. BCHS and Recipient may meet bi-annually to evaluate Agreement usage and program effectiveness that may include:
  - a) recommendations for modifications in the scope of services for this Agreement,
  - b) technical assistance necessary to enable the performance of this Agreement by Recipient, or
  - c) the specification of necessary additional services to enable Recipient's performance of the services provided under this Agreement.
2. A fiscal review may be conducted during the Agreement term. Prior to this review, BCHS may request a copy of Recipient's published annual report for the prior year.
3. BCHS will communicate with Recipient regarding applicable trainings and meetings as available.

## F. Reporting Requirements

1. Recipients must submit four (4) quarterly reports and one (1) end-of-year report. The content of the report will include:
  - a) Demographic information about clients served:
    - (1) For Non-community Connect users: Client counts (duplicated and unduplicated), client demographic data (ZIP Code of residence, age, gender identity, sexual orientation, race/ethnicity, language of household). (Exhibit A-2) (Exhibit A-4)
    - (2) For Community Connect Users: Client counts (duplicated and unduplicated), sexual orientation, language of household). (Exhibit A-2) (Exhibit A-4) (All other demographic information about client served should be reported using Community Connect on a rolling basis)
  - b) Reporting tables contained in this Agreement, as Exhibit A-2 Quarterly Reporting Form, are examples only. BCHS will provide Recipient with tailored evaluation metrics for their program and Recipient must complete reports on these agreed upon metrics by the due dates listed in Exhibit A-3, Reporting Calendar Table. Individual reporting forms will be distributed to the Recipient within 30 days of execution of this Agreement.
  - c) Responses to specified narrative questions.
2. Reports must include aggregated data and should not include client-level information inclusive of Personal Identifiable information (PPI), unless data is reported via Community Connect.
3. Quarterly reports are due by the 20th day following the end of each calendar quarter. The end-of-year report is due by January 31st of the subsequent year (Exhibit A-3)
4. Submission Process:
  - a) Boulder County will provide a link to a Microsoft Form for report submission within the first 7 business days of the reporting period. This link will remain open until the working day following the report due date.
  - b) Access to the Microsoft Form is restricted to the designated email address provided by the Recipient. Recipients must ensure contact details are current and report any changes promptly to the BCHS CPG Program Manager and BCHS Data and Performance Team to the email [hsdatareporting@bouldercounty.gov](mailto:hsdatareporting@bouldercounty.gov)
5. Timeliness and Completeness Requirements:

- a) All Recipients are required to submit fully completed quarterly and yearly reports using MS Forms by the due dates, no other formats will be accepted.
  - b) Community Connect users must enter demographic information on a rolling basis and complete quarterly and yearly reports) via the provided MS Form in a timely manner.
6. Failure to Comply with Reporting Requirements:
- a) If a Recipient is unable to meet the reporting requirements, they must notify the BCHS CPG Program Manager and BCHS Data and Performance Team to the email [hsdatareporting@bouldercounty.gov](mailto:hsdatareporting@bouldercounty.gov) This includes circumstances where:
    - (1) Reports cannot be submitted on time.
    - (2) Reports are incomplete or missing information.
  - b) Recipients may request an extension, subject to approval by Boulder County, and must provide justification for any missing information. The BCHS Data and Performance Team, along with the BCHS CPG Program Manager, will review such requests
7. Reimbursement Contingency and Non-Compliance Consequences:
- a) Financial Reimbursement is contingent upon timely submission of fully completed data reports. BCHS reserves the right to withhold reimbursement until reports are submitted, unless an extension is granted.
  - b) Failure to submit timely, complete reports or to communicate effectively constitutes a breach of Funding Agreement and may result in the suspension or termination of the Funding Agreement, as well as a suspension of financial reimbursement.

## **G. Budget**

1. The total dollar amount for this Agreement shall not exceed **\$442,534**. The approved budget is included as Exhibit A-1, Budget Form.
2. Recipient has the discretion to transfer up to ten percent (10%) of the total approved budget between the major direct cost budget categories with the prior written approval of BCHS. Approval must be obtained in writing prior to submitting invoices. Any budget transfer greater than ten percent (10%) also requires prior written approval from an authorized BCHS representative and at the discretion of BCHS, may require an Agreement amendment.

## H. Payment Requirements

1. Monthly Invoicing
  - a) BCHS shall provide Recipient with a monthly invoice template.
  - b) Recipient shall complete and submit monthly invoices and supporting documentation that supports the amount invoiced on/or before the twentieth (20<sup>th</sup>) calendar day following the reporting period, regardless of the level of activity or amount of expenditure(s) in the preceding report period.
  - c) Monthly invoiced expenses shall be for actual expenditures incurred by the Recipient.
  - d) BCHS shall not pay for vacant positions funded through this Agreement.
  - e) Monthly invoiced expenses may not be reimbursable by any other funding source.
  - f) Monthly invoices shall only include expenditures for the prior billing period. Any adjustments to a previously billed period need to be billed as an amendment to a previous invoice.
  - g) The invoice shall contain the name and title of the person authorized, or his or her designee, to submit claims for payment.
  - h) All invoices, supporting documentation, and applicable reports shall be submitted electronically to BCHS via email to:  
[hhsaccountingoffice@bouldercounty.gov](mailto:hhsaccountingoffice@bouldercounty.gov).
  
2. Supporting Documentation

- a) Monthly invoices shall be supported by a general ledger and/or sub-ledger detail generated from the Recipient's accounting system to include payee, description, date, and amount.
  - (1) For participant services, participant name and purpose must be included (for those participants who have signed an authorization to release information).
  - (2) For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
- b) Supporting documentation submitted with monthly invoices must meet or exceed the amount being invoiced.
- c) Recipient shall keep on site for BCHS review, for the Agreement term plus three years, the following supporting documentation for each invoice:
  - (1) Non-personnel reimbursements must be supported by general ledger or sub-ledger detail generated from Recipient's accounting system.
    - (a) The ledger detail should include payee, description, date and amount.
    - (b) For participant services, participant name and purpose must be maintained on file (for those participants who have signed an authorization to release information).
    - (c) The documentation should include all receipts and/or other original support. Receipts are required for purchases from a single vendor more than \$100.
    - (d) Travel expenditures should include travel expense reports.
    - (e) Mileage will be reimbursed at a rate equal to or less than the IRS standard mileage rate.
  - (2) For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
    - (a) Staff working less than 100% on Contracted work may be required via a written amendment to maintain an accurate daily record of hours worked and correct charge codes. These records shall be made available to BCHS during financial review visits or upon request.

d) If Recipient does not produce sufficient documentation as described above at financial review visits, BCHS has the right to recapture any unsupported payments.

3. Payments

a) Monthly invoices, supporting documentation, and all required deliverables as outlined in Exhibit A, Section F, Reporting Requirements must be submitted in a timely manner and in accordance with the terms of the Agreement in order to receive payment.

b) BCHS will reimburse the Recipient within 30 days of receipt and approval of a fully supported and payable invoice. BCHS will follow-up with Recipient within 15 days of receipt should there be any questioned or unsupported costs.

c) Invoices submitted beyond 90 days will not be paid. Final invoices must be received within 30 days after the end date of the Agreement Term.

4. Internal Controls

a) Recipient shall maintain written internal control policies and procedures around financial and accounting practices, including procurement policies and procedures.

b) Confidentiality of Client Information and Records: Recipient shall maintain best practices for safeguarding confidential information, including signed certification from Recipient's directors, officers and employees.

c) Conflict of Interest: Recipient shall maintain best practices regarding conflicts of interest, including signed certification from Recipient's directors, officers and employees.

d) Written policies and procedures shall be made available to BCHS during financial review visits or upon request. During the Agreement term, BCHS will request to review Recipient's procurement policy.



**I. Schedule of Attachments**

1. Exhibit A-1 – Budget Form
2. Exhibit A-2 – Quarterly Reporting Form
3. Exhibit A-3 – Reporting Calendar Table
4. Exhibit A-4 – End of Year Narrative

**Exhibit A-1 Budget Form**

**Boulder County Department of Housing and Human Services HSSN 2025 Budget**

**Contract Term: 01/01/2025 to 12/31/2025**

**Agency Name: OUR Center**

**Program Name: Family Resource Center and ISDMC + Mountain Resource Liaison**

**2025 Approved Budget Amount**

**\$442,534**

DESCRIPTION	2025 Budget
<b>Salaries</b> <i>(list positions and indicate FTE allocated to each source)</i>	
Family Development Services Director 1 FTE	\$ 70,000.00
Family Development Services Manager 1 FTE	\$ 45,000.00
Resource Specialist FRC 1 FTE	\$ 47,000.00
Lead Resource Specialist FRC 1 FTE	\$ 50,000.00
Resource Specialist FRC 1 FTE	\$ 47,000.00
Participant Relations Manager FRC 1 FTE	\$ 45,000.00
Intake Specialist FRC 1 FTE	\$ 45,000.00
Mountain Resource Liaison 1 FTE	\$ 55,000.00
<b>Payroll Taxes &amp; Benefits</b>	
Benefits	\$ 30,034
<b>Operating Expenses</b> <i>(list costs including travel, rent, utilities, phone, postage, supplies, &amp; printing)</i>	\$ -
<b>Equipment</b> <i>(list all costs)</i>	\$ -
<b>Subcontractor/consultation services</b> <i>(list individual costs)</i>	
Coaching and Consultation for secondary trauma	\$ 8,500.00
<b>Other Costs</b>	\$ -
<b>TOTAL Program Budget</b>	<b>\$ 442,534.00</b>

## Exhibit A-2 Quarterly Reporting Form

Recipient will receive (2) Microsoft (MS) Form links one with demographic information and narratives and second one with the program evaluation metrics (outputs and Outcomes) that contains the following information. The following form is an example of what you would complete in MS Excel.

### QUARTERLY REPORTING DEMOGRAPHIC DATA

Name of Organization:		
Name of Program (should match funding award):		
Name of Person Completing Report:		
Program staff email to use if questions arise:		
<b>Year</b>	2025	
<b>Quarter reported: <i>In the drop down menu select</i></b> <i>(1) DATA FROM January 1 to March 31</i> <i>(2) DATA FROM April 1 to June 30</i> <i>(3) DATA FROM July 1 to September 30</i> <i>(4) DATA FROM October 1 to December 31</i>		
<b>Quarterly Reporting Metrics</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
<b>TOTAL Number of individuals served by Program</b>		
<b>TOTAL Number of individuals served by residency</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
80025 Eldorado Springs		
80026 Lafayette		
80027 Louisville		
80028 Louisville		
80301 Boulder		
80302 Boulder		
80303 Boulder		
80304 Boulder		
80305 Boulder		
80306 Boulder		
80307 Boulder		
80308 Boulder		
80309 Boulder		
80310 Boulder		
80314 Boulder		
80321 Boulder		

80322 Boulder		
80323 Boulder		
80328 Boulder		
80329 Boulder		
80422 Black Hawk		
80455 Jamestown		
80466 Nederland		
80471 Pinecliffe		
80481 Ward		
80501 Longmont		
80502 Longmont		
80503 Longmont		
80504 Longmont		
80510 Allenspark		
80516 Erie		
80533 Hygiene		
80540 Lyons		
80544 Niwot		
<b>Homeless Inside BOCO Count</b>		
Sheltered - Count		
Unsheltered - Count		
Unstable Housing (Double Up, Couchsurfing, Living in Vehicle) - Count:		
Double up		
Couchsurfing		
Living in Vehicle		
<b>Homeless Outside BOCO Count</b>		
Sheltered - Count		
Unsheltered - Count		
Unstable Housing (Double Up, Couchsurfing, Living in Vehicle) - Count:		
Double up		
Couchsurfing		
Living in Vehicle		
Other Cities Outside BOCO		
Residency Unknown / Refuses to disclose		
<b>TOTAL Number of individuals served by Program by AGE</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
0-4		
5 - 9		
10 - 14		

15-18		
19-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75 or older		
Age Unknown / Refuses to disclose		
<b>TOTAL Number of individuals served by Program by Gender Identity</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
Male		
Female		
Gender nonconforming		
Not listed		
Transgender		
Gender Identity Unknown / Refuses to disclose		
N/A (Please select this if expanded gender identity is not applicable data point for the population you served)		
<b>TOTAL Number of individuals served by Program by Sexual Orientation</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
Heterosexual/Straight		
Gay		
Lesbian		
Bisexual		
Pansexual		
Asexual		
Queer		
Multiple Identities		
Sexual Unknown / Refuses to disclose		
N/A (Please select this if expanded sexual orientation is not applicable data point for the population you served)		
<b>TOTAL Number of individuals served by Program - Race</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian or other Pacific Islander		

Mixed Race		
White/Caucasian		
Other		
RACE Unknown / Refuses to disclose		
<b>TOTAL Number of unduplicated individuals served by Program - Hispanic, Latinx or Spanish origin - Ethnicity</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
No, not of Hispanic, Latinx, or Spanish origin		
Yes, of Hispanic, Latinx, or Spanish origin		
Other ethnic origin		
Ethnicity Unknown / Refuses to disclose		
<b>TOTAL Number of households served by Program - Primary Household Language</b>	<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>TOTAL DUPLICATED CLIENTS</b>
English		
Spanish		
Other		
Primary Household Language Unknown / Refuses to disclose		
<b>TOTAL Number of households* served by Program</b>		
<b>Number of households with children ages 0-17</b>		
<b>Quarterly Questions for Funders:</b>		
<b>1. What % of program funding does this contract provide as a percent of the total program budget:</b>		
<b>2. Please describe the ways in which this funding helps meet program goals:</b>		
<b>3. Please briefly describe any gaps or areas of need that you are noticing emerge in the community:</b>		
<b>4. Use the space below to share any program and/or client success that can be shared with the wider community:</b>		

**QUARTERLY REPORTING PROGRAM EVALUATION**

Name of Organization:	<insert name of organization>
Name of Program (should match funding award):	<insert name of program>
Name of Person Completing Report:	<insert name of person completing form>
Program staff email to use if questions arise:	<insert email address>
<b>Program Evaluation Metrics</b>	

<p><b>Outputs:</b> Please enter a value that quantify the outputs listed in your Funding Agreement. For example, if one of your outputs is “number of therapeutic sessions delivered”, enter the number of therapeutic sessions delivered during the reporting period.</p>	
<p><b>Outcome 1</b> Under each of your contracted outcomes, please complete the following.</p>	
<p><b>Number of clients measured for outcomes:</b> please enter the number of clients that were eligible for outcome measurements during this reporting period. This should align with the information that your provided in your Funding Agreement around “Candidate for outcome measurement” and “Measurement frequency”</p>	
<p><b>Number of clients successfully meeting outcome:</b> please enter the number of clients that have achieved the outcome according to the “Definition of Success” included in your Funding Agreement for this outcome.</p>	
<p><b>Outcome Success Rate:</b> please enter the percentage of your outcome success. This can be obtained by doing the following calculation = (Number of clients successfully meeting outcome/number of clients measured for outcome) x 100.</p>	
<p><b>Outcome Success explanation:</b> use this narrative field to enter any information that you would like to share to explain any difference that may exist between your outcome success rate, and the percentage included in your Funding Agreement for the “Outcome statement” associated with this outcome. You may also choose to add information that would help us understand any discrepancies between the total number of clients you have served, and the number of clients measured for outcome during this reporting period.</p>	
<p><b>Outcome 2</b></p>	<p><b>If selected more than 1 Outcome on the Funding Agreement</b></p>

### Exhibit A-3 Reporting Calendar Table

<b>REPORTING TIMETABLE</b>		
<b>Report</b>	<b>Reporting Period</b>	<b>Report Due Date:</b>
<i>2025 – Q1 Reporting</i>	<i>January 1st to March 31<sup>st</sup>, 2025</i>	<i>April 20<sup>th</sup>, 2025</i>
<i>2025 – Q2 Reporting</i>	<i>April 1st to June 30<sup>th</sup>, 2025</i>	<i>July 20<sup>th</sup>, 2025</i>
<i>2025 – Q3 Reporting</i>	<i>July 1st to September 30<sup>th</sup>, 2025</i>	<i>October 20<sup>th</sup>, 2025</i>
<i>2025 – Q4 Reporting</i>	<i>October 1st to December 31<sup>st</sup>, 2025</i>	<i>January 20<sup>th</sup>, 2026</i>
<i>2025 – End of Year Reporting</i>	<i>January 1<sup>st</sup> to December 31<sup>st</sup>, 2025</i>	<i>January 31<sup>st</sup>, 2026</i>



**Exhibit A-4 End of the year narrative**

Legal Name of Organization:	<insert name of organization>
DBA (if Applicable):	<insert doing business as name (if applicable)>
CEO / Executive Director:	<insert name of director or CEO>
Name of Program (should match funding award):	<insert name of program>
Name of Person Completing Report:	<insert name of person completing form>
Program staff email to use if questions arise:	<insert email address>
Grant Amount:	<insert grant amount>
<b>END OF THE YEAR NARRATIVE</b>	
<b>OVERVIEW OF THE FUNDING AGREEMENT</b> (Summary of the Grant Purpose)	
<b>PROGRESS AND RESULTS</b> (a) Describe the progress made toward the goals and objectives as stated in the funded grant application. (b) Summarize the organization’s key evaluation results related to the funded grant.	
<b>SUCCESSSES AND CHALLENGES.</b> Describe the significant successes and challenges the organization experienced related to the funded grant.	
<b>LESSONS LEARNED</b> Describe what the organization learned based upon the results, successes, and challenges reported in Questions 9 and 10. Address programmatic, evaluative, or organizational changes that will be made based upon these lessons learned.	
<b>FINANCIAL SUMMARY</b> You can describe the schedule and budget set for the Funding Agreement and if the team stayed within those limits in this section. If the project didn't stay within those limits, list the reasons why.	

**DEMOGRAPHICS SUMMARY**

Describe the population served during the year (ages, race, origin, residency), including percentages and numbers if available. You can also provide observations. i.e., During the year, we notice an increase/decrease of people in (ages, race, origin, residency) due to ...  
Is the population targeted at the beginning the same that you serve? If not, describe changes.  
If there is any increase or decrease in your population, please describe why.

**SUCCESS STORIES**

Please share a success story of an individual or group's actions in this program that we can share with the public.