## NON-PROCUREMENT DOCUMENTS ONLY

## **ROUTING COVER SHEET**

Document Details	
Document Type	Grant Application
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Sheriff
Division/Program	Administration
Mailing Address	5600 Flatiron Pkwy Boulder CO 80301
Contract Contact	Addie Davenport adavenport@bouldercounty.gov
Invoice Contact	sheriffinvoices@bouldercounty.gov
Other Party Contact Information	on
Name	State of Colorado, Dept of Law, POST
Mailing Address	1300 Broadway, 9th Floor, Denver CO 80203
Contact 1- Name, title	Kishawn Leuthauser Grant Administrator
Contact 1- email	kishawn.leuthauser@coag.gov
Contact 2	
Term	
Start Date	7/1/2025
Expiration Date	6/30/2026
Brief Description of Work/Serv	vices Provided
Grant Application with State of Col	orado Dept of Law for Peace Officers Standard and Training (POST)
Revenue Contract/Lease Detail	ils
Amount	
Fixed Price or Not-to-Exceed?	
Grant Details	
Award # (if any)	
Signature Deadline	

#### NON-PROCUREMENT DOCUMENTS ONLY

Project/Program Name	
Project/Program Start Date	
Project/Program End Date	
Capital or Operating?	
Grant Funding	
Amount: Federal Funds	
Amount: State Funds	174,479.00
Amount: Other (specify)	
Amount: Match (dollars)	
Amount: Match (in-kind)	
Total Project Budget	
Account String	
Federally Funded Grants	
Federal Program Name	
CFDA#	
Subrecipients	
Name(s)	
Services to be Provided	
Subaward Amount	
Subcontractors	
Name(s)	
Services to be Provided	
Subcontract Amount	
FileNet Contract Details - Deta (Only required where Original Ag	nils should precisely match search variables in File Net
Comy required where Original A	grooment is stored in rilic rict)
Other Party Name	
Start Date	
End Date	
Amount	

#### NON-PROCUREMENT DOCUMENTS ONLY

	NON-FROCONLINENT	DOCOMENTS ONET
Notes Additional	information not included above	
<u>DocuSign</u>	Approvals (Initials):	
	_ Paralegal (if required)	
ap6		
	_ County Attorney (if required) apg	
	_ Risk Management (if required)	
CB	<b>-</b>	
	_ Finance (if required)	
CM		
	_ <b>EO/DH</b> (if required) Undersheriff	
Boulder Cou	nty Commissioners:	ATTEST:
N/asta   225	a min	Matth Danie
Marta Loacha	3111111	Matthew Ramos



Region: North Central Training Region

The POST Region Grant Program is announcing the availability of funds for the training of peace officers, particularly small and rural agencies, for FY 2025 beginning July 1, 2025 and ending June 30, 2026 Based on the POST Board approved formula allocation, Boulder County, on behalf of the North Central Training Region, is eligible to apply for a total of \$174,479.00.

The above award includes the following:

Training, Equipment and Scholarships \$145,399.00 Grant Management \$7,270.00 Program Delivery \$21,810.00 **Total** \$174,479.00

To be considered for funding, applicants must submit an application via the POST grant management database between March 1 and March 31, 2025. The link to apply for your award is included in this email with your award letter.

Early or late applications cannot be accepted without prior approval from POST. In addition to the application, applicants must also include proof of insurance, copy of region grant program guidelines/policies, region needs assessment, board bylaws, and a list of board members and their contact information. All documents must be submitted via the POST grant management database at the time the application is submitted to POST. All Regions are required to have board bylaws and grant guidelines.

All agencies will receive a 5% grant administration fee to cover the costs of administering the grant. In addition, program delivery for agencies who incur direct personnel costs of the training region or fiscal agent whose salaries, or apportion thereof, will be paid by the grant are included as well.

Although applications are funded by a formula allocation approved by the POST Board, the POST Board will provide final approval June 7, 2025 during the POST Board meeting. Should you have any questions please feel free to contact Kim or myself.

Sincerely, Victoria Edstedt Grant Coordinator FOR THE ATTORNEY GENERAL



## **Grant Information**

## **Equipment**

## **Scholarships**

Title	Description	Expense Backfill Cost	Expense Tuition/Re gistration Fee	Expense Student Per Diem	Expense Lodging	Expense Training Supplies	Total Grantee Comments
General Scholarshi ps	Scholarshi p funds for agencies to request for courses that the region isn't hosting	\$0.00	\$51,899.00	\$0.00	\$0.00		
		\$0.00	\$51,899.00	\$0.00	\$0.00	\$0.00	\$0.00



Please note: Once you have added the class titles in the "Training" section above please follow the steps below:

1) Save your application using the "Save Draft" button below

2) Enter the details of each training using the Add training buttons details next to it.

Class Title: Crisis Intervention Team Training -- Status: Draft

Class Title: Field Training Officer Seminar -- Status: Draft

Class Title: Firearms Instructor Course -- Status: Draft

Class Title: Peer Support Training -- Status: Draft

Class Title: Driving Instructor Course -- Status: Draft

Class Title: Krav Maga Instructor Course -- Status: Draft

Class Title: CIT Coaches Course -- Status: Draft

## **Total Funding Request**

#### Total by Category

**Total Equipment:** 

Total Scholarship: \$51,899.00

**Total Class**:\$93,500.00

### **Total Funding Request**

This will auto populate based on the details entered in the Grant Information Section. Please click on "Save Draft" to display the total amount.

\$145,399.00

## Attachments (Upload QUOTES)

#### **Upload W9**

Contact name and phone number must be included on top.

#### **Upload Proof of Insurance**

#### **Upload Needs Assessment**

Upload additional supporting documents (Pgm Guidelines/Policies, Board Bylaws, List of Board Members and Contact Info, IRS Designation (Non-Profits))

#### Comments

#### **Additional Comments**

## Signature

#### **Equipment**

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

## Class Details

**Course ID (if known at time of application)** 

OS0007

**Class Title** 

**Crisis Intervention Team Training** 



### **Class Description**

The Crisis Intervention Teams (CIT) model was developed in 1988 in Memphis, Tennessee, as a partnership between the police department, advocacy groups for people with mental illness, mental health treatment providers, and other community stakeholders. The goals of CIT were to train law enforcement officers in the recognition of mental illness, to enhance their verbal crisis de-escalation skills, and to provide more streamlined access to community-based mental health services. The Memphis community soon realized the benefits of this advanced course of training through dramatic declines in injury rates among both citizens and police officers, decreased utilization of the SWAT team to resolve crisis situations and – when safe and appropriate – the diversion of people with mental illness from incarceration to community-based mental health services.

#### **Training Category**

Communications

**Start Date (est.)** 

11/10/2025

**End Date (est.)** 

05/31/2026

### Name of Facility

Timberline Church, Coal Ridge Middle School & LifeBridge Church

## **Hosting Agency**

Fort Collins PS, Firestone PD, & Boulder County SO

#### **Class Location City**

Fort Collins, Firestone, & Longmont

#### **Provider Name**

North Central Training Region



#### **Instructor Name**

Chris Bland, Tim Brown, Ray Bueno, & Annie Hill

## **Anticipated # of Students**

90

## **Estimated Length of Class (# of hrs)**

120

## **Financial Details**

## **Expense Facility Fee**

## **Expense Training Supplies**

\$3,000.00

## **Expense Refreshments**

\$3,000.00

#### **Expense Instructor Costs**

\$24,000.00

## **Expense Backfill Cost**

**Expense Per Diem** 

## **Expense Lodging**



#### **Additional Comments**

This is money for as many session of CIT the region can afford to host, hopefully three. I'm hope this will help POST's and mine work load so there is less money movement.

### **Total Expense**

\$30,000.00

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

## Class Details

## Course ID (if known at time of application)

### **Class Title**

Field Training Officer Seminar

## **Class Description**

Training class to train new training officers



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Other

If other, please specify: Field Training Officer

**Start Date (est.)** 

02/09/2026

End Date (est.)

02/13/2026

Name of Facility

**TBD** 

**Hosting Agency** 

TBD

**Class Location City** 

**TBD** 

**Provider Name** 

TBD - usually TLCM, Kaminsky, Sullenberger & Assoc., Al Brown's Course

**Instructor Name** 

**TBD** 

**Anticipated # of Students** 

16-36, depends on provider



**Estimated Length of Class (# of hrs)** 

40

## **Financial Details**

**Expense Facility Fee** 

**Expense Training Supplies** 

**Expense Refreshments** 

\$500.00

**Expense Instructor Costs** 

\$8,000.00

**Expense Backfill Cost** 

**Expense Per Diem** 

**Expense Lodging** 

**Additional Comments** 

**Total Expense** 

\$8,500.00

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

## Class Details

**Course ID (if known at time of application)** 

#### Class Title

**Firearms Instructor Course** 

#### **Class Description**

Firearms instructor course(s) - usually a handgun instructor or rifle instructor course. The NCTR has talked about holding an RDS instructor course.

## **Training Category**

**Firearms** 

## Start Date (est.)

04/27/2026



End Date (est.)
05/01/2026
Name of Facility
TBD
Hosting Agency
TBD
Class Location City
TBD
Provider Name
TBD - Kleiber has been used over the past few years.
Instructor Name
TBD
Anticipated # of Students
20-40
Estimated Length of Class (# of hrs)
40-80
Financial Details
Expense Facility Fee



### **Expense Training Supplies**

\$2,000.00

**Expense Refreshments** 

**Expense Instructor Costs** 

\$20,000.00

**Expense Backfill Cost** 

**Expense Per Diem** 

**Expense Lodging** 

**Additional Comments** 

**Total Expense** 

\$22,000.00

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

#### Class Details

#### **Course ID (if known at time of application)**

#### **Class Title**

Peer Support Training

#### **Class Description**

Topics of discussion include agency peer support team policy and operational guidelines, cognitive-phenomenological approach to stress, occupational stress and stressor intervention, cognitive conceptualization, stressors and mental diagnoses, critical incidents and traumatic stress, concepts in traumatic exposure, posttraumatic responses, treatment and interventions, police relationships and family dynamics, life perspectives and their influence on life quality, peer support and counseling, stage theory, TA, and application for peer support, team confidentiality and legal issues, team code of ethics, clinical supervision, substance and process addictions, police suicide and the Make it Safe police officer initiative, suicide by cop and its aftermath, witness to suicide, suicidal ideation assessment and intervention, coping with death, death and mourning, trauma intervention program, status of critical incident group debriefing, and keeping yourself healthy.

## **Training Category**

Health/Wellness/Fitness

Start Date (est.)

03/23/2026

End Date (est.)

03/27/2026

Name of Facility

**TBD** 



**Expense Instructor Costs** 

\$5,500.00

Hosting Agency
TBD
Class Location City
TBD
Provider Name
TBD - Usually we use Brower & Assoc. or Tim Brown's company
Instructor Name
TBD
Anticipated # of Students
15
Estimated Length of Class (# of hrs)
40
Financial Details
Expense Facility Fee
Expense Training Supplies
Expense Refreshments
\$500.00

Expense Ba	ckfill Cost
------------	-------------

**Expense Per Diem** 

**Expense Lodging** 

**Additional Comments** 

**Total Expense** 

\$6,000.00

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

## Class Details

Course ID (if known at time of application)

ID0011



#### **Class Title**

**Driving Instructor Course** 

## **Class Description**

Course that certifies individuals to be driving instructors at their home agencies.

## **Training Category**

**Driving & Motor Vehicle Operations** 

## **Start Date (est.)**

05/25/2026

### **End Date (est.)**

05/29/2026

## Name of Facility

Northern Colorado LE Training Center

### **Hosting Agency**

Loveland PD

## **Class Location City**

Loveland

#### **Provider Name**

**Karl Smalley** 

#### **Instructor Name**

Karl Smalley



Anticipated	# of	Students
12		

**Estimated Length of Class (# of hrs)** 

40

## Financial Details

**Expense Facility Fee** 

**Expense Training Supplies** 

**Expense Refreshments** 

**Expense Instructor Costs** 

\$10,000.00

**Expense Backfill Cost** 

**Expense Per Diem** 

**Expense Lodging** 

\$2,000.00

**Additional Comments** 

**Total Expense** 

\$12,000.00

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

## Class Details

## **Course ID (if known at time of application)**

AD0019

#### Class Title

Krav Maga Instructor Course

#### **Class Description**

Course to certify individual to be instructor for Krav Maga arrest control

#### **Training Category**

Arrest Control

#### Start Date (est.)

10/20/2025



nd Date (est.)	
0/24/2025	
ame of Facility	
BD	
osting Agency	
BD	
lass Location City	
BD	
rovider Name	
rav Maga Worldwide	
structor Name	
BD	
nticipated # of Students	
5	
stimated Length of Class (# of hrs)	
inancial Details	
xpense Facility Fee	
pense Training Supplies	

### **Expense Refreshments**

**Expense Instructor Costs** 

\$14,000.00

**Expense Backfill Cost** 

**Expense Per Diem** 

**Expense Lodging** 

**Additional Comments** 

**Total Expense** 

\$14,000.00

#### Instructions

- Enter the requested details below.
- Click "Save Draft" to save your information.
- Once completed, click "Submit" to be taken back to your application to enter in your information for your other trainings, if applicable. Once "Submit" has been selected, you will NOT be able to make any changes to this Training line.
- You can also click the home button to be taken back to the main page and access your Saved Application under the In Progress Section

## Class Details



### **Course ID (if known at time of application)**

OS0014

#### **Class Title**

**CIT Coaches Course** 

#### **Class Description**

This course gives individuals the skills to be coaches for the Basic CIT course

## **Training Category**

Please Select

### **Start Date (est.)**

04/15/2026

### **End Date (est.)**

04/15/2026

### Name of Facility

Firestone PD

#### **Hosting Agency**

Firestone PD

#### **Class Location City**

Firestone

#### **Provider Name**

North Central Training Region



In	stri	uctor	Na	me
		40101	114	

Chris Bland, Tim Brown, Ray Bueno & Annie Hill

### **Anticipated # of Students**

10

**Estimated Length of Class (# of hrs)** 

8

## **Financial Details**

**Expense Facility Fee** 

## **Expense Training Supplies**

\$400.00

## **Expense Refreshments**

\$100.00

### **Expense Instructor Costs**

\$500.00

## **Expense Backfill Cost**

**Expense Per Diem** 

## **Expense Lodging**



## **Additional Comments**

## **Total Expense**

\$1,000.00



#### **Certificate Of Completion**

Envelope Id: 5D40904A-EF69-43BF-82D4-82815DDFFEF4

Subject: 2025 Colorado Dept of Law Peace Officers Standard and Training Grant Application 3.10.25

Type of Document: **Grant Application** 

Department/Office: Sheriffs Office

Source Envelope:

Document Pages: 27 Signatures: 0 **Envelope Originator:** Certificate Pages: 3 Initials: 3 Pamela Thompson AutoNav: Enabled 2025 14th St Envelopeld Stamping: Enabled Boulder, CO 80302

Time Zone: (UTC-07:00) Mountain Time (US & Canada)

IP Address: 97.107.70.37

pthompson@bouldercounty.org

**Record Tracking** 

Status: Original Holder: Pamela Thompson Location: DocuSign

**Signature** 

ap6

CB

Signed using mobile

3/10/2025 8:06:14 AM pthompson@bouldercounty.org

Security Appliance Status: Connected Pool: StateLocal Storage Appliance Status: Connected Pool: Boulder County

Location: Docusign

**Signer Events** 

Pamela Thompson Completed pthompson@bouldercounty.org

Paralegal

Sheriff / Operations

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

April P Gatesman ca@bouldercounty.org

**Boulder County** 

(None)

Security Level: Email, Account Authentication

**Electronic Record and Signature Disclosure:** Not Offered via Docusign

Chelsea Brawders

cbrawders@bouldercounty.gov

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

Carey Weinheimer

cbweinheimer@bouldercounty.org

Undersheriff

Security Level: Email, Account Authentication

(None)

(W

Signature Adoption: Pre-selected Style

Signature Adoption: Pre-selected Style Using IP Address: 174.65.137.161

Using IP Address: 97.107.70.37

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

**Timestamp** 

Status: Sent

Sent: 3/10/2025 8:10:23 AM Viewed: 3/10/2025 8:10:33 AM

Signed: 3/10/2025 8:23:49 AM

Sent: 3/10/2025 8:23:51 AM Viewed: 3/13/2025 1:16:25 PM

Signed: 3/13/2025 1:16:49 PM

Signature Adoption: Pre-selected Style Using IP Address: 97.107.70.37

Using IP Address: 97.107.70.37

Sent: 3/13/2025 1:16:51 PM Viewed: 3/14/2025 12:38:39 PM

Signed: 3/14/2025 12:38:48 PM

Sent: 3/14/2025 12:38:51 PM

Viewed: 3/17/2025 8:04:15 AM

Signed: 3/17/2025 8:05:10 AM

Signer Events Signature Timestamp

Sent: 3/17/2025 8:05:12 AM

Viewed: 3/17/2025 9:48:14 AM

Pamela Thompson

pthompson@bouldercounty.org

Paralegal

Sheriff / Operations

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

Matthew Ramos

38095@bouldercounty.org

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

Marta Loachamin

mloachamin@bouldercounty.org

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

Matthew Ramos

38095@bouldercounty.org

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Sheriff Accounting Group

sheriffaccounting@bouldercounty.org

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

Adrienne Davenport

adavenport@bouldercounty.org

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/10/2025 8:10:23 AM
Envelope Updated	Security Checked	3/10/2025 8:16:50 AM
Envelope Updated	Security Checked	3/10/2025 8:23:22 AM
Payment Events	Status	Timestamps