

## NON-PROCUREMENT DOCUMENTS ONLY

**ROUTING COVER SHEET**

Document Details	
Document Type	Grant Agreement
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Sheriff
Division/Program	Jail
Mailing Address	3200 Airport Rd, Boulder
Contract Contact	htrujillo@bouldercounty.gov
Invoice Contact	sheriffinvoices@bouldercounty.gov
Other Party Contact Information	
Name	Colorado Office of Behavioral Health
Mailing Address	3824 West Princeton Circle, Denver CO 80236
Contact 1- <i>Name, title</i>	Athene Pappos, Contracts Administrator III
Contact 1- <i>email</i>	athene.pappos@state.co.us
Contact 2	
Term	
Start Date	7/1/2025
Expiration Date	6/30/2026
Brief Description of Work/Services Provided	
JBBS Grant Amendment extension term for FY25	
Revenue Contract/Lease Details	
Amount	
Fixed Price or Not-to-Exceed?	
Grant Details	
Award # (if any)	26 IBEH 196525
Signature Deadline	

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Project/Program Name	
Project/Program Start Date	
Project/Program End Date	
Capital or Operating?	
<b>Grant Funding</b>	
Amount: Federal Funds	
Amount: State Funds	TBD approx \$962,000
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	
<b>Subcontractors</b>	
Name(s)	
Services to be Provided	
Subcontract Amount	
<b>FileNet Contract Details</b> - Details should precisely match search variables in File Net (Only required where Original Agreement is stored in File Net)	
Other Party Name	
Start Date	
End Date	
Amount	

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Notes

Additional information not included above

DocuSign Approvals (Initials):

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

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

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

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

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