

NON-PROCUREMENT DOCUMENTS ONLY  
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## ROUTING COVER SHEET

<b>Document Details</b>	
<b>Document Type</b>	Grant Agreement
<b>Parties</b>	
<b>County Contact Information</b>	
Boulder County Legal Entity	Boulder County
Department	Community Services Department
Division/Program	Strategic Initiatives / Co-Responder Program
Mailing Address	P.O. Box 471, Boulder, CO 80306
Contract Contact – <i>Name, email</i>	Meca Delgado, <a href="mailto:mdelgado@bouldercounty.gov">mdelgado@bouldercounty.gov</a>
Invoice Contact – <i>Name, email</i>	Jiao Qin, <a href="mailto:jqin@bouldercounty.gov">jqin@bouldercounty.gov</a>
<b>Other Party Contact Information</b>	
Name	Colorado Department of Human Services Behavioral Health Administration
Mailing Address	701 S. Ash St., Suite C140, Denver, CO 80246
Contact 1 – <i>Name, title, email</i>	Travis Elliot, <a href="mailto:travis.elliott@state.co.us">travis.elliott@state.co.us</a>
Contact 2 – <i>Name, title, email</i>	Emily Anderson, <a href="mailto:emily.anderson@state.co.us">emily.anderson@state.co.us</a>
<b>Term</b>	
Start Date	7/1/2025
Expiration Date	6/30/2026
<b>Brief Description of Work/Services Provided</b>	
Co-Responder Program. The purpose of this amendment is to renew the contract for State Fiscal Year 2026. This amendment updates Exhibit B and adds \$397,000.00 in new funding for FY26.	
<b>Revenue Contract/Lease Details</b>	
Amount	\$397,000
Fixed Price or Not-to-Exceed?	Not-to-Exceed
<b>Grant Details</b>	
Award # (if any)	
Signature Deadline	4/22/2025
Project/Program Name	Co-Responder Program
Project/Program Start Date	7/1/2025
Project/Program End Date	6/30/2026
Capital or Operating?	Operating
<b>Grant Funding</b>	
Amount: Federal Funds	\$397,000
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	N/A
CFDA #	
<b>Subrecipients</b>	
Name(s)	N/A

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Services to be Provided	
Subaward Amount	
<b>Subcontractors</b>	
Name(s)	N/A
Services to be Provided	
Subcontract Amount	
<b>File Net 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	
<b>Notes</b> 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: [grants@bouldercounty.gov](mailto:grants@bouldercounty.gov)*

\_\_\_\_\_ **EO/DH** [ONLY FOR: BOCC-Signed Documents]



# Contract Amendment #5

## Signature and Cover Page

**State Agency**

Colorado Department of Human Services  
Behavioral Health Administration

**Contractor**

Boulder County Colorado for the use and benefit  
of the Boulder Community Services Department

**Current Contract Maximum Amount**

**Initial Term**

State Fiscal Year 2023 \$300,000.00

**Extension Terms**

State Fiscal Year 2024 \$488,571.00

State Fiscal Year 2025 \$465,487.00

State Fiscal Year 2026 \$397,000.00

Total for All State Fiscal Years \$1,651,058.00

**Original Contract Number**

23 IBEH 174337

**Amendment Contract Number**

26 IBEH 197148

**Contract Performance Beginning Date**

July 1, 2022

**Current Contract Expiration Date**

June 30, 2026

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Signature page begins on next page.

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**The Parties Hereto Have Executed This Amendment**

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

**Contractor**

Boulder County Colorado for the use and benefit of the Boulder Community Services Department

**State of Colorado**

Jared S. Polis, Governor  
Colorado Department of Human Services  
Michelle Barnes, Executive Director

By: \_\_\_\_\_

By: Dannette R. Smith, Commissioner  
Behavioral Health Administration

Date: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with §24-30-202 C.R.S., this Contract is not valid until signed and dated below by the State Controller or an authorized delegate.

**State Controller**  
Robert Jaros, CPA, MBA, JD

By: Telly Belton/Toni Williamson/Amanda Rios

Amendment Effective Date: \_\_\_\_\_



Grantee: City of Boulder for the use and benefit of the Boulder Community Services Department

### Supplemental Signature Page

**GRANTEE**  
APPROVE

**Matthew Ramos, Clerk to the Board**

Date: \_\_\_\_\_

**GRANTEE**  
ATTEST

**Matthew Ramos, Clerk to the Board**

Date: \_\_\_\_\_

-- Signature and Cover Page End --



## **1. Parties**

This Amendment (the “Amendment”) to the Original Contract shown on the Signature and Cover Page for this Amendment (the “Contract”) is entered into by and between the Contractor, and the State.

## **2. Terminology**

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

## **3. Amendment Effective Date and Term**

### **A. Amendment Effective Date**

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown on the Signature and Cover Page for this Amendment. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after the Amendment term shown in §3.B of this Amendment.

### **B. Amendment Term**

The Parties’ respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown on the Signature and Cover Page for this Amendment or July 1, 2025, whichever is later, and shall terminate on the termination of the Contract.

## **4. Purpose**

Under the original contract the Contractor has implemented a Co-Responder Services Program for its community by partnering with key stakeholder partners.

The purpose of this amendment is to renew the contract for State Fiscal Year 2026. This amendment updates Exhibit B and adds \$397,000.00 in new funding for FY26.

## **5. Modifications**

The Contract and all prior amendments thereto, if any, are modified as follows:



- A. The Contract Initial Contract Expiration Date on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Expiration Date shown on the Signature and Cover Page for this Amendment.
- B. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown on the Signature and Cover Page for this Amendment.
- C. **ADD** Exhibit B-5, Budget, attached and incorporated by reference.

## **6. Limits Of Effect and Order of Precedence**

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.



**COLORADO**  
Behavioral Health  
Administration

**EXHIBIT B-5, FY26 ANNUAL BUDGET**

<b>BHA Program</b>	Co-Responder Program
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<b>Agency Name</b>	Boulder County Community Services Department
<b>Budget Period</b>	07/01/2025-06/30/2026
<b>Project Name</b>	Boulder County Co-Responder Project

<b>Program Contact Name, Title</b>	Jim Adams-Berger
<b>Phone</b>	303 441-3839
<b>Email</b>	<a href="mailto:jadams-berger@bouldercounty.gov">jadams-berger@bouldercounty.gov</a>
<b>Fiscal Contract Name, Title</b>	Jiao Qin, CS Financial Manager
<b>Phone</b>	303 678-6099
<b>Email</b>	<a href="mailto:jqin@bouldercounty.gov">jqin@bouldercounty.gov</a>
<b>Date Completed</b>	3/19/2025

All budget numbers are estimates. Contract billing will be on a cost reimbursement basis for actual expenses incurred.

EXPENDITURE CATEGORIES					
Personnel Services / Salaried Employees					Annual Budget
Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from BHA
Co-Responder 1	This position accompanies police officers in responding on-scene to behavioral health related calls and provides limited case management support. This position is funded at 100% under the grant.	\$ 90,318.20	\$ 27,998.64	100%	\$ 118,316.84
Co-Responder 2	This position accompanies police officers in responding on-scene to behavioral health related calls and provides limited case management support. This position is funded at 100% under the grant.	\$ 78,045.35	\$ 24,194.06	100%	\$ 102,239.41
Co-Responder 3	This position accompanies police officers in responding on-scene to behavioral health related calls and provides limited case management support. This position is funded at 100% under the grant.	\$ 82,986.98	\$ 25,725.96	100%	\$ 108,712.94
Personnel Services / Hourly Employees					Annual Budget
Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from BHA
					\$ -
<b>Total Personnel Services (including fringe benefits)</b>					<b>\$ 329,269.00</b>
Contractors / Consultants (payments to third parties or entities)					Annual Budget
Contractor Name	Description of Work	Rate	Quantity	Total Amount Requested from BHA	
OMNI Institute	Funds to pay for evaluation services from OMNI at an average rate of \$100 per hour x 350 hours equaling \$35,000.	\$ 100.00	350	\$ 35,000.00	
<b>Total Contractors/Consultants</b>					<b>\$ 35,000.00</b>
Travel					Annual Budget
Item	Description of Item	Rate	Quantity	Total Amount Requested from BHA	
Mileage	Mileage reimbursement for Co-Responder calls for vehicle mileage @.67 per mile driven.		7105	\$ 4,760.35	

Maintenance	Maintenance costs on vehicles assigned to the project @. 67 per mile.	\$ 0.67	7000	\$ 4,690.00
<b>Total Travel</b>				<b>\$ 9,450.00</b>
<b>Supplies &amp; Operating Expenses</b>				<b>Annual Budget</b>
<b>Item</b>	<b>Description of Item</b>	<b>Rate</b>	<b>Quantity</b>	<b>Total Amount Requested from BHA</b>
Project Operating	This budget item supports incidental expenses associated with running the project including office supplies, and other incidental expenses.	\$ 250.00	12	\$ 3,000.00
Client Expenses	Funds are used to pay for necessary service costs to support clients including co-pays, service related expenses, medical services, SUD Treatment, housing related expenses; food cards; etc. All expenditures will be carefully documented by client recipient and staff. This is budgeted based on an average of \$300 per month.	\$ 300.00	12	\$ 3,600.00
Training	Training costs include defensive tactics training, refreshers, and other training deemed necessary for staff. This is budgeted at \$500 per CR for a total of \$2,000.	\$ 500.00	4	\$ 2,000.00
Phones	Three phones are paid out of the budget at a cost of \$58 per month for 12 months - total cost of \$2,784 for 4 phones.	\$ 58.00	48	\$ 2,784.00
Active 911 License	Active 911 supports calls from dispatch to CRs - annual cost of this license is \$225 for 15 CRs.	\$ 15.00	15	\$ 225.00
Staff uniforms and gear	Cost of outfitting co-responder staff with uniforms and other needed equipment.	\$ 100.00	4	\$ 400.00
<b>Total Supplies &amp; Operating Expenses</b>				<b>\$ 12,009.00</b>
<b>TOTAL DIRECT COSTS (TDC)</b>				<b>\$ 385,728.00</b>
<b>Exclusions from Indirect Cost Base expenses per OMB 2CFR § 200</b>				
Subaward in excess of \$25,000				\$ 10,000.00
Rent				\$ -
Equipment in excess of \$5,000				\$ -
Other Unallowable Expenses				\$ -
<b>Total Expenses per OMB 2CFR § 200</b>				<b>\$ 10,000.00</b>
<b>MODIFIED TOTAL DIRECT COSTS (MTDC)</b>				<b>\$ 375,728.00</b>
<b>Indirect Costs</b>				<b>Annual Budget</b>
<b>Indirect Cost</b>	<b>Description of Item</b>	<b>Percentage</b>	<b>Total Amount Requested</b>	
10% De Minimis Rate	client community room costs, other overhead - less than 10% to reach allowable amount	3%	\$	11,271.84
<b>Total Indirect</b>				<b>\$ 11,271.84</b>
<b>TOTAL Request</b>				<b>\$ 397,000</b>

## Certificate Of Completion

Envelope Id: E6F4402B-25EC-4156-AC92-91FA9D09FE3E

Status: Sent

Subject: Community Services - CDHS Behavioral Health Admin. Co-Responder Amendment, FY26, \$397,000

Type of Document:

Grant Agreement

Department/Office: Community Services

Source Envelope:

Document Pages: 9

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

Candice Long

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Envelopeld Stamping: Enabled

Boulder, CO 80302

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

clong@bouldercounty.org

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Pool: Boulder County

Location: Docusign

## Signer Events

### Signature

### Timestamp

Christine Vogel

Sent: 4/16/2025 4:16:00 PM

cvogel@bouldercounty.gov

Acting director of Community Services

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**

Not Offered via Docusign

County Attorney

Sent: 4/16/2025 4:16:00 PM

ca@bouldercounty.org

Boulder County

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**

Not Offered via Docusign

Tanisha Locke

Sent: 4/16/2025 4:16:00 PM

grants@bouldercounty.gov

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
Candice Long clong@bouldercounty.org Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	4/16/2025 4:16:01 PM
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Payment Events	Status	Timestamps
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