

COVER SHEET

Document Details	
Document Type	Grant Application
New or Continuing?	Continuing
Parties	
County Contact Information	
Boulder County Legal Entity	Boulder County
Department	Human Services
Division/Program	Employment & Financial Opportunities Unit – Health Coverage Enrollment Center
Mailing Address	P.O. Box 471, Boulder, CO 80306
Contact Name and Title	Chandler Budlong-Springer, Program Coordinator Darlene Bushue, Unit Manager
Contact Email	cbudlong-springer@bouldercounty.gov dbushue@bouldercounty.gov
Other Party Contact Information	
Name	Connect for Health Colorado
Mailing Address	4600 South Ulster St, Suite 300, Denver, CO 80237
Contact Name and Title	Ezra Watland, Director of Marketing & Communication Strategy
Contact Email	EWatland@c4hco.com
Secondary Contact (if applicable)	N/A
Term	
Start Date	07/01/2025
Expiration Date	06/30/2026
Brief Description of Work/Services Provided	
To provide a continuation of navigation, enrollment, and health insurance literacy assistance to Boulder County residents.	
Revenue Contract/Lease Details	
Amount	\$36,137 Fixed Price
Grant Details	
Project/Program Name	Health Coverage Enrollment Center
Capital or Operating?	Operating
Federal Funds	N/A
State Funds	\$271,222 (primary grant extension application)
Other Funds: [Specify]	N/A
Match (dollars)	N/A
Match (in-kind)	\$81,737 (Medicaid reimbursement)
Total Project Budget	\$389,096
Chart of Accounts String	112.45067.58400.1016.101292.H113.00000
Federally-Funded Grants	
Federal Program Name	N/A
CFDA #	N/A
Subrecipients	
Name(s)	N/A
Services to be Provided	N/A

NON-PROCUREMENT DOCUMENTS ONLY

Subaward Amount	N/A
Subcontractors	
Name(s)	N/A
Services to be Provided	N/A
Subcontract Amount	N/A
Notes <i>(Additional information not included above)</i>	
Application due date is April 28, 2025.	

All approvals below will be obtained by HHS Finance.

N/A

 Paralegal [ONLY FOR: Revenue Contracts]

 County Attorney [ONLY FOR: Revenue Contracts, Leases, Grant Documents]

N/A

 Risk Management [ONLY FOR: Leases]

 Division Director

 Finance

 EO/DH

 BOCC Chair

BOCC Clerk _____
 (if applicable)