NON-PROCUREMENT DOCUMENTS ONLY

COVER SHEET

Document Details		
Document Type	Grant Application	
New or Continuing?	New	
Parties		
County Contact Information		
Boulder County Legal Entity	Boulder County	
Department	Housing and Human Services	
Division/Program	Personal Finance Program	
Mailing Address		
Contact Name and Title	Meredith Caley, Program Administrator I Darlene Bushue	
Contact Email	mcaley@bouldercounty.gov I dbushue@bouldercounty.gov	
Other Party Contact Information		
Name	City of Longmont	
Mailing Address	350 Kimbark St, Longmont CO 80501	
Contact Name and Title	Christy Wiseman I Housing Investment Manager	
Contact Email	christy.wiseman@longmontcolorado.gov	
Term Stort Data	01/01/2025	
	01/01/2025	
Expiration Date		
Brief Description of Work/Services Provided		
Funding will allow The Boulder County Personal Finance Program (BCPFP) to support Longmont residents in building financial resilience through personalized finance coaching and		
housing counseling. We work closely with participants in the City Rehabilitation and Down		
Payment Assistance Programs, helping them meet program requirements and achieve		
homeownership goals. Additionally, we engage with applicants for the City's True North		
project, guiding them on mortgage qualification, debt-to-income ratios, credit, and sustainable		
homeownership. We primarily serve residents under 80% AMI with the vast majority of our		
clients under 50% AMI.		
Revenue Contract/Lease Details		
	\$150,000 Fixed Price	
Grant Details		
Project/Program Name	City of Longmont Affordable Housing Fund (AHF)	
Capital or Operating?	Operating	
Federal Funds	\$150,000	
State Funds	NA	
Other Funds:	NA	
Match (dollars)	NA	
Match (in-kind)	NA	
Total Project Budget	\$150,000	
Chart of Accounts String	112.45024.51010.1027.101304.H113.0000	
	112.40024.01010.1027.101004.11110.0000	
	112.40024.01010.1027.101004.11110.0000	
Federally-Funded Grants		
Federal Program Name		
Federal Program Name CFDA #		
Federal Program Name CFDA # Subrecipients		
Federal Program Name CFDA #	N/A N/A	

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Subaward Amount	N/A	
Subcontractors		
Name(s)	N/A	
Services to be Provided		
Subcontract Amount		
Notes (Additional information not included above)		

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]

<u>N/A</u>

Risk Management [ONLY FOR: Leases]

Division Director

Finance

EO/DH

BOCC Chair

BOCC Clerk _____ (if applicable)