

**BOULDER COUNTY HUMAN SERVICES
2025 COMMUNITY PARTNERSHIP GRANT
REQUEST FOR APPLICATIONS (RFA)**



**SUBMITTAL DUE:
Friday, August 9, 2024
5:00 pm
Boulder County Human Services
Email: HSCommPartnershipGrant@bouldercounty.gov**

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NOTICE OF REQUEST FOR APPLICATION (RFA) FOR HUMAN SERVICES

INTRODUCTION

Boulder County Human Services (BCHS) is committed to co-creating solutions with its community partners to address the evolving needs of our most vulnerable populations and community challenges. Racial equity is a fundamental priority for Boulder County, as race is the most significant predictor of disproportionate outcomes and disparities. As such, BCHS is dedicated to ensuring that all funded programs actively work to interrupt institutional racism and promote racial equity.

The purpose of this Request for Applications (RFA) is to solicit grant applications from qualified 501(c)(3) or 501(c)19 non-profit organizations within Boulder County for programs that will provide or expand a seamless network of services to Boulder County under-resourced and/or unserved communities. These programs should support projects that maintain current services and/or bridge gaps for Boulder County community members in need.

BCHS is particularly interested in funding programs that:

- Maintain and strengthen existing high-quality services that are essential for community members in need.
- Identify and bridge gaps in services by addressing unmet needs within the identified focus areas (Housing/Homelessness Prevention, Health and Well-Being, Education and Skill Building, Individual and Family Supports).
- Develop new and innovative approaches to service delivery that promote self-sufficiency, resilience, and well-being for our most vulnerable populations.

Community Partnership Grant (CPG) funding includes the Human Services Safety Net Fund (HSSN), General Operating Fund, and Health and Human Services (HHS) Fund to support Boulder County's shared safety net of services. Due to a 36% reduction in funding, approximately \$8 million will be awarded in grant funding for the 2025 cycle. This may result in fewer grants awarded or smaller grant sizes than in the past. BCHS will award multiple one-year contracts, beginning on January 1, 2025.

TIME SCHEDULE

Event	Date
Request for Application Released	July 15, 2024
Application Questions Due	5:00 pm, July 22, 2024
Response to Questions from BCHS	July 25, 2024
Applications Due	5:00 pm, August 9, 2024

APPLICANT ELIGIBILITY AND PROGRAM REQUIREMENTS

To be eligible, applicants must meet the following conditions:

1. Applicant must be a 501(c)(3) or 501(c)19 non-profit organization.
2. Applicant, its officers, and employees are not currently debarred or suspended from doing business with the Federal Government, State of Colorado, or a local government.
3. The applicant does not have unresolved current or past contract non-compliance, non-performance, suspension, termination, or other adverse audit finding with one or more funders in the past five (5) years.
4. Applicants must have a past record of sound business integrity and if applicant has a prior history of contracting with Boulder County, applicant must have a history of being responsive to past contractual obligations to Boulder County and/or BCHS.

ADMINISTRATIVE REQUIREMENTS

Boulder County values inclusion and access for all participants and is pleased to provide reasonable accommodations for assistance in completing the RFA. Please contact HSCommPartnershipGrant@bouldercounty.gov on or before July 22, 2024 to ask for an accommodation.

A. Last Day to Submit Interim Questions

To ensure applicants have adequate information, questions about the RFA can be submitted via email to BCHS at HSCommPartnershipGrant@bouldercounty.gov on or before 5:00 pm July 22, 2024. Responses from Boulder County on all inquiries received will be posted on the [Boulder County Community Partnership Grant](#) webpage by July 25, 2024. Before contacting the County, applicants are encouraged to review the RFA thoroughly and familiarize themselves with the CPG functional and technical requirements.

B. Addenda

The CPG staff will issue Addenda in writing only. The CPG Program will make reasonable efforts to deliver Addenda to all Proposers who received the RFA and have provided a street address for receipt of Addenda. Proposers may contact the County at any time before the "Application Deadline." The CPG Program may issue an Addenda withdrawing the RFA or postponing the Proposal Deadline. However, if any Addenda results in a material change to this RFA, or the proposed contract, or both, the CPG staff will extend the Proposal Deadline by not less than seventy-two (72) hours. The CPG Program will treat transmittal of Addenda to potential Sub-Recipients by U.S. mail, fax, or e-mail as sufficient notice of the changes made by the Community Contracts Program.

C. Extensions/Withdrawal/Cancellation

Deadlines will be strictly adhered to. No RFA extension of deadlines will be given to prospective respondents in any case or situation. Respondents are advised to review and note deadlines for questions and answers as noted in the process timeline section of this document. Respondents may withdraw a Proposal by submitting a signed written notice. A withdrawal request must be addressed and delivered to HSCommPartnershipGrant@bouldercounty.gov.

STATEMENT OF WORK

BCHS is seeking grant applications from qualified 501(c)(3) or 501(c)19 non-profit organizations within Boulder County that can provide or expand services to Boulder County under-resourced and/or unserved communities.

BCHS intends to award grants to one or more applicants offering the requested services. The awarded applicants will be required to enter a one-year Agreement term, with the option to renew for an additional one-year term at the County's discretion, through December 31, 2026. Contracts are expected to begin January 1, 2025. Please be aware that contracts will begin on the official execution date and cannot be backdated to the beginning of the year. The award amounts will vary based on how the service addresses the needs of Boulder County's most vulnerable populations.

BCHS is anticipating awarding approximately \$8 million in grant funding for the 2025 cycle. BCCHS encourages applicants to prioritize the most critical needs of the target population when developing their proposals.

These funds are not to be used to supplant Medicaid, Medicare, or private insurance funded services. Applicants must agree to contain their indirect costs (costs of doing business that are not directly tied to the program) at a percentage rate not to exceed 10% of total costs for the proposed services to be performed under any contract for services proposed under this RFA as awarded by BCCHS.

Funds may be used to develop or enhance population-specific services for under-resourced community members within the following identified areas:

- **Housing/Homelessness Prevention:** Programs or services focused on increasing the ability for people to obtain and maintain housing. This includes but is not limited to rental assistance, legal representation for housing, sheltering, pathways to housing for individuals experiencing homelessness, and other services to keep people housed.
- **Health and Well-Being, including Mental and Behavioral Health:** Programs or services focused on supporting people to prevent, maintain, and improve physical and/or behavioral health and increase healthy behaviors. This includes but is not limited to direct health care services, wellness programs, food security, and nutrition.
- **Education and Skill Building:** Programs or services focused on advancing childhood development and academic achievement. This includes but is not limited to childcare, child, teen, or adult academic support, and youth, adult, or older adult training/mentoring.
- **Individual and Family Supports:** Programs or services focused on increasing access to services necessary to meet Boulder County community members

needs or improve quality of life, economic stability and resilience, and safe environments for people with diverse identities. This includes but is not limited to financial assistance, financial literacy or other forms of self-sufficiency assistance, advocacy, legal representation and protection from violence or other forms of vulnerability, supervised visitation and safe exchange services, and social connectivity programs.

It is the expectation of BCHS that all services will be provided in a culturally, linguistically, and equitably appropriate manner.

REVIEW PROCESS

BCHS will convene a review committee composed of BCHS and other Boulder County staff with expertise in the focus areas, which may include evaluation and finance. Proposals will be evaluated based on a set of criteria that assess an organization's ability to demonstrate:

- **Applicant Organization Capacity:** Evaluation of the organization's experience, financial stability, and staffing qualifications to deliver the proposed services effectively.
- **Program Alignment with BCHS Priorities:** Assessment of how well the program aligns with BCHS's priorities, including a commitment to racial equity.
- **Program Impact:** Assessment of the potential impact on the target population and the community, considering reach, depth, outputs, and outcomes.
- **Adaptability and Collaboration:** Evaluation of the organization's ability to adapt services and collaborate with other organizations to maximize impact and potentially leverage additional resources.
- **Addressing Root Causes:** Assessment of the program's approach to addressing the root causes of inequities faced by the target population.

COMPLETING THE APPLICATION: CONTENT AND FORMAT REQUIREMENTS

Applications must adhere to the content and format requirements:

- Email all application materials to HSCommPartnershipGrant@bouldercounty.gov by 5:00 pm, Friday, August 9, 2024. Include “BCHS RFA 2025” in the email subject line. Any proposal submitted after this time and date will not be considered for this funding round.
- If applying for multiple categories (e.g., Housing/Homelessness Prevention, Health and Well-Being), please submit one application per category.
- All submittals must be received as attachments (e.g., PDF, Word, Excel). Email responses to this solicitation are limited to a maximum of 50MB capacity. No zip files or links to external websites will be accepted. This includes links to Google Docs or similar sites.
- Electronic submissions must be sent to the email listed above. Submissions sent to any other inbox will not be forwarded or accepted.
- Respond to all application questions in a separate document (e.g., Word, PDF). Include responses to all sections (general organizational information; racial equity, diversity, and inclusion; financial information; and program information) in the order provided.
- Include all required attachments as specified in the RFA: Financial Documentation (#14), Cost Proposal (#16), and Program Evaluation (#26). Forms for Cost Proposal (#16), and Program Evaluation (#26) can be downloaded from the [Boulder County Community Partnership Grant](#) webpage.

Application Questions

General Organizational Information

1. **Authorized Contact:** Please provide the name, title, email, and phone number of the person authorized to contract with Boulder County.
2. **Funding Request:** Indicate the amount of funding you are requesting from BCHS.
3. **Agency type:** Non-governmental non-profit (501(c)(3) or 501(c)19 (Yes/No)
4. **Non-profit Affiliation:**
 - a. Not affiliated with any government agency or school district.
 - b. Affiliated with a government agency (explain relationship)
 - c. Affiliated with a school district (explain relationship)
5. **Agency Description:** Briefly describe your mission, vision, values, strategic goals, key populations served, and length of time your agency has provided services to the target community.
6. **Licenses and certifications:** List any licenses or certifications your agency holds that are relevant to the programs or services being proposed.
7. **Geographic Service Region(s):** Indicate the geographic areas where your agency provides services.

Racial Equity, Diversity, and Inclusion (REDI)

8. **Physical Accessibility:** Describe your agency's physical space and its compliance with ADA accessibility standards.
9. **Culturally and Linguistically Reflective Services:** Explain how your services reflect the cultural and linguistic needs of the communities you serve.
10. **Diversity and Inclusion Goals:** Does your agency have a diversity and inclusion goal? If so, what is the goal and how do you track progress?
11. **Improving Access for Underserved Populations:** Describe steps your organization takes to improve access to services for racial and ethnic minorities and other underserved groups.
12. **REDI Certifications:** If available, list any current racial equity, diversity, and inclusions certifications your organization holds.

Financial Information

13. **Billing Capability:** Do you have the ability to bill Medicaid, Medicare, and private insurance? (Yes/No)
14. **Financial Documentation:** Please provide the following documents to demonstrate your organization's financial health:
 - a. A copy of your agency's most recent audit.
 - b. Your agency budget, most recent financial statements (balance sheet and income statement), and profit and loss ledger.
 - c. A detailed description of your organization's current financial reserves and reserve policy.
 - d. A copy of the organization's fiscal policies and procedures, including procurement policies, a description of internal controls, and conflict of interest policy. If your organization is new, please describe your plans for developing these fiscal policies.
 - e. A copy of your current organizational chart.
 - f. A detailed methodology outlining the cost areas used to calculate your agency's indirect and overhead costs.
 - g. Please submit a completed W-9 for your organization. Including your W-9 with your application will help expedite the contracting process if your application is selected for funding.
15. **Local Funding Sources:** Indicate if you currently receive funding from any of the following sources: BCHS (IDD Mill Levy), City of Boulder, the City of Longmont, and/or Boulder County Department of Community Services. If yes, please specify the amount and purpose of each funding source.
16. **Cost proposal:** Please submit a detailed cost proposal for your program, including a breakdown of personnel costs, supplies, technology, and any other relevant expenses. A budget template is available for download on the [Boulder County Community Partnership Grant](#) webpage. Please use this template to complete your cost proposal and submit it as a separate Excel file attachment with your application.
17. **Minimum Funding Consideration:** If the CPG is only able to partially fund your project, please indicate the meaningful minimum your organization would require to operate the program with minimal negative consequences.

18. **Additional Funding Considerations:** Explain how the organization would adapt or reduce services if they receive less funding than requested. What are the potential consequences to the community, including the number of people who would be negatively affected, if these services or programs were not provided. Briefly mention any other organizations providing similar services, and explain how your program fills a gap, if applicable.

Program Information

Please limit your responses to each question to no more than 2500 characters.

19. **Program Category:** Identify the category your proposed program falls under (Housing/Homelessness Prevention, Health and Well-Being, Education and Skill Building, Individual and Family Supports).
20. **Program Alignment:** Explain how your program aligns with the program category above.
21. **Target Population:** Describe the specific population served by the program (e.g., age, gender, race/ethnicity, socioeconomics, geographic, etc.)
22. **Program Description:**
- Briefly describe the program and the anticipated benefits that will result from the program.
 - Describe the specific services offered by the program, including evidence-based practices used (if applicable), and how long your organization has been providing each service.
 - Identify what, if any, historical or current inequities are being addressed and how the program addresses the root causes of these inequities, with a particular focus on racial equity.
23. **Community Partnerships and Referrals:** Describe existing community partnerships and referral processes that support your program's services.
24. **Needs Assessment:** Describe how the agency determined the needs of the target population to develop program services. What community assessments or factors were identified?
25. **Outreach and Engagement:** Describe how the program reaches and serves the target population. Expand on how the program meaningfully engages clients or participants in the design, implementation, and evaluation of the program. Additionally, describe any communication strategies used to connect with the target population.
26. **Program Evaluation:** Please complete the evaluation table, which outlines methods for measuring program outcomes and impact. The program evaluation table is available for download on the [Boulder County Community Partnership Grant](#) webpage. Please submit the completed table as a separate attachment with your application.
27. **Additional Information (OPTIONAL and NOT SCORED)** Please provide any additional information about the program that might add context/background for reviewers.

TERMS AND CONDITIONS

1. Each proposer shall furnish the information required in the RFA, at no cost to BCHS.
2. The Board of County Commissioners acting as the Board of BCHS reserves the right to reject any or all applications and to waive informalities and minor irregularities in applications received, and to accept any portion of or all applications if deemed in the best interest of BCHS to do so.
3. Confidential/Proprietary Information: Proposals submitted in response to this RFA and any resulting contracts are subject to the provisions of the Colorado Public (Open) Records Act, 24-72-201 et.seq. C.R.S., as amended. Any restrictions on the use or inspection of material contained within the proposal and any resulting contract shall be clearly stated in the proposal itself. Confidential/proprietary information must be readily marked and separated/packaged from the rest of the proposal. Co-mingling of confidential/proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential/proprietary. Any information that will be included in any resulting contract cannot be considered confidential.

EXHIBIT A: EXAMPLE REPORTING REQUIREMENTS

COMMUNITY PARTNERSHIP GRANT QUARTERLY DATA REPORT TEMPLATE

Note: Data reporting for the Community Partnership Grant will shift to MS Forms for contracts awarded in 2025. If you're awarded a contract with the Community Partnership Grant, you will receive a link to an MS Form to complete your data reporting every quarter.

Name of Organization:		
Name of Program (should match funding award):		
Name of Person Completing Report:		
Program staff email to use if questions arise:		
Contract Period	2025	
Quarter reported: <i>Please select the reporting period from the drop</i> <i>(1) DATA FROM January 1 to March 31, 2025</i> <i>(2) DATA FROM April 1 to June 30, 2025</i> <i>(3) DATA FROM July 1 to September 30, 2025</i> <i>(4) DATA FROM October 1 to December 31, 2025</i>		
Quarterly Reporting Metrics	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
TOTAL Number of individuals served by Program		
TOTAL Number of individuals served by residency	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
80025 Eldorado Springs		
80026 Lafayette		
80027 Louisville		
80028 Louisville		
80301 Boulder		
80302 Boulder		
80303 Boulder		
80304 Boulder		
80305 Boulder		
80306 Boulder		
80307 Boulder		
80308 Boulder		
80309 Boulder		
80310 Boulder		
80314 Boulder		
80321 Boulder		
80322 Boulder		

80323 Boulder		
80328 Boulder		
80329 Boulder		
80422 Black Hawk		
80455 Jamestown		
80466 Nederland		
80471 Pinecliffe		
80481 Ward		
80501 Longmont		
80502 Longmont		
80503 Longmont		
80504 Longmont		
80510 Allenspark		
80516 Erie		
80533 Hygiene		
80540 Lyons		
80544 Niwot		
Homeless Inside BOCO Count (sum of the bellow)		
Sheltered - Count		
Unsheltered - Count		
Unstable Housing (Double Up, Couchsurfing, Living in Vehicle) - Count:		
Double up		
Couchsurfing		
Living in Vehicle		
Homeless Outside BOCO Count (sum of the bellow)		
Sheltered - Count		
Unsheltered - Count		
Unstable Housing (Double Up, Couchsurfing, Living in Vehicle) - Count:		
Double up		
Couchsurfing		
Living in Vehicle		
Other Cities Outside BOCO		
Residency Unknown / Refuses to disclose		
TOTAL Number of individuals served by Program by AGE	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
0-4		
5 - 9		
10 - 14		
15-18		

19-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75 or older		
Age Unknown / Refuses to disclose		
TOTAL Number of individuals served by Program by Gender Identity	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
Male		
Female		
Gender nonconforming		
Not listed		
Transgender		
Gender Identity Unknown / Refuses to disclose		
TOTAL Number of individuals served by Program by Sexual Orientation	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
Heterosexual/Straight		
Gay		
Lesbian		
Bisexual		
Pansexual		
Asexual		
Queer		
Sexual Orientation Unknown / Refuses to disclose		
TOTAL Number of individuals served by Program - Race	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian or another Pacific Islander		
Mixed Race		
White/Caucasian		
Other		
RACE Unknown / Refuses to disclose		
TOTAL Number of unduplicated individuals served by Program - Hispanic, Latinx or Spanish origin - Ethnicity	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
No, not of Hispanic, Latinx, or Spanish origin		
Yes, of Hispanic, Latinx, or Spanish origin		
Other ethnic origin		

Ethnicity Unknown / Refuses to disclose		
TOTAL Number of households served by Program - Primary Household Language	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
English		
Spanish		
Other		
Primary Household Language Unknown / Refuses to disclose		
TOTAL Number of households* served by Program		
Number of households with children ages 0-17		
Quarterly Questions:		
1. What % of program funding does this contract provide as a percent of the total program budget:		
2. Please describe the ways in which this funding helps meet program goals:		
3. Please briefly describe any gaps or areas of need that you are noticing emerge in the community:		
4. Use the space below to share any program and/or client success that can be shared with the wider community:		
Impact metrics:		
Outputs: <i>Please enter a value that quantify the outputs listed in your contract. For example, if one of your outputs is "number of therapeutic sessions delivered", enter the number of therapeutic sessions delivered during the reporting period. Under each of your contracted outcomes, please complete the following.</i>		
Outcome 1	<i>This will correspond to the outcome included in your contract.</i>	
Number of clients measured for outcomes: <i>please enter the number of clients that were eligible for outcome measurements during this reporting period. This should align with the information that your provided in your contract around "Candidate for outcome measurement" and "Measurement frequency"</i>		
Number of clients successfully meeting outcome: <i>please enter the number of clients that have achieved the outcome according to the "Definition of Success" included in your contract for this outcome.</i>		

<p>Outcome Success Rate: <i>please enter the percentage of your outcome success. This can be obtained by doing the following calculation = (Number of clients successfully meeting outcome/number of clients measured for outcome) x 100.</i></p>	
<p>Outcome Success explanation: <i>use this narrative field to enter any information that you would like to share to explain any difference that may exist between your outcome success rate, and the percentage included in your contract for the "Outcome statement" associated with this outcome. You may also choose to add information that would help us understand any discrepancies between the total number of clients you have served, and the number of clients measured for outcome during this reporting period.</i></p>	
<p>Outcome 2</p>	<p><i>If listed more than 1 Outcome on your contract</i></p>
<p>Number of clients measured for outcomes: <i>please enter the number of clients that were eligible for outcome measurements during this reporting period. This should align with the information that your provided in your contract around "Candidate for outcome measurement" and "Measurement frequency"</i></p>	
<p>Number of clients successfully meeting outcome: <i>please enter the number of clients that have achieved the outcome according to the "Definition of Success" included in your contract for this outcome.</i></p>	
<p>Outcome Success Rate: <i>please enter the percentage of your outcome success. This can be obtained by doing the following calculation = (Number of clients successfully meeting outcome/number of clients measured for outcome) x 100.</i></p>	
<p>Outcome Success explanation: <i>use this narrative field to enter any information that you would like to share to explain any difference that may exist between your outcome success rate, and the percentage included in your contract for the "Outcome statement" associated with this outcome. You may also choose to add information that would help us understand any discrepancies between the total number of clients you have served and the number of clients measured for outcome during this reporting period.</i></p>	
<p>Outcome 3</p>	<p><i>If listed more than 1 Outcome on your contract</i></p>
<p>Number of clients measured for outcomes: <i>please enter the number of clients that were eligible for outcome measurements during this reporting period. This should align with the information that your provided in your contract around "Candidate for</i></p>	

<i>outcome measurement” and “Measurement frequency”</i>	
Number of clients successfully meeting outcome: <i>please enter the number of clients that have achieved the outcome according to the “Definition of Success” included in your contract for this outcome.</i>	
Outcome Success Rate: <i>please enter the percentage of your outcome success. This can be obtained by doing the following calculation = (Number of clients successfully meeting outcome/number of clients measured for outcome) x 100.</i>	
Outcome Success explanation: <i>use this narrative field to enter any information that you would like to share to explain any difference that may exist between your outcome success rate, and the percentage included in your contract for the “Outcome statement” associated with this outcome. You may also choose to add information that would help us understand any discrepancies between the total number of clients you have served and the number of clients measured for outcome during this reporting period.</i>	

**COMMUNITY PARTNERSHIP GRANT
END OF THE YEAR REPORT TEMPLATE**

Legal Name of Organization:	
DBA (if Applicable):	
CEO / Executive Director:	
Name of Program (should match funding award):	
Name of Person Completing Report:	
Program staff email to use if questions arise:	
Grant Amount:	

END OF THE YEAR REPORT TEMPLATE

OVERVIEW OF THE CONTRACT (Summary of the Grant Purpose)	
PROGRESS AND RESULTS (a) Describe the progress made toward the goals and objectives as stated in the funded grant application. (b) Summarize the organization’s key evaluation results related to the funded grant.	

<p>SUCCESSES AND CHALLENGES.</p> <p>Describe the significant successes and challenges the organization experienced related to the funded grant.</p>	
<p>LESSONS LEARNED</p> <p>Describe what the organization learned based upon the results, successes, and challenges reported in Questions 9 and 10. Address programmatic, evaluative, or organizational changes that will be made based upon these lessons learned.</p>	
<p>FINANCIAL SUMMARY</p> <p>You can describe the schedule and budget set for the contract and if the team stayed within those limits in this section. If the project didn't stay within those limits, list the reasons why.</p>	
<p>DEMOGRAPHICS SUMMARY</p> <p>Describe the population served during the year (ages, race, origin, residency), including percentages and numbers if available. You can also provide observations. i.e., During the year, we notice an increase/decrease of people in (ages, race, origin, residency) due to ...</p> <p>Is the population targeted at the beginning the same that you serve? If not, describe changes.</p> <p>If there is any increase or decrease in your population, please describe why.</p>	
<p>SUCCESS STORIES</p> <p>Please share a success story of an individual or group's actions in this program that we can share with the public.</p>	

EXHIBIT B: APPLICANT PAYMENT AND REPORTING AGREEMENTS

By applying for BCHS funding, all applicants agree to the following general payment and reporting requirements. Failure to submit timely invoicing and/or reporting will result in non-payment and/or termination of any awarded contract.

1. PAYMENT AND REPORTING REQUIREMENTS

A. Monthly Invoicing

- i. BCHS shall provide Recipient with a monthly invoice template.
- ii. Recipient shall complete and submit monthly invoices and supporting documentation that supports the amount invoiced on/or before the twentieth (20th) calendar day following the reporting period, regardless of the level of activity or amount of expenditure(s) in the preceding report period.
- iii. Monthly invoiced expenses shall be for actual expenditures incurred by the Recipient.
- iv. BCHS shall not pay for vacant positions funded through this Contract.
- v. Monthly invoiced expenses may not be reimbursable by any other funding source.
- vi. Monthly invoices shall only include expenditures for the prior billing period. Any adjustments to a previously billed period need to be billed as an amendment to a previous invoice.
- vii. The invoice shall contain the name and title of the person authorized, or his or her designee, to submit claims for payment.
All invoices, supporting documentation, and applicable reports shall be submitted electronically to BCHS via email to:
hhsaccountingoffice@bouldercounty.gov.

B. Supporting Documentation

- i. Monthly invoices shall be supported by a general ledger and/or sub-ledger detail generated from the Recipient's accounting system to include payee, description, date, and amount.
 - a. For participant services, participant name and purpose must be included (for those participants who have signed an authorization to release information).
 - b. For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
- ii. Supporting documentation submitted with monthly invoices must meet or exceed the amount being invoiced.
- iii. Recipient shall keep on site for BCHS review, for the Contract term plus three years, the following supporting documentation for each invoice:
 - a. Non-personnel reimbursements must be supported by general ledger or sub-ledger detail generated from Recipient's accounting system.
 - 1) The ledger detail should include payee, description, date and amount.
 - 2) For participant services, participant name and purpose must be

maintained on file (for those participants who have signed an authorization to release information).

- a) The documentation should include all receipts and/or other original support. Receipts are required for purchases from a single vendor more than \$100.
 - b) Travel expenditures should include travel expense reports.
 - c) Mileage will be reimbursed at a rate equal to or less than the IRS standard mileage rate.
- b. For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
 - c. Staff working less than 100% on Contracted work may be required via a written amendment to maintain an accurate daily record of hours worked and correct charge codes. These records shall be made available to BCHS during financial review visits or upon request.
- iv. If Recipient does not produce sufficient documentation as described above at financial review visits, BCHS has the right to recapture any unsupported payments.

C. Payments

- i. Monthly invoices, supporting documentation, and all required deliverables as outlined in Exhibit A, Section 6, Deliverable and Reporting Requirements must be submitted in a timely manner and in accordance with the terms of the Contract in order to receive payment.
- ii. BCHS will reimburse the Recipient within 30 days of receipt and approval of a fully supported and payable invoice. BCHS will follow-up with Recipient within 15 days of receipt should there be any questioned or unsupported costs.

D. Internal Controls

- i. Recipient shall maintain written internal control policies and procedures around financial and accounting practices, including procurement policies and procedures.
- ii. Confidentiality of Client Information and Records: Recipient shall maintain best practices for safeguarding confidential information, including signed certification from Recipient's directors, officers and employees.
- iii. Conflict of Interest: Recipient shall maintain best practices regarding conflicts of interest, including signed certification from Recipient's directors, officers and employees.
- iv. Written policies and procedures shall be made available to BCHS during financial review visits or upon request. During the Contract term, BCHS will request to review Recipient's procurement policy.