BOULDER COUNTY HUMAN SERVICES

2025 IDD MILL LEVY

REQUEST FOR APPLICATIONS (RFA)

IDD HOUSING GRANT PROGRAM

SUBMITTAL DUE: Monday, June 2, 2025, by 5 p.m.

Boulder County Human Services
Email: **IDDfunding@bouldercounty.org**

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NOTICE OF REQUEST FOR APPLICATION (RFA) FOR IDD HOUSING GRANT PROGRAM

INTRODUCTION

Boulder County Human Services (BCHS) is seeking proposals from qualified organizations to help close a gap identified in the 2018 Boulder County Intellectual and Developmental Disabilities (IDD) Needs Assessment, which highlighted a critical need to connect individuals with IDD, autism, and brain injury (BI) to stable housing and ensure long-term housing stability through a range of strategies. BCHS seeks proposals from agencies that can design, implement, and manage programs or services that support affordable, safe, and stable housing, along with service coordination, to reduce housing instability, and prevent homelessness for this population.

BCHS is committed to building a thriving future together, centering racial equity and opportunity for all. This solicitation will be funded by the Developmental Disabilities property tax, approved by voters in 2002, which supplements an existing mill levy to support IDD, autism, and BI programs in Boulder County. The primary function of these IDD funds is to help fill significant gaps in funding left by ongoing inadequate state and federal funding for services for persons with IDD, autism, and BI who reside in Boulder County. BCHS is committed to ensuring that county mill levy funds are utilized efficiently and effectively, using up-to-date information about the needs of the IDD, autism, and BI community. The definition of brain injury for purposes of funding is a documented intellectual and/or developmental disability that is manifested before the person reaches 22 years of age or brain injury acquired as an adult that results in a disability.

The 2018 IDD Needs Assessment emphasized the importance of housing as a basic need and right that supersedes all others. Key findings of the report include:
- Access to clear information regarding housing options and processes.
- The importance of addressing individual preferences and providing corresponding supports for people living independently.
- Investment in adequate supports to ensure sustainable long-term housing.

Recent findings also underscored the need for targeted outreach to Boulder County's BIPOC IDD, autism, and BI community, which faces additional challenges in navigating the housing system, as well as aging caregivers of individuals with IDD, autism, and BI.

Read the full [Boulder County IDD Needs Assessment](#).

TIME SCHEDULE
- Request for Application Released on Thursday, May 1, 2025
- Application Questions Due on Thursday, May 8, 2025
- Response to Questions from BCHS on Thursday, May 15, 2025
- Applications are Due on Monday, June 2, 2025

APPLICANT ELIGIBILITY

To be eligible, applicants must meet the following conditions:

1. Applicant must be a 501 (c) (3) non-profit organization, a government entity, or an educational institution.
2. Applicant, its officers, and employees may not be currently debarred or suspended from doing business with the Federal Government, State of Colorado, or any 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 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.

APPLICATION: TIMING AND FORMAT REQUIREMENTS

A. **Application Submission Deadline: Monday, June 2, 2025, by 5 p.m.** Any proposal submitted after this date and time will not be considered for this funding round.

B. **How to Submit an Application**
   To improve accessibility, BCHS is using Formstack to collect applications and related materials. All application materials must be submitted through the online **IDD Housing Grant Application Form** on Formstack, including:
   a. Reponses to all narrative questions.
   b. Required attachments (e.g., financial documentation, agency budget, etc.).
   c. Budget Form (Excel template): download from the IDD Mill Levy web page and uploaded it within the application form.
   d. Program Evaluation Table: complete and submit within the application using the embedded link, located on the last page of the Formstack application form.

C. **Submission Requirements**
   a. All materials must be submitted through the Formstack application form. Submissions sent by email or via external links (e.g., Google Docs) will not be accepted.
   b. Maximum file size per document is 10MB.
   c. Accepted file formats include jpg, jpeg, gif, png, bmp, tif, psd, pdf, doc, docx, csv, xls, xlsx.
   d. Do not submit zip files or links (or hyperlinks) to external websites. Zip files or external links may not be considered.
   e. After submitting, applicants will receive two confirmation emails immediately, one with a copy of the IDD Housing Grant Application form and one with a copy of the completed Program Evaluation Table. If you do not receive both confirmation emails within 15 minutes, please contact us at IDDfunding@bouldercounty.gov to ensure your application was received.

D. **Application and RFA Questions**
   a. All questions about the application, Formstack, this RFA, or the application process must be submitted via email to IDDfunding@bouldercounty.gov on or before 5 p.m. May 8, 2025. Responses will be posted on the Boulder County IDD Mill Levy Program web page by May 15, 2025. Before contacting BCHS, applicants should review the RFA thoroughly and familiarize themselves with the IDD Mill Levy programmatic and technical requirements. BCHS will not answer questions in person or by phone.

E. **Application Completeness**

> a. Applicants are responsible for ensuring that all required forms, uploads, and attachments are submitted via the appropriate Formstack forms. Incomplete applications may be rejected.

F. Extensions/Withdrawal
> a. BCHS will strictly adhere to all deadlines and will not permit any extensions for any reason. Respondents are responsible for reviewing and tracking all deadlines as shown in the process timeline section of this document. Respondents may withdraw a proposal by submitting a signed withdrawal request to IDDfunding@bouldercounty.gov.

G. Notice of Open Records Act
> a. Applications 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 to -206 C.R.S., as amended.

H. Reasonable Accommodations
> a. We value inclusion and access for all participants and are pleased to provide reasonable accommodation for assistance in completing the RFA application. Please contact IDDfunding@bouldercounty.gov on or before Thursday, May 8, 2025, to request an accommodation.

FUNDING AMOUNT AND TIMELINES

BCHS anticipates awarding a total of up to $500,000 in funding through this RFA. Grants may be awarded to one or more applicants offering the requested services and award amounts may vary. Applicants are expected to propose metrics and describe how they will evaluate program success in their application. After award decisions are made, BCHS's Data and Performance team will work with each awardee to finalize data and performance metrics. Prior to receiving funds, each recipient must sign a funding agreement outlining the Use of Funds, finalized reporting requirements, and other terms and conditions. BCHS expects to issue and sign funding agreements by Wednesday, December 31, 2025.

BCHS intends to offer awardees an initial two-year term funding agreement valid through Friday, December 31, 2027. If the awardee demonstrates effective use of funding and compliance with the funding agreement requirements, including reporting and monitoring requirements, then the awardee may be eligible for a second two-year term, through Monday, December 31, 2029.

USE OF FUNDS

A. Program Goals for Use of Funds
> a. BCHS is issuing this solicitation to identify one or more agencies that can design, implement, and manage program(s) or services aimed at reducing housing instability and homelessness for individuals with IDD, autism, and BI. Proposals may include a variety of service delivery models, including but not limited to staffing positions, comprehensive programs, or other innovative approaches designed to address the unique needs of individuals with IDD, autism, and BI that improve housing security and prevent evictions for this population. BCHS is particularly interested in applications that address one or more of the following key elements:

i. **Individualized Housing Support:** Strategies for providing tailored assistance to individuals with IDD, autism, and BI, addressing their unique needs and challenges in securing and maintaining stable housing.
ii. **Direct Collaboration with Landlords:** Plans for working closely with landlords to secure housing opportunities for participants and ensure long-term housing stability. This may involve advocacy and negotiation on behalf of participants to address any concerns or challenges that arise.
iii. **Overcoming Barriers:** Approaches to help participants navigate the complexities of housing, including understanding available housing programs, securing affordable housing, and addressing challenges like credit history or rental references.
iv. **Connecting to Additional Resources:** Linking participants to broader community resources, such as financial assistance, social services, healthcare, or case management agencies to ensure their overall well-being and continued housing stability.

Applications may address one or more of the above elements; applicants are not required to provide all components. Successful proposals will address existing service gaps that align with Boulder County housing strategies, and contribute to broader county-wide housing goals, helping create more cohesive and effective housing systems. To learn more about Boulder County's housing strategies, please visit [Boulder County Housing Department's web page.](#)

Preference will be given to applicants who can track and report on key program metrics, including:
- Number of individuals with IDD, autism, and BI who have successfully gained access to housing.
- Number of individuals with IDD, autism, and BI who have received supportive services and/or navigation services.
- Improved or maintained long-term housing stability for individuals with IDD, autism, and BI.
- Number of individuals with IDD, autism, and BI who have been connected to other resources (such as financial assistance, social services, healthcare, or case management).

All services funded through this RFA are expected to be delivered in a culturally and linguistically appropriate way to ensure equitable access and effectiveness for all participants, while respecting and supporting personal choice. Personal choice – the right of each individual to make their own decisions and have control over their lives – is a fundamental principle of high-quality, person-centered services.

B. **Prohibited Use of Funds**
   a. Funds may not be used to supplant Medicaid, Medicare, private insurance, or other available funding sources for the services provided.
   b. Applicants must be able to demonstrate that there is no duplication of benefits.

C. **Limitations on Indirect Costs**

a. Indirect costs, defined as overhead expenses not directly tied to program services, must not exceed 15% of the total budget for any contract awarded under this RFA.

REVIEW PROCESS AND EVALUATION CRITERIA

A review committee composed of BCHS and other Boulder County staff with relevant expertise will evaluate applications based on the following criteria:

- **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:** Evaluation of how well the applicant's proposal aligns with the IDD Mill Levy Needs Assessment and Boulder County's housing strategies, particularly around improving housing stability for individuals with IDD, autism, and BI. Proposals should demonstrate a clear connection between the services offered and BCHS's desired outcomes, including a commitment to personal choice for recipients and racial equity.
- **Program Impact:** Assessment of the potential impact on the target population and the community, including the reach, depth, and expected outputs and outcomes.
- **Adaptability and Collaboration:** Evaluation of the applicant's ability to adapt services as needed and collaborate with other organizations to maximize program effectiveness and leverage additional resources.
- **Addressing Root Causes:** Assessment of how the program addresses systemic inequities that affect the target population, including strategies to improve access to housing and related supports.

Additionally, the BCHS Director of Finance will review each applicant's most recent financial statements and audit (or, in exceptional cases, equivalent information) to assess financial health. The BCHS Data and Performance team will review each applicant's submitted program evaluation table to assess their data collection and evaluation approach. The BCHS review committee may consider or weigh the assessment of the Director of Finance and/or the Data and Performance team as appropriate for each applicant.

The review committee will recommend awards to the BCHS Department Director and then to the Board of County Commissioners ("BOCC") for final approval. Awardees must sign a Funding Agreement prior to the release of any funds. Following the award decisions, BCHS's Data and Performance Team will work with each awardee to finalize performance metrics and reporting expectations before contract execution.

APPLICATION QUESTIONS

General Organizational Information
1. **Authorized Contact:** Please provide the name, title, email, and phone number of the person authorized to sign the funding agreement with Boulder County on behalf of your organization.
2. **Funding Request:** Indicate the amount of funding requested.
3. **What is your agency type?**
   a. Governmental
   b. Non-governmental non-profit 501(c)(3)

c. Educational

4. **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.

5. **Licenses and certifications**: List any licenses or certifications your agency holds that are relevant to the programs or services being proposed.

6. **Geographic Service Region(s):** Indicate the geographic areas where your agency provides services.

Racial Equity, Diversity, and Inclusion (REDI)

7. **Physical Accessibility:** Describe how your agency's physical space and client meeting/service protocol meets Americans with Disabilities Act (ADA) accessibility standards.

8. **Culturally and Linguistically Reflective Services:** Explain how your services reflect the cultural and linguistic needs of the communities you serve, including bilingual services and interpreter access.

9. **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?

10. **Improving Access for Underserved Populations:** Describe steps your organization has taken to improve access to services for racial and ethnic minorities and other underserved groups.

11. **REDI Certifications**: If available, list any current racial equity, diversity, and inclusion certifications your organization holds.

Financial Information

12. **Billing Capability:** Do you have the ability to bill Medicaid, Medicare, and private or other insurance? (Yes/No)

13. **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 description of your organization's procurement policy, 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 current indirect rate.
    g. List of 5 highest-paid officers/employees/agents and attestation that they have not been debarred or charged or convicted of financial crimes.

14. **Local Funding Sources:** Indicate if you currently receive funding from BCHS (including but not limited to the Community Partnership Grant and IDD Mill Levy Programs) and/or Boulder County Community Services. If yes, please specify the amount and service(s) funded. Duplication of services will not be funded. Duplication of services means that your organization receives funding from more than one county grant program for the same purpose within the same time period, and that the total assistance exceeds the total documented need.

15. Budget Submission: Please submit a detailed budget 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 IDD Mill Levy web page. Please use this template to complete your budget and upload it as a separate Excel file attachment with your application.

Program Questions

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

16. Program Alignment & Target Population:
   a. Describe the specific housing challenges your target population faces and how your proposed services will address those needs.
   b. How does your program align with the IDD Mill Levy Needs Assessment and Boulder County's housing strategies?
   c. If your organization is able to bill Medicare, Medicaid, or private and other insurance for residential services, describe how you ensure individuals are informed of all options and supported in making their own decisions, including choosing housing services outside of the agency's residential program.
   d. Provide a brief overview of the population the program serves, including income levels, disability, and other relevant factors that impact housing stability.

17. Program Description & Key Services:
   a. Provide a brief overview of your proposed program, including the key services offered and expected benefits for participants.
   b. How do your program's services build on or complement existing housing resources for individuals with IDD, autism, and/or BI?
   c. What strategies, collaborations, or resources will your program leverage to help overcome barriers to housing stability for the target population?

18. Collaboration and Partnerships:
   a. Describe your key partnerships with community organizations, service providers, and stakeholders.
   b. How do these partnerships strengthen your program's ability to improve housing stability for the target population?

19. Outreach and Engagement:
   a. Describe how your program will identify, reach, and meaningfully engage with the target population, particularly those who may face the greatest barriers to housing.
   b. What culturally responsive and accessible outreach strategies will your program use to ensure individuals with IDD, autism, and/or BI are aware of and can access services?

20. Program Evaluation:
   a. Please complete the Program Evaluation form that outlines methods for measuring program outcomes and impact using the embedded link within the application. **Important:** If this form is not filled out, your application will not be considered complete, as it is a required field.

Post-Award Data Reporting Requirements

The following appendix outlines data collection, reporting, and evaluation expectations for applicants who are selected for funding. This section is included for transparency only – applicants are not required to complete or submit information as part of their application. If your organization is awarded funding, then the organization will have to sign a Funding Agreement that includes these requirements that you will have to comply with during your contract period. These requirements correspond to the identified Exhibit of the Funding Agreement.

Funding Agreement (Exhibit E)

Data Reporting Requirements

Recipients must submit demographic (2) semi-annual reports and one (1) end-of-year report (at the end of the contracting period). The content of the report will include:

A. **Demographic information about clients served**
    a. For Non-community Connect users: Client counts (duplicated and unduplicated), client demographic data (ZIP Code of residence, age, gender identity, sexual orientation, race/ethnicity, language of household).
        i. For Community Connect Users: Client counts (duplicated and unduplicated), sexual orientation, language of household). (All other demographic information about client served should be reported using Community Connect on a rolling basis).
    b. Reporting tables contained in this Agreement are examples only. BCHS will provide recipient with tailored evaluation metrics for their program and Recipient must complete reports on these agreed upon metrics by the due dates. Individual reporting forms will be distributed to the Recipient within 30 days of execution of this Agreement.
    c. Responses to specified narrative questions.
B. Reports must include aggregated data and should not include client-level information inclusive of Personal Identifiable information (PPI), unless data is reported via Community Connect.
C. Semi-annual reports are due by the 20th day following the end of each reporting period. The end-of-year report is due by January 31 of the subsequent year.
D. **Submission Process**
    a. Boulder County will provide a link to a Formstack Form for report submission within the first 7 business days of the reporting period. This link will remain open until the working day following the report due date.
    b. Access to the Formstack Form is restricted to the designated email address provided by the Recipient. Recipients must ensure contact details are current and report any changes promptly to the BCHS IDD Mill Levy Program Coordinator and BCHS Data and Performance Team to the email hsdatareporting@bouldercounty.gov.
E. **Timeliness and Completeness Requirements**
    a. All Recipients are required to submit fully completed semi-annual and end of year reports using FormStack by the due dates, no other formats will be accepted.
    b. Community Connect users must enter demographic information on a rolling basis and complete semi-annual and yearly reports via the provided FormStack in a timely manner.
F. **Failure to Comply with Reporting Requirements**
    a. If a Recipient is unable to meet the reporting requirements, they must notify the BCHS IDD Mill Levy Program Coordinator and BCHS Data and Performance Team to the email: hsdatareporting@bouldercounty.gov. This includes circumstances where:
        i. Reports cannot be submitted on time.
        ii. Reports are incomplete or missing information.

b. Recipients may request an extension, subject to approval by Boulder County, and must provide justification for any missing information. The BCHS Data and Performance Team, along with the BCHS IDD Mill Levy Program Coordinator, will review and approve such requests.

G. Reimbursement Contingency and Non-Compliance Consequences

a. Financial Reimbursement is contingent upon timely submission of fully completed data reports. BCHS reserves the right to withhold reimbursement until reports are submitted, unless an extension is granted.

b. Failure to submit timely, complete reports or to communicate effectively constitutes a breach of Funding Agreement and may result in the suspension or termination of the Funding Agreement, as well as a suspension of financial reimbursement.

Recipient-Specific Program Evaluation (Exhibit D)

Note: A separate Formstack link to complete this table is provided in the application. Applicants must complete and submit the Program Evaluation as part of their application. In this form, you will complete the following:

- Name of Organization
- Name of Program (should match funding award)
- Name of Person Completing Report
- Program staff email to use if question arise
- Program Evaluation Metrics
  - **Outputs***:* Please enter a value that quantifies 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. You can list up to 5 Outputs.
  - **Outcomes:** Under each of your contracted outcomes, you will use the Formstack form to report the following information:
    - **Number of clients measured for outcomes:** 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."
    - **Number of clients successfully meeting outcome:** Please enter the number of clients that have achieved the outcome according to the "Definition of Success" included in your contract for this outcome.
    - **Outcome Success Rate:** 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.
    - **Outcome Success explanation:** 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.

Semi-Annual Questions For Funders (Exhibit E-3)

Awardees will be asked to respond to these narrative questions in each semi-annual report.

- Please describe the ways in which this funding helps meet program goals.
- Please briefly describe any gaps or areas of need that you are noticing emerge in the community.
- Please share any program and/or client success that can be shared with the wider community.

End Of Year Narrative Report (Exhibit E-4)

Awardees will be asked to report the following information at the conclusion of the contract period.

- Name of your Organization
- Name of the program funded (the name should match the one in the contract).
- Name and title of the person who is completing this report (I.E. John Smith, Manager).
- Program staff email to use if questions arise.
- Contact details of the CEO or Manager of your organization responsible for this program.
- Year you are reporting.
- Overview of the contract - summary of the Grant Purpose.
- Progress and results - describe the progress made toward the goals and objectives as stated in the funded grant application)
- Lessons learned - describe what the organization learned based upon the successes and challenges you've encountered this year. Address programmatic, evaluative, or organizational changes that will be or have been made based upon these lessons learned.
- Demographics summary - describe the population served during the year (ages, race, origin, residency), including percentages and numbers if available. You can also provide observations, including for example: a) any changes you have noticed an increase/decrease of people in (ages, race, origin, residency) and any insights you may have about what caused this changes; b) a change in the population targeted over the course of the grant with any insight you may share to explain this shift; c) any significant increase or decrease in the population you serve, with any insight that may explain these changes.
- Success stories - please share a success story of an individual or group's actions in this program that we can share with the public. This story should focus on the positive change that your program has created for participants rather than on the participant satisfaction with the program.

Demographic Data Assessment (Exhibit E-5)

Awardees will be required to complete this assessment within two weeks of contract execution. It provides information about the organization's current practices for collecting demographic data.

General Information	
Organization Name:	
Contact Person:	
Role/Title:	
Email:	
Current Data Collection Practices	
Do you currently collect demographic data on individuals served? (Yes/No) *Helps determine if demographic data collection is part of their current operations. If not, it identifies gaps.*	
If yes, what demographic categories do you collect from the following categories? *Provides insight into which demographic characteristics are being tracked and whether any key data points are missing.*	
Residency (Yes / No)	
Housing situation (Yes / No)	
Age (Yes / No)	
Gender (Yes / No)	
Sexual Orientation (Yes / No)	
Race (Yes / No)	
Ethnicity (Yes / No)	
Primary Household Language (Yes / No)	
Number of households with children ages 0-17 (Yes/No)	
IDD Programs Demographics (Yes/No)	
Others not listed	
What method(s) do you use to collect demographic data? *Identifies the tools and systems in place, such as paper forms, electronic records, or surveys, and helps assess technological capabilities.*	
How frequently is demographic data collected? *Helps understand whether data is collected at a useful cadence for tracking trends over time.*	
How is the collected demographic data stored and managed? *Determines the security and accessibility of data, including whether it is stored digitally, on paper, or in a database.*	

Data Standardization and Compliance	
Do you follow standardized race and ethnicity categories (e.g., OMB, Census, state-specific standards)? (Yes/No) *Ensures consistency in data collection to allow for accurate reporting and comparisons across organizations.*	
Are demographic questions structured as voluntary or mandatory? *Helps assess whether clients have the option to decline to provide demographic data and how that impacts data completeness.*	
Do you provide training to staff on how to collect demographic data? (Yes/No) *Determines whether staff have the necessary knowledge and skills to collect demographic data in a respectful and effective manner.*	
Do you collect and report disaggregated data (e.g., breaking down racial groups into subcategories)? (Yes/No) *Assesses whether the organization is capturing granular demographic details, which can help identify disparities and target interventions more effectively.*	
Are there any compliance requirements or reporting standards that you follow? (e.g., HIPAA, FERPA, Title VI, funder-specific guidelines) *Identifies legal and contractual obligations affecting demographic data collection and reporting.*	
Challenges and Support Needs	
What challenges do you face in collecting demographic data? *Identifies obstacles such as technical limitations, staff discomfort, or data accuracy issues that need to be addressed.*	
What resources or support would help improve your ability to collect demographic data? *Gathers information on what assistance (e.g., training, tools, or guidelines) would enhance data collection capacity.*	

Additional Comments	
Do you have any additional comments or suggestions for improving demographic data collection? *Provides an opportunity for respondents to share feedback or propose solutions beyond the structured questions.*	
Do you have any Data and Privacy process in place to get secure the data collected from your clients?	
Are you willing to work with the Data and Performance team to bring the data collection up to the BCHS standards? (Yes / No)	

Payment Requirements (Appendix B)

The following section outlines invoicing expectations for organizations selected for funding. This is provided for transparency only and does not require a response as part of your application. If your organization is awarded funding, these requirements will be included in your Funding Agreement and you will be expected to comply with them during the contract period. These requirements correspond to Exhibit F of the Funding Agreement.

Funding Agreement (Exhibit F)

PAYMENT REQUIREMENTS

A. Monthly Invoicing
   a. BCHS shall provide Recipient with a monthly invoice template.
   b. 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.
   c. Monthly invoiced expenses shall be for actual expenditures incurred BCHS shall not pay for vacant positions funded through this Contract.
   d. Monthly invoiced expenses may not be reimbursable by any other funding source.
   e. 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.
   f. The invoice shall contain the name and title of the person authorized, or his or her designee, to submit claims for payment.
   g. All invoices, supporting documentation, and applicable reports shall be submitted electronically to BCHS via email to: hhsaccountingoffice@bouldercounty.gov.

B. Supporting Documentation
   a. 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.
      i. For participant services, participant name and purpose must be included (for those participants who have signed an authorization to release information).
      ii. 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.
   b. Supporting documentation submitted with monthly invoices must meet or exceed the amount being invoiced.
   c. Recipient shall keep on site for BCHS review, for the Contract term plus three years, the following supporting documentation for each invoice:
      i. 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.

3. 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.

4. 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.

d. 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

a. Monthly invoices, supporting documentation, and all required deliverables as outlined above. 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.

b. 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

a. Recipient shall maintain written internal control policies and procedures around financial and accounting practices, including procurement policies and procedures.

b. 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.

c. Conflict of Interest: Recipient shall maintain best practices regarding conflicts of interest, including signed certification from Recipient's directors, officers and employees.

d. 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.