

**BOULDER COUNTY HUMAN SERVICES
2026 IDD MILL LEVY GRANT PROGRAM
REQUEST FOR APPLICATIONS (RFA)
PROGRAMS AND SERVICES**



SUBMITTAL DUE: Monday, July 21, 2025, by 5 p.m.

Boulder County Human Services
Email: IDDfunding@bouldercounty.gov

Table of Contents

INTRODUCTION	3
TIME SCHEDULE	4
APPLICANT ELIGIBILITY	4
APPLICATION: TIMING AND FORMAT REQUIREMENTS	5
USE OF FUNDS	7
REVIEW PROCESS AND EVALUATION CRITERIA	11
General Organizational Information	12
Financial Information	12
Program Questions.....	13
APPENDIX A: POST-AWARD DATA REPORTING REQUIREMENTS AND DATA REPORT TEMPLATES	16
APPENDIX B: PAYMENT REQUIREMENTS	33

NOTICE OF REQUEST FOR APPLICATIONS (RFA) FOR IDD PROGRAMS AND SERVICES

INTRODUCTION

Boulder County Human Services (BCHS) is seeking proposals from qualified organizations to develop and deliver programs that address service gaps identified in the 2018 Boulder County Intellectual and Developmental Disabilities (IDD) Needs Assessment. The assessment identified critical unmet needs in services for individuals with IDD, autism, and brain injuries (BI). BCHS invites proposals from agencies that can design, implement, and manage programs or services to help meet these needs.

This opportunity is funded by the Developmental Disabilities property tax approved by voters in 2002. These funds supplement an existing mill levy to support IDD, autism, and BI programs for Boulder County community members and are intended to help fill funding gaps left by limited state and federal support. BCHS is committed to ensuring that county mill levy funds are utilized efficiently and effectively, based on up-to-date information about the needs of the IDD, autism, and BI community.

For the purposes of this funding, brain injury is defined as a documented intellectual and/or developmental disability that is manifested before the person reaches 22 years of age or as a brain injury acquired as an adult that results in a disability.

The 2018 IDD Needs Assessment emphasized the importance of funding programs that expand access to direct supports and inclusive social and recreational opportunities. Key findings highlighted a need for:

- Increased access to social and recreational activities, including options for peer-only activities and events and activities for the general public that are open and accessible for people with IDD and their families.
- An increased number of and improved quality of direct service opportunities for individuals with IDD, autism, and BI that are not covered by Medicaid, Medicare, or other insurance.

BCHS is committed to building a thriving future together, centering racial equity and opportunity for all. Boulder County contracted with Imagine! to conduct a survey of individuals with IDD, autism, and BI and their

caregivers. The survey found that communities of color with IDD, autism, and BI face additional barriers in accessing services. In addition, aging caregivers of individuals with IDD, autism, and BI in Boulder County face additional and disproportionate barriers. The survey identified barriers including systemic racism, cultural and language differences, and lack of representation. Centering race in outreach efforts is essential to addressing these inequities, building trust, and ensuring services are culturally responsive and accessible. This approach promotes equity and leads to better outcomes for underserved communities.

Read the full [Boulder County IDD Needs Assessment](#). A copy of the [Imagine! Phone Survey 2024](#) is available.

TIME SCHEDULE

Event	Date
Request for Applications Released	June 16, 2025
Application Questions Due	June 23, 2025
Response to Questions from BCHS	June 30, 2025
Applications Due	July 21, 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 findings 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, July 21, 2025, by 5:00 p.m. Any proposal submitted after this time and date will not be considered for this funding round.

B. How to Submit an Application

BCHS uses Formstack to collect applications and related materials. All application materials must be submitted through the online [IDD Programs and Services Application](#) on Formstack, including:

- Responses to all narrative questions
- Required attachments (e.g., financial documentation, agency budget, etc.)
- Budget Form (Excel template): download from the [IDD Mill Levy web page](#) and upload it within the application form.
- Program Evaluation Table: complete and submit within the application using the embedded link, located on the last page of the Formstack application form.

Submission Requirements

- 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.
- Maximum file size per document is 10MB.
- Accepted file formats include jpg, jpeg, gif, png, bmp, tif, psd, pdf, doc, docx, csv, xls, xlsx.
- Do not submit zip files or links (or hyperlinks) to external websites. Zip files or external links may not be considered.
- After submitting, applicants will receive two confirmation emails immediately, one with a copy of the IDD Programs and Services 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.

C. Application and RFA Questions

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., June 23, 2025. Responses will be posted on the Boulder County [IDD Mill Levy Program web page](#) by June 30, 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.

D. Application Completeness

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

E. Extensions/Withdrawal

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.

F. Notice of Open Records Act

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.

G. Reasonable Accommodations

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 June 23, 2025, to request an accommodation.

FUNDING AMOUNT AND TIMELINES

BCHS anticipates awarding up to \$5,000,000 in funding through this RFA. Grants may be awarded to one or more applicants offering the requested programs and 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 December 31, 2025.

BCHS intends to offer awardees a two-year term funding agreement valid through December 31, 2027.

USE OF FUNDS

A. Program Goals for Use of Funds

BCHS is issuing this solicitation to identify agencies that can design, implement, and manage program(s) or services that expand opportunities for individuals with IDD, autism, and BI. Funding may be used to develop new programs or strengthen existing services in the following focus areas:

1. **Fill Funding Gaps for Program Services:** Mill levy funds may be used to support direct, community-based services for individuals with IDD, autism, and BI who meet the criteria outlined in Boulder County's Developmental Disabilities Fund ballot language. These funds may be used to help pay for services that are not already covered by Medicaid, Medicare, or private insurance. However, they may not be used to supplant existing services and funding sources. Identified areas of need include:
 - **School-Aged Services:** After-school, weekend, and summer programs for youth with disabilities. Many children do not have access to state-funded programs that meet their needs. Proposed services should focus on developing each child's strengths. These services may include opportunities to participate in community activities, using the community as a learning environment, and promoting inclusion in activities with individuals without disabilities. Educational enrichment programs for children in partial or home-school settings, especially those with a low staff-to-child ratio, are also encouraged.

- **Adult Community Services:** Creative and social activities for adults with disabilities that promote communication, community connection, learning, inclusion, socialization, safety, health, and wellness. Programs should focus on each individual's abilities and interests. Activities should reflect typical community events, foster relationships, and build natural supports in the community. Programs should also offer creative activities for adults who do not want a traditional day program atmosphere.
- **Adult Supported Employment Services:** Assist adults with disabilities in finding and maintaining employment. This includes supports such as benefits counseling and job coaching. This category doesn't include any service that is funded by Medicaid or Division of Vocational Rehabilitation.
- **Alternative Therapies:** Therapies like Hippotherapy, Art Therapy, Massage Therapy, and Music Therapy, when used to help develop or improve skills or provide behavioral support.
- **Assessments:** Assessments to help individuals with IDD, autism, or BI apply for services and supports across systems.
- **Behavioral Management, Therapies, and Education:** Education for families and caregivers, as well as the development of support plans and other services not covered by Medicaid or other third-party payers.
- **Mental Health and Dual Diagnosis:** Psychiatric, therapeutic, and behavioral health services for individuals with co-occurring conditions or mental health needs.
- **Mentorship:** Training for parents with IDD, autism, or BI in child and infant care. Peer and adult mentor programs that support access to education and community involvement.
- **Nursing:** Nursing support for routine health-related tasks and ongoing care.
- **Residential Services:** Independent living skills training and nutrition education to support individuals living in residential settings.

- **Services Administration:** Representative Payee administrative supports to deliver direct services.
 - **Respite:** Safe, short-term breaks for caregivers and family members of individuals with IDD, autism, and/or BI.
 - **Technology:** Funding for the purchase and use of technology that supports care, including developing a technology learning plan.
 - **Transportation:** Innovative door-to-door transportation services to help individuals access community activities, medical appointments, employment, and other care needs not covered by other funding sources.
 - **Open Category:** Creative and innovative approaches to serving individuals with IDD, autism, and/or BI and their families. Proposals can suggest new ideas or services that meet needs.
2. **Increase Access to Social, Creative, and Recreational Opportunities:** Individuals with IDD, autism, or BI often have limited access to leisure and social activities. They benefit from inclusive recreational programs—either through peer-based activities in supportive environments or by offering inclusion support to help them participate in community programs alongside others.
 3. **Programs and Services that Support Sensory Friendly Environments:** Create inclusive spaces by offering programs and services designed for individuals with sensory processing differences, including Autism, ADHD, PTSD, and other sensory sensitivities.
 4. **Decrease waitlists:** Develop and implement innovative, evidence-informed programs that reduce waitlists for diagnostic, therapeutic, and support services.

Applications may address one or more of the focus areas listed above; applicants are not required to provide all components. Successful proposals will clearly address existing service gaps and align with the priorities identified in the Boulder County IDD Needs Assessment. The following are suggested metrics that applicants may choose to track and report on:

- Increased access to community-based services not covered by Medicaid/Medicare/insurance.
- Increased participation in inclusive and peer-based social, creative, and recreational programs.
- Decreased waitlists and improved timeliness of access to diagnostic, therapeutic, and support services.
- Improved service access for communities of color and underserved communities through culturally responsive outreach and service adaptation.
- Improved social-emotional, cognitive, and academic or life-skills outcomes for youth and adults participating in after-school, summer, day activities, or community-based programs.
- Greater community connection, peer relationships, and inclusion for individuals at risk of isolation.
- Reduced caregiver stress and increased capacity through respite care, education, and mental health support.

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

Funds may not be used to supplant Medicaid, Medicare, private insurance, or other available funding sources for the services provided.

Applicants must be able to demonstrate that there is no duplication of benefits.

C. Limitations on Indirect Costs

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. 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 programs and services.

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. This is a two-part prompt, and you must answer both parts.**
 - (1) Describe how your organization tracks potential racial disparities in how it provides services and (2) What steps your organization takes to address racial inequities in the delivery of services.

Financial Information

- 8. Billing Capability:** Do you have the ability to bill Medicaid, Medicare, and private or other insurance? (Yes/No)
- 9. 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.

10. 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.

11. 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.

12. Program Alignment & Target Population

- a. Provide a brief overview of the population the program serves, including income levels, disability, and other relevant factors.
- b. Describe the specific challenges your target population faces and how your proposed services will address those needs.
- c. Describe your agency's qualifications and experience serving the target population using a person-centered approach.
- d. Describe how your program aligns with the IDD Mill Levy Needs Assessment and how your application addresses those goals and/or gaps.
- e. If your organization is able to bill Medicare, Medicaid, or private and other insurance for services, describe how you ensure

- individuals are informed of all options and supported in making their own decisions about choosing services outside of the agency's programs.
- f. Describe how your programs and/or services are designed to meet the cultural and linguistic needs of historically underserved communities. In your response, include specific strategies such as bilingual staff or services, interpreter access (including ASL), culturally responsive service models, and specialized communication techniques used to engage individuals with IDD, autism, and/or brain injuries from diverse backgrounds. Historically underserved communities include individuals who have experienced systemic barriers to accessing services due to race (such as communities of color), language (limited English proficiency), age (specifically, aging caregivers), disability, individuals with sensory communication differences, and any other systemic barrier your organization has identified.
 - g. Describe how your agency's physical space and client meeting/service protocol meets Americans with Disabilities Act (ADA) accessibility standards.

13. Program Description & Key Services:

- a. Provide a brief overview of your proposed program, including the key services offered and expected benefits for participants. Indicate if evidence-based or evidence-informed and length of time the organization has been providing each service
- b. How do your program's services build on or complement existing services, programs, and/or resources for individuals with IDD, autism, and/or BI?

14. Collaboration and Partnerships: Describe your key partnerships with community organizations, service providers, and stakeholders.

15. Outreach and Engagement:

- a. Describe how your program will identify, reach, and meaningfully engage with the target population.

- 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?

16. Program Evaluation: Please complete the Program Evaluation Table 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.

APPENDIX A: POST-AWARD DATA REPORTING REQUIREMENTS AND DATA REPORT TEMPLATES

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 these templates 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 and Data Reporting Templates

Recipients must submit a 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:
 - i. 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).
 - ii. 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.
2. 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.
 3. 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 31st of the subsequent year.
 4. 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
- 5. 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.
- 6. 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.
- 7. 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.

Sample Report Templates (For Reference Only)

EXHIBIT E-1: SEMI-ANNUAL DEMOGRAPHIC DATA REPORT:

Example of the reporting format that will be used post-award. Do not submit.

Name of Organization:		
Name of the program funded (the name of the program should match the name listed in your 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:		
Year you are reporting		
Quarter reported:		
(1) DATA FROM January 1 to March 31		
(2) DATA FROM April 1 to June 30		
(3) DATA FROM July 1 to September 30		
(4) DATA FROM October 1 to December 31		
Quarterly Reporting Metrics	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
TOTAL Number of individuals served by Program		
Total Number of Clients with Disabilities service		
IDD		
Autism		
Brain Injury		
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		
Sheltered - Count		
Unsheltered - Count		
Unstable Housing (Double Up, Couchsurfing, Living in Vehicle) - Count:		
Double up		
Couchsurfing		
Living in Vehicle		
Homeless Outside BOCO Count		
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		
N/A (Please use this if expanded gender identity is not applicable data point for the population you served)		
TOTAL Number of individuals served by Program by Sexual Orientation	TOTAL UNDUPLICATED CLIENTS	TOTAL DUPLICATED CLIENTS
Heterosexual/Straight		
Gay		
Lesbian		
Bisexual		
Pansexual		
Asexual		
Queer		
Multiple Identities		
Sexual Unknown / Refuses to disclose		
N/A (Please select this if expanded sexual orientation is not applicable data point for the population you served)		
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 other 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		

Funding Agreement Exhibit D

RECIPIENT-SPECIFIC PROGRAM EVALUATION TABLE

Note: A separate Formstack link to complete this table is provided in the application. Applicants must complete and submit the Program Evaluation Table as part of their application. The format shown here is for reference only.

Name of Organization:	
Name of Program (should match funding award):	
Name of Person Completing Report:	
Program staff email to use if questions arise:	
Program Evaluation Metrics	
Outputs: <i>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.</i> <i>You can list up to 5 Outputs</i>	
Outcome 1 <i>Under each of your contracted outcomes, please complete the following.</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 you 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>	
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>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>If selected more than 1 Outcome on the contract</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>If selected more than 1 Outcome on the contract</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>	

EXHIBIT E-3: SEMI-ANNUAL QUESTIONS FOR FUNDERS:

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:	
Use the space below to share any program and/or client success that can be shared with the wider community:	

EXHIBIT E-4: END OF YEAR NARRATIVE REPORT

Awardees will be asked to complete this report 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	
Program staff email to use if questions arise:	
Year you are reporting	
END OF THE YEAR REPORT	
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.	

<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, 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.</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. This story should focus on the positive change that your program has created for participants rather than on the participant satisfaction with the program</p>	

EXHIBIT E-5: DEMOGRAPHIC DATA ASSESSMENT:

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) <i>Helps determine if demographic data collection is part of their current operations. If not, it identifies gaps.</i>	
If yes, what demographic categories do you collect from the following categories? <i>Provides insight into which demographic characteristics are being tracked and whether any key data points are missing.</i>	
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 no listed	
What method(s) do you use to collect demographic data? <i>Identifies the tools and systems in place, such as paper forms, electronic records, or surveys, and helps assess technological capabilities.</i>	

How frequently is demographic data collected? <i>Helps understand whether data is collected at a useful cadence for tracking trends over time.</i>	
How is the collected demographic data stored and managed? <i>Determines the security and accessibility of data, including whether it is stored digitally, on paper, or in a database.</i>	
Data Standardization and Compliance	
Do you follow standardized race and ethnicity categories (e.g., OMB, Census, state-specific standards)? (Yes/No) <i>Ensures consistency in data collection to allow for accurate reporting and comparisons across organizations.</i>	
Are demographic questions structured as voluntary or mandatory? <i>Helps assess whether clients have the option to decline to provide demographic data and how that impacts data completeness.</i>	
Do you provide training to staff on how to collect demographic data? (Yes/No) <i>Determines whether staff have the necessary knowledge and skills to collect demographic data in a respectful and effective manner.</i>	
Do you collect and report disaggregated data (e.g., breaking down racial groups into subcategories)? (Yes/No) <i>Assesses whether the organization is capturing granular demographic details, which can help identify disparities and target interventions more effectively.</i>	
Are there any compliance requirements or reporting standards that you follow? (e.g., HIPAA, FERPA, Title VI, funder-specific guidelines) <i>Identifies legal and contractual obligations affecting demographic data collection and reporting.</i>	
Challenges and Support Needs	

<p>What challenges do you face in collecting demographic data? <i>Identifies obstacles such as technical limitations, staff discomfort, or data accuracy issues that need to be addressed.</i></p>	
<p>What resources or support would help improve your ability to collect demographic data? <i>Gathers information on what assistance (e.g., training, tools, or guidelines) would enhance data collection capacity.</i></p>	
<p>Additional Comments</p>	
<p>Do you have any additional comments or suggestions for improving demographic data collection? <i>Provides an opportunity for respondents to share feedback or propose solutions beyond the structured questions.</i></p>	
<p>Do you have any Data and Privacy process in place to get secure the data collected from your clients?</p>	
<p>Are you willing to work with the Data and Performance team to bring the data collection up to the BCHS standards? (Yes / No)</p>	

APPENDIX B: PAYMENT REQUIREMENTS

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

- 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 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.
- 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.