# Boulder County Human Services 2026

# 2026 Community Partnership Grant Program (CPG)

# Emergency Health Care Access and Food Security Request for Applications (RFA)



**Submittal Due: February 23, 5 p.m. MT**

**Boulder County Human Services**
**Email:**
HSCommPartnershipGrant@bouldercounty.gov

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**Notice of Community Partnership Grant (CPG) Emergency Health Care Access and Food Security Request for Applications (RFA)**

**INTRODUCTION**

Boulder County Human Services (BCHS) is seeking proposals from qualified nonprofit safety net organizations for one-time Community Partnership Grant (CPG) funding due to recent changes in public benefit programs impacted by the passage of H.R.1 federal legislation adopted as Public Law No 119-21 on July 5, 2025 ("H.R.1"). The emergency CPG funding is intended to help stabilize critical components of Boulder County's safety net – specifically health care and food access – amid anticipated reductions in Medicaid and SNAP eligibility and increased health insurance costs resulting from H.R.1.

BCHS seeks proposals from agencies that can design, implement, and manage programs or services that address these challenges by improving access to food and health care. BCHS is particularly interested in funding programs that identify and bridge gaps in services by addressing unmet and emerging needs within the identified focus areas:

- Affordable and accessible health care for community members impacted by H.R.1 who will lose Medicaid or other health insurance coverage.
- Free or affordable food for community members impacted by SNAP benefit changes.
- Direct financial assistance for community members to help offset increasing costs of health care and food due to impacts of H.R.1.

This opportunity is funded by the Human Services Safety Net (HSSN). HSSN funds utilize Mill Levy dollars from Boulder County via property taxes. Re-approved in 2015 through 2030, the primary function of HSSN is to help fill significant gaps in funding left by ongoing inadequate state and federal funding for health care, housing assistance, and other human services supports and programs. Its secondary function is to help attract additional funding from other sources. It has been and continues to be successful at both.

**TIME SCHEDULE**

| Event | Date |
|---|---|
| Request for Applications Released | February 09, 2026 |

| Application Questions Due | February 11, 2026 |
|---|---|
| Response to Questions from BCHS | February 13, 2026 |
| Applications Due | February 23, 2026 |

## APPLICANT ELIGIBILITY

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. Eligible applicants must have a physical address located in Boulder County and must provide services to Boulder County residents. Organizations based outside of Boulder County are not eligible to apply, even if they serve Boulder County residents.
3. 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.
4. 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.
5. 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: Wednesday, February 23, 2026 by 5:00 p.m. Mountain Time (MT).** 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 online on Formstack**,** including:

- Reponses to all narrative questions
- Required attachments (e.g., financial documentation, agency budget, etc.)
- Budget Form (Excel template): download from the [CPG web page](#) and upload it within the 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 will not be factored into evaluation of applicant.
- After submitting, applicants will immediately receive a confirmation email that includes a copy of the CPG Emergency RFA Application form. If you do not receive the confirmation email within 15 minutes, please contact us at HSCommPartnershipGrant@bouldercounty.gov to ensure your application was received.

## C. Application and RFA Questions

All questions about the application, including the application process or Formstack, or the requirements of this RFA and all funding requirements and conditions must be submitted via email to HSCommPartnershipGrant@bouldercounty.gov on or before 5 p.m. MST, February 11, 2026. Responses will be posted on the Boulder County CPG Program web page by February 13, 2026. Before contacting BCHS, applicants should review the RFA thoroughly and familiarize themselves with the CPG Emergency Health Care Access and Food Security RFA 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 HSCommPartnershipGrant@bouldercounty.gov.

F. **Notice of Appeals Process**
There is no appeal process for funding decisions. If you would like to request documentation related to your application, such as the application score, please go through Boulder County's Colorado Open Records Act (CORA) portal.

G. **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.

H. **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 HSCommPartnershipGrant@bouldercounty.gov on or before February 11, 2026, to request an accommodation.

**FUNDING AMOUNT AND TIMELINES**
BCHS anticipates up to $2,000,000 in funding is available through this RFA. Grants may be awarded to one or more applicants offering the requested programs and services and award amounts may vary. The minimum award amount is $100,000. Applicants are expected to report on the metrics designed by BCHS for this Emergency RFA in alignment with their proposed program. Prior to receiving funds, each applicant must sign a funding agreement outlining the Use of Funds, reporting requirements, and other terms and conditions.

All awardees must execute a funding agreement with BCHS prior to receiving funds. All funds must be spent by December 31, 2026.

**USE OF FUNDS**
**A. Program Goals for Use of Funds**
BCHS is issuing this solicitation to help stabilize critical components of Boulder County's safety net – specifically health care and food access –

amid anticipated reductions in Medicaid and SNAP eligibility and increased health insurance costs. BCHS will seek proposals from agencies that can design, implement, and manage programs or services that address these challenges by improving access to food and health care. BCHS is particularly interested in funding programs that identify and bridge gaps in services by addressing unmet and emerging needs within the identified focus areas:

1. Affordable and accessible health care for community members impacted by H.R.1 who will lose Medicaid or other health insurance coverage.
2. Free or affordable food for community members impacted by SNAP benefit changes.
3. Direct financial assistance for community members to help offset increasing costs of health care and food due to impacts of H.R.1.

Applications may address one or more of the focus areas listed above; applicants are not required to provide all components. Successful proposals will clearly identify and address any existing service gaps and align with the priorities identified in the Emergency RFA. The applicant will be required to report on the following metrics, in line with the nature of the services proposed as part of this application:

- Health Care Access: Number of individuals who received health care services through the program.
- Food Access: Number of individuals served through food distribution efforts.
- Direct Financial Assistance: Total amount of direct financial assistance distributed and number of recipients.

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.

### 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. Indirect Costs

Indirect costs, defined as overhead expenses not directly tied to program services, must not exceed 10% of the total direct 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:

- **Cost Reasonableness:** Evaluation of funding request and budget to determine alignment with project scope and reasonableness of proposed expenses.
- **Community Need, Alignment with RFA, and Impact:** Evaluation of how well the applicant describes a gap or need caused by the impacts of H.R.1. and how the funding will be used to address this gap; evaluation of potential impact on addressing the gap or need; evaluation of the urgency of the project and why it should be prioritized over other applicants.
- **Applicant Organization Capacity:** Evaluation of the organization's experience to deliver services quickly and effectively, and capacity to meet all award requirements.

Additionally, the BCHS Finance Director will review each applicant's most recent financial statements and audit (or, in exceptional cases, equivalent information) to assess financial health. During the review process, BCHS staff may contact applicants to request additional clarifying information related to your proposal. If BCHS seeks clarifying questions, applicants are expected to respond in a timely manner to be considered for funding.

The review committee will recommend awards to the BCHS Department Director. The Board of County Commissioners ("BOCC") will make final award decisions.

### 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. **Boulder County Address:** Please provide the Boulder County address for your organization.

3. **Which priority area is your proposal aligned with? (applicants may select more than one area)**
    o Health care access
    o Food Access
    o Direct Financial Assistance

4. **Funding Request:** Indicate the amount of funding requested ($100,000 minimum).

5. **Agency type:** Non-governmental nonprofit 501(c)(3) or 501(c)(19) (Yes/No)

6. **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)

7. **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.

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

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

**Financial Information**

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

11. **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. In the event the applicant charges indirect cost, the following must be submitted:

- A detailed methodology outlining the cost areas used to calculate your agency's current indirect rate.
- For federally approved negotiated rates, a copy of the indirect cost rate agreement.

   g. List of five (5) highest-paid officers/employees/agents and attestation that they have not been debarred or charged or convicted of financial crimes.

12. **Local Funding Sources:** Indicate if you currently receive funding from BCHS (including but not limited to CPG 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.

13. **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 [Community Partnership Grant web page.](#) Please use this template to complete your budget and upload it as a separate Excel file attachment with your application.

14. **Budget Narrative:** Please use the Budget Narrative section to describe all proposed project expenses in detail. All applicants must complete the Budget Narrative section to accompany the Budget Template, including details regarding how expenses support gaps or needs caused by impacts of H.R.1.

   a. **Personnel (Salary):** Personnel salary support must be justified. For each personnel listed in the Budget Template, describe their roles and responsibilities on the proposed project in this section. Provide calculation of prorated portion of salary and fringe benefits. **Enter N/A if no expenses included in this category.**
*Example: Program Director – currently oversees the program and provides supervision to Case Manager. Will spend 25% of their time dedicated to the new program established to meet increased demand (or 25% loss in funding).* Program Director's annual salary, with benefits, is $40,000 per year and 25% (.25 FTE) of the contract year salary expense totals $10,000.

b. **Operating Expenses:** Operating Expenses must be justified. Operating expenses include items such as travel, rent, utilities, phone, postage, supplies, & printing. Itemize by type of expense and describe all expenses included in the Budget Template and how it is being used to support your proposed project. **Enter N/A if no expenses included in this category.** *Example: Mileage expenses will be utilized to support program staff in their outreach activities to potential clients.*

c. *Equipment:* Equipment expenses must be justified. Itemize for each type of equipment and describe the expense and how it is being used to support your proposed project. **Enter N/A if no expenses included in this category.** *Example: One personal computer will be purchased and will be used to develop and maintain client databases in addition to performing administrative work connected to the program.*

d. *Subcontractor/Consultation Services:* Subcontractor and consultation services must be justified. Itemize for each type of subcontractor or consultation service and describe the expense and how it is being used to support your proposed project. **Enter N/A if no expenses included in this category.** *Example: Subcontractor service will be utilized for this project to provide mental health services to our clients.*

e. *Other Costs:* Other costs must be justified. Itemize for each type of other expense and describe how it is being used to support your proposed project. **Enter N/A if no expenses included in this category.** *Example: Software services will be utilized to better track case management and outcomes for participants.*

f. *Indirect Costs:* Indirect cost rate must be justified. Applicants must demonstrate how indirect cost expense was calculated. Costs incurred for the same purpose in like circumstances must be treated consistently. This means that the budget proposal must either charge the costs as direct costs or indirect costs, but not both.

**Program Questions**

15. **Community Need & Program Description**
   a. Describe the specific gap or need your proposal will address that has emerged due to H.R.1 impacts. Explain how your proposal directly addresses one or more of the priority areas

(healthcare access, food access, direct financial assistance) as described in the RFA.

    b. Describe how many people you anticipate serving directly through this award.

    c. Provide a brief overview of your proposed program, including the key services offered and expected benefits for participants.

    d. Explain why your project should be prioritized during a time of limited resources and budget cuts.

16. **Organizational Capacity**: Describe your organization's capacity to deliver the proposed services quickly and effectively, including experience serving the target population and ability to meet all award requirements (reporting and invoicing).

## 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 reference only – applicants are not required to complete or submit these templates as part of their application.

If your organization is awarded funding, the organization will sign a Funding Agreement that includes these requirements that you will have to comply with during your contract period.

**Funding Agreement Exhibit E**

**Data Reporting Requirements and Data Reporting Templates**

1. Recipients must submit an end-of-contract report (at the end of the contracting period). The content of the report will include:

    a. Demographic information about clients served including:
        i. Unduplicated Client counts, client demographic data (ZIP Code of residence, age, gender identity, sexual orientation, race/ethnicity, language of household).
    b. A completed reporting table contained in this Agreement, inclusive of program metrics, and responses to specified narrative questions.

2. Reports must include aggregated data and should not include client-level information inclusive of Personally Identifiable Information (PII).

3. End of contract reports are due by the 20th day following the end of the contract. Submission Process:
    a. Boulder County will provide a link to a Formstack Form for report submission within 1 month of the end of contract date. 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 Program Coordinator and BCHS Data and Performance Team to the email [hsdatareporting@bouldercounty.gov](mailto:hsdatareporting@bouldercounty.gov)

4. Timeliness and Completeness Requirements:
    a. All Recipients are required to submit fully completed end of contract report using Formstack by the due dates, no other formats will be accepted.

5. Failure to Comply with Reporting Requirements:
    a. If a Recipient is unable to meet the reporting requirements, they must notify the BCHS 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 Program Coordinator, will review and approve such requests.

6. Reimbursement Contingency and Non-Compliance Consequences:
    a. Payment is contingent upon timely submission of fully completed data reports. BCHS reserves the right to withhold payment until reports are submitted.
    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: END OF CONTRACT DEMOGRAPHIC DATA REPORT:
Example of the reporting format that will be used post-award. Do not
submit.

| REPORTING DEMOGRAPHIC DATA | |
|---|---|
| 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** | |
| | **TOTAL UNDUPLICATED INDIVIDUALS** |
| **TOTAL Number of individuals served by Program** | |
| **Total Number of individuals served with disabilities** | |
| **TOTAL Number of individuals served by residency** | **TOTAL UNDUPLICATED INDIVIDUALS** |
| 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 INDIVIDUALS** |
| 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 INDIVIDUALS** |

| | |
|---|---|
| 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 INDIVIDUALS** |
| 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 INDIVIDUALS** |
| 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 INDIVIDUALS** |
| 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 INDIVIDUALS** |

| | |
|---|---|
| English | |
| Spanish | |
| Other | |
| Primary Household Language Unknown / Refuses to disclose | |
| **Total number of unduplicated households\* served by Program** | |
| **Number of unduplicated households with children ages 0-17** | |

# Funding Agreement Exhibit D
## END OF CONTRACT PROGRAM EVALUATION TABLE

| | |
|---|---|
| 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:

*You will be asked to report on the metrics below, based on the type of service you are providing as part of this contract. For example, if you are providing services to improve food access, you will be asked to report on the number of individuals served through food distribution efforts. If you are providing services to improve both access to food and health care, you will have to report on both metrics that focus on food access and health care access.*

| Program Metric | Totals |
|---|---|
| Health Care Access: Number of unduplicated individuals who received health care services through the program. | |
| Food Access: Number of unduplicated individuals served through food distribution efforts. | |
| Direct Financial Assistance: Total amount of direct financial assistance distributed | |
| Direct Financial Assistance: Number of unduplicated individuals that have received direct financial assistance. | |

## END OF CONTRACT NARRATIVE QUESTIONS

| Questions | Answers |
|---|---|
| **PROGRESS**<br><br>Describe the progress made toward the goals and objectives as stated in the funded grant application. | |
| **LESSONS LEARNED**<br><br>Describe what the organization learned based upon the successes and challenges you've encountered in implementing the services supported by this contract. | |
| **COMMUNITY TRENDS**<br><br>Describe any changes in community trends you were able to observe during this contract, including:<br><br>a) any changes you have noticed in the demographic of the clients you have served (ages, race, origin, residency) and any insights you may have about what caused these changes;<br><br>b) any significant increase or decrease in the population you serve, with any insight that may explain these changes;<br><br>c) any gaps or areas of need that you are noticing emerge in the community: including any changes behind the reasons why the population is using the services you provide as part of this contract. | |
| **SUCCESS STORIES:** | |

| | |
|---|---|
| Describe the ways in which your service you provided as part of this contract made a beneficial impact on the clients you served.<br><br>You can include a success story from an individual or group that has benefited from your services, 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 | |

**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 tenth (10th) 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.