Boulder County Human Services
2027 Community Partnership Grant (CPG) Program
Request for Applications (RFA)

Human Services

Submittal Due: Aug. 21, 2026
5 p.m. MDT

Email:
HSCommPartnershipGrant@bouldercounty.gov

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Introduction

Boulder County Human Services (BCHS) is committed to partnering with its community partners to address the needs of our most vulnerable populations and community challenges. The purpose of this Request for Applications (RFA) is to solicit grant applications from qualified 501(c)(3) or 501(c)19 non-profit organizations within Boulder County for programs that maintain or expand services to under-resourced and/or unserved Boulder County communities.

BCHS is particularly interested in funding programs that:

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

Community Partnership Grant (CPG) funding includes the Human Services Safety Net Fund (HSSN) and the General Operating Fund. 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 healthcare, 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.

Approximately $8.5 million will be awarded in grant funding for the 2027 cycle. BCHS will award multiple one-year Agreements, beginning on Jan. 1, 2027.

Time Schedule

Event	Date
Request for Applications Released	July 14, 2026
Application Questions Due	July 21, 2026
Response to Questions from BCHS	July 28, 2026
Applications Due	Aug. 21, 2026

Applicant Eligibility

To be eligible, applicants must meet the following conditions:

- Applicant must be a 501(c)(3) or 501(c)(19) non-profit organization.
- 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.
- Collaborative applications that include two or more organizations are eligible to apply. One organization must act as the primary applicant.
- 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.
- The applicant must 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.
- 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

Application Submission Deadline:

Friday, Aug. 21, 2026, by 5 p.m. Late and/or incomplete applications will not be considered.

How to Submit an Application:

BCHS uses Formstack to collect applications and related materials. All application materials must be submitted through the online CPG Program Application on Formstack**,** including:

- Reponses to all narrative questions
- Required attachments (e.g., financial documentation, agency budget, etc.)
- Budget Template (Excel): download 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 will not be factored into evaluation of applicant.
- After submitting, applicants will receive two confirmation emails immediately, one with a copy of the CPG 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 HSCommPartnershipGrant@bouldercounty.gov to ensure your application was received.

A. 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 Tuesday, July 21, 2026, at 5 p.m. Responses will be posted on the Boulder County CPG webpage by July 28, 2026. Before contacting BCHS, applicants should review the RFA thoroughly and familiarize themselves with the CPG Program RFA programmatic and technical requirements. BCHS will not answer questions in person or by phone.

B. 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.

C. Extensions/Withdrawal

BCHS will strictly adhere to all deadlines and will not permit any extensions for any reason. Applicants are responsible for reviewing and tracking all deadlines as shown in the time schedule

section of this document. Applicants may withdraw a proposal by submitting a signed withdrawal request to HSCommPartnershipGrant@bouldercounty.gov.

D. 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.

E. Notice of Open Records Act

Applications submitted in response to this RFA and any resulting Agreements are subject to the provisions of the Colorado Public (Open) Records Act, 24-72-201 to -206 C.R.S., as amended.

F. Reasonable Accommodations

We value inclusion and access for all participants and are pleased to provide reasonable accommodation for assistance in completing the RFA application. If you have a disability and require an accommodation, please see ADA and EEO Notices – Boulder County.

Funding Amount and Timelines

BCHS anticipates awarding approximately $8.5 million in funding through this RFA. Grants may be awarded to one or more applicants, 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 may 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, 2026.

Use of Funds

A. Program Goals for Use of Funds

All funds must be used consistent with the purposes allowed in the HSSN mill levy. In addition, the County has identified the following focus areas to maximize impact of the funds.

Housing/Homelessness Prevention: Programs or services that help people find and keep stable housing. This includes things like rental assistance, legal help for housing issues, shelter services, pathways to housing for individuals experiencing homelessness, and other supports that help people stay housed.

In addition, CPG seeks organizations that demonstrate an effort to identify and understand inequities that may exist in how services are provided or accessed. Where such inequities exist, CPG will prioritize programs that consider and address the root causes of known inequities. See, for example, a study by the City of Boulder that found disparities among people of color experiencing homelessness and reporting by the Boulder Reporting Lab that highlighted persistent racial disparities in Boulder County homeownership rates.

Health and Well-Being, including Mental and Behavioral Health: Programs or services that help people prevent health problems, stay healthy, and improve their physical or mental health. This can include medical care, wellness programs, food assistance, and nutrition services that support overall health.

In addition, CPG seeks organizations that demonstrate an effort to identify and understand inequities that may exist in how services are provided or accessed. Where such inequities exist, CPG will prioritize programs that consider and address the root causes of known inequities. See, for example, a Colorado Health Institute study of known disparity among people of color experiencing food insecurity and an analysis by the Economic Policy Institute on how cuts to federal benefits disproportionately harms families of color.

Also see a study by Princeton University that found disproportionate impacts of H.R.1 legislation on healthcare access for immigrants and research by Community Catalyst that highlighted the disproportionate impacts of H.R.1 legislation on healthcare access for families of color.

Individual and Family Supports: Programs or services that help community members access the support they need to improve quality of life, economic stability, resilience, healthy child development, and safe environments for people of diverse identities. These services can include financial assistance,

other types of self-sufficiency support, advocacy, legal help, and protection from violence or other risks.

In addition, CPG seeks organizations that demonstrate an effort to identify and understand inequities that may exist in how services are provided or accessed. Where such inequities exist, CPG will prioritize programs that consider and address the root causes of known inequities. See, for example, a study by the Colorado Center on Law and Policy that found people of color are disproportionately more likely to struggle with economic insecurity and research by the Colorado Institute demonstrating that workers of color are crowded into low-wage occupations in Colorado.

Also see a study by Boulder County that revealed disproportionate charges, convictions, and sentencing for people of color in Boulder County, as well as research by Connections for Abused Women and their Children that people of color experience higher rates of domestic violence than their white counterparts. Research in the Early Childhood Research Quarterly found racial disparities in educational outcomes start early in childhood and persist through adulthood.

View a list of previously funded projects.

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

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 funding agreement 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:

- **Needs, Description & Key Services:** Assessment of how well the proposal aligns with RFA priorities, clarity and impact, and meets essential community needs.
- **Target Population:** Assessment of numbers served and outreach to historically underserved communities.
- **Racial Equity:** Assessment of the description of known racial inequities in target population, and engagement of underserved communities in planning and service delivery.
- **Collaboration & Partnerships:** Evaluation of the organization's ability to avoid duplication and collaborate with other organizations to maximize impact and potentially leverage additional resources.
- **Applicant Organization Capacity:** Evaluation of the organization's experience to deliver services, and capacity to meet all award requirements
- **Cost Reasonableness:** Evaluation of funding request and budget to determine alignment with project scope and reasonableness of proposed expenses.

Additionally, the BCHS staff will review the most recent financial statement statements and audit (or, in exceptional cases, equivalent information) of each applicant that is recommended for funding. 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 finance review and/or the Data and Performance team as appropriate for each applicant. During the review process, BCHS staff may contact applicants to request additional clarifying information related to their proposal. If BCHS seeks clarifying questions, applicants are expected to respond in the timeframe specified by BCHS staff.

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. Please provide the name, title, email, and phone number of the person that should be contacted regarding this application. This contact will also receive the confirmation email when application is submitted.
3. Please provide the **EIN number** for your organization.
4. **Boulder County Address:** Please provide the Boulder County address for your organization.
5. **Funding Request:** Indicate the amount of funding requested.
6. **Agency type:** Non-governmental nonprofit 501(c)(3) or 501(c)(19) (Yes/No)
7. **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)
8. **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.
9. **Geographic Service Region(s):** Indicate the geographic areas where your agency provides services.
10. **Local Funding Sources:** Indicate if you currently receive funding from BCHS (including but not limited to CPG and Intellectual and Developmental Disabilities (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.

Narrative Questions

11. **Focus Area:** Identify the focus area your application falls under (Housing/Homelessness Prevention, Health and Well-Being, Individual and Family Supports). **Note: If applying for multiple categories, please submit one application per category.**
12. **Community Need & Description**
    - **a.** Describe the specific gap or need that your proposal will address.
    - **b.** Provide a brief overview of your proposal, including the key services offered, expected benefits for participants, and any evidence-based, best, or promising practices used (if applicable).
    - **c.** Explain why your request should be prioritized during a time of limited resources and budget cuts.
13. **Target Population:**
    - **a.** How many people do you anticipate serving directly through this award.
    - **b.** Describe the specific population addressed by your proposed services. If your proposal has identified any historically underserved communities, list and describe.
    - **c.** Explain how your organization reaches the target population.
14. **Racial Equity:**
    - **a.** Describe how your program addresses any known racial inequities that exist within the community you are serving.
    - **b.** Describe how historically underserved communities are included in your planning and service delivery.
15. **Community Partnerships:** Detail how your proposed services coordinate with other providers offering similar services to prevent duplication. Also, explain any partnerships or collaborations you have established to enhance services for your target population.
16. **Organizational Capacity:** Describe your organization's capacity to deliver the proposed services, including experience serving the target population and ability to meet all award requirements (reporting and invoicing).
17. **Program Evaluation:** As part of the County's obligations to ensure that awarded funds are having the intended impact, the County will require each awarded organization to complete reporting requirements evaluating their use of funds. As part of your application, please

complete the program evaluation table, which outlines methods for measuring program outcomes and impact. The program evaluation table is available for filling out on the link Program Evaluation. Please submit the completed table.

18. **Budget Submission:** Please submit a detailed budget for your program, including a breakdown of personnel costs, supplies, technology, and any other relevant expenses. The required budget template is available for download. Please use this template to complete your budget and upload it as a separate Excel file attachment with your application.

19. **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.
    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 are 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 Agreement 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, and 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. **Subrecipient/Consultation Services:** Subrecipient and consultation services must be justified. Itemize for each type of subrecipient 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: Subrecipient 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.

Financial Information

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

21. **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 and most recent financial statements (balance sheet and income statement).
    - **c.** A detailed description of your organization's current financial reserves and reserve policy.
    - **d.** A description of your organization's internal controls and conflict of interest policy. If your organization is new, please describe your plans for developing these fiscal policies.
    - **e.** 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.
    - **f.** List of five (5) highest-paid officers/employees/agents and attestation that they have not been debarred or charged or convicted of financial crimes.

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 Agreement period. These requirements correspond to the identified Exhibit of the Funding Agreement and may be subject to change by Boulder County.

Funding Agreement Exhibit E

Data Reporting Requirements and Data Reporting Templates

1. Recipients must submit reports in accordance with their reporting schedule as determined by BCHS. Recipients that have not received BCHS CPG funding during the last twenty-four (24) months (“New Recipients”) shall be required to submit four (4) quarterly reports during the funding agreement period. Recipients that have received BCHS CPG funding during the last twenty-four (24) months ("Returning Recipients") shall be required to submit two (2) biannual reports during the funding agreement period. All Recipients, regardless of reporting frequency, must also submit one (1) end-of-year report. The content of the report will include:

    a. Demographic information about clients served:
        i. For Non-Community Connect Users: Total client counts (duplicated and unduplicated) must be reported. These client counts must also be broken-down by the following demographic categories: ZIP Code of residence and housing situation, age, gender identity, sexual orientation, race/ethnicity, and primary household language. Recipients must also report the total number of households served and the total number of households with children ages 0–17.
        ii. For Community Connect Users: Total client counts (duplicated and unduplicated), sexual orientation, and language of household must be reported via Formstack. All other demographic information (ZIP Code of residence and housing situation, age, gender identity, race/ethnicity) about clients served shall be reported through Community Connect on an ongoing basis.

    b. Evaluation Metrics:
    Reporting tables contained in this Agreement, such as Exhibit A-2 Biannual Reporting Form, are examples only. BCHS will work with the Recipient to develop tailored evaluation metrics for their program and Recipient must complete reports on these agreed

upon metrics by the due dates listed in Exhibit A-3, Reporting Calendar Table. Individual reporting forms will be distributed to the Recipient within 30 days of execution of this Agreement. Recipients who are Community Connect Users are also expected to work with BCHS to develop tailored evaluation metrics for their program but are not expected to report program evaluation data through the aforementioned process. Instead, they are expected to work with BCHS Data and Performance team to develop a data dashboard that allows for the tracking of these metrics.

c. Recipient responses to specified narrative questions.

2. Reports must include aggregated data and should not include client-level information inclusive of Personally Identifiable Information (PII), unless data is reported via Community Connect

3. For non-Community Connect users, Quarterly reports required of New Recipients and are due by the twentieth (20th) day following the end of each calendar quarter. Biannual reports required of Returning Recipients are due by the twentieth (20th) day following the end of each calendar six-month period. The end-of-year report is due by January 31 of the subsequent year, as specified in Exhibit A-3, Reporting Calendar Table. For Community Connect users, Data collected through Community Connect will be pulled quarterly (twentieth (20th) day following the end of each calendar quarter) for new recipients and biannually (twentieth (20th) day following the end of each calendar six-month period) for returning recipients. Prior to finalization, the data will be provided to Recipients for review and validation to ensure accuracy, completeness, and data quality.

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 business 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 CPG 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 reports through Formstack by the established due dates. New Recipients shall submit quarterly reports and an end-of-year report. Returning Recipients shall submit biannual reports and an end-of-year report. No other submission formats will be accepted.
   b. Community Connect users must enter demographic information and program evaluation data for clients served on a rolling basis and must complete all required quarterly or biannual reports, as applicable, and end-of-year reports through the provided Formstack forms by the established due dates.

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

7. 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: CPG Demographic Data Report:
Example of the reporting format that will be used post-award. Do not submit.

CPG Biannual Reporting Demographic Data

Name of Organization:		
Name of the program funded (the name of the program should match the name listed in your Agreement)		
Name and title of the person who is completing this report (I.E. John Smith, Manager)		
Staff email to use if questions arise:		
Year you are reporting		
Biannual Report (Returning Recipients)	(Data from Jan. 1 to June 30) (Data from July 1 to Dec. 31)	
Quarterly Report (New Recipients)	Q1 (Data from Jan. 1 – March 31) Q2 (Data from April 1 – June 30) Q3 (Data from July 1 – Sept. 30) Q4 (Data from Oct. 1 – Dec. 31)	
Biannual reporting metrics	**Total unduplicated individuals**	**Total duplicated individuals**
Total Number of individuals served		
Total number of individuals served by residency	**Total unduplicated individuals**	**Total duplicated 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	**Total unduplicated individuals**	**Total duplicated individuals**
Sheltered - Count		
Unsheltered - Count		
Unstable Housing (Double Up, Couchsurfing, Living in Vehicle) - Count:		
Double up		
Couchsurfing		
Living in Vehicle		
Homeless Outside BOCO Count	**Total unduplicated individuals**	**Total duplicated individuals**
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 age	**Total unduplicated individuals**	**Total duplicated 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 gender identity	**Total unduplicated individuals**	**Total duplicated 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 sexual orientation	**Total unduplicated individuals**	**Total duplicated 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 race	**Total unduplicated individuals**	**Total duplicated 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 Hispanic, Latinx or Spanish origin - ethnicity	**Total unduplicated individuals**	**Total duplicated 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 - primary household language	**Total unduplicated individuals**	**Total duplicated individuals**
English		
Spanish		
Other		
Primary Household Language Unknown / Refuses to disclose		
Total Number of households* served		
Number of households with children ages 0-17		

Funding Agreement Exhibit D Program Evaluation Table

Biannual / Quarterly Reporting Evaluation

Name of Organization:	
Name of Program (should match funding award):	
Name of Person Completing Report:	
Program staff email to use if questions arise:	
Biannual / Quarterly Questions:	
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:	
Evaluation Metrics	
Outputs (up to 5) : Please enter a value that quantify the outputs listed in your funding agreement. For example, if one of your outputs is "number of therapeutic sessions delivered", enter the number of therapeutic sessions delivered during the reporting period.	
Outcome (1,2, and 3) Under each of your outcomes, please complete the following.	
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 Agreement 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 Agreement 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 Agreement 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.	

End of the Year Report

Name of your Organization	
Name of the program funded (The name should match the one in the Agreement)	
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	
Overview of the Agreement (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.	
Demographic 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 this participants rather than on the participant satisfaction with the program	

Reporting Calendar Table

Biannual - Demographics and Program Evaluation (Returning Recipients)	(Data from Jan. 1 - June 30)	July 20, 2027
	(Data from July 1 – Dec. 31)	Jan. 20, 2028
Quarterly - Demographics and Program Evaluation (New Recipients)	Q1 (Data from Jan 1 - March 31)	April 20, 2027
	Q2 (Data from April 1 - June 30)	July 20, 2027
	Q3 (Data from July 1 – Sept. 30)	Oct. 20, 2027
	Q4 (Data from Oct. 1 – Dec. 31)	Jan. 20, 2028
End of the year report (New and Returning Recipients)	Narrative of all the year	Jan. 31, 2028

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 Agreement period. These requirements correspond to Exhibit F of the Funding Agreement.

Exhibit F: Payment Requirements

A. Monthly Invoicing

1. BCHS will provide Recipient with a monthly invoice template upon Agreement execution. Recipient shall use this template provided by BCHS unless BCHS approves another monthly invoice template in writing. A sample of this template, which may change as directed by BCHS in writing, is provided in **Exhibit G** to the Agreement.
2. Recipient shall complete the 25% advance invoice and submit for payment.
3. Recipient shall complete and submit monthly invoice template and supporting documentation that supports the amount invoiced on/or before the tenth (10^{th}) calendar day following the reporting period, regardless of the level of activity or amount of expenditure(s) in the preceding report period.
4. Monthly invoiced expenses must be for actual expenditures incurred. BCHS will not pay for positions that are vacant.
5. Monthly invoiced expenses may not be reimbursable by any other funding source.
6. 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.
7. The invoice shall contain the name and title of the person authorized, or their designee, to submit claims for payment.

B. Invoice Supporting Documentation

1. Supporting documentation submitted with monthly invoice template should include income statement that must meet or exceed the amount being invoiced.

C. Financial Review

1. BCHS will conduct a financial review and request a specific month(s) during the Agreement term. Additional reviews may be requested.
2. Recipient shall complete and submit financial review information within 30 days of the request. Financial review 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. Supporting documentation submitted with financial review must meet or exceed the amount being invoiced.
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.

a) 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.

4. For indirect costs, the Recipient must submit a detailed methodology outlining the cost areas used to calculate the agency's current indirect rate.
5. Non-personnel reimbursements must be supported by general ledger or sub-ledger detail generated from Recipient's accounting system.
    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) For participant services, participant name and purpose must be included (for those participants who have signed an authorization to release information).
    c) Travel expenditures should include travel expense reports.
    d) Mileage will be reimbursed at a rate equal to or less than the IRS standard mileage rate.
6. If Recipient does not produce sufficient documentation as described above during financial review or visits, BCHS has the right to increase monitoring and/or recapture any unsupported payments.
7. Recipient shall keep all supporting documentation for monthly invoices on site for BCHS review, for the Agreement term plus three years.

D. Payments

1. Advance payment, 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 Agreement in order to receive payment.
2. 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. Final invoices must be received on the 10th of the month following the end of the Agreement Term.

E. Internal Controls

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

2. 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.
3. Conflict of Interest: Recipient shall maintain best practices regarding conflicts of interest, including signed certification from Recipient's directors, officers and employees.
4. Written policies and procedures shall be made available to BCHS during financial review visits or upon request. During the Agreement term, BCHS may request to review Recipient's procurement policy.