SECOND AMENDATORY AGREEMENT

This **SECOND AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the "City") **COLORADO HEALTH NETWORK, INC.**, a Colorado nonprofit corporation, whose address is 6260 East Colfax Avenue, Denver, Colorado 80220 (the "Contractor" or "Provider"), jointly ("the Parties").

RECITALS:

A. The Parties entered into an Agreement dated December 12, 2023, and an Amendatory Agreement dated June 4, 2025, (collectively, the "Agreement") to perform, and complete all of the services and produce all the deliverables set forth on Exhibit A, Scope of Work and Budget, to the City's satisfaction.

B. The Parties wish to amend the Agreement to update paragraph 18-Notices, update scope of work and budget exhibit, and update certificate of insurance exhibit.

NOW THEREFORE, in consideration of the premises and the Parties' mutual covenants and obligations, the Parties agree as follows:

1. Section 18 of the Agreement entitled "**NOTICES:**" is hereby deleted in its entirety and replaced with:

"**18. NOTICES:** All notices required by the terms of the Agreement must be hand delivered, sent by overnight courier service, mailed by certified mail, return receipt requested, or mailed via United States mail, postage prepaid, if to Contractor at the address first above written, and if to the City at:

Executive Director of Public Health and Environment or Designee
201 W. Colfax Avenue, Suite 800
Denver, Colorado 80202

With a copy of any such notice to:

Denver City Attorney's Office
1437 Bannock St., Room 353
Denver, Colorado 80202

Notices hand delivered or sent by overnight courier are effective upon delivery. Notices sent by certified mail are effective upon receipt. Notices sent by mail are effective upon deposit with the

U.S. Postal Service. The Parties may designate substitute addresses where or persons to whom notices are to be mailed or delivered. However, these substitutions will not become effective until actual receipt of written notification."

2. **Exhibit A-1** is hereby deleted in its entirety and replaced with **Exhibit A-2, Scope of Work and Budget**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit A-1** are changed to **Exhibit A-2**.

3. **Exhibit B-1** is hereby deleted in its entirety and replaced with **Exhibit B-2, Certificate of Insurance**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit B-1** are changed to **Exhibit B-2**.

4. As herein amended, the Agreement is affirmed and ratified in each and every particular.

5. This Second Amendatory Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

[SIGNATURE PAGES FOLLOW.]

Contract Control Number: ENVHL-202683657-02 / 202370725-02
Contractor Name: COLORADO HEALTH NETWORK INC

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of:

SEAL

CITY AND COUNTY OF DENVER:

ATTEST:

By: _____

_____

APPROVED AS TO FORM:

Attorney for the City and County of Denver

By: _____

REGISTERED AND COUNTERSIGNED:

By: _____

By: _____

Contract Control Number: ENVHL-202683657-02 / 202370725-02
Contractor Name: COLORADO HEALTH NETWORK INC

By: Signed by: F026B8BCAFB94E3... _____

Name: Darrell Vigil _____
(please print)

Title: Chief Executive Officer _____
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)

I. Purpose of Agreement

The purpose of this contract is to establish an agreement and Scope of Services between the Denver Department of Public Health and Environment (the "Program") and CO Health Network – Increasing Access to Care (the "Provider").

The Provider shall provide the identified services for the City under the support and guidance of the Denver Department of Public Health and Environment using best practices and other methods for fostering a sense of collaboration and communication.

II. Program Services and Descriptions

The Provider will be granted funds to provide the following services in the city and county of Denver: CHN will address barriers to behavioral health and healthcare including substance use treatment services that people who use drugs (PWUD) are experiencing. CHN's established harm reduction program will play an integral role in connecting PWUD successfully to care by having a Behavioral Health Clinician on-site to meet with PWUD immediately. PWUD will be referred to CHN's medical clinic where a Clinical Care Coordinator will provide integrated care management in order to meet the complex medical, psychological and social needs of PWUD. CHN will also develop capacity of opioid crisis staff exposure to clients through staff training and compensation.

The following partners will be subcontracted:

- N/A

III. Evaluation Plan

The Provider will be evaluated on their fulfillment of the objectives listed below. The Program will provide technical assistance to the Provider to finalize a formal evaluation plan within the first quarter of the project period.

IV. Workplan

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EXHIBIT A-2
SCOPE OF WORK & BUDGET

PROJECT PERIOD: 1/1/2026 - 12/31/2026

OBJECTIVE 1			
To provide an integrated care approach for treating and maintaining co-occurring symptoms through contingency management and best practice Medication-Assisted Treatment (MAT)			
ACTIVITY/MILESTONE 1	Based on evaluation, CHN will have a better understanding about the barriers that prevent PWUD from seeking care and staff will identify ways to improve PWUD linkage-to-care and retention	2026 Q1	Review end of year evaluation and implement new strategies or interventions for linkage or retention
ACTIVITY/MILESTONE 2	MAT provider and BHC will include lessons learned from evaluation and raise PWUD awareness and education around existing services and continue to provide integrated care services	2026 Q2	Increase tier 1 engagements to provide awareness and information to PWUD (this could be done in lobby, outreach, etc.). Tier 2,3,4 brief intervention and integrated services will continue to be implemented.
ACTIVITY/MILESTONE 3	MAT provider and CCC will continue to provide integrated care services and raise PWUD awareness and education around existing services	2026 Q3	Increase tier 1 engagements to provide awareness and information to PWUD (this could be done in lobby, outreach, etc.). Tier 2,3,4 brief intervention and integrated services will continue to be implemented.

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EXHIBIT A-2
SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 4	Evaluate PWUD engagement in available healthcare and treatment services to inform project implementation and improve integrated care delivery	2026 Q4	Monitor and track PWUD access to healthcare during visits. Expand linkage to care connection.
OBJECTIVE 2			
Provide integrated drop in supportive services from a Behavioral Health Clinician on-site during CHN's syringe access			
ACTIVITY/MILESTONE 1	Based on evaluation, BHC and Prevention staff will work to increase PWUD connection with care with BHC	2026 Q1	Review end of year evaluation and implement new strategies or interventions for linkage to care
ACTIVITY/MILESTONE 2	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	2026 Q2	Tier 2,3,4 brief intervention and integrated services will continue to be implemented with referrals provided
ACTIVITY/MILESTONE 3	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	2026 Q3	Tier 2,3,4 brief intervention and integrated services will continue to be implemented with referrals provided
ACTIVITY/MILESTONE 4	Evaluate PWUD engagement with BHC	2026 Q4	Monitor and track PWUD teir 2, 3, and 4 brief interventions and returning visits.
OBJECTIVE 3			
Provide training to enhance the knowledge of CHN's BH providers, care coordinators and prevention staff to provide evidence based care and treatment			
ACTIVITY/MILESTONE 1	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q1	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
ACTIVITY/MILESTONE 2	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q2	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.

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EXHIBIT A-2
SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 3	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q3	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
ACTIVITY/MILESTONE 4	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q4	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
OBJECTIVE 4			
To highly function as an integrated team through technology support, a strong medical record system, legal consults as needed and liability coverage to ensure our providers needs are met.			
ACTIVITY/MILESTONE 1	provision of telehealth to support clinical services and behavioral health counseling provision to clients; purchase of yearly software licenses	2026 Q1	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
ACTIVITY/MILESTONE 2	purchase yearly liability coverage for Behavioral Health Clinicians and clinical staff to provide services to clients; purchase legal services to review paperwork for clinical services throughout the year	2026 Q2	Renew liability insurance for year 3. Telehealth access will be increased. Brief Intervention paperwork to be updated and will be set to legal services for review.
ACTIVITY/MILESTONE 3	provision of telehealth to support clinical services and behavioral health counseling provision to clients	2026 Q3	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
ACTIVITY/MILESTONE 4	provision of telehealth to support clinical services and behavioral health counseling provision to clients	2026 Q4	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
OBJECTIVE 5			
Enhance administrative and staff support systems within our organization by investing in advanced training programs, implementing innovative technology solutions, and expanding our team with skilled professionals.			
ACTIVITY/MILESTONE 1	Based on evaluation of wellness and staff training programs, DBHS will adjust programs as necessary in collaboration with leadership	2026 Q1	Review end of year evaulation and trainings, adjust programs as needed.

ACTIVITY/MILESTONE 2	Scholarships for CAT/CAS/LAC classes to BH team, care coordinator and Prevention staff in Denver; Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis.	2026 Q2	Provide LAC classes to BH team.
ACTIVITY/MILESTONE 3	Scholarships for CAT/CAS/LAC classes to BH team, care coordinator and Prevention staff in Denver; Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis.	2026 Q3	Expand wellness program and open additional wellness trainings and supports
ACTIVITY/MILESTONE 4	Evaluate wellness and training programs impact on staff burnout and retention and increase in staff job satisfaction	2026 Q4	Complete evaluation survey from staff on the program

V. Performance Management and Reporting

The Provider is required to report on activities, program outputs, and outcomes as outlined in this section and work in partnership with the Program staff for shared learning to aid Denver's ongoing opioid abatement efforts. Monitoring will be performed by Denver Department of Public Health and Environment (DDPHE) staff and/or designee. The Provider should expect to share all data and evaluation products with DDPHE.

Performance management and reporting may include:

1. **Program Monitoring/Evaluation-Related Activities:** Review and analysis of current program information to determine the extent to which the Provider is achieving agreed upon goals. This may include the review and analysis of evaluation dashboards, primary provider data, provider aggregate reports, client and partner feedback, the Provider's evaluation plan referenced in Section III, reporting forms, and annual reports. As needed, the Program may attend evaluation site visits or check-ins to understand progress towards agreed-upon goals in this agreement.
2. **Fiscal Monitoring:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
3. **Administrative Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City and County regulations, and DDPHE policies are being met.

The table below summarizes required reporting activities and due dates. The Program may require additional measures to be reported or change the frequency of reporting throughout the period of performance given the evolving nature of the drug overdose epidemic.

Activity	Description	Due Date	Submit to
Report 1	Performance Measure and Data Monitoring	Monthly	OAF Program
Evaluation Plan	The Provider will submit a plan outlining how they will measure fulfillment of objectives within the first quarter of the project period	End of Q1	OAF Program
Report 2	Evaluation Monitoring	Quarterly	OAF Program
Report 3	Final Report	Annually	OAF Program
Annual Site Visit	Onsite evaluation of project outcomes and fiscal monitoring	Annually	OAF Program
Other reports and data sharing as requested	To be determined (TBD)	TBD	TBD
Program Meetings	Attendance and participation at regularly scheduled community of practice meetings, grantee check-ins, office hours, and collaborative partner meetings	Monthly	N/A

VI. Budget

The budget for this agreement is outlined below.

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EXHIBIT A-2

SCOPE OF WORK & BUDGET

Term	1/1/2026 - 12/31/2026				
Budget Categories					
Program Operating Expenses					
Item	**Description of Item**	**Does this budget item support the Scope of Work?**	**Quantity**	**Per Item Cost**	**Total Amount Requested from OD2A Grant**
Software licenses	CHN is requesting $990 which is a quote from Microsoft for 365 Business Premium for Nonprofit's at a cost of 15 clinical staff x $66 license cost per year/user). Upgraded software will include message encryption so clinical staff will be able to communicate directly with each other and be HIPPA compliant to ensure patient confidentiality when collaborating on individual patient cases;	yes	15	66	$990.00
Software licenses	CHN is also requesting $2,200 per year which is a quote from DocuSign for nonprofit pricing for DocuSign HIPPA compliant license so CHN's Chief Clinical Officer will be able to sign contracts/ grant agreements, MOUs and other documents electronically for any collaborating partnerships with primary care and behavioral health providers;	yes	1	2200	$2,200.00
Staff Mileage	Mileage for staff travel	Yes	2181.01	0.725	$1,581.23
Utilites	Monthly cost of utilites for SAP location	yes	12	800	$9,600.00
Basic need items	Supplies for survual on the street for rthe homless, warm weather, cold weather supplies, snacks, water, hygine supplies etc.	yes	200	40	$8,000.00
				Total Operating Expenses	**$22,371.23**

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EXHIBIT A-2
SCOPE OF WORK & BUDGET

Personnel and Administrative Services					
Salary Employees					
Position Title	**Description of Work**	**Does this budget item support the Scope of Work?**	**Percent of Time**	**Salary + Fringe Benefits**	**Total Amount Requested from OD2A Grant**
Chief Clinical Officer	Oversees clinical programs including medical clinic and behavioral health counseling	Yes	5%	176,130.00	$8,806.50
Director of Behavioral Health Services	will provide trauma-informed care and harm reduction training to clinical and prevention staff and provide tiered level support including one-on-one and group counseling sessions and focuses on improving organizational effectiveness and employee well-being with the spectrum of retention through wellness.	Yes	40%	150,000.00	$60,000.00
Behavioral Health Clinician	provides individual counseling to PWUD during Access Point office hours	Yes	50%	89,980.80	$44,990.40
Behavioral Health Clinician	provides individual counseling to PWUD during Access Point office hours	Yes	50%	87,673.60	$43,836.80
Assocaite Director of Behavioral Health	provides individual counseling to PWUD during Access Point office hours	Yes	50%	114,000.00	$57,000.00
Nurse Practicioner	Conduct thorough assessments of clients' wounds and health conditions, taking into account their medical histories and individual needs.	Yes	40%	138,000.00	$55,200.00

Hourly Employees					
Position Title	**Description of Work**	**Does this budget item support the Scope of Work?**	**Hours**	**Hourly Rate**	**Total Amount Requested from OD2A Grant**
Medical Assistant	Conducts assessment of patient interest in and appropriateness for the MAT program; manages MAT patient registries to promote patient care plan adherence, follow up and appointment scheduling;	Yes	1040	33	$34,320.00
Patient Navigator	Asssits with schedling clinincal services for clients	yes	690	31	$21,390.00
				Total Personnel Services	**$325,543.70**
Other / Miscellaneous					
Item	**Description**	**Does this budget item support the Scope of Work?**	**Quantity**	**Per Item Cost**	**Total Amount Requested from OD2A Grant**
Behavioral Health Interns (2 interns at 40 hours each)	provide care management including coordination of mental health, health care needs for PWUD accessing Denver-based medical clinic, and provide individuals counseling to PWUD during access point office hours	Yes	4000	29	$116,000.00
scholarships	scholarships for DORA accredited classes through Odyssey or Colorado Counseling Classes for 12 staff members to take 7 courses (12 x 7 x $190 = $15,960); 7 X the 190 rate to be safe. exams $235 x 12 = $2820, licensure application $120 x 12 staff = $1440	yes	8	1685	$13,480.00

telehealth	including Internet service, which should ideally be business-grade, high-speed, and secure, may cost about $1,440 per year (or $120 per month). The kiosk software might come with a separate subscription fee of approximately $600 per year (or $50 per month). Additionally, one should budget for maintenance and repairs, which could come up to around $500 annually. Training staff to operate the kiosk is another significant expense. Software updates occur, ongoing training may require an annual budget of around $500. Administrative costs, such as insurance for liability and damage, could be around $500 per year. Licensing or	yes	1	4340	$4,340.00
Contingency Management Incentives	gift cards to promote PWUD completion of clinical appointments and engagement in counseling sessions	yes	1200	20	$24,000.00
Wellness Incentives/Training	sustainability and wellness support for staff including stress reduction programs, workshops on resilience and self-care, and mental health sessions reimbursement for out of network providers. Additionally, consider providing flexible work schedules, opportunities for self-care practices to promote staff well-being, and a staff wellness PTO bank and also for staff appreciation	yes	300	100	$30,000.00
				Total Other	**$187,820.00**
				TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)	**$535,734.93**
			Indirect		
Item	**Description**				**Total Amount Requested from OD2A Grant**
Indirect rate (if applicable):	Indirect Costs: DDPHE policy places a ten percent (10%) cap on reimbursement for indirect costs, based on the total contract budget.				$53,573.49
				TOTAL INDIRECT COSTS	**$53,573.49**
				TOTAL AMOUNT REQUESTED FROM OAF	**$589,308.43**

Total Contract term: 1/1/2024-12/31/2026
Maximum Contract Amount including any indirect costs: $1,272,759.84.
$173,173.15 of unspent Y2 funds rolled over to Y3.

Indirect Cost Limit: The Provider's total indirect costs cannot exceed 10% of the Maximum Grant Amount as listed in the Budget. Indirect costs are defined as the administrative costs that are incurred for common or joint activities that cannot be identified specifically with a particular project or program. Administrative costs can be included in indirect costs and defined as the costs incurred for usual and recognized overhead, including management and oversight of specific programs funded under this contract; and other types of program support such as quality assurance, quality control, and related activities. Direct costs are costs that can be directly charged to the program, and which are incurred in the provision of direct services.

Examples of indirect costs include: Salaries and related fringe benefits for accounting, secretarial, and management staff, including those individuals who produce, review and sign monthly program and fiscal reports; Consultants who perform administrative, non-service delivery functions; General office supplies; Travel costs for administrative and management staff; General office printing and photocopying; General liability insurance; Audit fees, rent, utilities, general office supplies and equipment/technology

VII. Invoice

An invoice template will be provided by the Program.

VIII. Payments

Invoices, spending reports, and backup documentation, if required, shall be completed and emailed to OAFInvoices@denvergov.org on or before the 15th of each month following the month of services rendered 100% of the time.

All non-personnel purchases of $1,000 or more must have back up documentation submitted with the invoice and report each month to DDPHE. The Provider is required to keep on file all documentation of purchase of items and/or payment less than $1,000 but does not need to submit those back up documents with invoice and report unless the Program specifically requests it.

The Provider shall use the DDPHE invoice template in Section VII unless the Program gives approval for the Provider to use their own template. In the event of extenuating circumstances, invoices can be processed with immediate payment terms.

IX. Gift Card Use Policy

This policy outlines the requirements and guidelines for the use of gift cards by external contracted providers on behalf of the Denver Department of Public Health &

Environment (DDPHE). It aims to ensure compliance with City regulations and to mitigate risks associated with fraud, misuse, and reporting obligations.

Scope

This policy applies to all external contracted providers engaged by DDPHE that distribute gift cards as part of their services.

Policy

1. Program Justification

- Gift cards may only be used as part of narrowly tailored programs addressing urgent community needs.
- Providers must document and justify the necessity of using gift cards, including the target population, and expected outcomes.

2. Restricted Use

- Providers are required to use restricted gift cards whenever possible to prevent purchases of items that violate City policies (e.g., alcohol, firearms, tobacco).
- Providers must clearly specify the intended use of the gift cards in their program proposals.

3. Eligibility Criteria

- Providers must define and document eligibility criteria for recipients based on program goals.
- Eligibility criteria must be vetted and approved by DDPHE Program Staff.

4. Distribution Procedures

- Providers must establish secure distribution methods for gift cards, ensuring safe storage and handling.
- Detailed records must be maintained for each gift card distributed, including:
    - Vendor name
    - Amount of the gift card
    - Serial or tracking number
    - Date purchased and distributed
    - Recipient's full name and signature
    - Signature of the provider's employee distributing the card
- Providers must ensure program information is translated into participant's preferred language or format such as braille.

5. Tax Implications

- Providers must inform recipients that gift cards are considered taxable income and that they may be subject to IRS reporting if thresholds are met.
- Providers must verify the IRS threshold for income reporting and collect and transmit applicable information to the IRS.

6. Reporting and Monitoring

- Providers must submit regular reports to DDPHE detailing:
    - The number of gift cards purchased
    - The number of gift cards distributed
    - Total value distributed
    - Eligibility confirmations for recipients
- DDPHE will monitor compliance with this policy through periodic audits and reviews of distribution records.

7. Compliance with City Regulations

- Providers must comply with all applicable federal, state, and local laws regarding gift card distribution and reporting.
- Contracts with providers must include clauses requiring adherence to this policy.

8. Training and Support

- DDPHE will provide training resources to external providers regarding the proper management of gift card programs and compliance requirements.

9. Compliance Monitoring

- DDPHE will conduct regular assessments of external providers to ensure adherence to this policy, including:
    - Review of purchase / distribution logs and records
    - Verification of eligibility criteria and documentation
    - Evaluation of program effectiveness and community impact
- Any fraud or abuse will be immediately reported to DDPHE upon discovery by the Provider.

10. Documentation

- All records related to gift card distribution must be organized and preserved for potential audits by DDPHE or external authorities.

11. Approval and Amendments

- This policy will be reviewed annually and amended as necessary to align with changes in regulations or organizational goals.

X. General Requirements

This award is funded through DDPHE's Opioid Abatement Funds (OAF) Program. The City and County of Denver, along with other local governments throughout Colorado and the United States, filed a lawsuit against opioid manufacturers, distributors and pharmacies seeking to hold them responsible for their contributions to the opioid epidemic. Those lawsuits resulted in certain litigation settlements and the availability of funds to address and abate the impacts of opioid misuse. DDPHE created the OAF Program to support the Denver Opioid Abatement Council (DOAC) in overseeing the equitable and effective disbursement of settlement funds throughout the city and county of Denver. The DOAC and other regional opioid abatement councils in Colorado are working in partnership with the Colorado Office of the Attorney General to ensure settlement funds are utilized in accordance with the terms of the Colorado Opioids Settlement Memorandum of Understanding (MOU). Awardees must also comply with the terms of the MOU.

Contract amendments to include additional years of service will be dependent on funds received, program strategy and goals, and approval by the DOAC. The Program may require the Provider to submit updated budgets and scopes of work to be considered for continued funding.

The Provider shall follow the OAF Program Communication Guidelines, including displaying signage and/or online banners noting that the program receives funding from DDPHE and the OAF Program. The OAF Program will provide electronic files (e.g., logos) and guidelines for printing and/or displaying on websites, social media accounts, and other materials.

XI. Other

Additional document and activity requirements that may be requested for this contract:

- Organizational Chart, Financial Reports, etc.
- Updated Certificate of Insurance
- Presenting progress and outcomes to the Denver Opioid Abatement Council
- Collaborating with the OAF Program on data analysis and needs assessments
- Reports and information for Program Evaluation, as required
- The Provider shall submit updated documents which are directly related to the delivery of services

EXHIBIT B-2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/4/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
CCIG
155 Inverness Drive West
Englewood CO 80112

License#: 45339

CONTACT NAME:
PHONE (A/C, No, Ext): 303-799-0110 **FAX (A/C, No):** 303-799-0156
E-MAIL ADDRESS: info@thinkccig.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Houston Specialty Insurance Co	12936
INSURER B : Selective Insurance Company of	12572
INSURER C : Pinnacol Assurance	41190
INSURER D : Zurich American Ins. Company	16535
INSURER E : Continental Casualty Co	20443
INSURER F :	

INSURED
Colorado Health Network, Inc.
6260 E. Colfax
Denver CO 80220

COLOAID-01

COVERAGES **CERTIFICATE NUMBER:** 869279100 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:	Y		AHHSPL000082601	8/1/2025	8/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 100,000 $ 5,000 $ $ 3,000,000 $ $
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY	Y		S2503764	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** OCCUR **EXCESS LIAB** X CLAIMS-MADE DED X RETENTION $ 0			AHHSCX000005201	8/1/2025	8/1/2026	EACH OCCURRENCE AGGREGATE 	$ 2,000,000 $ 2,000,000 $
C D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		1761322 WC298318806	8/1/2025 8/1/2025	8/1/2026 8/1/2026	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A E A	Professional Liability Cyber Liability Abuse & Molestation			AHHSPL000082601 6052290826 AHHSPL000082601	8/1/2025 8/1/2025 8/1/2025	8/1/2026 8/1/2026 8/1/2026	Limit/Retention Limit/Retention Limit	$1M/$3M $1M/$3M $500k

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City and County of Denver, its elected and appointed officials, employees and volunteers as Additional Insured as respects the Commercial General Liability and Business Auto Liability policy.

CERTIFICATE HOLDER

City and County of Denver
Department of Public Health & Environment
Division of Administration
101 W Colfax Ave Ste 800
Denver CO 80202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE