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") **ADVOCATES FOR RECOVERY COLORADO,** a Colorado nonprofit corporation, whose address is 6981 Federal Boulevard, Denver, Colorado 80221 (the "Contractor" or "Provider"), jointly ("the Parties").

RECITALS:

A. The Parties entered into an Agreement dated January 5, 2024, and an Amendatory Agreement dated July 2, 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** is hereby deleted in its entirety and replaced with **Exhibit B-1, Certificate of Insurance**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit B** are changed to **Exhibit B-1**.

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-202683658-02 / 202370750-02
Contractor Name: ADVOCATES FOR RECOVERY COLORADO

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-202683658-02 / 202370750-02
Contractor Name: ADVOCATES FOR RECOVERY COLORADO

By: DocuSigned by: Tonya Wheeler 0F124D2731A4495...

Name: Tonya Wheeler
(please print)

Title: Executive Director
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)

DENVER
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EXHIBIT A-2
SCOPE OF WORK & BUDGET

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 Advocates for Recovery -Culturally Responsive Peer Recovery Support Expansion (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:

The Provider will expand its services to marginalized groups in Denver who are increasingly impacted by opioid misuse and overdose. The Provider aims to reduce disparities in access to peer recovery support by providing an authentically inclusive community reflective of Denver's diversity. This includes investments in staff training, an equity audit of policies, procedures, and peer coach training materials, launch of a justice, equity, diversity, and inclusion advisory committee, and hiring of a director of inclusion and community outreach and a bilingual/bicultural peer coach to expand access and inclusion to the Denver community.

The following partners will be subcontracted:

- Subcontractor to be determined for DEI training for staff as well as revision of program materials to ensure cultural competency.
- Subcontract with Butler Institute to evaluate effectiveness of program services.

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

	ACTIVITY/MILESTONE DESCRIPTION	TIMELINE FOR COMPLETION	MEASURABLE OUTCOMES/DELIVERABLES
OBJECTIVE 1			
The Cultural Program Coordinator will continue to conduct the justice, equity, diversity, and inclusion (JEDI) training program for its staff anually and with its board to update any modifications around equity and anti-racist practices. Short term outcomes: At least 50% of staff trained at least annually. Long term outcomes: Staff implement equitable and inclusive practices in peer recovery support services and measured by feedback from participants; participant enrollment and retention.			
ACTIVITY/MILESTONE 1	Conduct JEDI training with any new staff or Peer volunteers to ensure the adherance to program fidelity	2026 Q1	Training class sign in sheets and post training evaluations.
ACTIVITY/MILESTONE 2	Report any updates or changes to the previous year trainings for evaluation	2026 Q2	training materials review sheets
Objective 2			
Obtain AFRC Board approval for changes to policy and/or proceedures that were determined after the previous year audit and develop a form or method to evaluate the effect of policy/proceedure changes on the company's daily operations, recruitment, retention and referrals for participants in AFRC programs.			
ACTIVITY/MILESTONE 1	document Board minutes and updated policy/proceedure details that reflect the survey results of yr2	2026 Q2	documentation of new adopted policies by the Board.
ACTIVITY/MILESTONE 2	Develop a method or tools that can evaluate the effect of policy changes	2026 Q2	documentation.
ACTIVITY/MILESTONE 4	survey staff and volunteers about the changes and how they have been implemented and show outcomes	2026 Q4	survery results

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EXHIBIT A-2
SCOPE OF WORK & BUDGET

OBJECTIVE 3			
Document and report the meeting minutes for the JEDI committee meetings and provide a measurement for the participants to reflect the committee outcomes and participation levels. Include the number of particpants that are non-staff or agency that are in recovery for OUD that attended the committee meetings and the number of times they participated.			
ACTIVITY/MILESTONE 1	Create a method for reporting about the JEDI committee meetings and give members a way to provide feedback	2026 Q1	documented evidence of committee member feedback and record of the demographic of committee members and roles
ACTIVITY/MILESTONE 2	Document any changes implemented during the course fo the committee meetings and outcomes	2026 Q2	review of JEDI committee evolution and participant feedback
ACTIVITY/MILESTONE 3	Develop a sustainability plan for the JEDI committee and the expectations for the participants	2026 Q4	sustainability plan
OBJECTIVE 4			
Report and evaluate the increased engagement with the community throught the work that the Cultural Program Coordinator has done and how many new support groups in are being conducted and what locations they have been able to reach. Collect participant feedback and report outcomes for changes to BARC-10. Develop a reengagement process for particpants that have become unengaged.			
ACTIVITY/MILESTONE 1	Cultural Program Coordinator will document collaborative partnerships and locations for support groups to be conducted	2026 Q1	increased participation and total program reach documented
ACTIVITY/MILESTONE 2	Provides a pathway for increased Peers to enroll with training and certification	2026 Q2	documentation of bilingual Peer Coaches being enrolled in certification
ACTIVITY/MILESTONE 3	collect feedback from participants that received Peer support services	On-going	satisfaction surveys along with BARC-10 collected at 3-5 contact sessions.
ACTIVITY/MILESTONE 4	Increased program meetings	On-going	meeting minutes for all program activities that will demonstrate the effectiveness of the project
ACTIVITY/MILESTONE 5	create an outreach process or form to contact participants that have left the program to track follow up	On-going	reengagemnt plan
OBJECTIVE 5			
reporting on short and long term program objectives such as increase recovery capital for participants and relevant scores measured by the Brief Assessment Recovery Capital (BARC-10) tools. And overall participation of program services to community members to reflect at least a 5% increase in participant engagment.			
ACTIVITY/MILESTONE 1	data collection and reporting of BARC-10 forms collected during program intake and exit interviews	On-going	Increase enrollment of participants by 5% annually; reduce disparities in recovery capital as measured by the BARC-10

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	1/1/26 - 12/31/26				
Request for Proposal Name	Opioid Abatement Funds				
Budget Categories					
Supplies					
Item	**Description of Item**	**Does this budget item support the Scope of Work?**	**Quantity**	**Per Item Cost**	**REVISED 2026 Budget**
Office Supplies	Consumable Supplies (paper, pens ink)	Yes	12	230	$2,760.00
CPFS Certifications	Certification for Peer Specialist (interns)	Yes	9	295	$2,655.00
Rent	Office Space	Yes	12	2500	$30,000.00
Phone / Data Services	Data service for phone & internet in office; pro-rated based on headcount	Yes	12	81	$972.00
Mileage / Parking	Ground transportation expense for staff with the metro area to meet with participants	Yes	1000	0.65	$650.00
Recovery Social Events	Program activities for participants to engage recovery with family & friends without substances	Yes	12	600	$7,200.00
				Total Food and Supplies	**$44,237.00**
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**	**REVISED 2026 Budget**
Cultural Programs Manager / Coach (DARA)	Direct client services, advise on cultural compency program services	Yes	100%	$73,181.50	$74,239.03
Peer Coach (Cierra)	Direct Client Services	Yes	50%	$50,000.00	$31,250.00
Peer Coach Interns (9)	Direct Client Services	Yes	5%	$20 / hour x 500	$90,000.00
Peer Coach Bilingual	Direct client services in Spanish & English	Yes	100%	$63,087.50	$63,087.50
Supervisor / Exec. Director	Superivsion of program sta	Yes	10%	$126,805.88	$12,689.91
				Total Personnel Services	**$271,266.44**
Other / Miscellaneous					
Item	**Description**	**Does this budget item support the Scope of Work?**	**Quantity**	**Per Item Cost**	**REVISED 2026 Budget**
Equity / DEI Consultant & Training Program	Contract for DEI trianing for staff as well as revision of program materials to ensure cultural compency	**Yes**	**1**	$5,000.00	$5,000.00
Advisory Council Stipend	Stipend paid to community members for serving a 1 year term on the advisiory council	**Yes**	**5**	$1,000.00	$5,000.00
Program Evaluation	Contract with Butler Institute to evaluate effectiveness of program services.	**Yes**	**1**	$61,640.00	$61,640.00
				Total Other	**$71,640.00**
TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)					**$387,143.44**
Indirect					
Item	**Description**				**REVISED 2026 Budget**
Indirect rate (if applicable):	Indirect Costs: DDPHE policy places a ten percent (10%) cap on				$26,218.09
				TOTAL INDIRECT COSTS	**$26,218.09**
TOTAL AMOUNT REQUESTED FROM OPIOID ABATEMENT FUNDS GRANT					**$413,361.53**

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EXHIBIT A-2
SCOPE OF WORK & BUDGET

Total Contract term: 1/1/2024-12/31/2026
Maximum Contract Amount including any indirect costs: $910,435.08.
$124,962.53 of unspent Y2 funds will be rolled into Y3 budget.

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

Purpose

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

ADVOFOR-01 CRIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/15/2026

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	CONTACT NAME:	
Renaissance Insurance Group PO Box 478 Windsor, CO 80550	PHONE (A/C, No, Ext): (970) 674-8825	FAX (A/C, No): (970) 674-8826
	E-MAIL ADDRESS: RiskReview@Team-RIG.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Ins. Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Advocates For Recovery Colorado
3440 W 71st Pl
Westminster, CO 80030-5309

COVERAGES **CERTIFICATE NUMBER:** **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						EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR	X		PHPK2735557-000	3/5/2026	3/5/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	[ ] POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO			PHPK2735557-000	3/5/2026	3/5/2027	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Prof. Liability			PHPK2735557-000	3/5/2026	3/5/2027	Aggregate	3,000,000
A	Prof. Liability			PHPK2735557-000	3/5/2026	3/5/2027	Each Prof. Incident	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Subject to policy forms, conditions, definitions and exclusions.

The City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured with respects to the Commercial General Liability.
Policy shall not contain an exclusion for sexual abuse, molestation or misconduct.

CERTIFICATE HOLDER

City and County of Denver
Denver Parks and Recreation
201 W. Colfax Ave., Dept 1105
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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/16/2026

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.

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PRODUCER

Associates Insurance Group
7395 E. Orchard Rd.
Greenwood Village, Colorado 80111

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS: support@pinnacol.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Pinnacol Assurance	41190
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Advocates for Recovery Colorado
3440 W 71st Pl
Westminster, Colorado 80030-5309

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A	N	4254736	11/01/2025	11/01/2026	X PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Unless otherwise stated in the policy provisions, coverage in Colorado only.
Peer Recovery Support Services

CERTIFICATE HOLDER

Denver Dept of Public Health & Environment
201 W Colfax Ave, 8th Floor
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

Pinnacol Assurance

CERTIFICATE HOLDER COPY

Denver Dept of Public Health & Environment
201 W Colfax Ave, 8th Floor
Denver, CO 80202

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT (CONT)