# OPTION LETTER #2

| State Agency<br>Department of Health Care Policy and Financing | Option Letter Number<br>2 |
|---|---|
| Contractor<br>**Denver County** | Original Contract Number<br>**22-171375** |
| **Current Contract Maximum Amount**<br>Initial Term | Option Contract Number<br>22-171375OL2 |

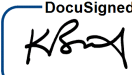| **Current Contract Maximum Amount** | | Option Contract Number<br>22-171375OL2 |
|---|---|---|
| Initial Term | | |
| State Fiscal Year 2022 | $92,7571.46 | |
| Extension Terms | | **Contract Performance Beginning Date**<br>July 1, 2020 |
| State Fiscal Year 2023 | $1,229,112.97 | |
| State Fiscal Year 2024 | $1,233,368.75 | |
| State Fiscal Year 2025 | $0.00 | **Current Contract Expiration Date**<br>June 30, 2025 |
| Total for All State Fiscal Years | $3,390,053.18 | |

1. **OPTIONS:**

     Option to extend for an Extension Term

2. **REQUIRED PROVISIONS:**

     In accordance with Section(s) 2.C of the Original Contract referenced above, the State hereby exercises its option for an additional term, beginning July 1, 2024 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.

3. **OPTION EFFECTIVE DATE:**

     A.     The effective date of this Option Letter is upon approval of the State Controller.

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| **STATE OF COLORADO**<br>**Jared S. Polis, Governor**<br>Department of Health Care Policy and Financing | In accordance with C.R.S. §24-30-202, this Option is not valid until signed and dated below by the State Controller or an authorized delegate.<br>**STATE CONTROLLER**<br>**Robert Jaros, CPA, MBA, JD** |
|---|---|
| DocuSigned by:<br>*KBoy*<br>0B6A84797EA8493...<br>By:_____<br>6/10/2024 \| 19:19 MDT<br>Date: _____ | DocuSigned by:<br>*Alicia Severn*<br>D9446FCCE33C45E...<br>By:_____<br>6/11/2024 \| 06:51 MDT<br>Option Effective Date:_____ |

**Contract Control Number:** SOCSV-202263930-04
**Contractor Name:** State of Colorado; Acting by and through the Department of Health Care and Public Financing


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:**                    **REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By: _____         By: _____


                                            By: _____

**Contract Control Number:** SOCSV-202263930-04
**Contractor Name:** State of Colorado; Acting by and through the Department of Health Care and Public Financing

By: See Attached _____

Name:_____
     (please print)

Title: _____
     (please print)

ATTEST: [if required]

By: _____

Name: _____
     (please print)

Title: _____
     (please print)