



OPTION LETTER

State Agency

Colorado Department of Human Services
Office of Civil and Forensic Mental Health
Colorado Mental Health Hospital in Pueblo,
Fort Logan and Forensic Services

Contractor

City and County of Denver Colorado for the
use and benefit of Denver County Sheriff's
Department

Current Contract Maximum Amount
Initial Term

State Fiscal Year 2024	\$735,615.80
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Extension Terms

State Fiscal Year 2025	\$882,782.16
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State Fiscal Year 2026	\$882,782.16
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State Fiscal Year 2027	\$0.00
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State Fiscal Year 2028	\$0.00
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Total for All State Fiscal Years

\$2,501,180.12

Option Letter Number

2

Original Contract Number

24 IHJA 185525

Option Contract Number

26 IHJA 199146

Contract Performance Beginning Date

October 10, 2023

Current Contract Expiration Date

June 30, 2026

1. Options:

- A. Option to extend for an Extension Term
- B. Option to change the quantity of Services under the Contract

2. Required Provisions:

- A. 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, 2025 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.
- B. In accordance with Section(s) 5.B.v of the Original Contract referenced above, the State hereby exercises its option to Increase the quantity of the Services at the rates stated in the Original Contract, as amended.
- C. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown above.



3. OPTION EFFECTIVE DATE:

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

Signature page begins on next page.



STATE OF COLORADO

Jared Polis, Governor

Department of Human Services

Michelle Barnes, Executive Director

DocuSigned by:

Christopher Frenz

E6EB3520EE00477

By: Christopher Frenz, Deputy Director,
Operations & Legal Affairs

Date: 6/2/2025

STATE CONTROLLER

Robert Jaros, CPA, MBA, JD

DocuSigned by:

Toni Williamson

D2A34DEB640C446...

By: Telly Belton/Toni Williamson/Amanda
Rios

Option Effective Date: 6/2/2025

In accordance with §24-30-202 C.R.S., this
Option is not valid until signed and dated
above by the State Controller or an
authorized delegate.

Contract Control Number:
Contractor Name:

SHERF-202580062-02/ Parent SHERF-202266238-02
COLORADO DEPARTMENT OF HUMAN SERVICES

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:
Contractor Name:

SHERF-202580062-02/ Parent: SHERF-202266238-02
COLORADO DEPARTMENT OF HUMAN SERVICES

SEE PAGE 3 FOR STATE SIGNATURES

By: _____

Name: _____
(please print)

Title: _____
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)