

## AMENDATORY AGREEMENT

This **AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **COLORADO HEALTH NETWORK, INC., d/b/a COLORADO AIDS PROJECT and HOWARD DENTAL CENTER**, a Colorado nonprofit corporation, with an address of 6260 East Colfax Ave, Denver, Colorado 80220 (the “Contractor”, and collectively “the Parties”).

### WITNESSETH:

**WHEREAS**, the Parties entered into Agreement dated August 28, 2018 (the “Agreement”) to provide services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA); and

**WHEREAS**, the Parties wish to amend the Agreement to extend the term, increase the maximum contract amount, and modify the scope of work and budget;

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

1. Section 2 of the Agreement entitled “**TERM**” is hereby deleted in its entirety and replaced with:

“**2. TERM**: The Agreement will commence on **March 1, 2018**, and will expire on **February 29, 2020** (the “**Term**”). Subject to the Executive Director’s prior written authorization, the Contractor shall complete any work in progress as of the expiration date, and the Term of the Agreement will extend until the work is completed or earlier terminated by the Executive Director.”

2. Section 3 of the Agreement entitled “**COMPENSATION AND PAYMENT**”, Subsection (A) entitled “**Fees and Expenses**” is hereby deleted in its entirety and replaced with:

“**3. COMPENSATION AND PAYMENT**:

**A. Fees and Expenses**: The City shall pay and the Contractor shall accept as the sole compensation for services rendered and costs incurred under the Agreement an amount not to exceed **Three Million Nine Hundred Sixty-Three Thousand Five Hundred Fifty-One Dollars and No Cents (\$3,963,551.00)** (the “**Maximum Contract Amount**”), to be used in accordance with the budget contained in **Exhibit B-1**. Amounts billed may not exceed the budget set forth in **Exhibit B-1**. The Contractor certifies the budget line items in **Exhibit B-1** contain reasonable allowable direct costs and allocable indirect costs in accordance with 2 C.F.R., Subpart E.”

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

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

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

6. This 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 BALANCE OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]**

**Contract Control Number:** ENVHL-201951265-[ALFRESCO – 201843782-01]  
**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:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

\_\_\_\_\_

\_\_\_\_\_

By:

\_\_\_\_\_

**Contract Control Number:**  
**Contractor Name:**

ENVHL-201951265-[ALFRESCO-201843782-01]  
COLORADO HEALTH NETWORK, INC. .

By:  \_\_\_\_\_  
F026B8BCAFB04E3...

Name: darrell vigil  
(please print)

Title: Chief Executive Officer  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)



## EXHIBIT A-1 AMENDED SCOPE OF WORK

### 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 & Environment (DDPHE), Office of HIV Resources and **Colorado Health Network dba Denver Colorado AIDS Project and Howard Dental Center.**

Colorado Health Network dba Denver Colorado AIDS Project and Howard Dental Center has been awarded the following amounts in Ryan White Part A funds:

- **\$1,846,727** in Fiscal Year 2018 (March 1, 2018 – February 28, 2019)
- **\$2,116,824** in Fiscal Year 2019 (March 1, 2019 – February 29, 2020)
- **Cumulative Maximum Contract Amount: \$3,963,551**

### II. Services and Conditions

To provide the following services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA), which includes and is limited to, Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties, in accordance with the Service Standards for the following service categories:

SERVICE CATEGORY	FUNDING SOURCE	FY 2018 AWARD NUMBER	FY 2018 AWARD AMOUNT
Food Bank/Home Delivered Meals	RW Part A	18-FBM-1539-A	\$149,255
Medical Case Management	RW Part A	18-MCM-1539-A	\$729,002
Medical Transportation	RW Part A	18-MTS-1539-A	\$126,246
Mental Health Services	RW Part A	18-MHS-1539-A	\$57,820
Oral Health Care	RW Part A	18-OHC-1539-A	\$638,353
Oral Health Care - Directive	RW Part A	18-OHD-1539-A	\$49,946
Psychosocial Support Services	RW Part A	18-PSS-1539-A	\$43,790
Substance Abuse Outpatient Care	RW Part A	18-SAO-1539-A	\$52,315
<b>FY 2018 MAXIMUM REIMBURSABLE AMOUNT:</b>			<b>\$1,846,727</b>

SERVICE CATEGORY	FUNDING SOURCE	FY 2019 AWARD NUMBER	FY 2019 AWARD AMOUNT
Emergency Financial Assistance	RW Part A	19-EFA-1539-A	\$295,023
Food Bank/Home Delivered Meals	RW Part A	19-FBM-1539-A	\$133,106
Medical Case Management	RW Part A	19-MCM-1539-A	\$722,741
Medical Transportation	RW Part A	19-MTS-1539-A	\$129,791
Mental Health Services	RW Part A	19-MHS-1539-A	\$44,909
Oral Health Care	RW Part A	19-OHC-1539-A	\$638,147
Oral Health Care - Directive	RW Part A	19-OHD-1539-A	\$70,095



## EXHIBIT A-01 AMENDED SCOPE OF WORK

Psychosocial Support Services	RW Part A	19-PSS-1539-A	\$38,882
Substance Abuse Outpatient Care	RW Part A	19-SAO-1539-A	\$44,130
<b>FY 2019 MAXIMUM REIMBURSABLE AMOUNT:</b>			<b>\$2,116,824</b>

### III. Process and Outcome Measures

#### A. Process Measures

**Colorado Health Network dba Denver Colorado AIDS Project and Howard Dental Center** will provide:

SERVICE CATEGORY	FY 2018 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Food Bank/Home Delivered Meals	18-FBM-1539-A	1,250	97,500
Medical Case Management	18-MCM-1539-A	1,700	3,400
Medical Transportation	18-MTS-1539-A	1,000	1,000
Mental Health Services	18-MHS-1539-A	68	3,808
Oral Health Care	18-OHC-1539-A	902	902
Oral Health Care - Directive	18-OHD-1539-A	72	72
Psychosocial Support Services	18-PSS-1539-A	35	35
Substance Abuse Outpatient Care	18-SAO-1539-A	45	1,260

SERVICE CATEGORY	FY 2019 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Emergency Financial Assistance	19-EFA-1539-A		
Food Bank/Home Delivered Meals	19-FBM-1539-A	1,250	97,500
Medical Case Management	19-MCM-1539-A	1,400	15,000
Medical Transportation	19-MTS-1539-A	550	71,403
Mental Health Services	19-MHS-1539-A	67	2,010
Oral Health Care	19-OHC-1539-A	902	902
Oral Health Care - Directive	19-OHD-1539-A	72	72
Psychosocial Support Services	19-PSS-1539-A	33	33
Substance Abuse Outpatient Care	19-SAO-1539-A	44	1,232

### IV. Quality Management Program

#### A. Quality Management Plan

- i.) Contractor will be required to submit a FY 2019 Quality Management Plan. **Quality Management Plans will be due on November 30, 2019.** Quality Management Plans must include the following elements:
  - o A quality statement
  - o A description of the quality management structure



## **EXHIBIT A-01 AMENDED SCOPE OF WORK**

- Performance measures
- Annual quality goals
- Quality improvement plans
- Quality management plan implementation
- An explanation of how the quality management plan will be evaluated and updated
- Capacity building
- Communication

### **B. Quality Management Activities**

- i.) Contractor will be required to document at least one quality improvement activity in the Fiscal Year
- ii.) Quality Improvement activities should be related to the Quality Management Plan, and impact the sub-recipients identified annual quality goals
- iii.) Updates on quality improvement activities will be submitted to DHR, or designee, on a quarterly basis
- iv.) Contractor will hold Quality Committee meetings, meetings will be held at a minimum of quarterly

### **V. Quality Management Infrastructure and Capacity Building**

Contractor will be required to identify one contact person for all Quality Management related deliverables

Contractor will be required to have two staff members participate in a DHR hosted, Quality Management Training

### **VI. Schedule of Payments for Services**

- A.** The City and County of Denver may withhold payment due under this Agreement until the Contractor submits a satisfactory Audit Report Package that covers the Contractor's most recent fiscal year. If there are material findings in the audit, the City and County of Denver may withhold reimbursement until the audit findings are resolved to the City and County of Denver's satisfaction.
- B.** The contractor has elected the option of delayed invoicing. Invoice packages will be due no later than the 15th of the month two months following the month of service. Reporting schedule detailed below in Section VI (F). Three or more occurrences of a late invoice shall be considered a contract compliance issue.
- C.** Invoicing option two (2) will not be allowed for the final invoice of the year. The final complete Invoice package for the budget or contract period is due no later than 45 days following the close of the budget or contract period and must be clearly marked "Final Invoice".
- D.** The contractor agrees to waive any prompt pay interest assessed by the City and County of Denver related to this delayed invoicing option.



## EXHIBIT A-01 AMENDED SCOPE OF WORK

**E.** The Contractor shall submit a complete invoice package monthly using required DDPHE HIV Resources invoice forms. A complete invoice package will include the following:

**Item 1:** a complete monthly invoice summary for the service month;

**Item 2:** a complete Individual Service Category Invoice (Forms I-1, I-2, I-3, I-4) for the service month for each award/service category;

**Item 3:** supporting documentation for all expenses;

**Item 4:** an attestation to complete CAREWARE data entry **or** a complete data upload for the service month; and

**Item 5:** a quarterly narrative report once per quarter (four times per year).

**F.** Contractor invoicing schedule is as follows:

SERVICE MONTH	INVOICE PACKAGE DUE BY	INVOICE PACKAGE INCLUDES:
March 2019	May 15, 2019	Items 1, 2, 3, and 4
April 2019	June 17, 2019	Items 1, 2, 3, and 4
May 2019	July 15, 2019	Items 1, 2, 3, and 4
June 2019	August 15, 2019	Items 1, 2, 3, 4, and 5
July 2019	September 16, 2019	Items 1, 2, 3, and 4
August 2019	October 15, 2019	Items 1, 2, 3, and 4
September 2019	November 15, 2019	Items 1, 2, 3, 4, and 5
October 2019	December 16, 2019	Items 1, 2, 3, and 4
November 2019	January 15, 2020	Items 1, 2, 3, and 4
December 2019	February 17, 2020	Items 1, 2, 3, 4, and 5
January 2020	March 16, 2020	Items 1, 2, 3, and 4
February 2020	April 15, 2020	Items 1, 2, 3, and 4
<b>Final 2020 Invoice</b>	<b>April 15, 2020</b>	<b>Items 1, 2, 3, 4, and 5</b>

### VII. Disallowances and Review of Reports

The City and County of Denver may review the budget, management, financial and audit reports, and any other materials or information the City and County of Denver may consider appropriate to assess whether any expenditures by the Contractor are disallowed by the City and County of Denver. **Exhibit E** describes expenditures that will be disallowed by The City and County of Denver. The City and County of Denver may disallow reimbursement for services or expenditures that were not provided or approved in accordance with the terms of this Agreement. The Contractor shall not unreasonably





## **EXHIBIT A-01 AMENDED SCOPE OF WORK**

refuse to provide expenditure information related to this Agreement that the City and County of Denver may reasonably require. These disallowances will be deducted from any payments due the Contractor, or if disallowed after contract termination, the Contractor shall remit the disallowed reimbursement to the City and County of Denver according to a schedule to be determined by the City and County of Denver at its sole discretion. Despite the City and County of Denver's approval of expenditures, if a review or an audit conducted by the City, State or federal governments results in final disallowances of expenditures, the Contractor shall remit the amount of those disallowances to the City and County of Denver according to a schedule to be determined by the City and County of Denver at its sole discretion following written notice of disallowances to the Contractor. This Section survives termination or expiration of this Agreement.

### **VIII. Administrative Cost Limit**

The Contractor's total administrative costs cannot exceed **10%** of the Maximum Reimbursable Amount. Administrative costs are defined as the costs incurred for usual and recognized overhead, including established indirect rates for agencies; 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. Examples of administrative 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; and
- Audit fees.

Administrative costs can be direct or indirect. Direct costs are costs that can be directly charged to the program and which are incurred in the provision of direct services. 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.

### **IX. Performance Management and Reporting**

#### **A. Performance Management**

Monitoring may be performed by the DDPHE HIV Resources staff and/or designee. Contractor may be reviewed for:

1. **Quality Monitoring:** The quality of the services being provided and the effectiveness of those services addressing the needs of the Denver TGA.



## EXHIBIT A-01 AMENDED SCOPE OF WORK

2. **Program Monitoring\*:** Review and analysis of current program information to determine the extent to which contractors are achieving established contractual goals;
3. **Fiscal Monitoring\*:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
4. **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.

*\* DDPHE HIV Resources and/or its designee may provide regular performance monitoring and reporting. DDPHE HIV Resources and/or its designee, may manage any performance issues and may develop interventions that will resolve concerns.*

### B. Reporting

The following reports shall be developed and delivered to the City as stated in this section.

Report # and Name	Description	Due Date	Reports to be sent to:
1. CAREWare Reporting	Contractor is required to enter client-level data monthly into CAREWare for all funded services including: <ol style="list-style-type: none"> <li>1. All client-level information needed to create the HRSA-defined electronic Unique Client Identifier (eUCI) including, but not limited to:                             <ol style="list-style-type: none"> <li>a. Client legal first and last name</li> <li>b. Client full date of birth</li> <li>c. Client gender</li> </ol> </li> <li>2. Demographic information</li> <li>3. Client encounters and/or service units</li> <li>4. Additional socio-demographic data and primary care status measures</li> </ol> Contractor may enter client-level data into CAREWare using two different methodologies:	the 15 <sup>th</sup> of each month	Into CAREWare system



## EXHIBIT A-01 AMENDED SCOPE OF WORK

Report # and Name	Description	Due Date	Reports to be sent to:
	1. Direct manual data entry via the CAREWare interface; or 2. Provider Data Import (PDI).		
2. Ryan White Part A Service Report (RSR)	Includes, but is not limited to: <ul style="list-style-type: none"> <li>• Data input throughout the calendar year, due the 15<sup>th</sup> of each month for the month prior</li> <li>• Run provider RSR reports to clean existing data and/or input missing data with technical assistance from DHR</li> <li>• Review finalized RSR report with DHR</li> <li>• Generate client-level XML file and upload into the HRSA Web Application (per HRSA requirement)</li> <li>• Submit RSR report into HRSA Web Application</li> </ul>	February 26, 2019	Into CAREWare system for data entry  Into HRSA Web Application for RSR final reporting
3. 1 <sup>st</sup> Quarter report	Report shall: <ul style="list-style-type: none"> <li>• Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>• Document quality improvement projects conducted</li> <li>• Provide an update on changes to staff including vacancies and new staff</li> <li>• Summarize successes, weaknesses and needs for the period of March 1, 2019 through May 31, 2019</li> </ul>	July 15, 2019	Fiscal Officer/Grant Administrator <a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a>  Quality Administrator <a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a>  Nick Roth <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a>
4. Mid-Year Report	Report shall: <ul style="list-style-type: none"> <li>• Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>• Document quality improvement projects conducted</li> </ul>	October 15, 2019	Fiscal Officer/Grant Administrator <a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a>  Quality Administrator <a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a>  Nick Roth <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a>



## EXHIBIT A-01 AMENDED SCOPE OF WORK

Report # and Name	Description	Due Date	Reports to be sent to:
	<ul style="list-style-type: none"> <li>• Provide an update on changes to staff including vacancies and new staff</li> <li>• Summarize successes, weaknesses and needs for the period of March 1, 2019 through August 31, 2019</li> </ul>		
5. 3 <sup>rd</sup> Quarter Report	Report shall: <ul style="list-style-type: none"> <li>• Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>• Document quality improvement projects conducted</li> <li>• Provide an update on changes to staff including vacancies and new staff</li> <li>• Summarize successes, weaknesses and needs for the period of March 1, 2019 through November 30, 2019</li> </ul>	January 15, 2020	Fiscal Officer/Grant Administrator <a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a>  Quality Administrator <a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a>  Nick Roth <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a>
6. Year End Report	Report shall: <ul style="list-style-type: none"> <li>• Review and verify the # of clients served, the number of service units, the amount of funding expended</li> <li>• Document quality improvement projects conducted</li> <li>• Provide an update on changes to staff including vacancies and new staff</li> <li>• Summarize successes, weaknesses and needs for the period of March 1, 2019 through February 29, 2020</li> </ul>	April 15, 2020	Fiscal Officer/Grant Administrator <a href="mailto:Terra.hasemanswazer@denvergov.org">Terra.hasemanswazer@denvergov.org</a>  Quality Administrator <a href="mailto:hivresources@denvergov.org">hivresources@denvergov.org</a>  Nick Roth <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a>
7. Quality Management Plan	Plan(s) shall demonstrate all Quality Management activities, including Quality Management infrastructure, specific quality improvement activities, planning, and monitoring, etc.	November 30, 2019	Quality Administrator <a href="mailto:Hivresources@denvergov.org">Hivresources@denvergov.org</a>



**EXHIBIT A-01  
AMENDED SCOPE OF WORK**

<b>Report # and Name</b>	<b>Description</b>	<b>Due Date</b>	<b>Reports to be sent to:</b>
8. Other reports as reasonably requested by the City.	To be determined (TBD)	TBD	TBD

**X. Budget**

- A.** Contractor shall provide the identified services for the City under the support and guidance of the Denver Department of Public Health & Environment (DDPHE), Office of HIV Resources using best practices and other methods for fostering a sense of collaboration and communication.
- B.** Contractor shall submit a complete budget package using required DDPHE HIV Resources budget forms.
- C.** Contractor shall not reallocate funding across awards/service categories.
- D.** The budget for this agreement is attached as an exhibit.

**XI. Required Acknowledgement and Disclaimer Language**

- A.** HRSA requires subrecipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:  
  
 "This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov."
- B.** Subrecipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding.
  - Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resources guides, case studies, and issues briefs.

**XII. Other**

Contractor shall submit updated documents which are directly related to the delivery of services.



## **EXHIBIT A-01 AMENDED SCOPE OF WORK**

Additional document requirements for this contract include:

- A.** NEW Individual Service Category Budget Form B3: Service Target Projections
- B.** NEW Contract Summary Data Form A-3: Summary of Funding Sources
- C.** NEW Individual Service Category Budget Form B-2: Personnel Schedule
- D.** Organizational Chart

## DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE

CONTRACT SUMMARY DATA  
FORM A-1: SUBRECIPIENT INFORMATION

**SUBRECIPIENT:** Colorado Health Network

**DATE OF SUBMISSION:** 02/22/2019 **CONTRACT AMOUNT:** \$2,116,824

Check One:  First Submission or  
 Resubmission

**FUNDING SOURCE:** Ryan White Part A ONLY

**EFFECTIVE DATES:** 03/01/2019 to 02/29/2020

## SUBRECIPIENT CORPORATION INFORMATION

NOTE: This name and address will appear on City Contractor Agreement.

**FEDERAL TAX ID#:** 84-0961159 **DUNS#:** 149553331

**EXACT CORPORATE NAME:** Colorado Health Network, Inc.

**CORPORATE ADDRESS:** 6260 E Colfax Ave  
Address Line 1

Denver CO 80220  
City State Zipcode

**CORPORATE WEBSITE:** www.coloradohealthnetwork.org

**AGENCY TYPE:** Community Based Organization

**OWNERSHIP TYPE:** Private, Nonprofit

**FAITH-BASED:** No

I CERTIFY THAT COSTS HAVE BEEN DETERMINED ALLOWABLE ACCORDING TO CITY AND APPROPRIATE FEDERAL PRINCIPLES AND STANDARDS AS LISTED ON FORM A-2. I FURTHER CERTIFY THAT THERE ARE NO MATHEMATICAL ERRORS IN THIS BUDGET. PLEASE SIGN ON DESIGNATED LINE BELOW.

**AGENCY HEAD:**  
Darrell Vigil

Printed Name Signature Date  
303-962-5310 303-962-5303 darrell.vigil@coloradohealthnetwork.org  
Telephone Fax Email

**SENIOR ADMINISTRATOR:**  
Randy Vessell

Printed Name Signature Date  
303-962-5312 303-962-5303 randy.vessell@coloradohealthnetwork.org  
Telephone Fax Email

**BOARD PRESIDENT:**  
Bill Mead

Printed Name Signature Date  
719-636-8088 meadman2@aol.com  
Telephone Fax Email

**CONTRACT SIGNATORY:**  
Darrell Vigil 03/19/2019

Printed Name Signature Date  
303-962-5310 303-962-5303 darrell.vigil@coloradohealthnetwork.org  
Telephone Fax Email

## FORM A-1

## CONTRACT CONTACT INFORMATION

<b>PROGRAM MANAGER:</b>	Lili Carrillo		Clinical Services Officer	
	Name		Title	
303-945-2381		lili.carrillo@coloradohealthnetwork.org		
Telephone	Fax	Email		
<b>FISCAL MANAGER:</b>	Randy Vessell		CFO	
	Name		Title	
303-962-5312		randy.vessell@coloradohealthnetwork.org		
Telephone	Fax	Email		
<b>DATA MANAGER:</b>	Bonnie Brown		Database Administrator	
	Name		Title	
303-960-4223		bonnie.brown@coloradohealthnetwork.org		
Telephone	Fax	Email		
<b>QUALITY MANAGER:</b>	TBA			
	Name		Title	
Telephone	Fax	Email		
<b>PAYMENT ADDRESS:</b>				
	Address Line 1			
	Address Line 2			
	City	State	Zipcode	

NOTE: Only complete if Payment Address is different than Corporate Address.



**DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE**CONTRACT SUMMARY DATA  
FORM A-2: BUDGET SUMMARYSUBRECIPIENT: **Colorado Health Network**DATE OF SUBMISSION: **02/22/2019**CONTRACT AMOUNT: **\$2,116,824**Check One:  First Submission or  
 ResubmissionFUNDING SOURCE: **Ryan White Part A ONLY**EFFECTIVE DATES: **03/01/2019**

to

**02/29/2020****AGGREGATE CONTRACT SUMMARY PAGE**

(PREPARE THIS SUMMARY INSTEAD OF AN AGGREGATE BUDGET.)

AWARD #	SERVICE CATEGORY	FUNDING SOURCE	ORIGINAL AWARD AMOUNT	ADDITIONAL AWARD AMOUNTS	TOTAL SERVICE CATEGORY AMOUNT <sup>1</sup>
19-FBM-1539-A	FBM   Food Bank/Home Delivered Meals	Ryan White Part A	\$133,106.00		\$133,106.00
19-MCM-1539-A	MCM   Medical Case Management	Ryan White Part A	\$722,741.00		\$722,741.00
19-MTS-1539-A	MTS   Medical Transportation	Ryan White Part A	\$129,791.00		\$129,791.00
19-MHS-1539-A	MHS   Mental Health Services	Ryan White Part A	\$44,909.00		\$44,909.00
19-OHC-1539-A	OHC   Oral Health Care	Ryan White Part A	\$638,147.00		\$638,147.00
19-OHD-1539-A	OHD   Oral Health Care - Directive	Ryan White Part A	\$70,095.00		\$70,095.00
19-PSS-1539-A	PSS   Psychosocial Support Services	Ryan White Part A	\$38,882.00		\$38,882.00
19-SAO-1539-A	SAO   Substance Abuse Outpatient Care	Ryan White Part A	\$44,130.00		\$44,130.00
19-EFA-1539-A	EFA   Emergency Financial Assistance	Ryan White Part A	\$295,023.00		\$295,023.00
<b>TOTAL CONTRACT AMOUNT</b>			<b>\$2,116,824.00</b>		<b>\$2,116,824.00</b>

<sup>1</sup>MUST AGREE TO SERVICE CATEGORY BUDGET ATTACHED.**COST DETERMINATION ON ALL BUDGETS  
COMPLIANCE WITH LAW**

Your agency must provide all services under this contract in accordance with applicable provisions of federal, state and local laws, rules and regulations as are in effect at the time such services are rendered. In particular, your agency must comply with Code of Federal Regulations (Title 45 CFR Part 75) – Uniform Administrative Requirements, Cost Principles and Audit Requirement for HHS Awards

## FORM A-3

## DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE

## CONTRACT SUMMARY DATA

## FORM A-3: SUMMARY OF FUNDING SOURCES

FULL NAME OF SUBRECIPIENT: Colorado Health Network, Inc.

PERIOD OF FUNDING:	BEGIN DATE	END DATE										
OBJECT CLASS CATEGORY	RYAN WHITE PART A (DDPHE)	RYAN WHITE PART B (CDPHE)	HOPWA CDPHE (CHAMP)	RYAN WHITE PART F	GENERAL FUND (DDPHE)	CDC (CDPHE)	HUD	CDPHE OTHER SOURCES	HOPWA	GENERAL OPERATION/ PRIVATE	TOTAL BUDGET	
PERSONNEL	\$1,147,114								\$290,257	\$588,878	\$2,026,249	
FRINGE BENEFITS	\$220,823								\$63,857	\$118,768	\$403,448	
TRAVEL	\$3,216								\$400	\$6,250	\$9,866	
EQUIPMENT										\$4,700	\$4,700	
SUPPLIES	\$153,690								\$4,961	\$55,699	\$214,350	
CONTRACTUAL	\$54,725								\$4,488	\$23,470	\$82,683	
OTHER	\$351,188	\$4,414,548	\$284,325	\$146,406	\$89,521	\$471,899	\$275,117	\$14,098,153	\$985,732	\$191,172	\$21,308,061	
<b>TOTAL DIRECT CHARGES</b>	<b>\$1,930,756</b>	<b>\$4,414,548</b>		<b>\$146,406</b>	<b>\$89,521</b>	<b>\$471,899</b>	<b>\$275,117</b>	<b>\$14,098,153</b>	<b>\$1,349,695</b>	<b>\$988,937</b>	<b>\$24,049,357</b>	
<b>INDIRECT CHARGES</b>	<b>\$186,067</b>								<b>\$64,611</b>		<b>\$64,611</b>	
<b>TOTAL COSTS</b>	<b>\$1,930,756</b>	<b>\$4,414,548</b>	<b>\$284,325</b>	<b>\$146,406</b>	<b>\$89,521</b>	<b>\$471,899</b>	<b>\$275,117</b>	<b>\$14,098,153</b>	<b>\$1,414,306</b>	<b>\$988,937</b>	<b>\$24,113,968</b>	

## INSTRUCTIONS:

1. Prepare only one summary for each subrecipient.
2. Column headings shaded yellow may be changed to accommodate other funding sources.
3. Indirect charges on Ryan White Part A DDPHE contracts are only allowed if:
  - a) subrecipient has a Federally Negotiated Indirect Cost Rate Agreement (NICRA); or
  - b) subrecipient uses the 10% de minimis rate.
4. Indirect charges on Ryan White Part A DDPHE contracts must count towards the 10% administrative cap on the budget.

**From:** [Darrell Vigil](#)  
**To:** [Haseman Swazer, Terra - DPHE CA0751 Contract Administrator](#)  
**Subject:** [EXTERNAL] RE: Colorado Health Network Ryan White HIV FY2019 contract has been forwarded to you  
**Date:** Thursday, September 19, 2019 10:12:40 AM  
**Attachments:** [image001.png](#)

---

This is approved.

**Darrell J. Vigil, MBA**

Chief Executive Officer

**Colorado Health Network, Inc.**

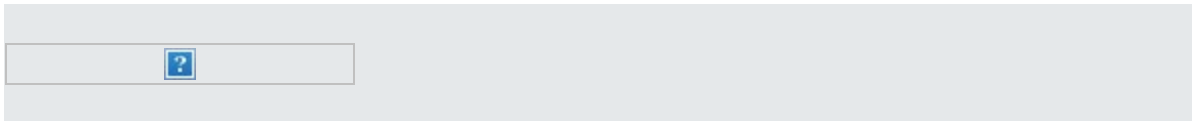
303.962.5310 Phone

303.962.5303 Fax



---

**From:** Terra Haseman Swazer <notifications@network.jaggaer.com>  
**Sent:** Thursday, September 19, 2019 10:09 AM  
**To:** Darrell Vigil <Darrell.Vigil@coloradohealthnetwork.org>  
**Subject:** Colorado Health Network Ryan White HIV FY2019 contract has been forwarded to you



Dear Darrell Vigil

This email is to inform you that Colorado Health Network Ryan White HIV FY2019, contract ENVHL-201951265, is available for your review. For your convenience the contract documentation has been attached to this email.

Thank You,

Terra Haseman Swazer  
City and County of Denver

Support Team Contact Information:

---

This comment was sent to Darrell Vigil. Your email response will be sent to all recipients in this conversation.

---

This comment was sent to Terra Haseman Swazer. Your email response will be sent to all recipients in this conversation.

[Unsubscribe](#) | [Subscribe](#)