

ALLOCATION LETTER

CT #

Date: 7/1/2018	Original Contract CMS # 68057	Allocation Letter # 5	CMS Routing #
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TO: City and County of Denver, a municipal corporation organized pursuant to the Constitution of the State of Colorado to be administered by the Department of Safety/Community Corrections Division.

In accordance with Section 7.A of the Original Contract between the State of Colorado, Division of Criminal Justice, Community Corrections, and City and County of Denver, a municipal corporation organized pursuant to the Constitution of the State of Colorado to be administered by the Department of Safety/Community Corrections Division beginning July 1, 2018 and ending on June 30, 2019, the undersigned commits the following funds to the Grant:

1. Payment for the period July 1, 2018 through June 30, 2019, will be made as earned, in whole or in part, from available State funds encumbered in an amount not to exceed **\$17,472,090.96** to be allocated as follows:

- \$10,715,637.15** for Residential services for community corrections offenders, payable at a daily community rate of \$43.11 per offender; and, (342 beds)
- \$ 314,703.00** for Condition of Probation (IRT base beds) services for community corrections offenders, payable at a daily community rate of \$43.11 per offender; and, (20 beds)
- \$ 281,940.60** for Non-Residential Diversion services for offenders not to exceed an average of \$6.22 per day per offender; and, (123 slots)
- \$ 58,701.28** Subsistence Placements
- \$ 4,271,051.10** for enumerated below, payable at a daily community rate per offender;
- a) Service: Mental Health Services Differential
Daily Rate per Offender \$36.14 @40 for a total of \$527,644.00
 - b) Service: TC Outpatient
Daily Rate per Offender \$22.53@86 for a total of \$707,216.70
 - c) Service: TC Residential Differential
Daily Rate per Offender \$28.40@122 for a total of \$1,264,652.00
 - d) Service: Treatment Support \$690,000.00
 - e) Service: CBT Specialized Offender Services \$150,000.00
 - f) Service: CBT Differential \$53.17 @48 for a total of \$931,538.40
- \$ 631,519.02** for Community Corrections Board Administration by the Contractor, and,
- \$1,198,538.81** for Facility Payments to be disbursed as outlined in Statewide Facility Payment Policy for FY 19.

2. Financial obligations of the State of Colorado payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted and otherwise made available.
3. Funds allocated in this Allocation Letter are for services rendered during the current contract period and cannot be used to pay for community corrections services provided in prior or future fiscal years.
4. Any unexpended funds allocated or advanced to the Contractor by the Allocation Letter shall be reverted to the State no later than August 31, 2019.

This Allocation Letter does not constitute an order for services under this Grant. The effective date of hereof is upon approval of the State Controller or July 1, 2018, whichever is later.

STATE OF COLORADO
John W. Hickenlooper, GOVERNOR
Colorado Department of Public Safety
Stan Hilkey Executive Director

By: Joe Thome, Director

Date: _____

ALL GRANTS REQUIRE APPROVAL BY THE STATE CONTROLLER

CRS §24-30-202 requires the State Controller to approve all State Grants. This Grant is not valid until signed and dated below by the State Controller or delegate. Grantee is not authorized to begin performance until such time. If Grantee begins performing prior thereto, the State of Colorado is not obligated to pay Grantee for such performance or for any goods and/or services provided hereunder.

STATE CONTROLLER
Robert Jaros, CPA, MBA, JD

By: _____
Colorado Department of Public Safety

Date: _____

Contract Control Number:

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:

By _____

By _____

By _____



Contract Control Number:

By: _____

Name: _____
(please print)

Title: _____
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)

