COLORADO
Department of Health Care Policy & Financing

Denver, City & County of
Board of County Commissioners
Attn: Anne-Marie Braga, Director, Human Services
1200 Federal Blvd
Denver, CO 80204

Re: Denver, City & County of, Contract Routing Number 22-171375

Dear Director,

In accordance with Section 2, Term and Effective Date, Subsection D, End of Term Extension, of the above referenced Contract, the Department desires to continue the Contractor's services while an extension amendment is completed. This extension amendment will not be fully executed by the end of the Contract performance period on June 30, 2025. Therefore, the Department is hereby unilaterally extending the above referenced Contract for up to two months (August 30, 2025) under the same terms and conditions as the above referenced Contract and Exhibit B, Rates.

If you have any questions or concerns, please contact me at nancykay.clark@state.co.us.

Sincerely,

Nancy Kay Clark
Procurement Specialist

Contract Control Number: SOCSV-202263930-06
Contractor Name: State of Colorado acting by & through the Department of Health Care Policy and 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:

Attorney for the City and County of Denver

By: _____

REGISTERED AND COUNTERSIGNED:

By: _____

By: _____

Contract Control Number: SOCSV-202263930-06
Contractor Name: State of Colorado acting by & through the Department of Health Care Policy and Financing

By: See attached

Name: _____
(please print)

Title: _____
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)