

## SECOND AMENDATORY AGREEMENT

This **SECOND 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 Avenue Denver, Colorado 80220 (the “Contractor”, and collectively (“the Parties”).

### RECITALS:

**A.** The Parties entered into an Agreement dated August 28, 2018, and a First Amendatory Agreement dated October 23, 2019 (collectively, the “Agreement”) to provide services to individuals living with HIV/AIDS in the Denver Transitional Grant Area.

**B.** The Parties wish to amend the Agreement to extend the term, increase the maximum contract amount, and amend the scope of work.

**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 28, 2021** (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**” Sub-section A. entitled “**Fees and Expenses**” is hereby deleted in its entirety and replaced with:

“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 **SIX MILLION FIVE HUNDRED EIGHTEEN THOUSAND FIVE HUNDRED ONE DOLLARS AND NO CENTS (\$6,518,501.00)** (the “Maximum Contract Amount”), to be used in accordance with the budget contained in Exhibit B. Amounts billed may not exceed the budget set forth in Exhibit B. The Contractor certifies the budget line items in Exhibit B contain reasonable allowable direct costs and allocable indirect costs in accordance with 2 C.F.R., Subpart E.”

3. **Exhibit A and Exhibit A-1** are hereby deleted in their entirety and replaced with **Exhibit A-2 Scope of Work**, attached and incorporated by reference herein. All references in the original Agreement to Exhibit A and Exhibit A-1 are changed to Exhibit A-2.

4. **Exhibit B and Exhibit B-1** are hereby deleted in their entirety and replaced with **Exhibit B-2 Budget**, attached and incorporated by reference herein. All references in the original Agreement to Exhibit B and Exhibit B-1 are changed to Exhibit B-2.

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

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

**Contract Control Number:** ENVHL-202054735- 02 / 201843782-02  
**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-202054735- 02 / 201843782-02  
COLORADO HEALTH NETWORK, INC.

By: DocuSigned by:  
*Darrell Vigil*  
F026B8BGAFB94E3...\_\_\_\_\_

Name: darrell vigil  
(please print)

Title: Chief Executive Officer  
(please print)

ATTEST: [if required]

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

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

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



## EXHIBIT A - 2 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), Denver HIV Resources (DHR) 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 and COVID-19 Response funds:

- Maximum of **\$2,554,950** in Fiscal Year 2020 (March 1, 2020 – February 28, 2021)

### 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 2020 AWARD NUMBER	FY 2020 AWARD AMOUNT
Emergency Financial Assistance	RW Part A	20-EFA-1539-A	\$291,063
Food Bank/Home Delivered Meals	RW Part A	20-FBM-1539-A	\$131,320
Medical Case Management	RW Part A	20-MCM-1539-A	\$667,433
Medical Transportation	RW Part A	20-MTS-1539-A	\$128,049
Mental Health Services	RW Part A	20-MHS-1539-A	\$39,884
Oral Health Care	RW Part A	20-OHC-1539-A	\$589,451
Oral Health Care - Directive	RW Part A	20-OHD-1539-A	\$64,746
Psychosocial Support Services	RW Part A	20-PSS-1539-A	\$29,358
Substance Abuse Outpatient Care	RW Part A	20-SAO-1539-A	\$38,711
Housing Services	RW Part A	20-HS-1539-A	\$291,063
Housing Services	RW Part A- COVID-19	20-HS-1539-C	\$127,466
Emergency Financial Assistance	RW Part A- COVID-19	20-EFA-1539-C	\$127,466
Food Bank/Home Delivered Meals	RW Part A- COVID-19	20-FBM-1539-C	\$17,845
Mental Health Services	RW Part A-	20-MHS-1539-C	\$11,095



## EXHIBIT A - 2 SCOPE OF WORK

	COVID-19		
<b>FY 2020 MAXIMUM REIMBURSABLE AMOUNT:</b>			<b>\$2,554,950</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 2020 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Emergency Financial Assistance	20-EFA-1539-A	732	1757
Food Bank/Home Delivered Meals	20-FBM-1539-A	825	5363
Medical Case Management	20-MCM-1539-A	1310	32,750
Medical Transportation	20-MTS-1539-A	665	85,120
Mental Health Services	20-MHS-1539-A	58	1044
Oral Health Care	20-OHC-1539-A	1050	3150
Oral Health Care - Directive	20-OHD-1539-A	129	129
Psychosocial Support Services	20-PSS-1539-A	20	30
Substance Abuse Outpatient Care	20-SAO-1539-A	51	918
Housing Services	20-HS-1539-A	732	1757
Housing Services	20-HS-1539-C	354	850
Emergency Financial Assistance	20-EFA-1539-C	354	850
Food Bank/Home Delivered Meals	20-FBM-1539-C	105	683
Mental Health Services	20-MHS-1539-C	9	162

### IV. Clinical Quality Management Program

#### A. Clinical Quality Management Plan

- i.) Contractor will be required to submit a FY 2020 Clinical Quality Management Plan. **Clinical Quality Management Plans will be due on May 30, 2020.** Quality Management Plans must include the following elements:
  - o General Information
  - o Quality Statement
  - o Quality Infrastructure
  - o Quality Improvement
  - o Work Plan Description
  - o Work Plan Matrix



## **EXHIBIT A - 2 SCOPE OF WORK**

### **B. Clinical 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 Clinical Quality Management Plan, and impact the sub-recipients identified annual quality goals
- iii.) A summary on clinical quality management activities will be submitted to DHR by January 15<sup>th</sup>, 2021 (for CQM Activities conducted March 2020 through November 2020)
- iv.) Contractor will hold Quality Committee meetings, meetings will be held at a minimum of quarterly

### **V. Clinical 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, Clinical 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 (E). Three or more occurrences of a late invoice shall be considered a contract compliance issue.
- C.** Delayed invoicing 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 the delayed invoicing option.
- E.** The Contractor is required to submit a complete invoice package monthly using required DDPHE HIV Resources invoice forms. A complete invoice package will include the following:



## EXHIBIT A - 2 SCOPE OF WORK

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

**Item 2:** supporting documentation for all expenses;

**Item 3:** a quarterly narrative report once per quarter (four times per year).

Contractor invoicing schedule is as follows:

SERVICE MONTH	INVOICE PACKAGE DUE BY	INVOICE PACKAGE INCLUDES:
March 2020	May 15, 2020	Items 1 and 2
April 2020	June 15, 2020	Items 1 and 2
May 2020	July 15, 2020	Items 1 and 2
June 2020	August 17, 2020	Items 1 and 2
July 2020	September 15, 2020	Items 1, 2, and 3
August 2020	October 15, 2020	Items 1 and 2
September 2020	November 16, 2020	Items 1 and 2
October 2020	December 15, 2020	Items 1, 2, and 3
November 2020	January 15, 2021	Items 1 and 2
December 2020	February 15, 2021	Items 1 and 2
January 2021	March 15, 2021	Items 1, 2, and 3
February 2021	April 15, 2021	Items 1 and 2
<b>Final 2020 Invoice</b>	<b>April 15, 2021</b>	<b>Items 1, 2, and 3</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 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



## **EXHIBIT A - 2**

### **SCOPE OF WORK**

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. Contractor may be reviewed for:

1. **Clinical Quality Management Monitoring:** Review contractor Clinical Quality Management program inclusive of performance data, health outcomes, and satisfaction surveys.
2. **Program Monitoring\*:** Review and analysis of current program information to determine the extent to which contractors are achieving established contractual goals;



## EXHIBIT A - 2 SCOPE OF WORK

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 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	<p>Contractor is required to enter client-level data monthly into CAREWare for all funded services including:</p> <ol style="list-style-type: none"> <li>1. All client-level information required by HRSA: <a href="https://www.targethiv.org/sites/default/files/file-upload/resources/2019_RS_R_Manual_091919_508.pdf">https://www.targethiv.org/sites/default/files/file-upload/resources/2019_RS_R_Manual_091919_508.pdf</a> and/or requirements subject to change by HRSA</li> <li>2. Contractor may enter client- level data into CAREWare using two different methodologies: Direct manual data entry via the CAREWare interface; or Provider Data Import (PDI).</li> </ol>	<p>Manual Data Entry Provider: 15<sup>th</sup> of each month</p> <p>PDI: 25<sup>th</sup> of each month</p>	Into CAREWare system
2. Ryan White Part A Service Report (RSR)	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Data input throughout the calendar year</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</li> </ul>	TBD by HRSA, March 2021	<p>Into CAREWare system for data entry</p> <p>Into HRSA Web Application for RSR final reporting</p>



## EXHIBIT A - 2 SCOPE OF WORK

	<p>Web Application (per HRSA requirement)</p> <p style="text-align: center;">Submit RSR report into HRSA Web Application</p>		
3. Clinical Quality Management Plan	Most recent CQM Plan shall follow the DHR CQM Plan elements	April 30, 2020	<p>Quality Administrator: Jonathan Basilio  <a href="mailto:Jonathan.Basilio@denvergov.org">Jonathan.Basilio@denvergov.org</a></p>
4. 1 <sup>st</sup> Quarter report	<p>Report shall:</p> <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>• 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, 2020 through May 31, 2020</li> </ul>	July 15, 2020	<p>DPHE HIV Resources Program Manager: Robert George  <a href="mailto:Robert.George@denvergov.org">Robert.George@denvergov.org</a></p> <p>Data Administrator: Nick Roth  <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a></p>
5. Mid-Year Report	<p>Report shall:</p> <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>• 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, 2020 through August 31, 2020</li> </ul>	October 15, 2020	<p>DPHE HIV Resources Program Manager: Robert George  <a href="mailto:Robert.George@denvergov.org">Robert.George@denvergov.org</a></p> <p>Data Administrator: Nick Roth  <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a></p>
6. 3 <sup>rd</sup> Quarter Report	<p>Report shall:</p> <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>• 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, 2020 through November 30, 2020</li> </ul>	January 15, 2021	<p>DPHE HIV Resources Program Manager: Robert George  <a href="mailto:Robert.George@denvergov.org">Robert.George@denvergov.org</a></p> <p>Data Administrator: Nick Roth  <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a></p>
7. Clinical Quality Management Activities 9-Month Summary	<p>Report shall:</p> <ul style="list-style-type: none"> <li>• Provide a summary of CQM Activities for the period of March 1, 2020 through November 30, 2020</li> </ul>	January 15, 2021	<p>Quality Administrator: Jonathan Basilio  <a href="mailto:Jonathan.Basilio@denvergov.org">Jonathan.Basilio@denvergov.org</a></p>



## EXHIBIT A - 2 SCOPE OF WORK

8. 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>• 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, 2020 through February 28, 2021</li> </ul>	April 30, 2021	DPHE HIV Resources Program Manager: Robert George <a href="mailto:Robert.George@denvergov.org">Robert.George@denvergov.org</a>  Data Administrator: Nick Roth <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a>
9. CARES Act: COVID-19 Reporting	Subrecipients shall complete and/or assist Denver HIV Resources in the completion of monthly COVID-19 Data Reports (CDR). The timeframe for this data reporting is from January 20, 2020 – May 31, 2021. The CDR includes data in regard to your agency's overall telehealth capacity for client services, any/all COVID-19 testing data for Ryan White Part A Clients given at your agency site, items procured using CARES Act funding, and CARES Act funded service utilization data. The CDR Manual can be found here: <a href="https://targethiv.org/sites/default/files/file-upload/resources/2020-CDR-Instruction-Manual_DRAFT05272020.pdf">https://targethiv.org/sites/default/files/file-upload/resources/2020-CDR-Instruction-Manual_DRAFT05272020.pdf</a>	COVID-19 Data Report in Google Form: 10 <sup>th</sup> of every Month starting in July 15, 2020  COVID-19 Data Report in HRSA Electronic Handbook: due 15 <sup>th</sup> of every month starting July 15, 2020	Data Administrator: Nick Roth <a href="mailto:Nicholas.roth@denvergov.org">Nicholas.roth@denvergov.org</a>
10. Other reports, data or processes as reasonably requested by the City including but not limited to: client acuity, eligibility and service data sharing, and/or a standard referral process.	To be determined (TBD)	TBD	TBD



## **EXHIBIT A - 2 SCOPE OF WORK**

### **X. Budget**

- A.** Contractor shall provide the identified services for the City under the support and guidance of the 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 **Exhibit B**.

### **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.

## FORM A-1

## DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE

CONTRACT SUMMARY DATA  
FORM A-1: SUBRECIPIENT INFORMATION

SUBRECIPIENT: **Colorado Health Network**

DATE OF SUBMISSION: **04/01/2020** CONTRACT AMOUNT: **\$2,554,950.00**

Check One:  First Submission or  
 Resubmission

FUNDING SOURCE: **Ryan White Part A & COVID-19**

EFFECTIVE DATES: **03/01/2020** to **02/28/2021**

## SUBRECIPIENT CORPORATION INFORMATION

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

FEDERAL TAX ID#: **84-0961159** DUNS#: **14955331**

EXACT CORPORATE NAME: **Colorado Health Network**

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

**Denver** **CO** **80220**  
Address Line 2  
City State Zipcode

CORPORATE WEBSITE: **[www.coloradohealthnetwork.org](http://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** *Darrell Vigil, CEO* **06/05/2020**  
Printed Name Signature Date

**303-962-5310** **303-962-5303** **[Darrell.Vigil@coloradohealthnetwork.org](mailto:Darrell.Vigil@coloradohealthnetwork.org)**  
Telephone Fax Email

## SENIOR ADMINISTRATOR:

**Randy Vessell** *Randy Vessell* **6/5/20**  
Printed Name Signature Date

**303-962-5312** **303-962-5303** **[Randy.Vessell@coloradohealthnetwork.org](mailto:Randy.Vessell@coloradohealthnetwork.org)**  
Telephone Fax Email

## BOARD PRESIDENT:

**Bill Mead** *Bill Mead* **6/5/2020**  
Printed Name Signature Date

**719-636-8088** **[meadman2@aol.com](mailto:meadman2@aol.com)**  
Telephone Fax Email

## CONTRACT SIGNATORY:

**Darrell Vigil** *Darrell Vigil, CEO* **06/05/2020**  
Printed Name Signature Date

**303-962-5310** **303-962-5303** **[Darrell.Vigil@coloradohealthnetwork.org](mailto:Darrell.Vigil@coloradohealthnetwork.org)**  
Telephone Fax Email

## FORM A-1

## CONTRACT CONTACT INFORMATION

<b>PROGRAM CONTACT:</b>	Maria Lopez		Director of Client Services	
	Name		Title	
303-962-4487		Maria.Lopez@coloradohealthnetwork.org		
Telephone	Fax	Email		
<b>FISCAL CONTACT:</b>	Randy Vessell		Chief Financial Officer	
	Name		Title	
303-962-5312		Randy.Vessell@coloradohealthnetwork.org		
Telephone	Fax	Email		
<b>DATA CONTACT:</b>	Bonnie Brown		Database Administrator	
	Name		Title	
303-960-4223		Bonnie.Brown@coloradohealthnetwork.org		
Telephone	Fax	Email		
<b>QUALITY CONTACT:</b>	Jamie Villalobos		Program Quality Officer	
	Name		Title	
303-962-4492		Jamie.Villalobos@coloradohealthnetwork.org		
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.

## FORM A-2

## DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE

CONTRACT SUMMARY DATA  
FORM A-2: BUDGET SUMMARY

<b>SUBRECIPIENT:</b>	Colorado Health Network		
<b>DATE OF SUBMISSION:</b>	04/01/2020	<b>CONTRACT AMOUNT:</b>	\$2,554,950
Check One:	<input checked="" type="checkbox"/> First Submission or <input type="checkbox"/> Resubmission		
	<b>FUNDING SOURCE:</b> Ryan White Part A & COVID-19		
<b>EFFECTIVE DATES:</b>	03/01/2020	to	02/28/2021

**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>
20-EFA-1539-A	EFA   Emergency Financial Assistance	Ryan White Part A	\$291,063.00		\$291,063.00
20-FBM-1539-A	FBM   Food Bank/Home Delivered Meals	Ryan White Part A	\$131,320.00		\$131,320.00
20-MCM-1539-A	MCM   Medical Case Management	Ryan White Part A	\$667,433.00		\$667,433.00
20-MTS-1539-A	MTS   Medical Transportation	Ryan White Part A	\$128,049.00		\$128,049.00
20-MHS-1539-A	MHS   Mental Health Services	Ryan White Part A	\$39,884.00		\$39,884.00
20-OHC-1539-A	OHC   Oral Health Care	Ryan White Part A	\$589,451.00		\$589,451.00
20-OHD-1539-A	OHD   Oral Health Care - Directive	Ryan White Part A	\$64,746.00		\$64,746.00
20-PSS-1539-A	PSS   Psychosocial Support Services	Ryan White Part A	\$29,358.00		\$29,358.00
20-SAO-1539-A	SAO   Substance Abuse Outpatient Care	Ryan White Part A	\$38,711.00		\$38,711.00
20-HS-1539-A	HS   Housing Services	Ryan White Part A	\$291,063.00		\$291,063.00
20-HS-1539-C	HS   Housing Services	Ryan White Part A - COVID-19	\$127,466.00		\$127,466.00
20-EFA-1539-C	EFA   Emergency Financial Assistance	Ryan White Part A - COVID-19	\$127,466.00		\$127,466.00
20-FBM-1539-C	FBM   Food Bank/Home Delivered Meals	Ryan White Part A - COVID-19	\$17,845.00		\$17,845.00
20-MHS-1539-C	MHS   Mental Health Services	Ryan White Part A - COVID-19	\$11,095.00		\$11,095.00
<b>TOTAL CONTRACT AMOUNT</b>			\$2,554,950.00		\$2,554,950.00

<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

PERIOD OF FUNDING:	BEGIN DATE	END DATE									
OBJECT CLASS CATEGORY	RYAN WHITE PART A (DDPHE)	RYAN WHITE PART B (CDPHE)	CDPHE HIV Core and Support Services	RYAN WHITE PART F (Univ CO)	HUD	CDC (CDPHE)	HOPWA CHAMP (State of CO)	CDPHE OTHER SOURCES	HOPWA	GENERAL OPERATION/ PRIVATE	TOTAL BUDGET
PERSONNEL	1,147,476.00	1,047,779.00	686,697.00	85,881.00	105,821.00		133,194.00	1,741,038.00	474,094.00	621,000.00	6,042,980.00
FRINGE BENEFITS	218,450.00	295,527.00	193,684.00	18,894.00	29,847.00		23,974.00	409,310.00	89,013.00	136,620.00	1,415,319.00
TRAVEL	1,948.00	13,332.00	17,914.00	2,000.00	1,857.00		2,000.00	22,612.00	2,256.00	16,065.00	79,984.00
EQUIPMENT	3,000.00	12,000.00	5,000.00	0.00	4,100.00		0.00	47,200.00	3,605.00	24,000.00	98,905.00
SUPPLIES	49,788.00	62,800.00	89,000.00	28,325.00	8,000.00		0.00	127,600.00	4,000.00	60,827.00	430,340.00
CONTRACTUAL	14,050.00	37,816.00	62,500.00	11,578.00	5,647.00		10,800.00	1,980,097.00	16,032.00	85,037.00	2,223,557.00
OTHER	924,174.00	3,091,134.00	196,870.00	0.00	2,925.00		500,000.00	5,926,607.00	1,636,283.00	164,802.00	12,442,795.00
<b>TOTAL DIRECT CHARGES</b>	<b>2,358,886.00</b>	<b>4,560,388.00</b>	<b>1,251,665.00</b>	<b>146,678.00</b>	<b>158,197.00</b>	<b>0.00</b>	<b>669,968.00</b>	<b>10,254,464.00</b>	<b>2,225,283.00</b>	<b>1,108,351.00</b>	<b>22,733,880.00</b>
<b>INDIRECT CHARGES</b>	<b>196,064.00</b>	<b>440,413.00</b>	<b>124,093.00</b>	<b>12,468.00</b>	<b>11,907.00</b>		<b>46,898.00</b>	<b>898,372.00</b>	<b>105,904.00</b>	<b>0.00</b>	<b>1,836,119.00</b>
<b>TOTAL COSTS</b>	<b>2,554,950.00</b>	<b>5,000,801.00</b>	<b>1,375,758.00</b>	<b>159,146.00</b>	<b>170,104.00</b>	<b>0.00</b>	<b>716,866.00</b>	<b>11,152,836.00</b>	<b>2,331,187.00</b>	<b>1,108,351.00</b>	<b>24,569,999.00</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.