

## AGREEMENT

**THIS AGREEMENT** (“Agreement”) is made and entered into by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation organized pursuant to the Constitution of the State of Colorado, (the “City”) and **COLORADO HEALTH NETWORK, INC. d/b/a DENVER COLORADO AIDS PROJECT**, a Colorado non-profit corporation (the “Contractor”), whose address is 2490 West 26<sup>th</sup> Avenue, Building A, Suite 300, Denver, Colorado 80211.

### WITNESSETH

**WHEREAS**, the City desires to provide funds to be utilized for housing opportunities for persons with AIDS; and

**WHEREAS**, the Contractor is ready, willing and able to provide such services;

**NOW THEREFORE**, in consideration of the premises, and the mutual covenants and obligations herein contained, the parties agree as follows:

1. **SERVICES TO BE PROVIDED**: The Contractor agrees to carry out the program services described in **Exhibit A** entitled “Scope of Services,” and **Exhibit B** entitled “Financial Administration,” and the budget contained therein, in a lawful, satisfactory and proper manner, and in accordance with written policies and procedures as may be prescribed by the U.S. Department of Housing and Urban Development (“HUD”) or the City. Exhibits A and B are attached hereto and incorporated herein by this reference as if fully set forth herein. Changes to the services described in Exhibit A may be approved in writing by the Director (the “Director”) of the City’s Office of Economic Development (“OED”), or his or her designee, provided the changes do not (i) extend the term of this Agreement, (ii) increase the amount payable hereunder as identified in Section 3 below, or (iii) constitute a major modification of this Agreement under applicable federal law. In the event of any conflict between the terms and conditions contained in this document and those contained in Exhibits A and B, which cannot be resolved so as to give effect to both or all provisions, then the terms and conditions contained in this document shall be deemed to be controlling over those in Exhibits A and B.

2. **TIME OF PERFORMANCE**: This Agreement shall begin on January 1, 2012, and end on December 31, 2012, unless such time is extended by written agreement of the parties, executed in the same manner as this Agreement.

3. **COMPENSATION:** The amount to be paid by the City to the Contractor shall not exceed One Million Four Hundred Sixty Two Thousand Five Hundred Twenty Three and No/100 Dollars (\$1,462,523.00). The obligation of the City for payments under this Agreement is limited to monies appropriated by the U.S. Congress and the City Council and paid into the City Treasury as an applicable cost under the “Housing Opportunities for Persons with AIDS Grant Agreement” referred to below. Funds will be released to the Contractor in accordance with the budget and other requirements set forth in Exhibits A and B. The parties agree that (i) the City does not by this Agreement irrevocably pledge present cash reserves for payment or performance in future fiscal years, and (ii) this Agreement is not intended to create a multiple-fiscal year direct or indirect debt or financial obligation of the City.

4. **RECORDS AND REPORTS:** Contractor will provide OED with records and reports as further detailed in Exhibits A and B.

5. **NO DISCRIMINATION IN EMPLOYMENT:** In connection with the performance of work under this Agreement, the Contractor agrees not to refuse to hire, discharge, promote or demote, or to discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, gender, age, military status, sexual orientation, marital status, or physical or mental disability; and further agrees to insert the foregoing provision in all subcontracts hereunder.

6. **DEFENSE & INDEMNIFICATION:**

A. Contractor hereby agrees to defend, indemnify, and hold harmless City, its appointed and elected officials, agents and employees against all liabilities, claims, judgments, suits or demands for damages to persons or property arising out of, resulting from, or relating to the work performed under this Agreement (“Claims”), unless and until such Claims have been specifically determined by the trier of fact to be due to the sole negligence or willful misconduct of the City. This indemnity shall be interpreted in the broadest possible manner to indemnify City for any acts or omissions of Contractor or its subcontractors either passive or active, irrespective of fault, including City’s concurrent negligence whether active or passive, except for the sole negligence or willful misconduct of City.

B. Contractor’s duty to defend and indemnify City shall arise at the time written notice of the Claim is first provided to City regardless of whether Claimant has filed suit on the Claim. Contractor’s duty to defend and indemnify City shall arise even if City is the only

party sued by claimant and/ or claimant alleges that City's negligence or willful misconduct was the sole cause of claimant's damages.

C. Contractor will defend any and all Claims which may be brought or threatened against City and will pay on behalf of City any expenses incurred by reason of such Claims including, but not limited to, court costs and attorney fees incurred in defending and investigating such Claims or seeking to enforce this indemnity obligation. Such payments on behalf of City shall be in addition to any other legal remedies available to City and shall not be considered City's exclusive remedy.

D. Insurance coverage requirements specified in this Agreement shall in no way lessen or limit the liability of the Contractor under the terms of this indemnification obligation. The Contractor shall obtain, at its own expense, any additional insurance that it deems necessary for the City's protection.

E. This defense and indemnification obligation shall survive the expiration or termination of this Agreement.

**7. CONTRACTOR'S INSURANCE:**

A. GENERAL CONDITIONS: Contractor agrees to secure, at or before the time of execution of this Agreement, the following insurance covering all operations, goods or services provided pursuant to this Agreement. Contractor shall keep the required insurance coverage in force at all times during the term of the Agreement, or any extension thereof, during any warranty period, and for three (3) years after termination of the Agreement. The required insurance shall be underwritten by an insurer licensed or authorized to do business in Colorado and rated by A.M. Best Company as "A-"VIII or better. Each policy shall contain a valid provision or endorsement stating "Should any of the above-described policies be canceled or non-renewed before the expiration date thereof, the issuing company shall send written notice to Denver Risk Management, 201 West Colfax Avenue, Dept. 1105, Denver, Colorado 80202. Such written notice shall be sent thirty (30) days prior to such cancellation or non-renewal unless due to non-payment of premiums for which notice shall be sent ten (10) days prior." Additionally, Contractor shall provide written notice of cancellation, non-renewal and any reduction in coverage to the address above by certified mail, return receipt requested. If any policy is in excess of a deductible or self-insured retention, the City must be notified by the Contractor. Contractor shall be responsible for the payment of any deductible or self-insured

retention. The insurance coverages specified in this Agreement are the minimum requirements, and these requirements do not lessen or limit the liability of the Contractor. The Contractor shall maintain, at its own expense, any additional kinds or amounts of insurance that it may deem necessary to cover its obligations and liabilities under this Agreement.

**B. PROOF OF INSURANCE:** Contractor shall provide a copy of this Agreement to its insurance agent or broker. Contractor may not commence services or work relating to the Agreement prior to placement of coverage. Contractor certifies that the certificate of insurance attached as **Exhibit C**, preferably an ACORD certificate, complies with all insurance requirements of this Agreement. The City requests that the City's contract number be referenced on the Certificate. The City's acceptance of a certificate of insurance or other proof of insurance that does not comply with all insurance requirements set forth in this Agreement shall not act as a waiver of Contractor's breach of this Agreement or of any of the City's rights or remedies under this Agreement. The City's Risk Management Office may require additional proof of insurance, including but not limited to policies and endorsements.

**C. ADDITIONAL INSURED:** For Commercial General Liability and Auto Liability, Contractor and subcontractor's insurer(s) shall name the City and County of Denver, its elected and appointed officials, employees and volunteers as additional insured.

**D. WAIVER OF SUBROGATION:** For all coverages, Contractor's insurer shall waive subrogation rights against the City.

**E. SUBCONTRACTORS AND SUBCONSULTANTS:** All subcontractors and subconsultants (including independent contractors, suppliers or other entities providing goods or services required by this Agreement) shall be subject to all of the requirements herein and shall procure and maintain the same coverages required of the Contractor. Contractor shall include all such subcontractors as additional insured under its policies (with the exception of Workers' Compensation) or shall ensure that all such subcontractors and subconsultants maintain the required coverages. Contractor agrees to provide proof of insurance for all such subcontractors and subconsultants upon request by the City.

**F. WORKERS' COMPENSATION/EMPLOYER'S LIABILITY INSURANCE:** Contractor shall maintain the coverage as required by statute for each work location and shall maintain Employer's Liability insurance with limits of \$100,000 per occurrence for each bodily injury claim, \$100,000 per occurrence for each bodily injury caused by disease claim, and

\$500,000 aggregate for all bodily injuries caused by disease claims. Contractor expressly represents to the City, as a material representation upon which the City is relying in entering into this Agreement, that none of the Contractor's officers or employees who may be eligible under any statute or law to reject Workers' Compensation Insurance shall effect such rejection during any part of the term of this Agreement, and that any such rejections previously effected, have been revoked as of the date Contractor executes this Agreement.

**G. COMMERCIAL GENERAL LIABILITY:** Contractor shall maintain a Commercial General Liability insurance policy with limits of \$1,000,000 for each occurrence, \$1,000,000 for each personal and advertising injury claim, \$2,000,000 products and completed operations aggregate, and \$2,000,000 policy aggregate.

**H. BUSINESS AUTOMOBILE LIABILITY:** Contractor shall maintain Business Automobile Liability with limits of \$1,000,000 combined single limit applicable to all owned, hired and non-owned vehicles used in performing services under this Agreement.

**I. ADDITIONAL PROVISIONS:**

(1) For Commercial General Liability and Excess Liability, the policies must provide the following:

- (a) That this Agreement is an Insured Contract under the policy;
- (b) Defense costs in excess of policy limits;
- (c) A severability of interests, separation of insureds or cross liability provision; and
- (d) A provision that coverage is primary and non-contributory with other coverage or self-insurance maintained by the City.

(2) For claims-made coverage:

- (a) The retroactive date must be on or before the contract date or the first date when any goods or services were provided to the City, whichever is earlier.

(3) Contractor shall advise the City in the event any general aggregate or other aggregate limits are reduced below the required per occurrence limits. At their own expense, and where such general aggregate or other aggregate limits have been reduced below

the required per occurrence limit, the Contractor will procure such per occurrence limits and furnish a new certificate of insurance showing such coverage is in force.

**8. AUDIT REQUIREMENTS:** Non-profit organizations that expend \$500,000 or more in a year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133 and applicable federal regulations.

**9. EXAMINATION OF RECORDS:** The Contractor agrees that any duly authorized representative of the City or the United States shall, until the expiration of five (5) years after the final payment under this Agreement, or such longer period as may be required due to an audit finding, have access to and the right to examine any books, documents, papers and records of the Contractor, involving transactions related to this Agreement.

**10. COUNTERPARTS OF THE AGREEMENT:** This Agreement may be executed in counterparts, each of which shall be deemed to be an original of this Agreement, and all of which taken together shall constitute one and the same instrument.

**11. ASSIGNMENT AND SUBCONTRACTING:** The City shall not be obligated or liable under this Agreement to any party other than the Contractor named herein. The Contractor understands and agrees that it shall not assign or subcontract with respect to any of its rights, benefits, obligations or duties under this Agreement except upon prior written consent and approval of the City to such assignment or subcontracting; and, in the event any such assignment or subcontracting shall occur, such action shall not be construed to create any contractual relationship between the City and such assignee or subcontractor, and the Contractor herein named shall in any and all events be and remain responsible to the City according to the terms of this Agreement.

**12. NO THIRD PARTY BENEFICIARY:** It is expressly understood and agreed that enforcement of the terms and conditions of this Agreement, and all rights of action relating to such enforcement, shall be strictly reserved to the City and the Contractor, and nothing contained in this Agreement shall give or allow any such claim or right of action by any other or third person on such Agreements. It is the express intention of the City and the Contractor that any person other than the City or the Contractor receiving services or benefits under this Agreement shall be deemed an incidental beneficiary only.

**13. CONFLICT OF INTEREST:** The parties agree that no employee of the City shall have any personal or beneficial interest whatsoever in the services or property described herein and the Contractor further agrees not to hire or contract for services any employee or officer of the City which would be in violation of the Revised Municipal Code Chapter 2, Article IV, Code of Ethics, or Denver City Charter provisions 1.2.9 and 1.2.12.

**14. STATUS OF CONTRACTOR:** It is understood and agreed that the status of the Contractor shall be that of an independent contractor and of a person retained on a contractual basis to perform professional or technical services for limited periods of time as described in Section 9.1.2(C) of the Charter of the City and it is not intended, nor shall it be construed, that the Contractor or its employees are employees or officers of the City under Chapter 18 of the Denver Revised Municipal Code or for any purpose whatsoever.

**15. CONDITIONS:** This Agreement is subject to, and Contractor's services shall be performed in accordance with, the Housing Opportunities for Persons with AIDS Grant Agreement entered into by and between the City and HUD, the AIDS Housing Opportunity Act, as amended by the Housing and Community Development Act of 1992, and the HOPWA Program regulations published at 24 CFR Part 574, as the same may be amended from time to time. These federal requirements are incorporated into this Agreement as if expressly set forth herein, and include, but are not limited to, the following:

- A. Nondiscrimination and equal opportunity, as provided at 24 CFR §574.603;
- B. Applicability of OMB Circulars, 24 CFR §574.605;
- C. Conflict of interest, 24 CFR §574.625;
- D. Displaced, relocation, and real property acquisition, 24 CFR §574.630;
- E. Lead-based paint, 24 CFR §574.635;
- F. Flood Insurance protection, 24 CFR §574.640;
- G. Coastal barriers, 24 CFR §574.645;
- H. Audit, 24 CFR § 574.650;
- I. Wage rates, 24 CFR §574.655.

Additionally, this Agreement is subject to the City's Charter and all applicable City ordinances, as the same may be amended from time to time.

**16. LEGAL AUTHORITY:**

**A.** Contractor assures and guarantees that it possesses the legal authority, pursuant to any proper, appropriate and official motion, resolution or action passed or taken, to enter into this Agreement.

**B.** The person or persons signing and executing this Agreement on behalf of Contractor, do hereby warrant and guarantee that he/she or they have been fully authorized by Contractor to execute this Agreement on behalf of Contractor and to validly and legally bind Contractor to all the terms, performances and provisions herein set forth.

**C.** The City shall have the right, at its option to either temporarily suspend or permanently terminate this Agreement, if there is a dispute as to the legal authority of either Contractor or the person signing the Agreement to enter into this Agreement. The City shall not be obligated to Contractor for any performance of the provisions of this Agreement in the event that the City has suspended or terminated this Agreement as provided in this Section.

**17. TERMINATION:** This Agreement may be terminated without cause by the Contractor or the Director upon fifteen (15) days written advance notice, or with cause effective immediately. If the Contractor's services are terminated, postponed, or revised, it shall be paid only for that portion of the work satisfactorily completed at the effective date of such action.

**18. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION:**

**A.** The Contractor represents and warrants that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

**B.** The Contractor will not enter into any lower tier transaction with a person who is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a covered transaction unless authorized by the federal agency from which the transaction originated.

**C.** The Contractor shall include the certification contained in subparagraph A of this Section in any and all subcontracts hereunder and shall require any subcontractors or sub-consultants to comply with any and all applicable federal laws, rules and regulations, policies and procedures or guidance concerning the federal debarment, suspension, and exclusion program.



**D.** The Contractor will immediately notify OED in writing if at any time it learns that it failed to disclose that it or any of its principals were excluded at the time the parties executed this Agreement, or if due to changed circumstances the Contractor or any of its principals have subsequently been excluded by a federal agency.

**E.** The representation made in subparagraph A of this Section is a material representation of fact upon which reliance was placed when this transaction was entered into.

**19. CONFIDENTIALITY:** Contractor agrees to ensure the confidentiality of the name of any individual assisted pursuant to this Agreement, and any other information regarding individuals receiving assistance.

**20. CONTRACT MONITORING:** The Contractor shall be subject to various monitoring and evaluation requirements to assure compliance with applicable federal requirements and that performance goals are being achieved. The Contractor's performance may be reviewed monthly, or more often, by the appropriate operational unit at OED which has program management responsibility. All records required to perform such monitoring shall be made available to the authorized OED staff by the Contractor. All reports submitted by the Contractor shall be utilized as part of the evaluation of Contractor's performance hereunder. All reviews shall be conducted in accordance with internal OED procedures. Procedures will be available to the Contractor prior to any review. The Contractor is further subject to a final program audit. The City Auditor reserves the right to select the audit firm. The Contractor shall provide all requested records to the auditing personnel. The Audit Guide will be the basis of the performance of the audit. The Contractor agrees to abide by the administrative procedures of OED regarding the resolution of audit exceptions.

**21. ENFORCEMENT:** If the Contractor materially fails to comply with the terms of this Agreement, or the terms any other agreement between the City and Contractor, the City may take one or more of the following actions:

**A.** Temporarily withhold cash payments pending correction of the deficiency by the Contractor or more severe enforcement action.

**B.** Disallow (that is deny use of funds) all or part of the cost of the activity or actions not in compliance.

**C.** Wholly or partially suspend or terminate the current award for the Contractor's program.

D. Pursue any other remedies that may be legally available.

22. **EMPLOYMENT OPPORTUNITIES AND LOCAL BUSINESS:** The Contractor agrees to comply with Section 3 of the Housing and Urban Development Act of 1968, relating to opportunities for training and employment of lower income residents of Denver and awarding of contracts to businesses located in or owned in substantial part by persons residing in Denver.

23. **NO EMPLOYMENT OF ILLEGAL ALIENS TO PERFORM WORK UNDER THE AGREEMENT:**

A. This Agreement is subject to Division 5 of Article IV of Chapter 20 of the Denver Revised Municipal Code, and any amendments (the “Certification Ordinance”).

B. The Contractor certifies that:

(1) At the time of its execution of this Agreement, it does not knowingly employ or contract with an illegal alien who will perform work under this Agreement.

(2) It will participate in the E-Verify Program, as defined in § 8-17.5-101(3.7), C.R.S., to confirm the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement.

C. The Contractor also agrees and represents that:

(1) It shall not knowingly employ or contract with an illegal alien to perform work under the Agreement.

(2) It shall not enter into a contract with a subcontractor that fails to certify to the Contractor that it shall not knowingly employ or contract with an illegal alien to perform work under the Agreement.

(3) It has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement, through participation in the E-Verify Program.

(4) It is prohibited from using the E-Verify Program procedures to undertake pre-employment screening of job applicants while performing its obligations under the Agreement, and that otherwise requires the Contractor to comply with any and all federal requirements related to use of the E-Verify Program including, by way of example, all program requirements related to employee notification and preservation of employee rights.

(5) If it obtains actual knowledge that a subcontractor performing work under the Agreement knowingly employs or contracts with an illegal alien, it will notify such subcontractor and the City within three (3) days. The Contractor will also then terminate such subcontractor if within three (3) days after such notice the subcontractor does not stop employing or contracting with the illegal alien, unless during such three-day period the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.

(6) It will comply with any reasonable request made in the course of an investigation by the Colorado Department of Labor and Employment under authority of § 8-17.5-102(5), C.R.S, or the City Auditor, under authority of D.R.M.C. 20-90.3.

**D.** The Contractor is liable for any violations as provided in the Certification Ordinance. If Contractor violates any provision of this section or the Certification Ordinance, the City may terminate this Agreement for a breach of the Agreement. If the Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the City. Any such termination of a contract due to a violation of this section or the Certification Ordinance may also, at the discretion of the City, constitute grounds for disqualifying Contractor from submitting bids or proposals for future contracts with the City.

**24. USE, POSSESSION OR SALE OF ALCOHOL OR DRUGS:** The Contractor shall cooperate and comply with the provisions of Executive Order 94 concerning the use, possession or sale of alcohol or drugs. Violation of this provision can result in the City terminating the Agreement or barring the Contractor from City facilities or from participating in City operations. The Contractor shall cooperate and comply with the provisions of 24 CFR § 21 regarding a Drug-Free Workplace.

**25. ELECTRONIC SIGNATURES AND ELECTRONIC RECORDS:**

Contractor consents to the use of electronic signatures by the City. The Agreement, and any other documents requiring a signature hereunder, may be signed electronically by the City in the manner specified by the City. The Parties agree not to deny the legal effect or enforceability of the Agreement solely because it is in electronic form or because an electronic record was used in its formation. The Parties agree not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a

document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

Exhibit A: Scope of Services  
Exhibit B: Financial Administration  
Exhibit C: Certificate of Insurance

**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: OEDEV-201205643-00

Contractor Name: COLORADO HEALTH NETWORK

By: 

Name: Ruth Pederson  
(please print)

Title: Chief Executive Officer  
(please print)

ATTEST: [if required] NA

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

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

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



EXHIBIT A

SCOPE OF SERVICES

OFFICE OF ECONOMIC DEVELOPMENT  
DIVISION OF BUSINESS AND HOUSING SERVICES (BHS)

*COLORADO HEALTH NETWORK d/b/a COLORADO AIDS PROJECT (CPS # 20)*  
TBRA/STRMU/Supportive Services/Permanent Housing Placement programs  
SCOPE OF SERVICES  
2012 HOPWA Services

I. INTRODUCTION

The purpose of this agreement is to provide HOPWA funds as a grant of \$1,462,523, through the Office of Economic Development's Business & Housing Services Team (BHS). These funds will be provided to the **Colorado Health Network, Inc. d/b/a Denver Colorado AIDS Project (DCAP)** to be utilized for the Tenant Based Rental Assistance (TBRA), Short Term Rent Mortgage Utility Assistance, Supportive Services, and Permanent Housing Placement programs.

Funding Source: Amount: CFDA # 14.241  
 CDBG \$ \_\_\_\_\_  
 HOME \$ \_\_\_\_\_  
 HOPWA \$ 1,462,523

HUD Matrix Code: 31 HOPWA; 31C HOPWA Project Sponsor Activity; 31D HOPWA Project Sponsor Administration.

HUD Eligible Activity: Housing Opportunities for Persons with AIDS (HOPWA) – 24CFR Part 574.300 (b)(5) project or tenant based rental assistance, (b)(6) Short Term Rent Mortgage Utility Assistance (b)(7) supportive services, (8) operating cost for housing, and (10)(ii) project sponsor administrative expenses

Accomplishment Code: 04 - households and 01 - people

Proposed Number: 480 – households and 1275 – people

CDBG – Only  
HUD National Objective: n/a

HOME – Only  
HUD Eligible Cost: n/a

Organization: Colorado Health Network Inc. d/b/a Denver Colorado AIDS Project

EIN#: 84-0961159

DUNS #: 14-955-3331

Address: P.O. Box 48120 Denver, CO 80204

Contact Person: Robert George

Phone: 303-837-1501

Email: robertg@coloradoaidsproject.org

Organization Type:  Non-profit  For-profit

Is the organization a Faith-based/Community Initiative?  Yes  No

Is the organization woman owned?  Yes  No

Contract Relationship:  
 Subrecipient/Contractor  Vendor  Beneficiary  Community Based Development Organization  CHDO

Council District(s): ALL Neighborhood(s): ALL Census Tracts: ALL

**Is the purpose of this activity to:**

- |  |   |                             |
|--|---|-----------------------------|
| Help prevent homelessness?               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help the homeless                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help those with HIV/AIDS                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Primarily help persons with disabilities | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**Contract Period:** January 1, 2012 – December 31, 2012

**II. ACTIVITY DESCRIPTION**

**1. Purpose**

**Tenant Based Rental Assistance (TBRA):** The Tenant Based Rental Assistance Program will provide housing assistance to low income households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA). This program is designed to prevent homelessness by creating and retaining long-term, stable, permanent housing options for households that might otherwise not be able to afford housing.

**Short Term Rent Mortgage Utility Assistance (STRMU):** The Short Term Rent Mortgage Utility Program will provide housing assistance to low income households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA). This program is designed to prevent homelessness by assisting to retain long-term, stable, permanent housing options for households that might otherwise lose their housing. This program provides Short Term Rent Mortgage Utility assistance (STRMU) in the form of eviction/foreclosure prevention.

The STRMU Program will provide equal access of funds to rental and mortgage assistance to all participants regardless of where the participant receives primary case management or other support services.

**Supportive Services:** This program is to provide supportive services to participant households affected by HIV/AIDS by providing intensive case management, referrals to healthcare, support around adherence to healthcare and treatment, referrals to mental health and substance abuse counseling, referrals to support groups and psycho-educational workshops, housing resources and referrals, and vocational assistance. This contract will provide funds for several housing and homeless programs and the services vary from program to program.

**Permanent Housing Placement:** The Permanent Housing Placement Program will provide deposit/move-in assistance to low income individuals and households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA).

The Permanent Housing Placement Program will provide equal access of funds for assistance to all participants regardless of where the participant receives primary case management or other support services.

**Funds will be used to**

Provide programs to eligible individuals and/or households within the Denver Eligible Metropolitan Statistical Area (EMSA), which includes and is exclusive to, Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.



2. PROGRAM REQUIREMENTS AND RESPONSIBILITIES

**I.) TENANT BASED RENTAL ASSISTANCE (TBRA):** This program is designed to meet the needs of participants by providing Tenant Based Rental Assistance, which subsidizes the difference between total rent and the monthly tenant rent (based on Tenant Rent Calculation Worksheet or other approved form), to be calculated and tracked by staff at Denver Colorado AIDS Project, or the referring agency, and paid out by Denver Colorado AIDS Project. DCAP will maintain lists of available affordable open-market and subsidized housing for clients as well as coordinate and distribute affordable and supportive housing resources to case managers.

DCAP agrees to use an "Outcome Based Funding" tracking program through DCAP's client database. Outcome Based Funding is defined as "the systematic tracking of the extent to which program participants experience benefits or changes intended; what is different about the person (s) following the program"?

DCAP will be responsible for processing Tenant Based Rental Assistance payments for eligible participant households whom are currently on the program, have been referred by their Case Manager at DCAP or a partner agency and approved, and are currently actively case managed.

**A. PARTICIPANT ELIGIBILITY CRITERIA**

The participant population to be served consists of low-income people living with HIV/AIDS who need assistance with maintaining long-term, stable, permanent housing.

Assistance may be provided after review of the participant's financial status along with other eligibility requirements, according to the following guidelines:

- 1. **INCOME** - The participant household must be low - mod income, with household income defined as at or below 80 percent of median income, as outlined in 24 C.F.R. Section 574.3. The participant household income is defined to include related persons and one or more eligible persons living with another person or persons who are determined to be important to their care or well being.

The current 2012 HUD annual income schedule, adjusted by household size, the incomes are as follows:

INCOME	HOUSEHOLD SIZE				
	1 person	2 persons	3 persons	4 persons	5 persons
80% AMI	\$44,450	\$50,800	\$57,150	\$63,450	\$68,550
50% AMI	\$27,800	\$31,750	\$35,700	\$39,650	\$42,850
30% AMI	\$16,700	\$19,050	\$21,450	\$23,800	\$25,750

- 2. **VERIFICATION OF DIAGNOSIS** - The participant must have a verifiable diagnosis of AIDS (Acquired Immune Deficiency Syndrome) or tested to be seropositive for HIV (Human Immunodeficiency Virus).
- 3. **CASE MANAGEMENT** - All participants must be case managed.
- 4. **HOUSING OPTIONS** - All participants must be on appropriate housing wait lists and/or other subsidy lists as determined by a case manager.
- 5. **DEMONSTRATED NEED** - The participant must demonstrate need of TBRA as described in this contract.
- 6. **FINANCIAL CERTIFICATION FORM** - The participant will sign a financial assistance certification form.
- 7. **VERIFICATION OF TENANCY** - The participant must provide evidence of tenancy. The participant must be a tenant on a valid lease from a property in which they will reside.

**B. RENTAL ASSISTANCE**

Payment requests will be delivered or faxed from all participating Case Management Agencies. CAP shall agree to ensure the confidentiality of the name and any other information regarding individuals assisted under this grant. Information on the HIV status of a participant is confidential and must be maintained in a manner that guarantees confidentiality, as required by law.

CAP will enter into a Memorandum of Understanding (MOU) with each participating Case Management Agency. A copy of the MOU will be provided to the Business & Housing Services Team (BHS) HOPWA Administrator. The case managers of these agencies and CAP are responsible for determining that the participant meets the eligibility requirements and will maintain participant financial assistance records. It is the responsibility of these individual HIV/AIDS Service Agencies' case managers to verify that the request for assistance meets the program guidelines. CAP will not be held responsible for any errors of other agencies.

**RENT RESTRICTIONS**

CAP may pay no more than 110% published HUD-approved Fair Market Rent (FMR) or the approved community-wide exception rent for the unit size. The rent charged for the unit must be reasonable in relation to rents currently being charged by the owner of comparable unassisted units.

Rent restrictions are based on HUD published Section 8 Fair Market Rents. The current rents for the Denver Metro Area:

Bedroom size	0	1	2	3	4
	\$619	\$705	\$893	\$1,268	\$1,478

**Dave's Place and Juan Diego**

CAP will also coordinate the housing placement and rental assistance for one (1) HOPWA-funded apartment units at Dave's Place and twenty-one (21) beds occupying sixteen (16) units at Juan Diego.

Persons with HIV/AIDS receiving rental assistance through this program will pay an amount equal to the higher of either 30 percent of their adjusted household income, based on the Tenant Rent Calculation Worksheet, or other approved form (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses), 10 percent of their gross income, or a housing allowance as defined by a public welfare agency. The assistance provided will equal the difference between the total rent and the individual's payment, as referred to earlier.

In all cases, rental assistance will be paid directly to the vendor providing the housing.

**PROCESS**

1. Receive, review, and approve signed requests that contain all the information needed to determine eligibility and determine that the amount requested is allowed under established guidelines as noted in the participant eligibility above.
2. Once approved, checks will be issued to the vendor and sent out (mailed/delivered) within three (3) business days after receiving the request. No checks are to be made out to the participant. Checks will be made out to individuals (vs. companies/utilities) only after the referring agency has verified that the individual is the owner of the property where the participant lives.
3. Maintain financial emergency assistance records and notify the case managers if the request does not fit the established guidelines. The Single Payer will contact the referring case manager who will be responsible to inform the participants.

4. Provide DCAP case managers and other case management agencies with monthly financial data.

**II.) SHORT TERM RENT MORTGAGE UTILITY ASSISTANCE (STRMU):** This program is designed to prevent homelessness by assisting to retain long-term, stable, permanent housing options for households that might otherwise lose their housing. Assistance may be provided after review of the participant’s financial status, and qualifications according to the following guidelines:

1. The participant must be low-income with household income defined as at or below 80 percent of area median income, as in 24 C.F.R. Section 574.3., the participant household income is determined to include related persons and one or more eligible persons living with another person, or persons, who are determined to be important to their care or well being.
2. The participant must have a verifiable diagnosis of AIDS (Acquired Immune Deficiency Syndrome) or tested to be seropositive for HIV (Human Immunodeficiency Virus).
3. All participants must be case managed.
4. All participants must be on appropriate housing waitlists and/or other subsidy lists as determined by a case manager.
5. The participant must provide evidence of tenancy. The participant must be a tenant on a valid lease for a property, be an owner of a mortgaged home in which they reside.
6. The participant must demonstrate need.
7. The participant must sign a financial assistance certification form.

DCAP will enter into a Memorandum of Understanding (MOU) with each participating Case Management Agency. A copy of the MOU will be provided to the Business & Housing Services Team (BHS) HOPWA Administrator. The case managers of these agencies and CAP are responsible for determining that the individual meets the eligibility requirements and will maintain participant financial assistance records. It is the responsibility of these individual AIDS Service Agencies’ case managers to verify that the request for assistance meets the program guidelines. DCAP will not be held responsible for any errors of other agencies.

The current 2012 HUD annual income schedule, adjusted by household size, the incomes are as follows:

INCOME	HOUSEHOLD SIZE				
	1 person	2 persons	3 persons	4 persons	5 persons
80% AMI	\$44,450	\$50,800	\$57,150	\$63,450	\$68,550
50% AMI	\$27,800	\$31,750	\$35,700	\$39,650	\$42,850
30% AMI	\$16,700	\$19,050	\$21,450	\$23,800	\$25,750

DCAP agrees to use an “Outcome Based Funding” tracking program through DCAP’s client database. Outcome based funding is defined as “the systematic tracking of the extent to which program participants experience benefits or changes intended; what is different about the person(s) following the program?”

DCAP will be responsible for the administration of the program outlined as follows:

- Participants must be case managed
- Participants may receive no more than \$800 in a year
- Participant’s household income must be under 80% Area Median Income (AMI).
- Participants in subsidized housing are not eligible.

STRMU assistance is not intended to provide continuous or perpetual assistance. Assistance is intended to benefit participants who are not able to meet their monthly housing expenses due to unexpected situations. The participant must be a tenant on a valid lease for property in which they have been residing for a time before seeking the HOPWA assistance, or be the owner of a mortgaged dwelling in which they reside. In order to receive STRMU assistance, participants must present evidence that they are the named tenants under a valid lease (to receive a rental payment), the owner of mortgaged real property (to receive a mortgage payment). Participants must produce a 3-day notice, eviction notice, or mortgage late notice.

Satisfactory evidence of tenancy includes the lease or a default/late payment notice that identifies the participant as the named tenant under the lease. Satisfactory evidence of ownership of encumbered property includes a deed accompanied by a mortgage or deed of trust; b.) a mortgage or deed of trust default/late payment notice which

identifies the participant as the property owner/debtor; or c) title insurance policy identifying the participant as property owner/debtor.

**SUPPORTIVE SERVICES:** These programs are designed to meet the needs of participants by providing supportive services and intensive case management to participants that live in HOPWA-supported, Section 8, and other privately owned housing. Case managers assigned directly to participants will help to ensure that they maintain a stable housing environment. The case managers will work closely with landlords and developers as well as the participants so that they remain in their homes as long as possible. Participants will have access to referrals for substance abuse and mental health treatment counseling, if they have a need for those services. DCAP will maintain lists of available affordable open-market and subsidized housing for clients as well as coordinate and distribute affordable and supportive housing resources to case managers.

DCAP agrees to use an “Outcome Based Funding” tracking program through the use of CAP’s client database. Outcome Based Funding is defined as “the systematic tracking of the extent to which program participants experience benefits or changes intended; what is different about the person (s) following the program”?

DCAP case managers are responsible for determining that the individual meets eligibility criteria and will maintain participant financial assistance records. Case managers will determine eligibility of participants admitted to the program by obtaining signed applications that contain all the information needed to determine eligibility, income, and tenancy. It is the responsibility of all case managers to verify that the request for assistance is a legitimate emergency and that the participant meets the program criteria. Proof of hardship must be obtained for each request.

1. **Income Certification:** Annual income shall be determined as defined in 24 C.F.R.5.609, commonly known as “Part 5 annual income”. Case managers shall obtain third party verifications or documentation of expected income, assets, unusual medical expenses, and any other pertinent information.
2. **Verification of Tenancy:** Satisfactory evidence of tenancy includes the lease that identifies the participant as the named tenant under the lease. Satisfactory evidence of ownership of a home includes, a) a deed accompanied by a mortgage or deed of trust, b) a mortgage or deed of trust default/late payment notice which identifies the participant as the property owner/debtor, c) a title insurance policy identifying the participant as the property owner/debtor.
3. **Verification of Need:** HOPWA is a “needs based” program; therefore the participants must demonstrate the level of benefits needed through verifiable documentation. Case managers will complete a budget with the participant or update an existing budget when applying for permanent housing placement assistance and short term rent mortgage utility assistance. Budgets should not be more than one year old. Any change in income will require recalculation of participant assistance.
4. **Verification of HIV/AIDS:** Case managers will obtain written documentation of a verifiable diagnosis of AIDS (acquired immunodeficiency syndrome) or tested to be seropositive for HIV (human immunodeficiency virus). A physician or HIV clinic will verify HIV status.
5. **Supportive services:** Case manager service goals are to improve the quality of life for people infected with and affected by HIV through the provision of support, information, and emotional stability that enable participants to make productive and healthy choices, diminish stress, and increase their sense of responsibility in living with, and treating, their illness. Case management services include ongoing assessment of individual participant needs and identifying the community resources to meet these needs. Services may include helping to provide, advocating for, and access to needed services.

The current 2012 HUD annual income schedule, adjusted by household size, the incomes are as follows:

INCOME	HOUSEHOLD SIZE				
	1 person	2 persons	3 persons	4 persons	5 persons
80% AMI	\$44,450	\$50,800	\$57,150	\$63,450	\$68,550
50% AMI	\$27,800	\$31,750	\$35,700	\$39,650	\$42,850
30% AMI	\$16,700	\$19,050	\$21,450	\$23,800	\$25,750

**PERMANENT HOUSING PLACEMENT:** The Permanent Housing Placement Program will provide deposit/move-in assistance to low income individuals and households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA).

DCAP will be responsible for the administration of the program outlined as follows:

- Participants must be case managed.
- No more than one rental deposit payment not to exceed 2 months rent per year per participant household (rents based on published Fair Market Rent (FMR) limits)

\*Restrictions are based on HUD published Section 8 Fair Market Rents. The current rents for the Denver Metro Area:

Bedroom size	0	1	2	3	4
	\$619	\$705	\$893	\$1,268	\$1,478

- Valid Colorado lease or letter of intent to rent.
- Permanent Housing Placement may not be used within 30 days of Short Term Rent Mortgage Utility Assistance (STRMU), which is used for eviction prevention
- Participant's household income must be at or below 80% of Area median Income (AMI). Per HUD guidelines.

INCOME	HOUSEHOLD SIZE				
	1 person		1 person		1 person
80% AMI	\$44,450	80% AMI	\$44,450	80% AMI	\$44,450
50% AMI	\$27,800	50% AMI	\$27,800	50% AMI	\$27,800
30% AMI	\$16,700	30% AMI	\$16,700	30% AMI	\$16,700

Payment requests will be delivered or faxed from all participating Case Management Agencies. CAP shall agree to ensure the confidentiality of the name and any other information regarding individuals assisted under this grant. Information on the HIV status of a participant is confidential and must be maintained in a manner that guarantees confidentiality, as required by law.

DCAP will enter into a Memorandum of Understanding (MOU) with each participating Case Management Agency. A copy of the MOU will be provided to the Business & Housing Services Team (BHS) HOPWA Administrator. The case managers of these agencies and CAP are responsible for determining that the participant meets the eligibility requirements and will maintain participant financial assistance records. It is the responsibility of these individual HIV/AIDS Service Agencies' case managers to verify that the request for assistance meets the program guidelines. CAP will not be held responsible for any errors of other agencies.

In addition, DCAP will:

1. Receive, review, and approve signed requests that contain all the information needed to determine eligibility and determine that the amount requested is allowed under established guidelines as noted in the participant eligibility above.
2. if the request is approved, checks will be issues to the vendor and sent out (mailed/delivered) within three (3) business days after receiving the request. No checks are to be made out to the participant. Checks will be made out only after the referring agency has verified that the individual is the owner of the property where the participant lives.
3. Maintain financial emergency assistance records and notify the case managers if the request does not fit the established guidelines. CAP will contact the referring case manager who will be responsible to inform the participants.
4. Provide CAP case managers and other case management agencies with monthly financial data.

### 3. Performance Objective & Outcome

The intent of this activity is to prevent homelessness, create/retain long-term, stable, permanent housing, and provide supportive services.

**Objective (select one)**

- Enhance Suitable Living Environment
- Create Decent Housing
- Promote Economic Activity

**Outcomes (select one)**

- Availability/Accessibility
- Affordability
- Sustainability

**4. Indicators**

The following indicators will be used to measure the success of the contract/activity.

<i>Indicators – must be measurable</i>
<i>4a. Common Indicators:</i>
<i>Money Leveraged</i>
<i>Number of proposed outcomes (from above)</i>
<i>Income Levels of people/family(if applicable to outcome)</i>
<i>Race and Ethnicity (if applicable to outcome)</i>
<i>4b. Specific Indicators: Specific to this particular scope of work</i>
<b>TBRA -</b>
125 households assisted
85% of participants will access/adhere to primary care appointments.
75% of participants will show progress on their wellness plan.
70% of residents of all housing programs will obtain or maintain permanent housing
<b>STRMU -</b>
155 households where eviction/foreclosure was prevented in 2012
<b>Supportive Services -</b>
1275 individuals case managed
<b>Permanent Housing Placement -</b>
120 households assisted
85% of individuals that received financial housing assistance will maintain permanent housing (measured after 6 months of services).

**5. Implementation Plan and Timeline**

The following table outlines the implementation plan and time lines for this contract.

Task	Projected Beginning & End Dates
¼ of proposed households and people assisted	January 1, 2012 – March 31, 2012
¼ of proposed households and people assisted	April 1, 2012 – June 30, 2012
¼ of proposed households and people assisted	July 1, 2012 – September 30, 2012
¼ of proposed households and people assisted	October 1, 2012 – December 31, 2012

**III. Budget**

Please refer to the Cost Allocation Plan and budget narrative for a detailed estimated description and allocation of funds. If program income is generated, how will income be used? *(Please refer to attached Option Sheet)* \_\_\_\_\_

Are non-personnel costs being funded?  Yes  No

#### IV. Reporting

Data collection is required and must be completed demonstrating income eligibility and achievements met towards meeting the indicators contained in the Scope of Services. All disbursement of funds is contingent based on the ability to collect the required information.

Contractor will email the following report(s) to BHS and CPM (Contracts & Performance Management):

Outcome Narrative Report

Frequency:

Monthly by the 15<sup>th</sup> day  Quarterly: 10 days after the end of the quarter  Other: \_\_\_\_\_

Business Support Office HUD Performance Indicators Report

Frequency:

Monthly by the 15<sup>th</sup> day  Quarterly: 10 days after the end of the quarter  Other: \_\_\_\_\_

Homeowner/Homebuyer Completion Report

Frequency:

Monthly by the 15<sup>th</sup> day  Quarterly: 10 days after the end of the quarter  Other: \_\_\_\_\_

CHDO Report

Frequency:

Monthly by the 15<sup>th</sup> day  Quarterly: 10 days after the end of the quarter  Other: \_\_\_\_\_

BHS will provide the format of the performance report to the Contractor. The information reported must include progress on the indicators included in this Scope of Services. The report includes current and cumulative (year-to-date) indicator information. Information on the overall progress of the program and/or project should be reported in the narrative section of the report. If the project is not being performed in a timely manner then an explanation should be included in the narrative section of the report.

#### Income and Demographic Reporting Requirements

For programs that must fulfill the limited clientele activities, income data must be collected to verify that at least 51 percent of program participants are low- or moderate-income persons. The income limitations are set by HUD annually and BHS will provide the income limitations.

Select what method of income verification will be used to demonstrate income compliance:

Self-Certification  Verification with supporting income documentation  Not Applicable

HOME funded contracts only:

If income will be verified, select the definition to be used to determine annual household income:

Part 5 income (rental)  Census Long Form (homeownership for-sale)  IRS Form 1040 (rehab)

BHS has a form entitled "STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS" that may used to collect income and demographic information or an existing form incorporating the required data may be used. This information must be retained and be made available to BHS staff or designee upon request. The minimum data required for each program participant is as follows:

1. Unique identifier – name and address

2. Identify whether the head of household is female or/or disabled
3. Total number of household members
4. Total income of the household
5. Number of household members served by the program
6. The **ethnicity** – Hispanic or Latino OR Not Hispanic or Latino of each household member served
7. The **race** of each household member served –
  - a. White
  - b. Black/African American
  - c. Asian
  - d. American Indian/Alaska Native
  - e. Native Hawaiian/Other Pacific Islander
  - f. American Indian/Alaska Native & White
  - g. Asian & White
  - h. Black/African American & White
  - i. American Indian/Alaska Native & Black / African American
  - j. Other Multi-race (Please explain)

NOTE: each household member served by the program is required to select  
**BOTH** an ethnicity and a race category!

8. Signature attesting to the accuracy of the information submitted.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]**



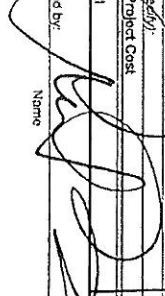


Budget Category	Agency Total (All Funding Sources)	Project Costs Funding 1		Project Costs Funding 2		Total Project Costs requested from OED		Other City & County of Denver Funding (add applicable funding as necessary)		Other Federal Funding		Other Non-Federal Funding		Agency Total	
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Personnel: Name and Job Title															
Warrant, Single Payer Coordinator	23,250	5,813	25.00%			5,813	25.00%			17,438	75.00%			23,250	100%
Margot Strimmon, Occurrence Coordinator	31,945	31,949	100.00%			31,949	100.00%				0.00%			31,949	100%
Robert George, Regional Director	70,000	13,985	20.00%			13,985	20.00%			56,015	80.00%			70,000	100%
Troye Smith, Housing and Resources Coordinator	46,445	13,984	30.00%			13,984	30.00%			32,461	70.00%			46,445	100%
Danielle Caspary, Employment Services Coordinator	52,292	32,276	100.00%			32,276	100.00%				0.00%			52,292	100%
Joel Sweeney, Chemical Services Manager	55,000	19,250	44.00%			19,250	44.00%			35,750	65.00%			55,000	100%
Adri Anderson, Behavioral Case Manager	34,154	15,028	44.00%			15,028	44.00%			19,126	56.00%			34,154	100%
Amelia Stahl, Behavioral Case Manager	33,238	14,625	44.00%			14,625	44.00%			18,613	56.00%			33,238	100%
Angela Knack, Case Manager	45,573	20,652	44.00%			20,652	44.00%			24,921	56.00%			45,573	100%
Connor Hamilton, Case Manager	32,219	14,176	44.00%			14,176	44.00%			18,043	56.00%			32,219	100%
Julia Giles, Case Manager	31,507	14,035	44.00%			14,035	44.00%			17,472	56.00%			31,507	100%
Targetina Mord, Case Manager	31,507	14,035	44.00%			14,035	44.00%			17,472	56.00%			31,507	100%
Ryan Haldeman, Case Manager	32,927	14,487	44.00%			14,487	44.00%			18,440	56.00%			32,927	100%
Shanna Lott, Case Manager	32,302	14,213	44.00%			14,213	44.00%			18,089	56.00%			32,302	100%
Jan Chu, Case Manager	31,885	14,030	44.00%			14,030	44.00%			17,855	56.00%			31,885	100%
Wren, Trn, Receptionist	26,823	14,487	44.00%			14,487	44.00%			12,336	46.00%			26,823	100%
More Job Title															
Total Salary:	623,319	276,335	44.41%			276,335	44.41%			346,983	55.59%			623,319	100%
Fringe:	130,897	55,957	42.80%			55,957	42.80%			75,930	57.20%			130,897	100%
Salary and Fringe Total:	754,216	332,293	44.05%			332,293	44.05%			422,913	55.95%			754,216	100%
Non-Personnel:															
Office Expenses, Supplies & Equipment	48,000	5,325	11.10%			5,325	11.10%			42,674	88.90%			48,000	100%
Communication	29,280	3,953	13.45%			3,953	13.45%			25,327	86.55%			29,280	100%
Insurance	16,970	2,641	15.56%			2,641	15.56%			14,329	84.44%			16,970	100%
Travel - Staff	16,200	1,827	11.28%			1,827	11.28%			14,373	88.72%			16,200	100%
Travel - Client															
Equipment rental	240,000	40,073	16.70%			40,073	16.70%			199,927	83.30%			240,000	100%
Educational Materials - Customers															
Meetings/Events	9,600	152	1.58%			152	1.58%			9,448	98.42%			9,600	100%
Professional Services - (Information technology)	72,300	12,300	17.01%			12,300	17.01%			60,000	82.99%			72,300	100%
Professional Services - (Specify, ex, Legal)															
Professional Services - (Specify, ex, Accounting)															
Subcontractor (Specify)															
Subcontractor (Specify)															
Subcontractor (Specify)															
Subcontractor (Specify)															
Subcontractor (Specify)															
Other Direct Expense (STRUL payments)	77,312	77,312	100.00%			77,312	100.00%				0.00%			77,312	100%
Other Direct Expense (Program supplies)	1,562		0.00%				0.00%				0.00%			1,562	100%
Other Direct Expense (TRRA)	839,385	839,385	100.00%			839,385	100.00%				0.00%			839,385	100%
Other Direct Expense (Personal housing)	91,700	91,700	100.00%			91,700	100.00%				0.00%			91,700	100%
Other Direct Expense (Personal housing)															
Construction Costs	160,758	56,251	34.99%			56,251	34.99%			104,507	65.01%			160,758	100%
Indirect Costs (4%)	1,603,068	1,130,319	70.51%			1,130,319	70.51%			472,749	29.49%			1,603,068	100%
Total Non-Personnel	2,357,284	1,463,222	62.04%			1,463,222	62.04%			894,062	37.96%			2,357,284	100%
Program Income (through funded activities)															
Non-Project															
Personnel Costs:	956,226		0.00%				0.00%			956,226	100%			956,226	100%
Non-Personnel Costs:	3,227,376		0.00%				0.00%			3,227,376	100%			3,227,376	100%
Other (Specify):															
Total Non-Project Cost	4,183,602		0.00%				0.00%			4,183,602	100.00%			4,183,602	100.00%
Grand Total	6,540,888	1,463,222	22.37%			1,463,222	22.37%			5,077,666	77.63%			6,540,888	99%

Submitted by:  Name: \_\_\_\_\_ Title: **Contract Specialist** Date: **3/28/2012**  
 Variance: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (42,183) Reduction in Indirect

This section completed by OED. Reviewed by: \_\_\_\_\_ Contract Specialist: \_\_\_\_\_  
 The CAP is final when initialed by the three reviewers. FMU/Budget: \_\_\_\_\_ FMU/CAP: \_\_\_\_\_

Budget Category	Agency Total (All Funding Sources)	Project Costs Funding 1		Project Costs Funding 2		Total Project Costs requested from OED		Other City & County of Denver Funding (Add applicable funding as message)	Other Federal Funding	Other Non-Federal Funding	Agency Total		
		Amount	%	Amount	%	Total	%				Amount	%	Amount
Personnel Name and Job Title													
Vacant, Single Payor Coordinator	23,250	2,322	10.00%	3,488	15.00%	5,813	25.00%	17,438	75.00%	-	0%	23,250	100%
Morgan Simpson, Occupancy Coordinator	31,948	3,194	0.00%	31,948	100.00%	31,948	100.00%	0.00%	0.00%	0	0%	31,948	100%
Robert George, Regional Director	70,000	547	0.75%	13,451	19.22%	13,998	20.00%	56,002	80.00%	80,000	0%	70,000	100%
Traci Smith, Housing and Resources Coordinator	46,445	464	1.00%	13,469	29.00%	13,934	30.00%	32,512	70.00%	0	0%	46,445	100%
Danielle Goswami, Employment Services Coordinator	30,992	30,992	100.00%	30,992	100.00%	30,992	100.00%	0.00%	0.00%	0	0%	30,992	100%
Jeff Suckley, Clinical Services Manager	55,000	19,250	0.00%	19,250	35.00%	19,250	35.00%	35,750	65.00%	65,000	0%	55,000	100%
Ada Andrade, Bilingual Case Manager	34,154	33,228	0.00%	14,625	44.00%	14,625	44.00%	19,126	56.00%	56,000	0%	34,154	100%
Amelia Keady, Case Manager	45,573	45,573	100%	20,052	44.00%	20,052	44.00%	25,521	56.00%	56,000	0%	45,573	100%
Genor Hamilton, Case Manager	32,219	32,219	100%	14,176	44.00%	14,176	44.00%	18,043	56.00%	56,000	0%	32,219	100%
Julia Giles, Case Manager	31,907	31,907	100%	14,039	44.00%	14,039	44.00%	17,868	56.00%	56,000	0%	31,907	100%
Tangohie Mori, Case Manager	31,907	31,907	100%	14,039	44.00%	14,039	44.00%	17,868	56.00%	56,000	0%	31,907	100%
Romysha Hiteles, Bilingual Case Manager	32,947	32,947	100%	14,497	44.00%	14,497	44.00%	18,450	56.00%	56,000	0%	32,947	100%
Ryan Haldeman, Case Manager	32,332	32,332	100%	14,213	44.00%	14,213	44.00%	18,089	56.00%	56,000	0%	32,332	100%
Shayna Ledt, Case Manager	31,986	31,986	100%	14,030	44.00%	14,030	44.00%	17,856	56.00%	56,000	0%	31,986	100%
Jon Chiu, Case Manager	33,947	33,947	100%	14,487	44.00%	14,487	44.00%	18,450	56.00%	56,000	0%	33,947	100%
Wendy Tim, Receptionist	26,603	26,603	100%	11,705	44.00%	11,705	44.00%	14,898	56.00%	56,000	0%	26,603	100%
Name, Job Title													
Total Salary:	623,319	3,336	0.54%	273,499	43.88%	276,836	44.41%	346,483	55.59%	55,59%	0%	623,319	100%
Fringes	124,664	667	0.54%	54,700	43.88%	55,367	44.41%	69,297	55.59%	55,59%	0%	124,664	100%
Salary and Fringe Total:	747,983	4,004	0.54%	328,199	43.88%	332,203	44.41%	415,780	55.59%	55,59%	0%	747,983	100%
Non-Personnel:													
Office Expenses, Supplies & Equipment	48,000	86	0.18%	5,240	10.92%	5,336	11.10%	4,674	86.90%	86,90%	0%	48,000	100%
Construction	29,280	41	0.14%	3,312	11.31%	3,353	11.45%	25,927	88.55%	29,280	0%	29,280	100%
Insurance	16,970	32	0.19%	2,609	15.37%	2,641	15.56%	14,328	84.44%	84,44%	0%	16,970	100%
Travel - Client	16,200	1,827	0.00%	1,827	11.28%	1,827	11.28%	14,373	88.72%	88,72%	0%	16,200	100%
Equipment, Rental	240,000	491	0.20%	39,592	16.48%	40,073	16.70%	199,927	83.30%	83,30%	0%	240,000	100%
Facilities	9,600	10	0.10%	142	1.48%	152	1.58%	9,448	98.42%	98,42%	0%	9,600	100%
Medical/Events	172,300	151	0.21%	12,149	7.03%	12,300	7.13%	60,000	82.99%	82,99%	0%	172,300	100%
Professional Services - (Information Technology)													
Professional Services - (Specify, by Legal)													
Professional Services - (Specify, by Accounting)													
Subcontractor (Specify)													
Subcontractor (Specify)													
Subcontractor (Specify)													
Other Direct Expenses (STAMU payments)	77,312	77,312	100.00%	-	0.00%	77,312	100.00%	-	0.00%	0.00%	0%	77,312	100%
Other Direct Expenses (transport supplies)	1,562	-	0.00%	-	0.00%	-	0.00%	1,562	100.00%	100%	0%	1,562	100%
Other Direct Expenses (TB934)	899,385	-	0.00%	899,385	100.00%	899,385	100.00%	0.00%	0.00%	0.00%	0%	899,385	100%
Other Direct Expenses (Permanent housing)	91,700	-	0.00%	91,700	100.00%	91,700	100.00%	0.00%	0.00%	0.00%	0%	91,700	100%
Construction Costs	160,758	3,285	2.04%	52,965	32.95%	56,251	34.99%	104,508	65.01%	65,01%	0%	160,758	100%
Indirect Costs	1,603,068	81,408	5.08%	1,048,912	65.43%	1,130,319	70.51%	472,748	29.49%	29,49%	0%	1,603,068	100%
Total Non-Personnel	2,351,950	85,412	3.65%	1,377,110	58.57%	1,462,522	62.21%	898,529	37.79%	37,79%	0%	2,351,950	100%
Total Project Cost	863,269	85,412	3.65%	1,377,110	58.57%	1,462,522	62.21%	898,529	37.79%	37,79%	0%	863,269	100%
Program Income (through funded activities)													
Non-Project													
Personnel Costs	962,458		0.00%		0.00%		0%	731,588	76%	230,891	24%	962,458	100%
Non-Personnel Costs	3,227,376		0.00%		0.00%		0%	2,631,542	91%	295,834	9%	3,227,376	100%
Other (Specify)	4,189,836		0.00%		0.00%		0%	3,663,141	87.43%	87,43%	0%	4,189,836	100%
Total Non-Project Cost	6,540,886		0.00%		0.00%		0%	4,551,869	69.59%	526,895	8%	6,540,886	100%


Submitted by:  Chitra Exarathia, Chief Executive Officer  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 3/28/2012  
 Variance: \_\_\_\_\_ (2,463) Reduction in indirect

This section completed by OED: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Contract Specialist: \_\_\_\_\_  
 The CAP is final when initialed by the three reviewers. FMU/Budget: \_\_\_\_\_ PMU/CAP: \_\_\_\_\_

Budget Category	Agency Total (All Funding Sources)	Project Costs Funding 1		Project Costs Funding 2		Total Project Costs requested from OED		Other City & County of Denver Funding (Add applicable funding as necessary)	Other Federal Funding		Non-Federal Funding		Other		Agency Total		
		Amount	%	Amount	%	Amount	%		Amount	%	Amount	%	Amount	%	Amount	%	Amount
Personnel Name and Job Title																	
Vacant, Single Payor Coordinator	23,250	1,653	5.00%	4,650	20.00%	5,813	25.00%	-	17,438	75.00%	-	-	23,250	0%	23,250	100%	
Robert Simpson, Community Coordinator	31,949	3,194	100.00%	-	0.00%	31,949	100.00%	-	56,002	80.00%	-	-	31,949	0%	31,949	100%	
Tracie George, Regional Director	70,000	3,150	4.50%	10,848	15.50%	13,998	20.00%	-	70,000	0%	-	-	70,000	0%	70,000	100%	
Tracie Smith, Housing and Resource Coordinator	46,445	6,987	15.00%	6,987	15.00%	13,974	30.00%	-	32,512	70.00%	-	-	46,445	0%	46,445	100%	
Danella Caswell, Employment Services Coordinator	30,992	30,992	100.00%	-	0.00%	30,992	100.00%	-	-	0.00%	-	-	30,992	0%	30,992	100%	
Jack Stecher, Clinical Services Manager	55,000	35,000	63.64%	19,250	35.00%	54,250	98.82%	-	55,000	0%	-	-	55,000	0%	55,000	100%	
Ada Andrade, Billing Case Manager	34,154	0.00%	0.00%	15,028	44.00%	15,028	44.00%	-	39,750	85.00%	-	-	34,154	0%	34,154	100%	
Amelia Stull, Billing Case Manager	33,238	0.00%	0.00%	14,625	44.00%	14,625	44.00%	-	19,126	56.00%	-	-	33,238	0%	33,238	100%	
Channer Hamilton, Case Manager	45,573	45,573	100.00%	20,052	44.00%	20,052	44.00%	-	25,521	56.00%	-	-	45,573	0%	45,573	100%	
Julia Giles, Case Manager	32,947	32,947	100.00%	14,176	43.00%	14,176	43.00%	-	18,043	55.00%	-	-	32,947	0%	32,947	100%	
Tracye Ford, Case Manager	31,907	31,907	100.00%	14,039	44.00%	14,039	44.00%	-	17,868	56.00%	-	-	31,907	0%	31,907	100%	
Roybaldo Alvarez, Billing Case Manager	32,947	32,947	100.00%	14,497	44.00%	14,497	44.00%	-	17,868	55.00%	-	-	32,947	0%	32,947	100%	
Ryan Hahsman, Case Manager	32,302	32,302	100.00%	14,213	44.00%	14,213	44.00%	-	18,450	56.00%	-	-	32,302	0%	32,302	100%	
Sharon Lett, Case Manager	31,985	31,985	100.00%	14,090	44.00%	14,090	44.00%	-	17,856	56.00%	-	-	31,985	0%	31,985	100%	
Jan Chu, Case Manager	32,947	32,947	100.00%	14,467	44.00%	14,467	44.00%	-	18,450	56.00%	-	-	32,947	0%	32,947	100%	
Wendy Tim, Receptionist	26,603	26,603	100.00%	11,705	44.00%	11,705	44.00%	-	14,898	56.00%	-	-	26,603	0%	26,603	100%	
Maria, Job Title	623,319	43,228	6.94%	233,607	37.48%	276,836	44.41%	-	346,483	55.59%	-	-	623,319	0%	623,319	100%	
Total Salary:	124,664	8,546	6.84%	46,721	37.48%	55,367	44.41%	-	69,297	55.59%	-	-	124,664	0%	124,664	100%	
Fringes	747,983	51,874	6.94%	280,329	37.48%	332,203	44.41%	-	415,780	55.59%	-	-	747,983	0%	747,983	100%	
Salary and Fringe Total:	872,647	60,420	6.94%	327,050	37.48%	387,570	44.41%	-	585,077	66.98%	-	-	872,647	0%	872,647	100%	
Non-Personnel:																	
Office Expenses, Supplies & Equipment	48,000	1,033	2.15%	4,239	8.94%	5,326	11.10%	-	42,674	88.90%	-	-	48,000	0%	48,000	100%	
Communication	29,280	514	1.76%	2,639	9.00%	3,353	11.45%	-	25,927	88.55%	-	-	29,280	0%	29,280	100%	
Insurance	16,970	414	2.44%	2,227	13.12%	2,641	15.56%	-	14,329	84.44%	-	-	16,970	0%	16,970	100%	
Travel - Client	18,200	1,827	11.28%	-	0.00%	1,827	11.28%	-	14,373	88.72%	-	-	18,200	0%	18,200	100%	
Equipment rental	240,000	8,137	3.39%	31,956	13.31%	40,073	16.70%	-	199,927	83.30%	-	-	240,000	0%	240,000	100%	
Educational Materials - Customers	9,800	132	1.35%	20	0.21%	152	1.58%	-	9,448	98.42%	-	-	9,800	0%	9,800	100%	
Professional Services - (Information technology)	72,300	1,894	2.61%	10,416	14.41%	12,300	17.01%	-	60,000	82.98%	-	-	72,300	0%	72,300	100%	
Professional Services - (Security, i.e., Legal)																	
Professional Services - (Specify, i.e., Accountant)																	
Subcontractor (Specify)																	
Subcontractor (Specify)																	
Subcontractor (Specify)																	
Other Direct Expenses (STRAW payments)	77,312	77,312	100.00%	-	0.00%	77,312	100.00%	-	-	0.00%	-	-	77,312	0%	77,312	100%	
Other Direct Expenses (janogram supplies)	1,562	0.00%	0.00%	-	0.00%	-	0.00%	-	1,562	100.00%	-	-	1,562	0%	1,562	100%	
Other Direct Expenses (TRBA)	839,385	839,385	100.00%	91,700	10.00%	839,385	100.00%	-	839,385	0%	-	-	839,385	0%	839,385	100%	
Other Direct Expenses (permanent housing)	91,700	91,700	100.00%	-	0.00%	91,700	100.00%	-	-	0.00%	-	-	91,700	0%	91,700	100%	
Contractor Costs	160,759	36,208	22.52%	30,043	18.67%	56,251	34.89%	-	104,508	65.01%	-	-	160,759	0%	160,759	100%	
Indirect Costs	1,603,068	889,534	55.48%	240,788	15.02%	1,130,319	70.51%	-	472,748	29.48%	-	-	1,603,068	0%	1,603,068	100%	
Total Non-Personnel	2,351,050	941,408	40.04%	521,114	22.17%	1,462,522	62.21%	-	888,529	37.79%	-	-	2,351,050	0%	2,351,050	100%	
Program Income (through funded activities)																	
Non-Project																	
Proportional Costs:																	
Non-Personnel Costs	592,459		0.00%		0.00%		0%		731,598	78%			592,459	0%	592,459	100%	
Other (Specify)	3,227,376		0.00%		0.00%		0%		2,931,542	91%			3,227,376	0%	3,227,376	100%	
Total Non-Project Cost	4,189,836		0.00%		0.00%		0.00%		3,663,141	87.43%			4,189,836	0%	4,189,836	100.00%	
Grand Total	6,540,886	941,408	14%	521,114	8%	1,462,522	22.96%		4,551,689	69.59%			6,540,886	100%	6,540,886	100%	

Submitted by:  Name: **Chief Executive Officer**  
 Title: **Chief Executive Officer**  
 Date: **3/28/2012**  
 Reviewed by: **PMU/Budgeter**  
 Contract Specialist: **FMU/CAP**  
 Variance: **(27,156) Reduction in budget**  
 Date: **3/28/2012**  
 This section completed by OED  
 The CAP is final when initiated by the three reviewers.

Budget Category	Agency Total (All Funding Sources)	Project Costs Funding 1		Project Costs Funding 2		Total Project Costs requested from CED		Other City & County of Denver Funding (Add applicable funding as necessary)	Other Federal Funding	Other Non-Federal Funding	Agency Total	
		Total	%	Total	%	Total	%				Total	%
Personnel: Name and Job Title												
Vacant, Single Payor Coordinator	23,250	2,325	10.00%	3,488	16.00%	5,813	25.00%	17,438	75.00%	-	23,250	100%
Manager, Shelter, Occupancy Coordinator	31,948	550	0.00%	13,448	19.21%	3,949	100.00%	-	0.00%	-	31,948	100%
Robert Goetz, Regional Director	70,000	464	0.25%	13,469	19.23%	13,934	20.00%	56,022	80.00%	-	70,000	100%
Tracie Smith, Housing and Resource Coordinator	46,445	464	1.00%	13,469	29.00%	13,934	30.00%	32,512	70.00%	-	46,445	100%
Debbie Casewick, Employment Services Coordinator	36,992	-	0.00%	30,992	100.00%	30,992	100.00%	-	0.00%	-	36,992	100%
Jeff Suckey, Clinical Services Manager	55,000	-	0.00%	19,250	35.00%	19,250	35.00%	-	0.00%	-	55,000	100%
Lea Anderson, Billing Case Manager	34,154	-	0.00%	15,028	44.00%	15,028	44.00%	-	0.00%	-	34,154	100%
Amanda Steel, Billing Case Manager	33,238	-	0.00%	14,825	44.00%	14,825	44.00%	-	0.00%	-	33,238	100%
Angela Knapp, Case Manager	45,872	-	0.00%	20,052	44.00%	20,052	44.00%	-	0.00%	-	45,872	100%
Connor Hamilton, Case Manager	31,907	-	0.00%	14,176	44.00%	14,176	44.00%	-	0.00%	-	31,907	100%
Julia Giles, Case Manager	31,907	-	0.00%	14,039	44.00%	14,039	44.00%	-	0.00%	-	31,907	100%
Tyngelne Mori, Case Manager	32,219	-	0.00%	14,039	44.00%	14,039	44.00%	-	0.00%	-	32,219	100%
Raymond Mares, Billing Case Manager	32,947	-	0.00%	14,497	44.00%	14,497	44.00%	-	0.00%	-	32,947	100%
Ryan Haderman, Case Manager	32,302	-	0.00%	14,213	44.00%	14,213	44.00%	-	0.00%	-	32,302	100%
Shawna Leff, Case Manager	31,886	-	0.00%	14,039	44.00%	14,039	44.00%	-	0.00%	-	31,886	100%
Jon Chu, Case Manager	32,947	-	0.00%	14,497	44.00%	14,497	44.00%	-	0.00%	-	32,947	100%
Wesley Tim, Beneficiary	26,603	-	0.00%	11,705	44.00%	11,705	44.00%	-	0.00%	-	26,603	100%
Harri, Job Title	623,319	3,339	0.54%	273,296	43.86%	276,635	44.41%	-	0.00%	-	623,319	100%
Fringes	124,664	688	0.54%	54,699	43.86%	55,367	44.41%	-	0.00%	-	124,664	100%
Salary and Fringe Total:	747,983	4,027	0.54%	328,195	43.86%	332,203	44.41%	-	0.00%	-	747,983	100%
Non-Personnel:												
Office Expenses, Supplies & Equipment	48,000	83	0.17%	5,243	10.92%	5,326	11.10%	42,674	88.90%	-	48,000	100%
Communication	26,280	41	0.14%	3,312	11.31%	3,353	11.45%	23,927	88.55%	-	26,280	100%
Insurance	16,970	32	0.19%	2,659	15.37%	2,641	15.58%	14,329	84.44%	-	16,970	100%
Travel - Client	16,200	-	0.00%	1,827	11.28%	1,827	11.28%	14,373	88.72%	-	16,200	100%
Equipment rental	240,000	451	0.20%	39,582	16.49%	40,078	16.70%	199,927	83.30%	-	240,000	100%
Facilities	5,600	10	0.10%	142	1.43%	152	1.58%	9,448	98.42%	-	5,600	100%
Meeting/Events	72,300	151	0.21%	12,149	16.80%	12,300	17.01%	60,000	82.99%	-	72,300	100%
Professional Services - (Information Technology)	-	-	-	-	-	-	-	-	-	-	-	-
Professional Services - (Specify, i.e., Legal)	-	-	-	-	-	-	-	-	-	-	-	-
Professional Services - (Specify, i.e., Accounting)	-	-	-	-	-	-	-	-	-	-	-	-
Subcontractor (Specify)	-	-	-	-	-	-	-	-	-	-	-	-
Subcontractor (Specify)	-	-	-	-	-	-	-	-	-	-	-	-
Subcontractor (Specify)	-	-	-	-	-	-	-	-	-	-	-	-
Subcontractor (Specify)	-	-	-	-	-	-	-	-	-	-	-	-
Other Direct Expenses (STWU payments)	77,312	-	0.00%	77,312	100.00%	77,312	100.00%	-	0.00%	-	77,312	100%
Other Direct Expenses (program supplies)	1,582	-	0.00%	-	0.00%	-	0.00%	1,582	100.00%	-	1,582	100%
Other Direct Expenses (rental housing)	839,385	91,700	100.00%	839,385	100.00%	839,385	100.00%	-	0.00%	-	839,385	100%
Other Direct Expenses (rental housing)	91,700	-	0.00%	-	0.00%	91,700	100.00%	-	0.00%	-	91,700	100%
Construction Costs	160,759	3,851	2.40%	52,860	32.85%	56,251	34.89%	104,508	65.01%	-	160,759	100%
Indirect Costs	1,603,068	96,389	6.01%	1,033,951	64.50%	1,130,319	70.51%	472,748	29.49%	-	1,603,068	100%
Total Non-Personnel	2,351,050	100,376	4.27%	1,352,146	57.94%	1,462,522	62.21%	888,529	37.79%	-	2,351,050	100%
Program Income (through funded activities)	-	-	-	-	-	-	-	-	-	-	-	-
Non-Project												
Personnel Costs	592,459	-	0.00%	-	0.00%	-	0%	731,598	76%	-	592,459	100%
Non-Personnel Costs	3,227,376	-	0.00%	-	0.00%	-	0%	2,931,542	91%	-	3,227,376	100%
Other (Specify)	4,189,836	-	0.00%	-	0.00%	-	0.00%	3,663,141	87.43%	-	4,189,836	100.00%
Total Non-Project Cost	6,540,886	-	0.00%	-	0.00%	-	0.00%	4,551,669	69.59%	-	6,540,886	100%
Grand Total												
	6,540,886	100,376	2%	1,352,146	21%	1,462,522	22.36%	-	0.00%	-	6,540,886	100%

Submitted by:  Cheryl Espinoza  
 Title: Chief Executive Officer  
 Date: 3/28/2012  
 Variance: (2,895) Reduction in Indirect

This section completed by CED  
 The CAP is final when initialed by the three reviewers.  
 Reviewed by: \_\_\_\_\_ Contract Specialist: \_\_\_\_\_  
 FMU/Budget: \_\_\_\_\_ FAU/Budget: \_\_\_\_\_



**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Permanent Housing Assistance**

**A. Personnel:**

Regional Director: Robert George,

Annual Salary \$70,000 for full time. .3 hours /week = \$550

Program Responsibilities

- Sets, coordinates and implements strategic, visionary direction for case management, counseling, housing, and resource and employment services.
- Makes strategic, programmatic and policy level decisions for all client services.
- Develops and manages goals, work plans and deliverables in collaboration with program managers on time and on budget.
- Identifies and pursues appropriate service and revenue opportunities for the department to meet the needs of the clients.

Supervision

- Defines and manages staffing requirements; recruits and maintains high quality staff; provides accountability mechanisms as necessary.
- Supervises, coaches, supports and inspires managers to achieve highest and most effective performance.
- Sets expectations of teamwork within and across departments and models collaborative behavior.
- Provides necessary opportunities to maintain managers' subject matter expertise.

Compliance and Fiscal Accountability

- Sets and monitors program performance parameters in line with the strategic direction and consistent with policies and grant requirements.
- Creates, documents, implements and reports client service outcomes.
- Plays the role of ultimate accountability for legal, moral and prudent operations within the client services department.
- Creates budgets for all client services in collaboration with the program managers and financial staff.
- Operates, monitors, and accounts for the revenue and expense budget within the client services department.

Housing and Resources Manager Tracie Smith

Annual Salary \$46,445 for full time. .4 hours/week = \$464

- Through work-plans and other mechanisms, carries out strategic direction at an operational level, within defined parameters and policies, for all residential and subsidy housing programs within the department.
- Makes operational, tactical level decisions on a day-to-day basis
- Recruits and maintains high quality staff; provides accountability mechanisms as necessary
- Supervises, coaches, evaluates and supports staff to achieve highest performance toward defined performance parameters and goals; determines needs of volunteers, interns and temporary staff and manages those staff appropriately.
- Ensures appropriate and adequate staffing and scheduling
- Sets expectations of teamwork within and across departments and models collaborative behavior

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Permanent Housing Assistance**

- Creates work plans for each service area; implements and regularly evaluates those work plans.
- Meets all deadlines agreed upon with director
- Supports the creation of the department budget; monitors and operates within that budget
- Supports efforts to create and maintain revenue for the department budget.
- Working with director, ensures grant compliance and supports reporting requirements for all grants related to department
- Working with director, assists in all aspects of program design, development, implementation and evaluation.
- Monitors quality of programs, including ongoing quality improvement efforts, program evaluation, and programmatic outcome measures designed for each service.
- Understands and communicates the strategic direction, along with relevant policies and procedures, to staff members
- Manages client feedback, complaints, grievances and appeals
- Keeps abreast of latest research and practices in the field; recommends innovative and alternative methods to current operations for improved programmatic effectiveness and efficiency with resources
- Participates in planning and grant related collaborations as appropriate and agreed upon with director

Single Payer Coordinator: Vacant

Annual Salary \$23,250 for 30 hours per week. 3 hours/week = \$2,325

- Responsibilities: Tracks and distributes all financial assistance requests according to grant requirements for permanent housing assistance. Works in conjunction with the Director of Finance to ensure accurate billing, account reconciliation, and cash flow.
- Disburses approved checks in a timely manner.
- Manages client feedback, complaints, grievances and appeals in relation to financial assistance. Organizes and maintains all files related to the history of permanent housing assistance disbursements and reporting on disbursements from the program database.

**Total personnel = \$3,339**

**B. Fringe Benefits:**

Payroll Taxes	7.65%	\$255
Health & Dental Insurance	8.43%	\$282
ECO Pass	0.19%	\$ 6
Worker's Compensation	0.16%	\$ 5
Unemployment Ins. SUI	1.85%	\$ 62
Retirement Plan Contribution	0.71%	\$ 24
Tuition Reimbursement	1.01%	\$ 34
		<b>Total Fringe = \$668</b>



**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Permanent Housing Assistance**

**C. Office expense:** (supplies, stationary, and meeting expense): Agency total is based on prior year expenses. General office supplies are allocated by FTE and specific supplies for the grant are directly posted to the grant.

\$48,000 annual budget for DCAP X .17% anticipated expense for this grant based on prior year = \$83

**Total Office Expense = \$83**

**D. Communication:** (Telephone and website services): Agency total is based on prior year expenses. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$2,440/month X 12 months agency total) X .14% anticipated expenses for this grant based on prior year = \$41.

**Total Communication = \$41**

**E. Insurance:** Property and liability insurance: Agency total is based on prior year expenses. These services are allocated by either FTE or square footage.

(\$1,414/month X 12 months agency total) X .19% anticipated expense for this grant based on prior year = \$32

**Total Insurance = \$32**

**F. Travel Staff:**

**Total Staff travel = \$0**

**G. Travel Client:**

**Total Client travel = \$0**

**H. Equipment rental:**

**Total Equipment rental = \$0**

**I. Facilities:** The monthly office lease of \$20,000 plus common area costs for 17,000 square feet are allocated based on the square feet of space assigned to employees. These amounts are further allocated by the percent of time the employee is working on a given grant.

(\$20,000/month X 12 months agency total) X .20% anticipated expense based on this grant in prior year = \$491

**Total Facilities = \$491**

**J. Educational Materials**

**Total Education materials = \$0**

**K. Meetings/Events:** Monthly meetings with case managers to review eligibility and documentation procedures and to troubleshoot problem areas. This is a small amount for supplies for the meetings.

**Total Meeting/Events = \$10**

**L. Professional Services:** IT Supervision - Agency computer support. We have outsourced our information systems support. This is for day to day support of our

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Permanent Housing Assistance**

computer network and phones. Agency total is based on longterm contract. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$6,025/month X 12 months agency total) X .21 % anticipated expenses for this grant based on prior year = \$151.

**Total Professional Services = \$151**

**M. Subcontractor:**

**Total Subcontractor = \$0**

**N. Construction costs:**

**Total Construction costs = \$0**

**O. Other Direct Expenses** Permanent housing assistance payments based on prior year average payment and estimated number of clients.

187 clients @ 490 average assistance = \$91,700.

**Total Direct expenses = \$91,700**

**P. Indirect Costs:** HOPWA funds indirect up to 7% of the grant. The Office of Economic Development of the City and County of Denver has authorized the minimum allowable indirect amount of 4%.

**Total Indirect Costs = \$3,861**

**Q. Match Amount**

**Amount Requested from OED: \$100,376**

**Anticipated funding:** We anticipate continuing Ryan White Funding for supportive services and emergency financial assistance. Ryan White funding year is 3/1 – 2/28. We are currently funded. We anticipate that we will continue to have 39 Section 8 vouchers. We anticipate continued Shelter Plus funding for Dave's Place residence not included in this grant request. Supportive services at Juan Diego and Dave's Place are funded through a contract with Del Norte. These are three year renewable grants. We will continue fundraising activities to fill in the gaps.

**Accounting System:** We do full accrual, grant based accounting using Sage Mas90. Our attendance and payroll records are a web based program through Paycomonline. The following chart lists the major responsibilities of the finance department.

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Permanent Housing Assistance**

<b>NAME/TITLE:</b> Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function	<b>1</b> R U T H - E D	<b>2</b> N E L L Y - D O F	<b>3</b> S U P E R V I O R S	<b>4</b> A L L S T A F F	<b>5</b> M O N A - A C C T G	<b>6</b> D A V I D	<b>7</b> B O A R D	<b>8</b> D I R E C T O R S	<b>"N/A" OR OTHER:</b>
<b>INITIATION:</b>									
Prepares Attendance Reports - All Staff				X					
Prepares Requisitions - All Staff				X					
Prepares Request for Funds -Supervisors			X						
Prepares check - Mona/David-FA					X	X			
Prepares financial reports Nelly		X							
<b>AUTHORIZATION/APPROVAL:</b>									
Signs checks- Ruth, Robert, Tim	X							X	Not Nelly
Authorizes changes in petty cash fund amount- Ruth/Nelly	X	X							
Authorizes payroll changes-Supervisors			X						
Authorizes contracts- Ruth	X								
Approves purchase orders - N/A									X
Approves vouchers for payment-Supervisors			X						
Approves petty cash replenishment- Nelly		X							
Audits petty cash fund- Nelly		X							
Reviews and approves attendance reports-Supervisors			X						
Certifies payroll accuracy – Mona/Nelly		X			X				
Reviews bank reconciliations-Nelly/Ruth	X	X							
Approves cost allocation- Ruth/Nelly	X	X							
Approves journal entries- Nelly/Ruth	X	X							
Approves draw downs- Ruth	X								
Approves financial reports- Ruth/Board	X						X		
Approves audit resolution- Ruth/Board	X						X		
Approves match reports- Ruth	X								
<b>ACCESS:</b>									
Custodian of mechanical check signer									X
Custodian of blank checks-Mona/David-FA					X	X			
Prepares checks- Mona/David-FA					X	X			

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Permanent Housing Assistance**

<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
Verifies receipt of order- Supervisors			X						
Distributes payroll checks to participants- David						X			
Distributes payroll checks to staff- Mona					X				
Accounts for undelivered checks-Mona/David					X	X			
Receives OED funds- Mona/David/Ft.Desk					X	X			X
Deposits OED funds-Desktop Deposit Mona/Nelly		X			X				
Opens mail- Receptionist Tim									X
<b>EXECUTION:</b>									
Prepares payroll- Mona					X				
Prepares purchase orders- N/A									X
Orders supplies- Athena- Supervisors pre-approve									X
Prepares payment vouchers-Supervisors approve				X					
Prepares bank reconciliations-Nelly/Mona-FA		X			X				
Prepares/Determines cost allocation-Nelly/Mona		X			X				
Prepares journal entries- Mona/Nelly		X			X				
Prepares draw down- Nelly		X							
Prepares financial reports- Nelly		X							
Performs audit resolutions- Ruth/Board	X						X		
<b>RECORDKEEPING:</b>									
Records receipts in books of account- Mona					X				
Post disbursements- Mona					X				
Posts journal entries- Mona					X				
Posts payroll- Nelly/Mona		X			X				
Records match- Mona					X				

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Tenant Based Rental Assistance**

**A. Personnel:**

Single Payer Coordinator, Vacant

Annual Salary \$23,250 for 30 hours per week. 1.5 hours/week = \$1,163

- Responsibilities: Tracks and distributes all financial assistance requests according to grant requirements for TBRA, Works in conjunction with the Director of Finance to ensure accurate billing, account reconciliation, and cash flow.
- Disburses approved checks in a timely manner.
- Manages client feedback, complaints, grievances and appeals in relation to financial assistance. Organizes and maintains all files related to the history of HOPWA disbursements and reporting on disbursements from the program database

Occupancy Coordinator: Morgan Stimson

Annual Salary \$31,949 for full time. 40 hours/week = \$31,949

- Coordinate all aspects of CAP Subsidy programs Section 8 and Tenant Based Rental Assistance (TBRA). Duties include client meetings, waitlist maintenance, eligibility screening, file upkeep, documentation, and communication with participating landlords, recertification, HQS inspections, trainings, billing, reporting and all other responsibilities associated with subsidy programs.
- Maintain waiting lists for HOPWA units and other apartments and coordinate client referrals and information with management companies.
- Act as liaison between clients and Metro-area housing authorities and subsidized housing programs. Assisting clients in paperwork, applications and processes.
- Assess client housing needs and make appropriate referrals to programs and services both within CAP and outside the agency.

Housing and Resources Manager Tracie Smith

Annual Salary \$46,445 for full time. 6 hours/week = \$6,967

- Through work-plans and other mechanisms, carries out strategic direction at an operational level, within defined parameters and policies, for all residential and subsidy housing programs within the department.
- Makes operational, tactical level decisions on a day-to-day basis
- Recruits and maintains high quality staff; provides accountability mechanisms as necessary
- Supervises, coaches, evaluates and supports staff to achieve highest performance toward defined performance parameters and goals; determines needs of volunteers, interns and temporary staff and manages those staff appropriately.
- Ensures appropriate and adequate staffing and scheduling
- Sets expectations of teamwork within and across departments and models collaborative behavior
- Creates work plans for each service area; implements and regularly evaluates those work plans.
- Meets all deadlines agreed upon with director
- Supports the creation of the department budget; monitors and operates within that budget

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Tenant Based Rental Assistance**

- Supports efforts to create and maintain revenue for the department budget.
- Working with director, ensures grant compliance and supports reporting requirements for all grants related to department
- Working with director, assists in all aspects of program design, development, implementation and evaluation.
- Monitors quality of programs, including ongoing quality improvement efforts, program evaluation, and programmatic outcome measures designed for each service.
- Understands and communicates the strategic direction, along with relevant policies and procedures, to staff members
- Manages client feedback, complaints, grievances and appeals
- Keeps abreast of latest research and practices in the field; recommends innovative and alternative methods to current operations for improved programmatic effectiveness and efficiency with resources
- Participates in planning and grant related collaborations as appropriate and agreed upon with director

Regional Director: Robert George,

Annual Salary \$70,000 for full time. 1.8 hours /week = \$3,150

Program Responsibilities

- Sets, coordinates and implements strategic, visionary direction for case management, counseling, housing, and resource and employment services.
- Makes strategic, programmatic and policy level decisions for all client services.
- Develops and manages goals, work plans and deliverables in collaboration with program managers on time and on budget.
- Identifies and pursues appropriate service and revenue opportunities for the department to meet the needs of the clients.

Supervision

- Defines and manages staffing requirements; recruits and maintains high quality staff; provides accountability mechanisms as necessary.
- Supervises, coaches, supports and inspires managers to achieve highest and most effective performance.
- Sets expectations of teamwork within and across departments and models collaborative behavior.
- Provides necessary opportunities to maintain managers' subject matter expertise.

Compliance and Fiscal Accountability

- Sets and monitors program performance parameters in line with the strategic direction and consistent with policies and grant requirements.
- Creates, documents, implements and reports client service outcomes.
- Plays the role of ultimate accountability for legal, moral and prudent operations within the client services department.
- Creates budgets for all client services in collaboration with the program managers and financial staff.
- Operates, monitors, and accounts for the revenue and expense budget within the client services department.

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Tenant Based Rental Assistance**

**Total personnel = \$43,228**

**B. . Fringe Benefits:**

Payroll Taxes	7.65%	\$3,307
Health & Dental Insurance	8.43%	\$3,644
ECO Pass	0.19%	\$ 82
Worker's Compensation	0.16%	\$ 69
Unemployment Ins. SUI	1.85%	\$ 800
Retirement Plan Contribution	0.71%	\$ 307
Tuition Reimbursement	1.01%	\$ 437
		<b>Total Fringe = \$8,646</b>

**C. Office expense:** (supplies, stationary, and meeting expense): Agency total is based on prior year expenses. General office supplies are allocated by FTE and specific supplies for the grant are directly posted to the grant.

\$48,000 annual budget for DCAP X 2.15% anticipated expense for this grant based on prior year = \$1,033

**Total Office Expense = \$1,033**

**D. Communication:** (Telephone and website services): Agency total is based on prior year expenses. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$2,440/month X 12 months agency total) X 1.76% anticipated expenses for this grant based on prior year = \$514.

**Total Communication = \$514**

**E. Insurance:** Property and liability insurance: Agency total is based on prior year expenses. These services are allocated by either FTE or square footage.

(\$1,414/month X 12 months agency total) 2.44% anticipated expense for this grant based on prior year = \$414

**Total Insurance = \$414**

**F. Travel Staff:** Mileage and parking reimbursement for travel for inspections and meetings to sign paperwork. Individual totals are based on prior year actuals.

Average 274 miles per month at the current IRS rate = \$1,827

**Total Staff travel = \$1,827**

**G. Travel Client:**

**Total Client travel = \$0**

**H. Equipment rental:**

**Total Equipment rental = \$0**

**I. Facilities:** The monthly office lease of \$20,000 plus common area costs for 17,000 square feet are allocated based on the square feet of space assigned to employees. These

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Tenant Based Rental Assistance**

amounts are further allocated by the percent of time the employee is working on a given grant.

(\$20,000/month X 12 months agency total) X 3.39% anticipated expense based on this grant in prior year = \$8,137

**Total Facilities = \$8,137**

**J. Educational Materials**

**Total Education materials = \$0**

**K. Meetings/Events:** Monthly meetings with case managers to review eligibility and documentation procedures and to troubleshoot problem areas. This is a small amount for supplies for the meetings.

**Total Meeting/Events = \$132**

**L. Professional Services:** IT Supervision - Agency computer support. We have outsourced our information systems support. This is for day to day support of our computer network and phones. Agency total is based on longterm contract. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$6,025/month X 12 months agency total) X 2.61 % anticipated expenses for this grant based on prior year = \$1,884.

**Total Prof. Services = \$1,884**

**M. Subcontractor:**

**Total Subcontractor = \$0**

**N. Construction costs:**

**Total Construction costs = \$0**

**O. Other Direct Expenses** Tenant based rental assistance payments based on prior year average payment and estimated number of clients.

139 clients @ 504 average assistance = \$839,385.

**Total Direct expenses = \$839,385**

**P. Indirect Costs:** HOPWA funds indirect up to 7% of the grant. The Office of Economic Development of the City and County of Denver has authorized the minimum allowable indirect amount of 4%.

**Total Indirect Costs = \$36,208**

**Q. Match Amount**

**Amount Requested from OED: \$941,408**

**Anticipated funding:** We anticipate continuing Ryan White Funding for supportive services and emergency financial assistance. Ryan White funding year is 3/1 – 2/28. We are currently funded. We anticipate that we will continue to have 39 Section 8 vouchers. We anticipate continued Shelter Plus funding for Dave's Place residence not included in this grant request. Supportive services at Juan Diego and Dave's Place are funded



**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
 Tenant Based Rental Assistance**

through a contract with Del Norte. These are three year renewable grants. We will continue fundraising activities to fill in the gaps.

**Accounting System:** We do full accrual, grant based accounting using Sage Mas90. Our attendance and payroll records are a web based program through Paycomonline. The following chart lists the major responsibilities of the finance department.

<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
<b>INITIATION:</b>									
Prepares Attendance Reports - All Staff				X					
Prepares Requisitions - All Staff				X					
Prepares Request for Funds -Supervisors			X						
Prepares check - Mona/David-FA					X	X			
Prepares financial reports Nelly		X							
<b>AUTHORIZATION/APPROVAL:</b>									
Signs checks- Ruth, Robert, Tim	X							X	Not Nelly
Authorizes changes in petty cash fund amount- Ruth/Nelly	X	X							
Authorizes payroll changes-Supervisors			X						
Authorizes contracts- Ruth	X								
Approves purchase orders - N/A									X
Approves vouchers for payment-Supervisors			X						
Approves petty cash replenishment- Nelly		X							
Audits petty cash fund- Nelly		X							
Reviews and approves attendance reports-Supervisors			X						
Certifies payroll accuracy – Mona/Nelly		X			X				
Reviews bank reconciliations-Nelly/Ruth	X	X							
Approves cost allocation- Ruth/Nelly	X	X							
Approves journal entries- Nelly/Ruth	X	X							
Approves draw downs- Ruth	X								
Approves financial reports- Ruth/Board	X						X		

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Tenant Based Rental Assistance**

<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
Approves audit resolution- Ruth/Board	X						X		
Approves match reports- Ruth	X								
<b>ACCESS:</b>									
Custodian of mechanical check signer									X
Custodian of blank checks-Mona/David-FA					X	X			
Prepares checks- Mona/David-FA					X	X			
Verifies receipt of order- Supervisors			X						
Distributes payroll checks to participants- David						X			
Distributes payroll checks to staff- Mona					X				
Accounts for undelivered checks-Mona/David					X	X			
Receives OED funds- Mona/David/Ft.Desk					X	X			X
Deposits OED funds-Desktop Deposit Mona/Nelly		X			X				
Opens mail- Receptionist Tim									X
<b>EXECUTION:</b>									
Prepares payroll- Mona					X				
Prepares purchase orders- N/A									X
Orders supplies- Athena- Supervisors pre-approve									X
Prepares payment vouchers-Supervisors approve				X					
Prepares bank reconciliations-Nelly/Mona-FA		X			X				
Prepares/Determines cost allocation-Nelly/Mona		X			X				
Prepares journal entries- Mona/Nelly		X			X				
Prepares draw down- Nelly		X							
Prepares financial reports- Nelly		X							
Performs audit resolutions- Ruth/Board	X						X		
<b>RECORDKEEPING:</b>									
Records receipts in books of account- Mona					X				
Post disbursements- Mona					X				
Posts journal entries- Mona					X				
Posts payroll- Nelly/Mona		X			X				

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
 Tenant Based Rental Assistance**

<b>NAME/TITLE:</b> <b>Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1</b> <b>R</b> <b>U</b> <b>T</b> <b>H</b> <b>-</b> <b>E</b> <b>D</b>	<b>2</b> <b>N</b> <b>E</b> <b>L</b> <b>L</b> <b>Y</b> <b>-</b> <b>D</b> <b>O</b> <b>F</b>	<b>3</b> <b>S</b> <b>U</b> <b>P</b> <b>E</b> <b>R</b> <b>V</b> <b>I</b> <b>O</b> <b>R</b> <b>S</b>	<b>4</b> <b>A</b> <b>L</b> <b>L</b> <b>S</b> <b>T</b> <b>A</b> <b>F</b> <b>F</b>	<b>5</b> <b>M</b> <b>O</b> <b>N</b> <b>A</b> <b>-</b> <b>A</b> <b>C</b> <b>C</b> <b>T</b> <b>G</b>	<b>6</b> <b>D</b> <b>A</b> <b>V</b> <b>I</b> <b>D</b>	<b>7</b> <b>B</b> <b>O</b> <b>A</b> <b>R</b> <b>D</b>	<b>8</b> <b>D</b> <b>I</b> <b>R</b> <b>E</b> <b>C</b> <b>T</b> <b>O</b> <b>R</b> <b>S</b>	<b>"N/A" OR</b> <b>OTHER:</b>	
Records match- Mona					X					

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Short term Rental and Utilities Assistance**

**A. Personnel:**

Regional Director: Robert George,

Annual Salary \$70,000 for full time. .3 hours /week = \$547

Program Responsibilities

- Sets, coordinates and implements strategic, visionary direction for case management, counseling, housing, and resource and employment services.
- Makes strategic, programmatic and policy level decisions for all client services.
- Develops and manages goals, work plans and deliverables in collaboration with program managers on time and on budget.
- Identifies and pursues appropriate service and revenue opportunities for the department to meet the needs of the clients.

Supervision

- Defines and manages staffing requirements; recruits and maintains high quality staff; provides accountability mechanisms as necessary.
- Supervises, coaches, supports and inspires managers to achieve highest and most effective performance.
- Sets expectations of teamwork within and across departments and models collaborative behavior.

- Provides necessary opportunities to maintain managers' subject matter expertise.
- Compliance and Fiscal Accountability

- Sets and monitors program performance parameters in line with the strategic direction and consistent with policies and grant requirements.
- Creates, documents, implements and reports client service outcomes.
- Plays the role of ultimate accountability for legal, moral and prudent operations within the client services department.
- Creates budgets for all client services in collaboration with the program managers and financial staff.
- Operates, monitors, and accounts for the revenue and expense budget within the client services department.

Housing and Resources Manager Tracie Smith

Annual Salary \$46,445 for full time. .4 hours/week = \$464

- Through work-plans and other mechanisms, carries out strategic direction at an operational level, within defined parameters and policies, for all residential and subsidy housing programs within the department.
- Makes operational, tactical level decisions on a day-to-day basis
- Recruits and maintains high quality staff; provides accountability mechanisms as necessary
- Supervises, coaches, evaluates and supports staff to achieve highest performance toward defined performance parameters and goals; determines needs of volunteers, interns and temporary staff and manages those staff appropriately.
- Ensures appropriate and adequate staffing and scheduling
- Sets expectations of teamwork within and across departments and models collaborative behavior

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Short term Rental and Utilities Assistance**

- Creates work plans for each service area; implements and regularly evaluates those work plans.
- Meets all deadlines agreed upon with director
- Supports the creation of the department budget; monitors and operates within that budget
- Supports efforts to create and maintain revenue for the department budget.
- Working with director, ensures grant compliance and supports reporting requirements for all grants related to department
- Working with director, assists in all aspects of program design, development, implementation and evaluation.
- Monitors quality of programs, including ongoing quality improvement efforts, program evaluation, and programmatic outcome measures designed for each service.
- Understands and communicates the strategic direction, along with relevant policies and procedures, to staff members
- Manages client feedback, complaints, grievances and appeals
- Keeps abreast of latest research and practices in the field; recommends innovative and alternative methods to current operations for improved programmatic effectiveness and efficiency with resources
- Participates in planning and grant related collaborations as appropriate and agreed upon with director

Single Payer Coordinator: Vacant

Annual Salary \$23,250 for 30 hours per week. 3 hours/week = \$2,325

- Responsibilities: Tracks and distributes all financial assistance requests according to grant requirements for STRMU, Works in conjunction with the Director of Finance to ensure accurate billing, account reconciliation, and cash flow.
- Disburses approved checks in a timely manner.
- Manages client feedback, complaints, grievances and appeals in relation to financial assistance. Organizes and maintains all files related to the history of STRMU disbursements and reporting on disbursements from the program database

**Total personnel = \$3,336**

**B. Fringe Benefits:**

Payroll Taxes	7.65%	\$255
Health & Dental Insurance	8.43%	\$281
ECO Pass	0.19%	\$ 6
Worker's Compensation	0.16%	\$ 5
Unemployment Ins. SUI	1.85%	\$ 62
Retirement Plan Contribution	0.71%	\$ 24
Tuition Reimbursement	1.01%	\$ 34

**Total Fringe = \$667**

**C. Office expense:** (supplies, stationary, and meeting expense): Agency total is based on prior year expenses. General office supplies are allocated by FTE and specific supplies for the grant are directly posted to the grant.

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Short term Rental and Utilities Assistance**

\$48,000 annual budget for DCAP X .18% anticipated expense for this grant based on prior year = \$87

**Total Office Expense = \$87**

**D. Communication:** (Telephone and website services): Agency total is based on prior year expenses. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$2,440/month X 12 months agency total) X .14% anticipated expenses for this grant based on prior year = \$41.

**Total Communication = \$41**

**E. Insurance:** Property and liability insurance: Agency total is based on prior year expenses. These services are allocated by either FTE or square footage.

(\$1,414/month X 12 months agency total) X .19% anticipated expense for this grant based on prior year = \$32

**Total Insurance = \$32**

**F. Travel Staff:**

**Total Staff travel = \$0**

**G. Travel Client:**

**Total Client travel = \$0**

**H. Equipment rental:**

**Total Equipment rental = \$0**

**I. Facilities:** The monthly office lease of \$20,000 plus common area costs for 17,000 square feet are allocated based on the square feet of space assigned to employees. These amounts are further allocated by the percent of time the employee is working on a given grant.

(\$20,000/month X 12 months agency total) X .20% anticipated expense based on this grant in prior year = \$491

**Total Facilities = \$491**

**J. Educational Materials**

**Total Education materials = \$0**

**K. Meetings/Events:** Monthly meetings with case managers to review eligibility and documentation procedures and to troubleshoot problem areas. This is a small amount for supplies for the meetings.

**Total Meeting/Events = \$10**

**L. Professional Services:** IT Supervision - Agency computer support. We have outsourced our information systems support. This is for day to day support of our computer network and phones. Agency total is based on longterm contract. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Short term Rental and Utilities Assistance**

(\$6,025/month X 12 months agency total) X .21 % anticipated expenses  
for this grant based on prior year = \$151.

**Total Professional Services = \$151**

**M. Subcontractor:**

**Total Subcontractor = \$0**

**N. Construction costs:**

**Total Construction costs = \$0**

**O. Other Direct Expenses** STRMU payments based on prior year average payment and estimate of current year clients.

99 clients @ 777 average assistance = \$77,312.

**Total Direct expenses = \$77,312**

**P. Indirect Costs:** HOPWA funds indirect up to 7% of the grant. The Office of Economic Development of the City and County of Denver has authorized the minimum allowable indirect amount of 4%.

**Total Indirect Costs = \$3,285**

**Q. Match Amount**

**Amount Requested from OED: \$85,412**

**Anticipated funding:** We anticipate continuing Ryan White Funding for supportive services and emergency financial assistance. Ryan White funding year is 3/1 – 2/28. We are currently funded. We anticipate that we will continue to have 39 Section 8 vouchers. We anticipate continued Shelter Plus funding for Dave’s Place residence not included in this grant request. Supportive services at Juan Diego and Dave’s Place are funded through a contract with Del Norte. These are three year renewable grants. We will continue fundraising activities to fill in the gaps.

**Accounting System:** We do full accrual, grant based accounting using Sage Mas90. Our attendance and payroll records are a web based program through Paycomonline. The following chart lists the major responsibilities of the finance department.

<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T I N G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
<b>INITIATION:</b>									
Prepares Attendance Reports - All Staff				X					
Prepares Requisitions - All Staff				X					
Prepares Request for Funds -Supervisors			X						

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Short term Rental and Utilities Assistance**

<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
Prepares check - Mona/David-FA					X	X			
Prepares financial reports Nelly		X							
<b>AUTHORIZATION/APPROVAL:</b>									
Signs checks- Ruth, Robert, Tim	X							X	Not Nelly
Authorizes changes in petty cash fund amount- Ruth/Nelly	X	X							
Authorizes payroll changes-Supervisors			X						
Authorizes contracts- Ruth	X								
Approves purchase orders - N/A									X
Approves vouchers for payment-Supervisors			X						
Approves petty cash replenishment- Nelly		X							
Audits petty cash fund- Nelly		X							
Reviews and approves attendance reports-Supervisors			X						
Certifies payroll accuracy – Mona/Nelly		X			X				
Reviews bank reconciliations-Nelly/Ruth	X	X							
Approves cost allocation- Ruth/Nelly	X	X							
Approves journal entries- Nelly/Ruth	X	X							
Approves draw downs- Ruth	X								
Approves financial reports- Ruth/Board	X						X		
Approves audit resolution- Ruth/Board	X						X		
Approves match reports- Ruth	X								
<b>ACCESS:</b>									
Custodian of mechanical check signer									X
Custodian of blank checks-Mona/David-FA					X	X			
Prepares checks- Mona/David-FA					X	X			
Verifies receipt of order- Supervisors			X						
Distributes payroll checks to participants-David						X			
Distributes payroll checks to staff- Mona					X				



**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Short term Rental and Utilities Assistance**

<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
Accounts for undelivered checks-Mona/David					X	X			
Receives OED funds- Mona/David/Ft.Desk					X	X			X
Deposits OED funds-Desktop Deposit Mona/Nelly		X			X				
Opens mail- Receptionist Tim									X
<b>EXECUTION:</b>									
Prepares payroll- Mona					X				
Prepares purchase orders- N/A									X
Orders supplies- Athena- Supervisors pre-approve									X
Prepares payment vouchers-Supervisors approve				X					
Prepares bank reconciliations-Nelly/Mona-FA		X			X				
Prepares/Determines cost allocation-Nelly/Mona		X			X				
Prepares journal entries- Mona/Nelly		X			X				
Prepares draw down- Nelly		X							
Prepares financial reports- Nelly		X							
Performs audit resolutions- Ruth/Board	X						X		
<b>RECORDKEEPING:</b>									
Records receipts in books of account- Mona					X				
Post disbursements- Mona					X				
Posts journal entries- Mona					X				
Posts payroll- Nelly/Mona		X			X				
Records match- Mona					X				

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

**A. Personnel:**

Director of Client Services: Robert George,  
Annual Salary \$70,000 for full time. 5.572 hours /week = \$9,751 (13.93%)

Program Responsibilities

- Sets, coordinates and implements strategic, visionary direction for case management, counseling, housing, and resource and employment services.
- Makes strategic, programmatic and policy level decisions for all client services.
- Develops and manages goals, work plans and deliverables in collaboration with program managers on time and on budget.
- Identifies and pursues appropriate service and revenue opportunities for the department to meet the needs of the clients.

Supervision

- Defines and manages staffing requirements; recruits and maintains high quality staff; provides accountability mechanisms as necessary.
  - Supervises, coaches, supports and inspires managers to achieve highest and most effective performance.
  - Sets expectations of teamwork within and across departments and models collaborative behavior.
  - Provides necessary opportunities to maintain managers' subject matter expertise.
- Compliance and Fiscal Accountability
- Sets and monitors program performance parameters in line with the strategic direction and consistent with policies and grant requirements.
  - Creates, documents, implements and reports client service outcomes.
  - Plays the role of ultimate accountability for legal, moral and prudent operations within the client services department.
  - Creates budgets for all client services in collaboration with the program managers and financial staff.
  - Operates, monitors, and accounts for the revenue and expense budget within the client services department.

Housing and Resources Manager Tracie Smith

Annual Salary \$46,445 for full time. 5.2 hours/week = \$6,038

- Through work-plans and other mechanisms, carries out strategic direction at an operational level, within defined parameters and policies, for all residential and subsidy housing programs within the department.
- Makes operational, tactical level decisions on a day-to-day basis
- Recruits and maintains high quality staff; provides accountability mechanisms as necessary
- Supervises, coaches, evaluates and supports staff to achieve highest performance toward defined performance parameters and goals; determines needs of volunteers, interns and temporary staff and manages those staff appropriately.
- Ensures appropriate and adequate staffing and scheduling
- Sets expectations of teamwork within and across departments and models collaborative behavior

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

- Creates work plans for each service area; implements and regularly evaluates those work plans.
- Meets all deadlines agreed upon with director
- Supports the creation of the department budget; monitors and operates within that budget
- Supports efforts to create and maintain revenue for the department budget.
- Working with director, ensures grant compliance and supports reporting requirements for all grants related to department
- Working with director, assists in all aspects of program design, development, implementation and evaluation.
- Monitors quality of programs, including ongoing quality improvement efforts, program evaluation, and programmatic outcome measures designed for each service.
- Understands and communicates the strategic direction, along with relevant policies and procedures, to staff members
- Manages client feedback, complaints, grievances and appeals
- Keeps abreast of latest research and practices in the field; recommends innovative and alternative methods to current operations for improved programmatic effectiveness and efficiency with resources
- Participates in planning and grant related collaborations as appropriate and agreed upon with director

Employment Services Coordinator: Danielle Osowski,

Annual Salary \$30,992 for full time. 40 hours/week = \$30,922

- Coordinate employment and job training programs for people with HIV/AIDS in Denver Metropolitan area specializing in employment services for homeless persons, and individuals participating in transitional and permanent housing programs.
- Design, recruit and implement group programs that support participants in employment searches and job readiness.
- Facilitate employment skills and financial literacy classes.
- Coordinate Employment Resource Center hours and services.
- Work collaboratively with Case Managers and community organizations on behalf of program participants.
- Meet regularly with participants to develop individualized Employment Plans, assess, evaluate and monitor progress.
- Maintain accurate documentation and records on all program participants.
- Participate in team meetings, case conferences, clinical supervision and staff meetings.
- Perform other duties as assigned.

Reception Manager: Tim Wree

Annual Salary \$26,603 for full time. 17.6 hours/week = \$11,705

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

- Staff the reception desk. Coverage begins at 8:45 a.m. and continues to 6 p.m. The desk opens to clients at 9 a.m. and closes at 5 p.m. Specific opening and closing procedures must be followed, as outlined in the manual.
- Oversee reception area including monitoring phone usage by clients and activities in the lobby area to ensure the professionalism of the environment.
- Enforce standards associated with confidentiality. This position is called to help support the maintenance of confidentiality/privacy of all CAP clients.
- Provide Information and Referral to clients, including but not limited to housing, prevention, case management, financial, food, medical, and other services via handouts and other resources.
- Update and maintain the accuracy of the Information and Referral Database, and all Housing services client handouts.
- Monitor the distribution of bus tokens and client mail.

Clinical Services Manager: Jodi Suckney

Annual Salary \$55,000 for full time. 14 hours/week = \$19,250

- Through work-plans and other mechanisms, carries out strategic direction at an operational level, within defined parameters and policies, for all bilingual case management program and counseling program functions.
- Makes operational, tactical level decisions on a day-to-day basis
- Recruits and maintains high quality staff; provides accountability mechanisms as necessary
- Supervises, coaches, evaluates and supports staff to achieve highest performance toward defined performance parameters and goals; determines needs of volunteers, interns and temporary staff and manages those staff appropriately.
- Ensures appropriate and adequate staffing and scheduling
- Sets expectations of teamwork within and across departments and models collaborative behavior
- Creates work plans for each service area; implements and regularly evaluates those work plans.
- Meets all deadlines agreed upon with director
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- Manages client feedback, complaints, grievances and appeals

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

- Keeps abreast of latest research and practices in the field; recommends innovative and alternative methods to current operations for improved programmatic effectiveness and efficiency with resources
- Participates in planning and grant related collaborations as appropriate and agreed upon with director

Case Managers:

- Provides intensive Case Management, based on levels of acuity, to a caseload of assigned clients.
- Conducts comprehensive intake and needs assessments to identify client needs, including but not limited to:
  - Access to healthcare and the client's ability to self-manage and actively participate in healthcare
  - Adherence medication and medical treatment
  - Short term and long term housing needs
  - Income stability including employment needs and eligibility for public benefits (SSI, SSDI, Medicaid, Medicare, etc)
  - Mental health and substance abuse issues
  - Food and nutrition
  - HIV secondary prevention issues
- Develops strategies and goals through Individual Wellness Plans, in conjunction with clients, to meet identified needs.
- Maintains ongoing, proactive contact to assess client's physical and psychosocial status and needs through personal visits, telephone and written contacts.
- Collaborates and coordinates services with other HIV/AIDS service providers and community agencies.
- Identifies internal and external resources to meet client needs, and refers clients accordingly.
- Maintains accurate, up-to-date documentation on each assigned client.
- Coordinates/Attends Case Conferences with CAP Housing Center, CAP Counseling Services, CAP Prevention Center, and other community providers as needed

Ada Andrade, Bilingual Case Manager

Annual Salary \$34,154 for full time. 17.6 hours/week = \$15,028

Amelia Stoll, Bilingual Case Manager

Annual Salary \$33,238 for full time. 17.6 hours/week = \$14,625

Angela Keady, Case Manager

Annual Salary \$45,573 for full time. 17.6 hours/week = \$20,052

Connor Hannigan, Case Manager

Annual Salary \$32,219 for full time. 17.6 hours/week = \$14,176

Julia Giles, Case Manager

Annual Salary \$31,907 for full time. 17.6 hours/week = \$14,039

Jon Chu, Case Manager

Annual Salary \$32,947 for full time. 17.6 hours/week = \$14,497

Reynaldo Mireles, Bilingual Case Manager

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

Annual Salary \$32,947 for full time. 17.6 hours/week = \$14,497  
Ryan Haldeman, Case Manager  
Annual Salary \$32,302 for full time. 17.6 hours/week = \$14,213  
Tangerine Mori, Case Manager  
Annual Salary \$31,907 for full time. 17.6 hours/week = \$14,039  
Shauna Lott, Case Manager  
Annual Salary \$31,886 for full time. 17.6 hours/week = \$14,030

**Total personnel = \$226,931**

**B. Fringe Benefits:**

Payroll Taxes	7.65%	\$17,360
Health & Dental Insurance	8.43%	\$19,130
ECO Pass	0.19%	\$ 431
Worker's Compensation	0.16%	\$ 363
Unemployment Ins. SUI	1.85%	\$ 4,198
Retirement Plan Contribution	0.71%	\$ 1,611
Tuition Reimbursement	1.01%	\$ 2,292
<b>Total Fringe =</b>		<b>\$45,386</b>

**C. Office expense:** (supplies, stationary, and meeting expense): Agency total is based on prior year expenses. General office supplies are allocated by FTE and specific supplies for the grant are directly posted to the grant.

\$48,000 annual budget for DCAP X 8.59% anticipated expense for this grant based on prior year = \$4,124

**Total Office Expense = \$4,124**

**D. Communication:** (Telephone and website services): Agency total is based on prior year expenses. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$2,440/month X 12 months agency total) X 9.42% anticipated expenses for this grant based on prior year = \$2,757.

**Total Communication = \$2,757**

**E. Insurance:** Property and liability insurance: Agency total is based on prior year expenses. These services are allocated by either FTE or square footage.

for (\$1,414/month X 12 months agency total) X 12.75% anticipated expense this grant based on prior year = \$2,163

**Total Insurance = \$2,163**

**F. Travel Staff:**

**Total Staff travel = \$0**

**G. Travel Client:**

**Total Client travel = \$0**

**H. Equipment rental:**

**Total Equipment rental = \$0**

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

**I. Facilities:** The monthly office lease of \$20,000 plus common area costs for 17,000 square feet are allocated based on the square feet of space assigned to employees. These amounts are further allocated by the percent of time the employee is working on a given grant.

(\$20,000/month X 12 months agency total) X .12.9% anticipated expense based on this grant in prior year = \$30,954

**Total Facilities = \$30,954**

**J. Educational Materials**

**Total Education materials = \$0**

**K. Meetings/Events: .**

**Total Meeting/Events = \$0**

**L. Professional Services:** IT Supervision - Agency computer support. We have outsourced our information systems support. This is for day to day support of our computer network and phones. Agency total is based on longterm contract. These services are generally allocated by FTE and specific services for the grant are directly posted to the grant.

(\$6,025/month X 12 months agency total) X .13.99 % anticipated expenses for this grant based on prior year = \$10,114.

**Total Prof. Services = \$10,114**

**M. Subcontractor:**

**Total Subcontractor = \$0**

**N. Construction costs:**

**Total Construction costs = \$0**

**O. Other Direct Expenses**

**Total Direct expenses = \$0**

**P. Indirect Costs:** HOPWA funds indirect up to 7% of the grant. The Office of Economic Development of the City and County of Denver has authorized the minimum allowable indirect amount of 4%.

**Total Indirect Costs = \$12,897**

**Q. Match Amount**

**Amount Requested from OED: \$335,327**

**Anticipated funding:** We anticipate continuing Ryan White Funding for supportive services and emergency financial assistance. Ryan White funding year is 3/1 – 2/28. We are currently funded. We anticipate that we will continue to have 39 Section 8 vouchers. We anticipate continued Shelter Plus funding for Dave's Place residence not included in this grant request. Supportive services at Juan Diego and Dave's Place are funded through a contract with Del Norte. These are three year renewable grants. We will continue fundraising activities to fill in the gaps.

**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

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<b>NAME/TITLE: Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function</b>	<b>1 R U T H - E D</b>	<b>2 N E L L Y - D O F</b>	<b>3 S U P E R V I O R S</b>	<b>4 A L L S T A F F</b>	<b>5 M O N A - A C C T G</b>	<b>6 D A V I D</b>	<b>7 B O A R D</b>	<b>8 D I R E C T O R S</b>	<b>"N/A" OR OTHER:</b>
<b>INITIATION:</b>									
Prepares Attendance Reports - All Staff				X					
Prepares Requisitions - All Staff				X					
Prepares Request for Funds -Supervisors			X						
Prepares check - Mona/David-FA					X	X			
Prepares financial reports Nelly		X							
<b>AUTHORIZATION/APPROVAL:</b>									
Signs checks- Ruth, Robert, Tim	X							X	Not Nelly
Authorizes changes in petty cash fund amount- Ruth/Nelly	X	X							
Authorizes payroll changes-Supervisors			X						
Authorizes contracts- Ruth	X								
Approves purchase orders - N/A									X
Approves vouchers for payment-Supervisors			X						
Approves petty cash replenishment- Nelly		X							
Audits petty cash fund- Nelly		X							
Reviews and approves attendance reports-Supervisors			X						
Certifies payroll accuracy – Mona/Nelly		X			X				
Reviews bank reconciliations-Nelly/Ruth	X	X							
Approves cost allocation- Ruth/Nelly	X	X							
Approves journal entries- Nelly/Ruth	X	X							
Approves draw downs- Ruth	X								
Approves financial reports- Ruth/Board	X						X		
Approves audit resolution- Ruth/Board	X						X		
Approves match reports- Ruth	X								



**Colorado Health Network, Inc. d/b/a Colorado AIDS Project (CAP)  
Supportive Services**

<b>NAME/TITLE:</b> Enter the name and job title of staff who are responsible for accounting activities; place a check mark below the name of the person who has responsibility for that function	<b>1</b> R U T H - E D	<b>2</b> N E L L Y - D O F	<b>3</b> S U P E R V I O R S	<b>4</b> A L L S T A F F	<b>5</b> M O N A - A C C T G	<b>6</b> D A V I D	<b>7</b> B O A R D	<b>8</b> D I R E C T O R S	<b>"N/A" OR OTHER:</b>
<b>ACCESS:</b>									
Custodian of mechanical check signer									X
Custodian of blank checks-Mona/David-FA					X	X			
Prepares checks- Mona/David-FA					X	X			
Verifies receipt of order- Supervisors			X						
Distributes payroll checks to participants- David						X			
Distributes payroll checks to staff- Mona					X				
Accounts for undelivered checks-Mona/David					X	X			
Receives OED funds- Mona/David/Ft.Desk					X	X			X
Deposits OED funds-Desktop Deposit Mona/Nelly		X			X				
Opens mail- Receptionist Tim									X
<b>EXECUTION:</b>									
Prepares payroll- Mona					X				
Prepares purchase orders- N/A									X
Orders supplies- Athena- Supervisors pre-approve									X
Prepares payment vouchers-Supervisors approve				X					
Prepares bank reconciliations-Nelly/Mona-FA		X			X				
Prepares/Determines cost allocation-Nelly/Mona		X			X				
Prepares journal entries- Mona/Nelly		X			X				
Prepares draw down- Nelly		X							
Prepares financial reports- Nelly		X							
Performs audit resolutions- Ruth/Board	X						X		
<b>RECORDKEEPING:</b>									
Records receipts in books of account- Mona					X				
Post disbursements- Mona					X				
Posts journal entries- Mona					X				
Posts payroll- Nelly/Mona		X			X				
Records match- Mona					X				

## EXHIBIT B

### FINANCIAL ADMINISTRATION:

#### 1.1 Compensation and Methods of Payment

- 1.1.1 Disbursements shall be processed through the Office of Economic Development (OED) - Financial Management Unit (FMU) and the City and County of Denver's Department of Finance.
- 1.1.2 The method of payment to the Contractor by OED shall be in accordance with established FMU procedures for line-item reimbursements. The Contractor must submit expenses and accruals to OED on or before the last day of each month for the previous month's activity. Voucher requests for reimbursement of costs should be submitted on a regular and timely basis in accordance with OED policies. Vouchers should be submitted within thirty (30) days of the actual service, expenditure or payment of expense, except for the final voucher for reimbursement.
- 1.1.3 The Contractor shall submit the final voucher for reimbursement no later than **forty-five (45) days after the end of the contract period.**
- 1.1.4 The Contractor shall be reimbursed for services provided under this Agreement according to the approved line-item reimbursement budget attached to and made a part of this Agreement (Exhibit A).

#### 1.2 Vouchering Requirements

- 1.2.1 In order to meet Federal Government requirements for current, auditable books at all times, it is required that all vouchers be submitted monthly to OED in order to be paid.
  - a. The first exception will be that expenses cannot be reimbursed until the funds under this contract have been encumbered.
  - b. The second exception will be that costs cannot be reimbursed until they total a minimum of \$35 unless it is a final payment voucher, or the final voucher for the fiscal year (ending December 31).
- 1.2.2 No more than six (6) vouchers may be submitted per contract per month, without prior approval from OED.
- 1.2.3 All vouchers for all Agreements must be correctly submitted within forty-five (45) days of the Agreement end date to allow for correct and prompt closeout.
- 1.2.4 City and County of Denver Forms shall be used in back-up documents whenever required in the Voucher Processing Policy.

- 1.2.5 Only allowable costs determined in accordance with the OMB cost principles applicable to the organization incurring the cost will be reimbursed.
- 1.2.6 The reimbursement request, or draw request, for personnel and non-personnel expenses should be submitted to the City on a monthly basis, no later than the last day of the following month for expenses incurred in the prior month. The request for reimbursement should include:
  - a. Amount of the request in total and by line item;
  - b. Period of services for current reimbursement;
  - c. Budget balance in total and by line item;
  - d. Authorization for reimbursement by the contract signatory (i.e., executive director or assistant director).
- 1.2.7 If another person has been authorized by the Contractor to request reimbursement for services provided by this contract, then the authorization should be forwarded in writing to OED prior to the draw request.
- 1.2.8 The standardized OED "Expense Certification Form" should be included with each payment request to provide the summary and authorization required for reimbursement.

### **1.3 Payroll**

- 1.3.1 A summary sheet should be included to detail the gross salary of the employee, amount of the salary to be reimbursed, the name of the employee, and the position of the employee. If the employee is reimbursed only partially by this contract, the amount of salary billed under other contracts with the City or other organizations should be shown on the timesheet as described below. Two items are needed for verification of payroll: (1) the amount of time worked by the employee for this pay period; and (2) the amount of salary paid to the employee, including information on payroll deductions.
- 1.3.2 The amount of time worked will be verified with timesheets. The timesheets must include the actual hours worked under the terms of this contract, and the actual amount of time worked under other programs. The total hours worked during the period must reflect all actual hours worked under all programs including leave time. The employee's name, position, and signature, as well as a signature by an appropriate supervisor, or executive director, must be included on the timesheets. If the timesheet submitted indicates that the employee provided services payable under this contract for a portion of the total time worked, then the amount of reimbursement requested must be calculated and documented in the monthly reimbursement request.

- 1.3.3 A payroll register or payroll ledger from the accounting system will verify the amount of salary. Copies of paychecks are acceptable if they include the gross pay and deductions.

#### **1.4 Fringe Benefits**

- 1.4.1 Fringe benefits paid by the employer can be requested by applying the FICA match of 7.65 percent to the gross salary paid under this contract. Fringe benefits may also include medical plans, retirement plans, worker's compensation, and unemployment insurance. Fringe benefits that exceed the FICA match may be documented by 1) a breakdown of how the fringe benefit percentage was determined prior to first draw request; or, 2) by submitting actual invoices for the fringe benefits. If medical insurance premiums are part of the estimates in item #1, one-time documentation of these costs will be required with the breakdown. Payroll taxes may be questioned if they appear to be higher than usual.

#### **1.5 General Reimbursement Requirements**

- 1.5.1 Invoices: All non-personnel expenses need dated and readable invoices. The invoices must be from a vendor separate from the Contractor, and must state what goods or services were provided and the delivery address. Verification that the goods or services were received should also be submitted, this may take the form of a receiving document or packing slips, signed and dated by the individual receiving the good or service. Copies of checks written by the Contractor, or documentation of payment such as an accounts payable ledger which includes the check number shall be submitted to verify that the goods or services are on a reimbursement basis.
- 1.5.2 Mileage: A detailed mileage log with destinations and starting and ending mileage must accompany mileage reimbursement. The total miles reimbursed and per mile rate must be stated. Documentation of mileage reimbursement to the respective employee must be included with the voucher request.
- 1.5.3 Pager/Cell Phone: Written statement from executive director will be required certifying that cell phone is necessary and reasonable to run the program. And, if the monthly usage charge is exceeded in any month, a detailed phone log will be required for the amount of the overage.
- 1.5.4 Administration and Overhead Cost: Other non-personnel line items, such as administration, or overhead need invoices, and an allocation to this program documented in the draw request. An indirect cost rate can be applied if the Contractor has an approved indirect cost allocation plan. The approved indirect cost rate must be submitted to and approved by OED.
- 1.5.5 Service Period and Closeout: All reimbursed expenses must be incurred during the time period within the contract. The final payment request must be received

by OED within forty-five (45) days after the end of the service period stated in the contract.

## **2.1 Program Income**

- 2.1.1 Program income includes, without limitation, income from fees for services performed, from the use or rental of real or personal property acquired with contract funds, from the sale of commodities or items fabricated under a contract agreement, and from payments of principal and interest on loans made with contract funds.
- 2.1.2 Program income may be deducted from total allowable costs to determine net allowable costs and may be used for current reimbursable costs under the terms of this contract. Program income which was not anticipated at the time of the award may be used to reduce the award contribution rather than to increase the funds committed to the project. ALL PROGRAM INCOME GENERATED DURING ANY GIVEN PERIOD SUBMITTED FOR PAYMENT SHALL BE DOCUMENTED ON THE VOUCHER REQUEST.
- 2.1.3 The Contractor, at the end of the program, may be required to remit to the City all or a part of any program income balances (including investments thereof) held by the Contractor (except AS APPROVED IN WRITING BY OED, INCLUDING those needed for immediate cash needs, cash balances of a revolving loan fund, cash balances from a lump sum drawdown, or cash or investments held for section 108 security needs), unless otherwise directed in writing by OED.

## **3.1 Financial Management Systems**

**The Contractor must maintain financial systems that meet the following standards:**

- 3.1.1 Financial reporting must be accurate, current, and provide a complete disclosure of the financial results of financially assisted activities and be made in accordance with federal financial reporting requirements.
- 3.1.2 Accounting records must be maintained which adequately identify the source and application of the funds provided for financially assisted activities. The records must contain information pertaining to contracts and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. Accounting records shall provide accurate, separate, and complete disclosure of fund status.
- 3.1.3 Effective internal controls and accountability must be maintained for all contract cash, real and personal property, and other assets. Adequate safeguards must be provided on all property and it must be assured that it is used solely for authorized purposes.

- 3.1.4 Actual expenditures or outlays must be compared with budgeted amounts and financial information must be related to performance or productivity data, including the development of cost information whenever appropriate or specifically required.
- 3.1.5 Applicable Office of Management and Budget (OMB) cost principles, agency program regulations, and the terms of the agreement will be followed in determining the reasonableness, allowability and allocability of costs.
- 3.1.6 Source documents such as cancelled checks, paid bills, payrolls, time and attendance records, contract documents, etc., shall be provided for all disbursements. The Contractor will maintain auditable records, i.e., records must be current and traceable to the source documentation of transactions.
- 3.1.7 The Contractor shall maintain separate accountability for OED funds as referenced in 24 C.F.R. 85.20 and OMB Circular A-110.
- 3.1.8 The Contractor must properly report to Federal, State, and local taxing authorities for the collection, payment, and depositing of taxes withheld. At a minimum, this includes Federal and State withholding, State Unemployment, Worker's Compensation (staff only), City Occupational Privilege Tax, and FICA.
- 3.1.9 A proper filing of unemployment and worker's compensation (for staff only) insurance shall be made to appropriate organizational units.
- 3.1.10 The Contractor shall participate, when applicable, in OED provided staff training sessions in the following financial areas including, but not limited to (1) Budgeting and Cost Allocation Plans; (2) Vouchering Process.

#### **4.1 Audit Requirements**

- 4.1.1 If the Contractor expends five hundred thousand dollars (\$500,000) or more of federal awards in the Contractor's fiscal year, the Contractor shall ensure that it, and its sub recipients(s), if any, comply with all provisions of the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) and revised OMB Circular A-133 "Audits of States, Local Governments, and Non-Profit Organizations."
- 4.1.2 A copy of the final audit report must be submitted to the OED Financial Manager within the earliest of thirty (30) calendar days after receipt of the auditor's report; or nine (9) months after the end of the period audited.
- 4.1.3 A management letter, if issued, shall be submitted to OED along with the reporting package prepared in accordance with the Single Audit Act Amendments and OMB Circular A-133. If the management letter is not received by the subrecipient at the same time as the Reporting Package, the Management Letter is also due to OED within thirty (30) days after receipt of the Management Letter, or nine (9) months after the end of the audit period, whichever is earlier.

If the Management Letter has matters related to OED funding, the Contactor shall prepare and submit a Corrective Action Plan to OED in accordance with the Single Audit Act Amendments and OMB Circular A-133, as set forth in 24 C.F.R. Part 45 for each applicable management letter matter.

- 4.1.4 All audit related material and information, including reports, packages, management letters, correspondence, etc., shall be submitted to **OED Financial Management Unit**.
- 4.1.5 The Contractor will be responsible for all Questioned and Disallowed Costs.
- 4.1.6 The Contractor may be required to engage an audit committee to determine the services to be performed, review the progress of the audit and the final audit findings, and intervene in any disputes between management and the independent auditors. The Contractor shall also institute policy and procedures for its sub recipients that comply with these audit provisions, if applicable.

### **5.1 Budget Modification Requests**

- 5.1.1 Minor modifications to the services provided by the Contractor or changes to each line item budget equal to or less than a ten percent (10%) threshold, which do not increase the total funding to the Contractor, will require only notification to OED with the next monthly draw. Minor modifications to the services provided by Contractor, or changes to each line item budget in excess of the ten percent (10%) threshold, which do not increase the total funding to Contractor, may be made only with prior written approval by OED. Such budget and service modifications will require submittal by Contractor of written justification and new budget documents. All other contract modifications will require an amendment to this Agreement executed in the same manner as the original Agreement.
- 5.1.2 The Contractor understands that any budget modification requests under this Agreement must be submitted to OED prior to the last Quarter of the Contract Period, unless waived in writing by the OED Director.

### **6.1 Procurement**

- 6.1.1 The Contractor shall follow the City Procurement Policy to the extent that it requires that at least three (3) documented quotations be secured for all purchases or services (including insurance) supplies, or other property that costs more than five thousand dollars (\$5,000) in the aggregate.
- 6.1.2 The Contractor will maintain records sufficient to detail the significant history of procurement. These records will include, but are not limited to the following: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.

- 6.1.3 If there is a residual inventory of unused supplies exceeding five thousand dollars (\$5,000) in total aggregate upon termination or completion of award, and if the supplies are not needed for any other federally sponsored programs or projects the Contractor will compensate the awarding agency for its share.

### **7.1 Bonding**

- 7.1.1 OED may require adequate fidelity bond coverage, in accordance with 24 C.F.R. 84.21, where the subrecipient lacks sufficient coverage to protect the Federal Government's interest.

### **8.1 Records Retention**

- 8.1.1 The Contractor must retain for five (5) years financial records pertaining to the contract award. The retention period for the records of each fund will start on the day the single or last expenditure report for the period, except as otherwise noted, was submitted to the awarding agency.
- 8.1.2 The awarding agency and the Comptroller General of the United States, or any of their authorized representatives, shall have the right of access, upon reasonable notice, to any pertinent books, documents, papers, or other records which are pertinent to the contract, in order to make audits, examinations, excerpts, and transcripts.

### **9.1 Contract Close-Out**

- 9.1.1 All Contractors are responsible for completing required OED contract close-out forms and submitting these forms to their appropriate OED Contract Specialist within sixty (60) days after the Agreement end date, or sooner if required by OED in writing.
- 9.1.2 Contract close out forms will be provided to the Contractor by OED within thirty (30) days prior to end of contract.
- 9.1.3 OED will close out the award when it determines that all applicable administrative actions and all required work of the contract have been completed. If Contractor fails to perform in accordance with this Agreement, OED reserves the right to unilaterally close out a contract, "unilaterally close" means that no additional money may be expended against the contract.

### **10.1 Collection of amounts due**

- 10.1.1 Any funds paid to a Contractor in excess of the amount to which the Contractor is finally determined to be entitled under the terms of the award constitute a debt to the Federal Government and the City. If not paid within a reasonable period after demand, OED may 1) Make an administrative offset against other requests for reimbursements, 2) Withhold advance payments otherwise due to the Contractor, or 3) other action permitted by law.







# CERTIFICATE OF LIABILITY INSURANCE

COAID-1

OP ID: DL

DATE (MM/DD/YYYY)

10/25/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cherry Creek Ins. Agency, Inc. Suite 500 5660 Greenwood Plaza Blvd. Greenwood Village, CO 80111 Scott Carlson	303-799-0110 303-799-0156	<b>CONTACT NAME:</b> Gail Clark <b>PHONE (A/C, No, Ext):</b> 720-212-2056 <b>E-MAIL ADDRESS:</b> GailC@thinkccig.com	<b>FAX (A/C, No):</b> 303-799-0156																				
	<b>INSURED</b> Colorado AIDS Project Colorado Health Network Incdba 2490 W 26th Ave Bldg A #300 Denver, CO 80211		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>RiverPort Ins Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Carolina Casualty Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>Pinnacol Assurance</td> <td>41190</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	RiverPort Ins Co		INSURER B:	Carolina Casualty Insurance Co		INSURER C:	Pinnacol Assurance	41190	INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																							

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	NIA1816343	10/28/11	10/28/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NIA1816343	10/28/11	10/28/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NEL1806651	10/28/11	10/28/12	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1761322	08/01/11	08/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E. L. EACH ACCIDENT \$ 100,000 E. L. DISEASE - EA EMPLOYEE \$ 100,000 E. L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liabi			NIA1816343	10/28/11	10/28/12	Occurrence 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 As required by written contract or written agreement, City and County of Denver its Officers, Officials and Employees are included as Additional Insured for ongoing operations under General Liability. As required by written contract or written agreement, a Waiver of Subrogation applies to General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

City & County of Denver  
 Office of Economic Development  
 201 W Colfax Ave Dept 204  
 Denver, CO 80202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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