

REVIVAL AND SECOND AMENDATORY AGREEMENT

THIS REVIVAL AND SECOND AMENDATORY AGREEMENT is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **COLORADO HEALTH NETWORK, INC.**, a Colorado nonprofit corporation, whose address is 6260 East Colfax Avenue, Denver, Colorado 80220 (the “Contractor”), jointly (“the Parties”).

RECITALS:

A. The Parties entered into an Agreement dated April 12, 2024, and an Amendatory Agreement dated January 14, 2025, (collectively, the “Agreement”) to perform, and complete all of the services and produce all the deliverables set forth on Exhibit A, Scope of Work and Budget, to the City’s satisfaction.

B. The Agreement terminated on August 31, 2025.

C. The Parties wish to revive and amend the Agreement to extend the term, increase the maximum contract amount, update paragraph 18-Notices, and amend the scope of work and budget exhibit.

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

1. The Agreement is revived.

2. Section 3 of the Agreement entitled “**TERM:**” is hereby deleted in its entirety and replaced with:

“3. **TERM:** The Agreement will commence on **September 1, 2023**, and will expire on **August 31, 2026**, (the “**Term**”). The term of this Agreement may be extended by the City under the same terms and conditions by a written amendment to this Agreement. Subject to the Executive Director’s prior written authorization, the Contractor shall complete any work in progress as of the expiration date and the Term of the Agreement will extend until the work is completed or earlier terminated by the Executive Director.”

3. Section 4 of the Agreement entitled “**COMPENSATION AND PAYMENT:**”, subsection d. entitled “**Maximum Contract Amount:**”, sub-subsection (1) is hereby deleted in its entirety and replaced with:

“d. **Maximum Contract Amount:**

(1) Notwithstanding any other provision of the Agreement, the City’s maximum payment obligation will not exceed **SIX HUNDRED FORTY-FOUR THOUSAND EIGHT HUNDRED DOLLARS AND NO CENTS (\$644,800.00)** (the “Maximum Contract Amount”). The City is not obligated to execute an Agreement or any amendments for any further services, including any services performed by Contractor beyond that specifically described in **Exhibit A**. Any services performed beyond those in **Exhibit A** are performed at Contractor’s risk and without authorization under the Agreement.”

4. Section 18 of the Agreement entitled “**NOTICES:**” is hereby deleted in its entirety and replaced with:

“**18. NOTICES:** All notices required by the terms of the Agreement must be hand delivered, sent by overnight courier service, mailed by certified mail, return receipt requested, or mailed via United States mail, postage prepaid, if to Contractor at the address first above written, and if to the City at:

Executive Director of Public Health and Environment or Designee
201 W. Colfax Avenue, Suite 800
Denver, Colorado 80202

With a copy of any such notice to:

Denver City Attorney’s Office
1437 Bannock St., Room 353
Denver, Colorado 80202

Notices hand delivered or sent by overnight courier are effective upon delivery. Notices sent by certified mail are effective upon receipt. Notices sent by mail are effective upon deposit with the U.S. Postal Service. The Parties may designate substitute addresses where or persons to whom notices are to be mailed or delivered. However, these substitutions will not become effective until actual receipt of written notification.”

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

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

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

8. This Revival and Second Amendatory Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

[SIGNATURE PAGES FOLLOW.]

Contract Control Number: ENVHL-202581550-02 / 202472967-02
Contractor Name: COLORADO HEALTH NETWORK, INC.

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of:

SEAL

CITY AND COUNTY OF DENVER:

ATTEST:

By:

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

Attorney for the City and County of Denver

By:

By:

By:

Contract Control Number:
Contractor Name:

ENVHL-202581550-02 / 202472967-02
COLORADO HEALTH NETWORK, INC.

By:  Signed by:
F026B8BCAFB94E3...

Name: Darrell Vigil
(please print)

Title: Chief Executive Officer
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)

EXHIBIT A-2 SOW & BUDGET

Colorado Health Network OD2A LOCAL: Denver

Background/Purpose

To better reach as many people in Denver as possible, DDPHE is providing funding to organizations and individuals who are leaders in serving people who use drugs (PWUD) to enhance services, as well as share information and resources within their networks. Colorado Health Network, herein referred to as Contractor, will provide overdose education and distribution of naloxone and drug testing strips to people at risk for an opioid overdose and to others who may be in a position to respond to an overdose. Additionally, Contractor will perform drug product testing with program participants in order to enhance our understanding of the illicit drug supply and prevent overdose.

The Contractor, in partnership with DDPHE, will prevent fatal and nonfatal overdoses and reduce overdose disparities among PWUD in Denver. This will be done by incorporating linkage to and retention in care, staff and community member education, data/information sharing, stigma reduction, and harm reduction activities into existing SAP efforts. These activities are further outlined in the following section.

Contractor will work with DDPHE to describe the communities reached through their efforts, barriers to implementation, additional needs, and recommendations for improvement. Furthermore, Contractor will collect data, measure outcomes, and report both to DDPHE to determine program effectiveness ongoingly. In turn, DDPHE will provide Contractor with trainings, technical assistance, naloxone, and drug checking strips as needed.

Activities/Services

Contractor will complete activities over the performance period as outlined in the timeline for activities, to be developed collaboratively between Contractor and DDPHE, in the following strategy areas. These activities are not exhaustive and may be revisited and modified during the course of the performance period, with mutual agreement for both DDPHE and Contractor. Activities are intended to enhance the ability of Contractor to respond to overdose trends for groups disproportionately affected by the overdose epidemic. Implementation of harm reduction and linkage to care activities occur through a shared data to action framework. With DDPHE and other Program Partners, Contractor helps document current harm reduction and treatment capacity, including critical gaps; provides program data; helps identify emerging threats; collaborates to interpret the data to become meaningful and actionable; partners with people with lived experience, DDPHE, and Program Partners to identify objectives and approaches; shares resources with DDPHE and Program Partners; coordinates with DDPHE Program Partners; and incorporates feedback from DDPHE, Program Partners, and clients to address challenges and improve interventions.

Program Engagement:

- Attend meetings coordinated by DDPHE on other strategy areas as needed, such as stigma reduction and overdose surveillance, to ensure all of our interventions are informed by community input
- Collaborate with DDPHE to develop data sharing procedures and identify reporting systems to

EXHIBIT A-2 SOW & BUDGET

facilitate data collection and reporting

- Provide program data (including training evaluation data) that will inform prevention and response efforts, and to ensure DDPHE may use data to inform where we direct additional support/resources

Overall Activities with DDPHE

Regular Meeting Attendance:

- Monthly check-in calls with DDPHE
- Quarterly meetings with all Overdose Prevention Program community partners (hosted by DDPHE)
- Occasional program progress meetings with the Centers for Disease Control and Prevention (CDC) and DDPHE as relating to OD2A LOCAL grant: Ad hoc, intended to showcase specific interventions
- Additional meetings with select Program Partners in overlapping efforts as needed

Regular Data Reporting:

- Share information and data regarding contracted efforts monthly. See Evaluation and Reporting section below describing the performance measures and outcomes and reporting to be provided to DDPHE.
- Participate in DDPHE-led activities to interpret data and identify and implement appropriate interventions.

Regular Invoice Submissions:

- Contractor will provide invoices for all activities and costs related to this Program to DDPHE by the 15th of the following month for prompt payment including backup documentation

Activities Specific to Strategy Areas

The following activities are organized by strategic area and there may be inherent overlap, such as with overdose prevention education carried out by Contractor's team alongside DDPHE's dedicated staff.

Linkage to Care:

- Participate in further training DDPHE's dedicated staff will procure/provide
- Provide linkage to care with community members regularly served, acting to link members to substance use and behavioral health services, as well as providing support for re-engagement in care and retention in care
- Consult with DDPHE in the creation of standard templates for bidirectional referral networks across treatment, harm reduction, and support services, that is tailored to specific needs of community members

Harm Reduction:

- Participate in further training that DDPHE's will facilitate around harm reduction concepts and principles

EXHIBIT A-2 SOW & BUDGET

- Collaborate with DDPHE in provision of direct harm reduction resources including naloxone and fentanyl test strips (FTS) distribution, other drug testing such as xylazine testing strips
- Provide overdose prevention education to community members who are regularly served by the contractor, integrating with other efforts as appropriate and able

Stigma Reduction:

- Collaborate with other Program partners and DDPHE in planning, implementation, and monitoring and evaluation activities for stigma reduction
- Attend meetings on this strategy area as needed

Drug Product Testing:

- Establish structure for laboratory partnerships with University of North Carolina Street Drug Analysis Lab (UNC SDAL) and iC4 Toxicology. This includes operational framework for drug product sample collection and transfer to laboratory partners and communication channels.
- Contractor will establish guidance and best practices to meet the deliverable of collecting at least 250 unique drug product samples during the contract year.
- Provide drug checking services during mobile outreach interactions.
- Disseminate vital information and promote the health and safety of people who use drugs through targeted harm reduction education.
- Report and share feedback on activities to ensure best practices in collaboration, problem solving, and a unified approach to the project.
- Lastly, the Contractor will collaborate and support DDPHE's FTIR testing pilot.

DDPHE will work with Contractor in providing a complementary timeline for the above activities and may modify this together as needed.

Evaluation and Reporting

Data to Action Approach

The use of data to inform strategy and programming is a core component of the OD2A initiative. It is intended that Contractor's activities, alongside those of DDPHE and Program Partners, will result in expanded and improved use of surveillance, program evaluation, and community data to drive overdose prevention actions that are community appropriate, and to inform the implementation and improvement of prevention and response efforts, especially for groups disproportionately affected by the overdose epidemic. DDPHE will lead efforts to evaluate all activities and use findings to guide ongoing intervention development and refinement.

Performance Measures and Outcomes

Applicants are encouraged to view the [CDC's Performance Measures Technical Guidance](#) for OD2A-funded organizations, for reference. These metrics are subject to change, and DDPHE will provide guidance to each Contractor based on their scope of work. DDPHE is responsible for working with the Contractor to fulfill data collection and reporting requirements relative to these performance measures.

Track 2 Performance Measures and Outcomes

The Contractor will support the required program evaluation including reporting on the grant's

EXHIBIT A-2 SOW & BUDGET

performance measures associated with the Linkage to Care and Harm Reduction Strategies. These are:

- Number of harm reduction service encounters at OD2A-funded organizations, disaggregated by zip codes where harm reduction services are provided
- Number of naloxone doses distributed by OD2A-funded organizations, disaggregated by zip codes where the organization distributed their doses
- Number of hours navigators spent on linkage to care and harm reduction services via warm handoffs, disaggregated by the entry points where navigators are primarily located (i.e., health/clinical (e.g., emergency department, hospitals clinics/practices, outpatient, inpatient, treatment centers, primary care, pharmacies), harm reduction (e.g., SSPs), public safety (e.g., criminal justice, EMS), and other (i.e., community setting))
- Number of referrals to care and harm reduction services, disaggregated by types of care/service referrals (i.e., number of referrals to MOUD, number of referrals to behavioral health treatment without MOUD, number of referrals to harm reduction services) and demographics of people who are referred (i.e., Race and Ethnicity)
- Number of health equity focused overdose prevention activities implemented with OD2A funding, disaggregated by settings (e.g., emergency department, hospitals clinics/practices, outpatient, inpatient, treatment centers, primary care, pharmacies), harm reduction (e.g., SSPs), public safety (e.g., criminal justice, EMS), and other (i.e., community setting)

In addition, the Contractor will provide evidence to support understanding of the grant's short term (ST) and intermediate term (IT) outcomes associated with the Linkage to Care and Harm Reduction Strategies. These are:

- Improved identification of and outreach to people in need of care and services for SUD (ST)
- Increased use of navigators to link PWUD to care and services (ST)
- Increased access to harm reduction services for PWUD, including increased distribution of naloxone across settings (ST)
- Enhanced ability of programs to respond to overdose trends for groups disproportionately affected by overdose (IT)
- Increased number of PWUD that are engaged in care and harm reduction services (IT)

Component B Performance Measures and Outcomes

While Component B Drug Product Testing strategy is not part of the grant's required performance measures and outcomes reporting, we anticipate the Contractor's efforts to impact the harm reduction strategy short term and intermediate term outcomes. These are:

- Improved identification of and outreach to people in need of care and services for SUD (ST)
- Increased access to harm reduction services for PWUD, including increased distribution of naloxone across settings (ST)
- Enhanced ability of programs to respond to overdose trends for groups disproportionately affected by overdose (IT)
- Increased number of PWUD that are engaged in care and harm reduction services (IT)

The Contractor will support the evaluation of the drug checking program to capture contextual information from participants regarding their experiences and the details of the drug sample. The

EXHIBIT A-2 SOW & BUDGET

Contractor will also report key observations gathered from collection site, including but not limited to, any noticeable cross-contamination of the submitted drug products, community feedback on drug product testing, community demands related to drug product testing, etc.

Data Collection and Data Use Guidelines

The Contractor will collaborate with DDPHE to develop timelines and data sharing procedures for the Contractor activities and identify and develop reporting systems to facilitate data collection and reporting. DDPHE and the Contractor will meet to develop the plan for specific data points to be collected and reported that will be described in the Data Use Guidelines document. The Data Use Guidelines will outline the purpose of data collection and sharing, outline the specific goals and deliverables, and intended use of the shared/collected data. Additionally, the Data Use Guidelines shall address the proper procedures to be taken by both parties to ensure the protection and security of the shared data. The Data Use Guidelines will serve as a comprehensive guide, providing clear information on all aspects of data sharing and use.

Monthly Progress Report

The Contractor will submit a monthly progress report through an online form on the previous month's efforts. It will include key activities or milestones achieved, challenges and how they were addressed, key priorities or planned activities for the upcoming month, changes to the project scope, budget or staff and, support, resources and information needed from DDPHE. The monthly report also serves to record the number hours navigators spent on linkage to care and harm reduction services, and number of hours and locations (i.e., zip codes and/or neighborhoods) spent implementing drug checking. If the Contractor wishes to provide additional reporting that does not easily integrate into the form, the Contractor may alert DDPHE and find an alternative means to provide the additional information such as in regular e-mail correspondence. Lastly, DDPHE may require additional measures to be reported or change the frequency of reporting throughout the period of performance.

Site Visits

DDPHE staff will coordinate with contractor on periodic site visits, no more than four times per year. The purpose is to foster collaboration and trust, ensuring the Contractor has the guidance and resources to conduct grant activities, and to discuss progress of the project.

Technical Assistance for staff

Contractor will receive or can request resources from DDPHE and CDC technical assistance providers as needed. Additionally, Contractor will need to ensure that all staff involved in this Program work are trained and equipped to carry out activities related to this Program successfully.

Gift Card Use Policy

Purpose

This policy outlines the requirements and guidelines for the use of gift cards by external contracted providers on behalf of the Denver Department of Public Health & Environment (DDPHE). It aims to ensure compliance with City regulations and to mitigate risks associated with fraud, misuse, and reporting obligations.

Scope

EXHIBIT A-2 SOW & BUDGET

This policy applies to all external contracted providers engaged by DDPHE that distribute gift cards as part of their services.

Policy

1. Program Justification

- Gift cards may only be used as part of narrowly tailored programs addressing urgent community needs.
- Providers must document and justify the necessity of using gift cards, including the target population, and expected outcomes.

2. Restricted Use

- Providers are required to use restricted gift cards whenever possible to prevent purchases of items that violate City policies (e.g., alcohol, firearms, tobacco).
- Providers must clearly specify the intended use of the gift cards in their program proposals.

3. Eligibility Criteria

- Providers must define and document eligibility criteria for recipients based on program goals.
- Eligibility criteria must be vetted and approved by DDPHE Program Staff.

4. Distribution Procedures

- Providers must establish secure distribution methods for gift cards, ensuring safe storage and handling.
- Detailed records must be maintained for each gift card distributed, including:
 - Vendor name
 - Amount of the gift card
 - Serial or tracking number
 - Date purchased and distributed
 - Recipient's full name and signature
 - Signature of the provider's employee distributing the card
- Providers must ensure program information is translated into participant's preferred language or format such as braille.

5. Tax Implications

- Providers must inform recipients that gift cards are considered taxable income and that they may be subject to IRS reporting if thresholds are met.
- Providers must verify the IRS threshold for income reporting and collect and transmit applicable information to the IRS.

6. Reporting and Monitoring

- Providers must submit regular reports to DDPHE detailing:
 - The number of gift cards purchased
 - The number of gift cards distributed
 - Total value distributed
 - Eligibility confirmations for recipients
- DDPHE will monitor compliance with this policy through periodic audits and reviews of distribution records.

EXHIBIT A-2 SOW & BUDGET

7. Compliance with City Regulations

- Providers must comply with all applicable federal, state, and local laws regarding gift card distribution and reporting.
- Contracts with providers must include clauses requiring adherence to this policy.

8. Training and Support

- DDPHE will provide training resources to external providers regarding the proper management of gift card programs and compliance requirements.

9. Compliance Monitoring

- DDPHE will conduct regular assessments of external providers to ensure adherence to this policy, including:
 - Review of purchase / distribution logs and records
 - Verification of eligibility criteria and documentation
 - Evaluation of program effectiveness and community impact
- Any fraud or abuse will be immediately reported to DDPHE upon discovery by the Provider.

10. Documentation

- All records related to gift card distribution must be organized and preserved for potential audits by DDPHE or external authorities.

11. Approval and Amendments

- This policy will be reviewed annually and amended as necessary to align with changes in regulations or organizational goals.

Deliverables

DELIVERABLE DESCRIPTION	DUE DATE
Brief summary of work conducted during the given month, written at a high-level, highlighting key successes, challenges, and upcoming focuses.	Monthly, report on previous month's activities by the 15 th day of the following month
Submission of data relating to activities conducted over the given invoicing period as outlined in the Evaluation and Reporting section above.	Can be submitted in real time or monthly at minimum by the 15 th of the following month in alignment with invoicing
Contractor will collect at least 250 unique drug product samples during the contract year.	Must be completed by 8/31/2026
Site visits will take place up to four times during the grant year to allow for Contractor and DDPHE staff to connect, and to learn more about the work being completed.	No due date, DDPHE will schedule as needed.

EXHIBIT A-2 SOW & BUDGET

Component A - Budget

9/1/2025 – 8/31/2026 - \$165,000 + \$36,050 of unspent OD2A Y2 general funds

Component B - Budget

9/1/2025 – 8/31/2026 - \$53,250

EXHIBIT A-2 SOW & BUDGET

Term	09/1/2025 - 8/31/2026				
Budget Categories					
Supplies					
Item	Description of Item	How does this line item support the services outlined in this RFP?	Quantity	Per Item Cost	Total Amount Requested
Office Supplies	Monthly costs for office supplies, postage, printing, copier lease	Supports administrative needs required to maintain harm reduction and linkage to care operations, including client tracking, printing of educational materials, and communication related to outreach and referrals.	12	300	\$3,600.00
Outreach Supplies	Warm weather, cold weather supplies, snacks, etc.	These supplies are provided to clients during outreach efforts to ensure comfort and engagement while they access harm reduction services. Offering weather-appropriate items and snacks helps maintain program participation, especially during adverse weather conditions, ensuring continuous support for at-risk populations in the community.	800	25	\$20,000.00
Overdose Prevention Supplies	Supplies for testing and Syringe Access	Naloxone and Fentanyl test strips	450	25	\$11,250.00
Total Food and Supplies					\$34,850.00
Program Operating Expenses					
Item	Description of Item	How does this line item support the services outlined in this RFP?	Quantity	Per Item Cost	Total Amount Requested
Mileage for Staff	Local mileage for Staff	Mileage allows staff to travel to various community locations, supporting mobile harm reduction efforts. This ensures outreach to underserved areas, providing services directly to clients and promoting access to necessary care, particularly for individuals with limited transportation options.	813.39	0.7	\$569.37
Linkage to care supplies	Bus passes, gift cards, phone cards, transportation voucher all in support of linkage to care goals (calculated that once a quarter, over a year's time, clients would be interested in linkage to care goals.	Encourages engagement in treatment and care through limited incentives (e.g., transportation support, phone cards, ID cost coverage, etc.), supporting the goal of addressing barriers to treatment access.	750	10	\$7,500.00
Utilities and Janitorial Expenses	Monthly utilities and Janitorial for Harm Reduction program	Supports the hygiene, safety, and functionality of the physical program site where overdose prevention education, linkage to care, and naloxone distribution occur.	12	275	\$3,300.00
Fuel for Van	Fuel for Van	Enables mobile outreach and service delivery, allowing staff to engage clients across Denver with overdose prevention, linkage services, and harm reduction supplies.	200	3.9	\$780.00
Conference/Professional Development	Conference for staf and other Professional Development	Provides additional training for staff working on this grant	2	2500	\$5,000.00
Total Operating Expenses					\$17,149.37
Personnel and Administrative Services					
Salary Employees					
Position Title	Description of Work	How does this line item support the services outlined in this RFP?	Percent of Time	Salary + Fringe Benefits	Total Amount Requested
Associate Director of Prevention - Camille Montoya	Responsible for oversight of harm reduction program implementation via mobile unit and facility	The Associate Director of Prevention plays a crucial role in overseeing the daily operations of both the mobile unit and facility-based harm reduction services. This includes ensuring that staff are trained, resources are allocated, and services are efficiently delivered in alignment with the program's goals of reducing harm, supporting linkage to care, and improving public health outcomes.	15%	\$ 100,860.00	\$ 15,129.00
Prevention Manager - Kristen Doneski	Responsible for oversight of harm reduction program implementation via mobile unit and facility	The Prevention Manager plays a crucial role in overseeing the daily operations of both the mobile unit and facility-based harm reduction services. This includes ensuring that staff are trained, resources are allocated, and services are efficiently delivered in alignment with the program's goals of reducing harm, supporting linkage to care, and improving public health outcomes.	20%	\$ 81,634.33	\$ 16,326.87
Prevention Coordinator Lead - Keegan King	Responsible for facilitating harm reduction services and working directly with clients. Responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of harm reduction services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	This position supports the core functions linkage to care for harm reduction services and serves as an extension of the Prevention Manager when the two are not operating programming simultaneously. This role ensures that clients have access to necessary harm reduction materials, education, and testing services, which are all essential elements of the RFP's requirements for overdose prevention, linkage to care, and health education.	100%	\$ 74,692.80	\$ 74,692.80
Hourly Employees					
Position Title	Description of Work	How does this line item support the services outlined in this RFP?	Hours	Hourly Rate	Total Amount Requested
Prevention Coordinator - Open Position	Responsible for facilitating harm reduction and working directly with clients. Responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of harm reduction services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Similar to the Prevention Coordinator Lead, this position supports the core functions linkage to care for harm reduction services. This role ensures that clients have access to necessary harm reduction materials, education, and testing services, which are all essential elements of the RFP's requirements for overdose prevention, linkage to care, and health education.	1040	30.28	\$31,491.20
Prevention Coordinator - Open Position	Responsible for facilitating harm reduction and working directly with clients. Responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of harm reduction services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Similar to the Prevention Coordinator Lead, this position supports the core functions linkage to care for harm reduction services. This role ensures that clients have access to necessary harm reduction materials, education, and testing services, which are all essential elements of the RFP's requirements for overdose prevention, linkage to care, and health education.	1040	30.28	\$31,491.20
Total Personnel Services					\$169,131.07
TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)					\$221,130.44
Indirect					
Item	Description				Total Amount Requested
Indirect rate (if applicable):	Indirect Costs: DDPHE policy places a fifteen percent (15%) cap on reimbursement for indirect costs, based on the total contract budget.				\$0.00
TOTAL INDIRECT COSTS					\$33,169.57
TOTAL AMOUNT REQUESTED (\$400,000 maximum)					\$254,300.00

EXHIBIT A-2 SOW & BUDGET

The maximum reimbursable amount is not to exceed **\$254,300 for 9/1/2025 – 8/31/2026**, including any indirect costs.

Total Contract term 9/1/2023-8/31/2026 and Total Contract Amount: \$644,800

Funds cannot be used to provide services and resources to people outside of Denver, therefore Contractor will ensure that events and activities focus on people who reside in Denver as possible.

Reimbursements will be deliverable-based, and payments will be Net30. All invoices should be submitted to DPHE.OD2A@denvergov.org.

