

SECOND AMENDATORY AGREEMENT

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

RECITALS:

A. The Parties entered into an Agreement dated January 10, 2024, and an Amendatory Agreement dated June 25, 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 Parties wish to amend the Agreement to update scope of work and budget exhibit, and update certificate of insurance exhibit.

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

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

2. **Exhibit B-1** is hereby deleted in its entirety and replaced with **Exhibit B-2, Certificate of Insurance**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit B-1** are changed to **Exhibit B-2**.

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

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

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

[SIGNATURE PAGES FOLLOW.]

Contract Control Number: ENVHL-202683670-02 / 202370724-02
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: ENVHL-202683670-02 / 202370724-02
Contractor Name: COLORADO HEALTH NETWORK, INC.

By:

Signed by:

Darrell Vigil

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

SCOPE OF WORK & BUDGET

I. Purpose of Agreement

The purpose of this contract is to establish an agreement and Scope of Services between the Denver Department of Public Health and Environment (the “Program”) and CO Health Network – Access Point (the “Provider”).

The Provider shall provide the identified services for the City under the support and guidance of the Denver Department of Public Health and Environment using best practices and other methods for fostering a sense of collaboration and communication.

II. Program Services and Descriptions

The Provider will be granted funds to provide the following services in the city and county of Denver: CHN will expand its harm reduction program, Access Point, to meet the increased demand for services at its brick and mortar facility and to expand its reach in the community through mobile outreach which will have significant benefits for people who use drugs (PWUD) and the community at large. The planned initiatives, such as hiring additional staff, mobile outreach, naloxone distribution, educational trainings, and drug checking services, along with access to integrated medical and behavioral health services, reflect a comprehensive and holistic approach to care.

The following partners will be subcontracted:

- N/A

III. Evaluation Plan

The Provider will be evaluated on their fulfillment of the objectives listed below. The Program will provide technical assistance to the Provider to finalize a formal evaluation plan within the first quarter of the project period.

IV. Workplan

PROJECT PERIOD: 1/1/2026 - 12/31/2026

OBJECTIVE 1

Expand and enhance Naloxone Distribution to Special Populations

ACTIVITY/MILESTONE 1	Continue to implement the revised distribution strategy, maintaining the focus on both distribution and education. This quarter may also involve expanding efforts to reach concert events, which have been identified as a key location for potential opioid overdoses.	On-going	300 individuals per quarter/ 1200 individuals per year distributed naloxone; individuals reached with naloxone education trainings; 16000 doses of naloxone distributed to people who use drugs
----------------------	--	----------	---



EXHIBIT A-2

SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 2	Focus on implementation, with an emphasis on evaluating and adapting to any emerging trends or changes in the targeted populations	On-going	350 individuals reached with naloxone education trainings;
ACTIVITY/MILESTONE 3	evaluate effectiveness of distribution and	2026 Q2	Monitor and report (quarterly) overdose reversal
ACTIVITY/MILESTONE 4	revise the distribution strategy based on the insights and feedback from the previous year. This will continue to involve adjusting targets, exploring new partnerships, and refining educational methods	2026 Q4	Discuss changes/improvements to naloxone distribution and educational strategies in each quarterly report, and overall in the year end report.

OBJECTIVE 2

Establish and maintain comprehensive, low barrier wound care services to accompany mobile and fixed harm reduction programs

ACTIVITY/MILESTONE 1	Nurse will lead a quality improvement project aimed at enhancing the efficiency and effectiveness of the street medicine wound care program and brick and mortar programs. This will involve analyzing data, identifying areas for improvement, and proposing changes.	2026 Q2	QI plan draft made available
ACTIVITY/MILESTONE 2	The nurse will implement the changes proposed in their quality improvement project, monitor their effects, and make necessary adjustments. The nurse will also continue to mentor new team members.	2026 Q3	Nurse will track improvement efforts
ACTIVITY/MILESTONE 3	Nurse will evaluate the success of their quality improvement project and plan for further enhancements in the coming year 4. They will also continue their ongoing wound care duties.	2026 Q4	Total number of wound care education sessions reported; total number of client interactions/treatments reported.
ACTIVITY/MILESTONE 4	Prepare a comprehensive end-of-year report detailing the program's activities and impacts over the three years. This report will serve as a valuable resource for informing future planning and strategy, including any necessary adjustments for continuing the program beyond the three-year mark.	2026 Q4	The nurse will educate and share wound care and street medicine insights from the three-year program via program report. They will collaborate with local and national street medicine leaders to make recommendations for the third year of programming.

OBJECTIVE 3

Establish and operate Drug Checking Services that provide accurate and confidential substance analysis, thereby enhancing harm reduction efforts, improving individual safety, and reducing drug-related risks within our community

ACTIVITY/MILESTONE 1	Review of the end-of-year report and the continuation of regular services. Implement any changes to the program based on the findings from the previous year.	2026 Q1	Report on changes to drug checking program implementation and protocols
ACTIVITY/MILESTONE 2	Analyze drug checking findings; evaluate dissemination of drug checking results to better inform the community.	On-going	Share results in the community, using best practices.
ACTIVITY/MILESTONE 3	Work with shareholders to improve data sharing across disciplines to improve health outcomes for those at risk of overdose.	On-going	Co-ordinate quarterly meetings to share findings and impact.



EXHIBIT A-2

SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 4	Prepare a comprehensive end-of-year report detailing the program's activities and impacts over the three years. This report will serve as a valuable resource for informing future planning and strategy, including any necessary adjustments for continuing the program beyond the three-year mark.	2026 Q4	EOY report delivery
OBJECTIVE 4			
Safeguard and maintain the functionality of existing Syringe Service Program, while concurrently expanding mobile outreach and distribution services at brick and mortar facility, with a goal of increasing accessibility and coverage of harm reduction resources in the community.			
ACTIVITY/MILESTONE 1	Continue to enhance and support fixed syringe access location visits	On-going	Quarterly target visits 3000, Yearly visits 12000; both quarterly and year to date numbers will be reported on quarterly reports to OAF
ACTIVITY/MILESTONE 2	New clients enrolled in PWUD services	On-going	Quarterly Target = 150, Yearly target 600; both quarterly and year to date numbers will be reported on quarterly reports to OAF
ACTIVITY/MILESTONE 3	Mobile outreach PWUD clients served	On-going	Quarterly goal: 100, Annual Goal: 400; both quarterly and year to date numbers will be reported on quarterly reports to OAF
ACTIVITY/MILESTONE 4	New mobile outreach clients enrolled	On-going	Quarterly Target 25, Annual target 125; both quarterly and year to date numbers will be reported on quarterly reports to OAF
ACTIVITY/MILESTONE 5	Monitor and assess performance of mobile syringe services	On-going	Record QI plan and submit progress in quarterly report
ACTIVITY/MILESTONE 6	Conduct annual review and record EOY QI plan for mobile service	2026 Q4	Submit annual review report

V. Performance Management and Reporting

The Provider is required to report on activities, program outputs, and outcomes as outlined in this section and work in partnership with the Program staff for shared learning to aid Denver's ongoing opioid abatement efforts. Monitoring will be performed by Denver Department of Public Health and Environment (DDPHE) staff and/or designee. The Provider should expect to share all data and evaluation products with DDPHE.

Performance management and reporting may include:

1. **Program Monitoring/Evaluation-Related Activities:** Review and analysis of current program information to determine the extent to which the Provider is achieving agreed upon goals. This may include the review and analysis of evaluation dashboards, primary provider data, provider aggregate reports, client and partner feedback, the Provider's evaluation plan referenced in Section III, reporting forms, and annual reports. As needed, the Program may attend evaluation site visits or check-ins to understand progress towards agreed-upon goals in this agreement.



EXHIBIT A-2

SCOPE OF WORK & BUDGET

2. **Fiscal Monitoring:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
3. **Administrative Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City and County regulations, and DDPE policies are being met.

The table below summarizes required reporting activities and due dates. The Program may require additional measures to be reported or change the frequency of reporting throughout the period of performance given the evolving nature of the drug overdose epidemic.

Activity	Description	Due Date	Submit to
Report 1	Performance Measure and Data Monitoring	Monthly	OAF Program
Evaluation Plan	The Provider will submit a plan outlining how they will measure fulfillment of objectives within the first quarter of the project period	End of Q1	OAF Program
Report 2	Evaluation Monitoring	Quarterly	OAF Program
Report 3	Final Report	Annually	OAF Program
Annual Site Visit	Onsite evaluation of project outcomes and fiscal monitoring	Annually	OAF Program
Other reports and data sharing as requested	To be determined (TBD)	TBD	TBD
Program Meetings	Attendance and participation at regularly scheduled community of practice meetings, grantee check-ins, office hours, and collaborative partner meetings	Monthly	N/A

VI. Budget

The budget for this agreement is outlined below.



EXHIBIT A-2

SCOPE OF WORK & BUDGET

Term		1/1/2026 - 12/31/2026			
Budget Categories					
Supplies					
Item	Description of Item	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OAF Grant
Comprehensive Harm Reduction Supplies	Safer use Supplies, including sterile syringes, alcohol wipes, sharps containers, pipe covers, pipes, ChapStick, Vaseline; snorting kits-straws, cards saline; wound care kits, cookers, filters, waters, tourniquets, hydration drinks, snacks, hygiene kits and other harm reduction materials. On average, the current cost for all these supplies combined is \$25 per visit based on our other SAP sites/programs. This amount can vary depending on cold weather survival supplies, and if clients	Yes	11200	25	\$280,000.00
Hazardous Waste Removal	Sharps removal, disposal and recycling	Yes	400	40	\$16,000.00
Marketing/Outreach supplies	Flyers, educational info, stickers, banners, promotional materials; festival supplies (tent) for both naloxone distribution and Harm reduction program	Yes	500	10	\$5,000.00
Outreach Supplies	Warm weather, cold weather supplies, snacks, etc.	Yes	750	50	\$37,500.00
Linkage to care incentives	Bus passes, gift cards, phone cards, motel stay , 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.	Yes	800	25	\$20,000.00
Office Supplies	Monthly costs for office supplies, postage, printing, copier lease	Yes	12	200	\$2,400.00
Technology needs	Laptops with docking stations for program funded staff , printer for staff	Yes	2	2900	\$5,800.00
Staff outreach supplies	backpacks, other needed supplies for staff outreach, tents, supply bins, and outreach equipment for the van	Yes	36	500	\$18,000.00
Outreach Technology Needs	Purchases: tablet for outreach (\$600); cell phone (\$100) for text messaging with clients / client notification of mobile location (year long cellular plan \$1000)	Yes	1	1700	\$1,700.00
Substance Testing Supplies	Harm reduction substance testing supplies, and test strips. Benzo test strips and Nitazine test strips	yes	200	60	\$12,000.00
Medical Supplies and equipment	Bandages, antiseptics, syringes, gloves,Stethoscope, blood pressure cuff, portable diagnostic tools, etc.	Yes	400	25	\$10,000.00
HIV/HCV/STI test kit costs	At-home STI/HIV/HCV testing kits; in person testing facilitated by program staff	Yes	400	33	\$13,200.00
Total Food and Supplies					\$421,600.00
Program Operating Expenses					
Item	Description of Item	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OAF Grant
Staff and volunteer training	CPR,First Aid, professional development, and Phlebotomy costs for external training for staff and volunteers	Yes	4	1500	\$6,000.00



EXHIBIT A-2

SCOPE OF WORK & BUDGET

Staff Mileage	Mileage for staff travel	Yes	3862.58	0.725	\$2,800.37
Fuel for Van and maintenance services	Fuel for mobile services and maintenance services for van	yes	1800	4.1	\$7,380.00
Utilities	Monthly cost of utilities for SAP location	yes	12	2200	\$26,400.00
Harm reduction Program Improvement costs	Program improvement: enhance the environment to better serve our clients and staff. Plants, furniture, front of space landscaping, and artwork to create a more welcoming atmosphere; upgrading storage solutions for better organization as needed and program evolves and expands, and making enhancements to our waiting area and program spaces to improve comfort and accessibility. These updates will help create a more supportive, functional, and inviting environment for everyone who walks through our doors.	yes	1	6000	\$6,000.00
Total Operating Expenses					\$48,580.37
Personnel and Administrative Services					
Salary Employees					
Position Title	Description of Work	Does this budget item support the Scope of Work?	Percent of Time	Salary + Fringe Benefits	Total Amount Requested from OAF Grant
Director of Prevention Services	provides oversight of staff and Access Point program implementation including mobile outreach for project expansion	Yes	40%	126,000.00	\$50,400.00
Associate Director of Prevention Services	provides oversight of staff and Access Point program implementation including mobile outreach for project expansion	Yes	50%	100,800.00	\$50,400.00
Nurse Practitioner	Conduct thorough assessments of clients' wounds and health conditions, taking into account their medical histories and individual needs.	Yes	25%	138,000.00	\$34,500.00
Prevention Manager	responsible for oversight of syringe access program implementation via mobile unit and facility	yes	80%	85,020.00	\$68,016.00
Hourly Employees					
Position Title	Description of Work	Does this budget item support the Scope of Work?	Hours	Hourly Rate	Total Amount Requested from OAF Grant
Naloxone Distribution Coordinator	responsible for providing access and education to clients accessing internal harm reduction programs as well as conducting educational trainings and naloxone distribution to recovery programs, businesses, coalitions, street outreach settings, concert events, etc.	Yes	2080	30.20	\$62,816.00
Naloxone Distribution Coordinator	responsible for providing access and education to clients accessing internal harm reduction programs as well as conducting educational trainings and naloxone distribution to recovery programs, businesses, coalitions, street outreach settings, concert events, etc.	Yes	2080	30.20	\$62,816.00
Lead Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include SOW activities, managing inventory control, developing and executing effective mobile outreach schedule, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction.	Yes	2080	34.20	\$71,136.00



EXHIBIT A-2

SCOPE OF WORK & BUDGET

Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	2080	29.66	\$61,692.80
Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	2080	31.20	\$64,896.00
Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	1720	31.20	\$53,664.00
Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	1040	31.20	\$32,448.00
Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	1040	31.20	\$32,448.00



EXHIBIT A-2

SCOPE OF WORK & BUDGET

Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	1040	30.20	\$31,408.00
Prevention Coordinator	Responsible for facilitating syringe access and working directly with clients in both fixed site and mobile unit service. Primary responsibilities include managing inventory control, developing and executing social media posts, and creating educational pamphlets; plays role in ensuring the availability of syringe access services, promoting safe disposal practices, and providing education on harm reduction. Facilitates HIV/HCV testing and linkage to care	Yes	1040	30.20	\$31,408.00
Patient Navigator	Assists with scheduling clinical services for clients	yes	690	30.00	\$20,700.00
Total Personnel Services					\$728,748.80
Other / Miscellaneous					
Item	Description	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OAF Grant
Conference Registration	Cost of Conference registration for a Harm Reduction/Prevention Conference	Yes	5	800	\$4,000.00
Conference Hotel Stays	Cost of Conference Hotel stays for a Harm Reduction/Prevention Conference	Yes	15	350	\$5,250.00
Conference Meals	Cost of Conference Meals stays for a Harm Reduction/Prevention Conference	Yes	15	102	\$1,530.00
Airfare to Conference	Cost of Airfare to a Harm Reduction/Prevention Conference	Yes	5	600	\$3,000.00
Airport transfers	Cost of Airport transfers for a Harm Reduction/Prevention Conference	Yes	10	75	\$750.00
Client Advisory Board	Food, beverages, snacks and incentives for those attending		4	1500	\$6,000.00
Total Other					\$20,530.00
TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)					\$1,219,459.17
Indirect					
Item	Description				
Indirect rate (if applicable):	Indirect Costs: DDPHE policy places a ten percent (10%) cap on reimbursement for indirect costs, based on the total contract budget.				
TOTAL INDIRECT COSTS					\$121,945.92
TOTAL AMOUNT REQUESTED FROM OAF GRANT					\$1,341,405.09

Total Contract term: 1/1/2024-12/31/2026

Total Maximum Contract Amount including any indirect costs: \$3,006,767.61.

\$340,705.06 of unspent Year 2 funds will be rolled over into the Year 3 budget.

Indirect Cost Limit: The Provider's total indirect costs cannot exceed 10% of the Maximum Grant Amount as listed in the Budget. Indirect costs are defined as the administrative costs that are incurred for common or joint activities that cannot be



EXHIBIT A-2

SCOPE OF WORK & BUDGET

identified specifically with a particular project or program. Administrative costs can be included in indirect costs and defined as the costs incurred for usual and recognized overhead, including management and oversight of specific programs funded under this contract; and other types of program support such as quality assurance, quality control, and related activities. Direct costs are costs that can be directly charged to the program, and which are incurred in the provision of direct services.

Examples of indirect costs include: Salaries and related fringe benefits for accounting, secretarial, and management staff, including those individuals who produce, review and sign monthly program and fiscal reports; Consultants who perform administrative, non-service delivery functions; General office supplies; Travel costs for administrative and management staff; General office printing and photocopying; General liability insurance; Audit fees, rent, utilities, general office supplies and equipment/technology

VII. Invoice

An invoice template will be provided by the Program.

VIII. Payments

Invoices, spending reports, and backup documentation, if required, shall be completed and emailed to OAFInvoices@denvergov.org on or before the 15th of each month following the month of services rendered 100% of the time.

All non-personnel purchases of \$1,000 or more must have back up documentation submitted with the invoice and report each month to DDPHE. The Provider is required to keep on file all documentation of purchase of items and/or payment less than \$1,000 but does not need to submit those back up documents with invoice and report unless the Program specifically requests it.

The Provider shall use the DDPHE invoice template in Section VII unless the Program gives approval for the Provider to use their own template. In the event of extenuating circumstances, invoices can be processed with immediate payment terms.

IX. 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

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

Policy



EXHIBIT A-2

SCOPE OF WORK & BUDGET

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



EXHIBIT A-2

SCOPE OF WORK & BUDGET

- 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.

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.

X. General Requirements



EXHIBIT A-2

SCOPE OF WORK & BUDGET

This award is funded through DDPHE's Opioid Abatement Funds (OAF) Program. The City and County of Denver, along with other local governments throughout Colorado and the United States, filed a lawsuit against opioid manufacturers, distributors and pharmacies seeking to hold them responsible for their contributions to the opioid epidemic. Those lawsuits resulted in certain litigation settlements and the availability of funds to address and abate the impacts of opioid misuse. DDPHE created the OAF Program to support the Denver Opioid Abatement Council (DOAC) in overseeing the equitable and effective disbursement of settlement funds throughout the city and county of Denver. The DOAC and other regional opioid abatement councils in Colorado are working in partnership with the Colorado Office of the Attorney General to ensure settlement funds are utilized in accordance with the terms of the [Colorado Opioids Settlement Memorandum of Understanding \(MOU\)](#). Awardees must also comply with the terms of the MOU.

Contract amendments to include additional years of service will be dependent on funds received, program strategy and goals, and approval by the DOAC. The Program may require the Provider to submit updated budgets and scopes of work to be considered for continued funding.

The Provider shall follow the OAF Program Communication Guidelines, including displaying signage and/or online banners noting that the program receives funding from DDPHE and the OAF Program. The OAF Program will provide electronic files (e.g., logos) and guidelines for printing and/or displaying on websites, social media accounts, and other materials.

XI. Other

Additional document and activity requirements that may be requested for this contract:

- Organizational Chart, Financial Reports, etc.
- Updated Certificate of Insurance
- Presenting progress and outcomes to the Denver Opioid Abatement Council
- Collaborating with the OAF Program on data analysis and needs assessments
- Reports and information for Program Evaluation, as required
- The Provider shall submit updated documents which are directly related to the delivery of services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2025

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER CCI 155 Inverness Drive West Englewood CO 80112	CONTACT NAME: PHONE (A/C, No, Ext): 303-799-0110 FAX (A/C, No): 303-799-0156 E-MAIL ADDRESS: info@thinkccig.com
INSURED Colorado Health Network, Inc. 6260 E. Colfax Denver CO 80220	License#: 45339 COLOAID-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Houston Specialty Insurance Co	12936
INSURER B : Selective Insurance Company of	12572
INSURER C : Pinnacol Assurance	41190
INSURER D : Zurich American Ins. Company	16535
INSURER E : Continental Casualty Co	20443
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 869279100**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER: ☐	Y		AHHSP000082601	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y		S2503764	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☒ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			AHHSCX000005201	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	1761322 WC298318806	8/1/2025 8/1/2025	8/1/2026 8/1/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			AHHSP000082601	8/1/2025	8/1/2026	Limit/Retention \$1M/\$3M
E	Cyber Liability			6052290826	8/1/2025	8/1/2026	Limit/Retention \$1M/\$3M
A	Abuse & Molestation			AHHSP000082601	8/1/2025	8/1/2026	Limit \$500k

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City and County of Denver, its elected and appointed officials, employees and volunteers as Additional Insured as respects the Commercial General Liability and Business Auto Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

City and County of Denver
 Department of Public Health & Environment
 Division of Administration
 101 W Colfax Ave Ste 800
 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

© 1988-2015 ACORD CORPORATION. All rights reserved.