

# OPTION LETTER

<b>State Agency</b> Colorado Department of Human Services Office of Civil and Forensic Mental Health Colorado Mental Health Hospital in Pueblo, Ft. Logan and Forensic Services	<b>Option Letter Number</b> 1
<b>Contractor</b> City and County of Denver Colorado for the use and benefit of Denver County Sheriff's Department	<b>Original Contract Number</b> 24 IHJA 185525
<b>Current Contract Maximum Amount</b> Initial Term State Fiscal Year 2024                 \$735,615.80 Extension Terms State Fiscal Year 2025                 \$882,782.16 State Fiscal Year 2026                 \$0.00 State Fiscal Year 2027                 \$0.00 State Fiscal Year 2028                 \$0.00 Total for All State Fiscal Years         \$1,618,397.96	<b>Option Contract Number</b> 25 IHJA 191328  <b>Contract Performance Beginning Date</b> October 10, 2023  <b>Current Contract Expiration Date</b> June 30, 2025

**1. OPTIONS:**

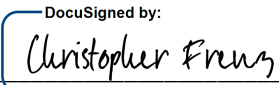

- A. Option to extend for an Extension Term
- B. Option to change the quantity of Services under the Contract

**2. REQUIRED PROVISIONS:**

- A. In accordance with Section(s) 2.C of the Original Contract referenced above, the State hereby exercises its option for an additional term, beginning July 1, 2024 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.
- B. In accordance with Section(s) 5.B.v of the Original Contract referenced above, the State hereby exercises its option to increase the quantity of the Services at the rates stated in the Original Contract, as amended.
- C. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown above.

**3. OPTION EFFECTIVE DATE:**

- A. The effective date of this Option Letter is upon approval of the State Controller or July 1, 2024, whichever is later.

<p style="text-align: center;"><b>STATE OF COLORADO</b>                  Jared Polis, Governor                  Department of Human Services                  Michelle Barnes, Executive Director</p> <p style="text-align: center;">DocuSigned by:  </p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">By: Christopher Frenz, Deputy Director,                  Operations &amp; Legal Affairs, Office of Civil &amp; Forensic                  Mental Health</p> <p style="text-align: center;">Date: <u>6/12/2024</u></p>	<p style="text-align: center;">In accordance with §24-30-202 C.R.S., this Option is not                  valid until signed and dated below by the State Controller or                  an authorized delegate.</p> <p style="text-align: center;"><b>STATE CONTROLLER</b>  <b>Robert Jaros, CPA, MBA, JD</b></p> <p style="text-align: center;">DocuSigned by:  </p> <p style="text-align: center;">By: <u>Telly Belton/Toni Williamson/Amanda Rios</u></p> <p style="text-align: center;">Option Effective Date: <u>6/12/2024</u></p>
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**Contract Control Number:**  
**Contractor Name:**

SHERF-202474543-01/ Parent: SHERF-202266238-01  
State of Colorado Department of Human Services

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:**

SHERF-202474543-01/ Parent: SHERF-202266238-01  
State of Colorado Department of Human Services

**SEE PAGE 1 FOR STATE SIGNATURES**

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

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

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

ATTEST: [if required]

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

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

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