AMENDATORY AGREEMENT

This **AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the "City") and **UNIVERSITY OF COLORADO HOSPITAL AUTHORITY**, a body corporate and political subdivision of the State of Colorado, with an address of 12605 E. 16th Avenue, Aurora, Colorado 80045 (the "Contractor", and collectively with the City as "the Parties").

WITNESSETH:

WHEREAS, the Parties entered into Agreement dated January 28, 2019 (the "Agreement") to provide services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA); and

WHEREAS, the Parties wish to amend the Agreement to extend the term, increase the maximum contract amount, and modify the scope of work and budget;

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

1. Section 2 of the Agreement entitled "<u>**TERM**</u>" is hereby deleted in its entirety and replaced with:

"2. <u>TERM</u>: The Agreement will commence on March 1, 2018, and will expire on February 29, 2020 (the "Term"). Subject to the Executive Director's prior written authorization, the Contractor shall complete any work in progress as of the expiration date, and the Term of the Agreement will extend until the work is completed or earlier terminated by the Executive Director."

2. Section 3 of the Agreement entitled "<u>COMPENSATION AND PAYMENT</u>", Subsection (A) entitled "<u>Fees and Expenses</u>" is hereby deleted in its entirety and replaced with:

"3. <u>COMPENSATION AND PAYMENT</u>:

A. <u>Fees and Expenses:</u> The City shall pay and the Contractor shall accept as the sole compensation for services rendered and costs incurred under the Agreement an amount not to exceed **Two Million Two Hundred Forty-Three Thousand Three Hundred Thirty-Seven Dollars and No Cents (\$2,243,337.00)** (the "Maximum Contract Amount"), to be used in accordance with the budget contained in Exhibit B-1. Amounts billed may not exceed the budget set forth in Exhibit B-1. The Contractor certifies the budget line items in Exhibit B-1 contain reasonable allowable direct costs and allocable indirect costs in accordance with 2 C.F.R., Subpart E."

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

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

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

6. This 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 BALANCE OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

Contract Control Number: Contractor Name: AUTHORITY

ENVHL-201951315-[ALFRESCO – 201943503-01] UNIVERSITY OF COLORADO HOSPITAL

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:

Attorney for the City and County of Denver

By:

REGISTERED AND COUNTERSIGNED:

By:

By:

Contract Control Number: Contractor Name: AUTHORITY

ENVHL-201951315-[ALFRESCO - 201843503-01] UNIVERSITY OF COLORADO HOSPITAL

DocuSigned by: (Daniel Richer 162847E8383648C... By:

CΙ	Daniel	Rieber
----	--------	--------

Chief Financial Officer

Title: _________(please print)

ATTEST: [if required]

By: _____

Title: ________(please print)



I. Purpose of Agreement

The purpose of this contract is to establish an agreement and Scope of Services between the Denver Department of Public Health & Environment (DDPHE), Office of HIV Resources and **University of Colorado Hospital Authority**.

University of Colorado Hospital Authority has been awarded the following amounts in Ryan White Part A funds:

- \$1,132,342 for Fiscal Year 2018 (March 1, 2018 February 29, 2019)
- **\$1,110,995** for Fiscal Year 2019 (March 1, 2019 February 29, 2020)
- Cumulative Maximum Contract Amount: \$2,243,337

II. Services and Conditions

To provide the following services to individuals living with HIV/AIDS in the Denver Transitional Grant Area (TGA), which includes and is limited to, Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties, in accordance with the Service Standards for the following service categories:

SERVICE CATEGORY	FUNDING SOURCE	FY 2018 AWARD NUMBER	FY 2018 AWARD AMOUNT
Early Intervention Services	RW Part A	18-EIS-1552-A	\$51,032
Medical Case Management	RW Part A	18-MCM-1552-A	\$196,069
Mental Health Services	RW Part A	18-MHS-1552-A	\$102,702
Outpatient/Ambulatory Health Services	RW Part A	18-OAH-1552-A	\$712,062
Substance Abuse Outpatient Care	RW Part A	18-SAO-1552-A	\$49,239
MAI Early Intervention Services	RW MAI	18-EIS-1552-M	\$21,238
FY 2018 MAXIMU	\$1,132,343		

SERVICE CATEGORY	FUNDING SOURCE	FY 2019 AWARD NUMBER	FY 2019 AWARD AMOUNT
Early Intervention Services	RW Part A	19-EIS-1552-A	\$49,826
Medical Case Management	RW Part A	19-MCM-1552-A	\$191,232
Mental Health Services	RW Part A	19-MHS-1552-A	\$92,313
Outpatient/Ambulatory Health Services	RW Part A	19-0AH-1552-A	\$714,895
Substance Abuse Outpatient Care	RW Part A	19-SAO-1552-A	\$41,062
MAI Early Intervention Services	RW MAI	19-EIS-1552-M	\$21,667
FY 2019 MAXIMU	\$1,110,995		

III. Process and Outcome Measures

A. Process Measures

University of Colorado Hospital Authority will provide:



SERVICE CATEGORY	FY 2018 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Early Intervention Services	18-EIS-1552-A	15	105
Medical Case Management	18-MCM-1552-A	150	900
Mental Health Services	18-MHS-1552-A	604	2,500
Outpatient/Ambulatory Health Services	18-OAH-1552-A	1,728	8,320
Substance Abuse Outpatient Care	18-SAO-1552-A	175	2,100
MAI Early Intervention Services	18-EIS-1552-M	10	70

SERVICE CATEGORY	FY 2019 AWARD NUMBER	UNDUPLICATED CLIENTS	SERVICE UNITS DELIVERED
Early Intervention Services	19-EIS-1552-A	10	70
Medical Case Management	19-MCM-1552-A	150	900
Mental Health Services	19-MHS-1552-A	319	2,369
Outpatient/Ambulatory Health Services	19-0AH-1552-A	1,948	6,993
Substance Abuse Outpatient Care	19-SAO-1552-A	50	525
MAI Early Intervention Services	19-EIS-1552-M	15	105

IV. Quality Management Program

A. Quality Management Plan

- i.) Contractor will be required to submit a FY 2019 Quality Management Plan. Quality Management Plans will be due on November 30, 2019. Quality Management Plans must include the following elements:
 - A quality statement
 - $\circ~$ A description of the quality management structure
 - Performance measures
 - Annual quality goals
 - Quality improvement plans
 - Quality management plan implementation
 - $\circ~$ An explanation of how the quality management plan will be evaluated and updated
 - Capacity building
 - Communication

B. Quality Management Activities

i.) Contractor will be required to document at least one quality improvement activity in the Fiscal Year



- ii.) Quality Improvement activities should be related to the Quality Management Plan, and impact the sub-recipients identified annual quality goals
- iii.) Updates on quality improvement activities will be submitted to DHR, or designee, on a quarterly basis
- iv.) Contractor will hold Quality Committee meetings, meetings will be held at a minimum of quarterly

V. Quality Management Infrastructure and Capacity Building

Contractor will be required to identify one contact person for all Quality Management related deliverables

Contractor will be required to have two staff members participate in a DHR hosted, Quality Management Training

VI. Schedule of Payments for Services

- **A.** The City and County of Denver may withhold payment due under this Agreement until the Contractor submits a satisfactory Audit Report Package that covers the Contractor's most recent fiscal year. If there are material findings in the audit, the City and County of Denver may withhold reimbursement until the audit findings are resolved to the City and County of Denver's satisfaction.
- **B.** Invoice packages will be due no later than the 15th of the month following the month of service. Reporting schedule detailed below in Section VI (D). Three or more occurrences of a late invoice shall be considered a contract compliance issue.
- **C.** The Contractor shall submit a complete invoice package monthly using required DDPHE HIV Resources invoice forms. A complete invoice package will include the following:
 - **Item 1**: a complete monthly invoice summary for the service month;
 - **Item 2**: a complete Individual Service Category Invoice (Forms I-1, I-2, I-3, I-4) for the service month for each award/service category;
 - **Item 3:** supporting documentation for all expenses;
 - **Item 4**: an attestation to complete CAREWARE data entry **or** a complete data upload for the service month; and
 - **Item 5**: a quarterly narrative report once per quarter (four times per year).
- **D.** Contractor invoicing schedule is as follows:

SERVICE MONTH INVOICE PACKAGE DUE BY		INVOICE PACKAGE INCLUDES:	
March 2019	April 15, 2019	Items 1, 2, 3, and 4	



April 2019	May 15, 2019	Items 1, 2, 3, and 4	
May 2019	June 17, 2019	Items 1, 2, 3, and 4	
June 2019	July 15, 2019	Items 1, 2, 3, 4, and 5	
July 2019	August 15, 2019	Items 1, 2, 3, and 4	
August 2019	September 16, 2019	Items 1, 2, 3, and 4	
September 2019	October 15, 2019	Items 1, 2, 3, 4, and 5	
October 2019	November 15, 2019	Items 1, 2, 3, and 4	
November 2019	December 16, 2019	Items 1, 2, 3, and 4	
December 2019	January 15, 2020	Items 1, 2, 3, 4, and 5	
January 2020	February 17, 2020	Items 1, 2, 3, and 4	
February 2020	March 16, 2020	Items 1, 2, 3, and 4	
Final 2020 Invoice	April 15, 2020	Items 1, 2, 3, 4, and 5	

VII. Disallowances and Review of Reports

The City and County of Denver may review the budget, management, financial and audit reports, and any other materials or information the City and County of Denver may consider appropriate to assess whether any expenditures by the Contractor are disallowed by the City and County of Denver. **Exhibit E** describes expenditures that will be disallowed by The City and County of Denver. The City and County of Denver may disallow reimbursement for services or expenditures that were not provided or approved in accordance with the terms of this Aareement. The Contractor shall not unreasonably refuse to provide expenditure information related to this Agreement that the City and County of Denver may reasonably require. These disallowances will be deducted from any payments due the Contractor, or if disallowed after contract termination, the Contractor shall remit the disallowed reimbursement to the City and County of Denver according to a schedule to be determined by the City and County of Denver at its sole discretion. Despite the City and County of Denver's approval of expenditures, if a review or an audit conducted by the City, State or federal governments results in final disallowances of expenditures, the Contractor shall remit the amount of those disallowances to the City and County of Denver according to a schedule to be determined by the City and County of Denver at its sole discretion following written notice of disallowances to the Contractor. This Section survives termination or expiration of this Agreement.

VIII. Administrative Cost Limit

The Contractor's total administrative costs cannot exceed **10%** of the Maximum Reimbursable Amount. Administrative costs are defined as the costs incurred for usual and recognized overhead, including established indirect rates for agencies; management and oversight of specific programs funded under this contract; and other types of program support such as quality assurance,



quality control, and related activities. Examples of administrative costs include:

- Salaries and related fringe benefits for accounting, secretarial, and management staff, including those individuals who produce, review and sign monthly program and fiscal reports;
- Consultants who perform administrative, non-service delivery functions;
- General office supplies;
- Travel costs for administrative and management staff;
- General office printing and photocopying;
- General liability insurance; and
- Audit fees.

Administrative costs can be direct or indirect. Direct costs are costs that can be directly charged to the program and which are incurred in the provision of direct services. Indirect costs are defined as the administrative costs that are incurred for common or joint activities that cannot be identified specifically with a particular project or program.

IX. Performance Management and Reporting

A. Performance Management

Monitoring may be performed by the DDPHE HIV Resources staff and/or designee. Contractor may be reviewed for:

- 1. **Quality Monitoring:** The quality of the services being provided and the effectiveness of those services addressing the needs of the Denver TGA.
- Program Monitoring*: Review and analysis of current program information to determine the extent to which contractors are achieving established contractual goals;
- 3. **Fiscal Monitoring*:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
- 4. **Administrative Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City and County regulations, and DDPHE policies are being met.

* DDPHE HIV Resources and/or its designee *may provide regular performance monitoring and reporting.* DDPHE HIV Resources and/or its designee, *may manage any performance issues and may develop interventions that will resolve concerns.*

B. Reporting

The following reports shall be developed and delivered to the City as stated in this section.



Report # and Name	Description	Due Date	Reports to be sent to:
1. CAREWare Reporting	Contractor is required to enter client-level data monthly into CAREWare for all funded services including: 1. All client-level information needed to create the HRSA-defined electronic Unique Client Identifier (eUCI) including, but not limited to: a. Client legal first and last name b. Client full date of birth c. Client gender 2. Demographic information 3. Client encounters and/or service units 4. Additional socio- demographic data and primary care status measures Contractor may enter client- level data into CAREWare using two different methodologies: 1. Direct manual data entry via the CAREWare interface; or 2. Provider Data Import (PDI).	the 15 th of each month	Into CAREWare system
2. Ryan White Part A Service Report (RSR)	 Includes, but is not limited to: Data input throughout the calendar year, due the 15th of each month for the month prior Run provider RSR reports to clean existing data and/or input missing data with technical assistance from DHR Review finalized RSR report with DHR Generate client-level XML file and upload into the HRSA Web Application (per HRSA requirement) 	February 26, 2019	Into CAREWare system for data entry Into HRSA Web Application for RSR final reporting



Report # and Name	Description	Due Date	Reports to be sent to:
	Submit RSR report into HRSA Web Application		
3. 1 st Quarter report	 Report shall: Review and verify the # of clients served, the number of service units, the amount of funding expended Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff Summarize successes, weaknesses and needs for the period of March 1, 2019 through 31, 2019 	July 15, 2019	Fiscal Officer/Grant Administrator <u>Terra.hasemanswazer@denvergo</u> v.org Quality Administrator <u>hivresources@denvergov.org</u> Nick Roth <u>Nicholas.roth@denvergov.org</u>
4. Mid-Year Report	 Report shall: Review and verify the # of clients served, the number of service units, the amount of funding expended Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff Summarize successes, weaknesses and needs for the period of March 1, 2019 through August 31, 2019 	October 15, 2019	Fiscal Officer/Grant Administrator <u>Terra.hasemanswazer@denvergo</u> <u>v.org</u> Quality Administrator <u>hivresources@denvergov.org</u> Nick Roth <u>Nicholas.roth@denvergov.org</u>
5. 3 rd Quarter Report	 Report shall: Review and verify the # of clients served, the number of service units, the amount of funding expended Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff 	January 15, 2020	Fiscal Officer/Grant Administrator <u>Terra.hasemanswazer@denvergo</u> v.org Quality Administrator <u>hivresources@denvergov.org</u> Nick Roth <u>Nicholas.roth@denvergov.org</u>



Report # and Name	Description	Due Date	Reports to be sent to:
	 Summarize successes, weaknesses and needs for the period of March 1, 2019 through November 30, 2019 		
6. Year End Report	 Report shall: Review and verify the # of clients served, the number of service units, the amount of funding expended Document quality improvement projects conducted Provide an update on changes to staff including vacancies and new staff Summarize successes, weaknesses and needs for the period of March 1, 2019 through February 29, 2020 	April 15, 2020	Fiscal Officer/Grant Administrator <u>Terra.hasemanswazer@denvergo</u> v.org Quality Administrator <u>hivresources@denvergov.org</u> Nick Roth <u>Nicholas.roth@denvergov.org</u>
7. Quality Management Plan	Plan(s) shall demonstrate all Quality Management activities, including Quality Management infrastructure, specific quality improvement activities, planning, and monitoring, etc.	November 30, 2019	Quality Administrator <u>Hivresources@denvergov.org</u>
8. Other reports as reasonably requested by the City.	To be determined (TBD)	TBD	TBD

X. Budget

- **A.** Contractor shall provide the identified services for the City under the support and guidance of the Denver Department of Public Health & Environment (DDPHE), Office of HIV Resources using best practices and other methods for fostering a sense of collaboration and communication.
- **B.** Contractor shall submit a complete budget package using required DDPHE HIV Resources budget forms.
- **C.** Contractor shall not reallocate funding across awards/service categories.
- **D.** The budget for this agreement is attached as an exhibit.



XI. Required Acknowledgement and Disclaimer Language

A. HRSA requires subrecipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

"This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov."

- **B.** Subrecipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding.
 - Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resources guides, case studies, and issues briefs.

XII. Other

Contractor shall submit updated documents which are directly related to the delivery of services.

Additional document requirements for this contract include:

- **A.** NEW Individual Service Category Budget Form B3: Service Target Projections
- **B.** NEW Contract Summary Data Form A-3: Summary of Funding Sources
- **C.** NEW Individual Service Category Budget Form B-2: Personnel Schedule
- **D.** Organizational Chart

		EXHIBI	B-1		
DDPHE	HIV RESOUR	RCES BUDO	SET SUBMIS	SSION PACKAGE	
		CONTRACT SUM	MARY DATA		
	FORM	A-1: SUBRECIPI	ENT INFORMATIO	N	
	iversity of Co			_	
DATE OF SUBMISSION:	02/22/201	9 CONTR	ACT AMOUNT:		\$1,110,995
Check One: First Submission		ING SOURCE:	BOTH Ryan V	Vhite Part A and MA]
	03/01/2019	to [02/29/2	020	
			ATION INFORM		
FEDERAL TAX ID#: 84-	1179794		DUNS#	: [04-109-6314	
EXACT CORPORATE NAI	ME: Unive	ersity of Color	ado Hospital A	Authority	
CORPORATE ADDRESS:	12605 E 16th	Ave, Medica	l Campus		
	Address (Jog.)				
	Address Line 2			Ţ^	00045
	Aurora		CO	Zipcode	80045
CORPORATE WEBSITE:	uchealth.org				
AGENCY TYPE:	Hospital or U	nlversity-Base	ed Clinic		
OWNERSHIP TYPE:	Private, Non	profit			
FAITH-BASED:	No			é.	
I CERTIFY THAT COSTS HAVE BEEN		ABLE ACCORDING T		NATE FEDERAL	
PRINCIPLES AND STANDARDS AS L ERRORB IN THIS BUDGET. PLEASE			HAT THERE ARE NO	MATHEMATICAL	
AGENCY HEAD:	DIGH ON DEDIGHRTER				
Michael Cancro, Interin	n M	alitella-	_	2/19/19	
720-848-781	720-848-554	2 michae	al.cancro@ucl	health.org	
Telephone	Fax	Emai	<u> </u>	Ш.	
SENIOR ADMINISTRATOR	R:				
Karen Davis	Signature	ver Davi	\$	2/20/2019 Date	
720-553-1694	720-553-1754	karen.	davis2@uchealth	org	
Telephone	Far A	Ernail			
BOARD PRESIDENT:		nabl XMm	NI	2.20.19	
Printed Name	Signature	ARCEN ZA AND	an	Dute	
303-724-8900 Telephone	East	Woodd,	Elliman & UCO	enver.edv	
CONTRACT SIGNATORY:		1.1			
Michael Cana		Me	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12/20/19	
Frinked Name 170-848-7818	Sighatuka	Mic	nad. canc	10 a vchearth	Stat 1
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Template Revised 1/17/2019 Page 1 of 2 Office of HIV Resources Denver, Colorado



		FORM A-1	
	CONTRAC	T CONTACT INFORMATION	N
PROGRAM MANAGER:	Steve Johnson		Assoc Division Head for Clinica
303-724-2401	303-724-4926	Steven.Johnson@uc	denver.edu
Telephone	Fax	Enval	don on one of the other other other other other other other
FISCAL MANAGER:	Barbara Palmer		Administrator
303-724-3454	303-724-4926	Barbara.Palmer@ucc	tenver edu
Telephone	Fax	Email	
DATA MANAGER:	Cari Cornish		Data Manager
	303724-4926	Cari.Comish@ucden	ver edu
Telephone	Fax	Email	
QUALITY MANAGER:	Lisa Lawrence		
303-724-0646	Namo	Lisa.Lawrence@ucde	The second secon
Telephone	Fax	Email	51761.600
PAYMENT ADDRESS:	ATTN: Karen Da	vis	
NOTE: Only complete if Payment Address is different than Corporate	Address Line 1 7901 E Lowry Bly	vd. Ste 350	
Address.	Denver	CO	80230
	City	State	Zosode Social

FORM A-1

Office of HIV Resources Denver, Colorado



DocuSign Envelope ID: BA9DD9DB-0B99-4C24-8B98-7F544CD09990

FORM A-2

DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE CONTRACT SUMMARY DATA FORM A-2: BUDGET SUMMARY									
SUBRECIPIENT: University of Colorado Hospital Authority									
DATE OF SU	BMISSIO	N: 02/22/2019		CONTR		\$1,110,995			
-	First Subr								
Image: Resubmission FUNDING SOURCE: BOTH Ryan White Part A and MAI							and MAI		
EFFECTIVE D	DATES:	03/01/2019	to	02/29					
		AGGREO	GATE	CONTRACT SI	JMMARY PAG	iΕ			
		(PREPARE TH	IS SUMM	IARY INSTEAD OF AN	AGGREGATE BUDG	1			
AWARD #	SERVICE CATEGORY			FUNDING SOURCE	ORIGINAL AWARD AMOUNT	ADDITIONAL AWARD AMOUNTS	TOTAL SERVICE CATEGORY AMOUNT ¹		
19-EIS-1552A	EIS Early Intervention Services			Ryan White Part A	\$49,826		\$49,826		
19-MCM-1552-A				Ryan White Part A	\$191,232		\$191,232		
19-MHS-1552-A		ental Health Services		Ryan White Part A	\$92,313		\$92,313		
19-OAH-1552-A		tpatient/Ambulatory Health Se		Ryan White Part A	\$714,895		\$714,895		
19-SAO-1552-A	SAO Substance Abuse Outpatient Care			Ryan White Part A	\$41,062		\$41,062		
19-EIS-1552-M	EIS Early Intervention Services			Ryan White MAI	\$21,667		\$21,667		
TOTAL CONTRACT AMOUNT \$1,110,995 \$1,110,995									
¹ MUST AGREE T	O SERVIC	E CATEGORY BUDGET ATT	ACHED.		<u> </u>				
						6			
COST DETERMINATION ON ALL BUDGETS COMPLIANCE WITH LAW									
local laws, rules	s and regu de of Fede	e all services under this c llations as are in effect at eral Regulations (Title 45 (or HHS Awards	the time	such services are re	endered. In particula	ar, your agency m	lust		

FORM A-3

DDPHE HIV RESOURCES BUDGET SUBMISSION PACKAGE CONTRACT SUMMARY DATA FORM A-3: SUMMARY OF FUNDING SOURCES

FULL NAME OF SUBRECIPIENT:

University of Colorado Hospital Authority

PERIOD OF BEGIN DATE	03/01/2019	04/01/2018		08/01/2019				07/01/2019			
FUNDING: END DATE	02/29/2020	03/31/2019		07/31/2019				06/30/2020			
OBJECT CLASS CATEGORY	RYAN WHITE PART A (DDPHE)	RYAN WHITE PART B (CDPHE)	RYAN WHITE PART C (HRSA)	RYAN WHITE PART D (HRSA)	GENERAL FUND (DDPHE)	CDC (CDPHE)	CDC OTHER SOURCES	OTHER SOURCES	Mediciad	GENERAL OPERATION/ PRIVATE	TOTAL BUDGET
PERSONNEL	\$871,620	\$95,418		\$42,700				\$5,580,019			\$6,589,757
FRINGE BENEFITS		\$28,832		\$10,692				\$1,397,236			\$1,436,760
TRAVEL											
EQUIPMENT											
SUPPLIES											
CONTRACTUAL											
OTHER	\$1,300								\$158,482		\$159,782
TOTAL DIRECT CHARGES	\$872,920	\$124,250		\$53,392				\$6,977,255	\$158,482		\$8,186,299
INDIRECT CHARGES	\$19,821										\$19,821
TOTAL COSTS	\$892,741	\$124,250		\$53,392				\$6,977,255	\$158,482		\$8,206,120

INSTRUCTIONS:

1. Prepare only one summary for each subrecipient.

2. Column headings shaded yellow may be changed to accommodate other funding sources.

3. Indirect charges on Ryan White Part A DDPHE contracts are only allowed if:

a) subrecipient has a Federally Negotiated Indirect Cost Rate Agreement (NICRA); or

b) subrecipient uses the 10% de minimis rate.

4. Indirect charges on Ryan White Part A DDPHE contracts must count towards the 10% administrative cap on the budget.



From:	Johnson, Steven C - ID
To:	Haseman Swazer, Terra - DPHE CA0751 Contract Administrator; Palmer, Barbara; Lawrence, Lisa
Subject:	[EXTERNAL] Re: Ryan White Part A contract approval - ACTION REQUESTED
Date:	Thursday, September 19, 2019 1:06:10 PM

We approve. Please send the signature page. Great to talk with you! Steve

Sent from my Verizon, Samsung Galaxy smartphone

------ Original message ------From: "Haseman Swazer, Terra - DPHE CA0751 Contract Administrator" <Terra.HasemanSwazer@denvergov.org> Date: 9/17/19 4:55 PM (GMT-07:00) To: "Johnson, Steven C - ID" <STEVEN.JOHNSON@CUANSCHUTZ.EDU>, "Palmer, Barbara" <BARBARA.PALMER@CUANSCHUTZ.EDU>, "Lawrence, Lisa" <LISA.LAWRENCE@CUANSCHUTZ.EDU> Subject: RE: Ryan White Part A contract approval - ACTION REQUESTED

Thanks Steve!

Thank you,

Terra Haseman Swazer Contract Administrator Department of Public Health & Environment Community & Behavioral Health | City and County of Denver 101 W. Colfax Avenue | 8th Floor | Denver, CO | 80202 PHONE: 720-865-5435 | MOBILE: 720-289-2829 | EMAIL: <u>terra.hasemanswazer@denvergov.org</u> Pronouns: She|Her|Hers Follow us @DDPHE



TELL US HOW WE'RE DOING – CLICK HERE TO TAKE OUR CUSTOMER SATISFACTION SURVEY TODAY!

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From: Johnson, Steven C - ID [mailto:STEVEN.JOHNSON@CUANSCHUTZ.EDU]
Sent: Tuesday, September 17, 2019 4:51 PM
To: Haseman Swazer, Terra - DPHE CA0751 Contract Administrator
<Terra.HasemanSwazer@denvergov.org>; Palmer, Barbara <BARBARA.PALMER@CUANSCHUTZ.EDU>;
Lawrence, Lisa <LISA.LAWRENCE@CUANSCHUTZ.EDU>
Subject: [EXTERNAL] RE: Ryan White Part A contract approval - ACTION REQUESTED

Hi Terra! Thanks for reaching out. I will get back to you soon! Steve

From: Haseman Swazer, Terra - DPHE CA0751 Contract Administrator
<Terra.HasemanSwazer@denvergov.org>
Sent: Tuesday, September 17, 2019 4:40 PM
To: Johnson, Steven C - ID <<u>STEVEN.JOHNSON@CUANSCHUTZ.EDU</u>>; Palmer, Barbara
<<u>BARBARA.PALMER@CUANSCHUTZ.EDU</u>>; Lawrence, Lisa <<u>LISA.LAWRENCE@CUANSCHUTZ.EDU</u>>
Subject: Ryan White Part A contract approval - ACTION REQUESTED

Hi UCH – IDGP team!

I sent the contract for review and approval a couple of weeks ago and Steve responded that it had been received.

Any status update on the approval of the draft so that I may send you the signature page?

Please let me know .

Thank you and have a beautiful day,

Terra Haseman Swazer Contract Administrator Department of Public Health & Environment Community & Behavioral Health | City and County of Denver 101 W. Colfax Avenue | 8th Floor | Denver, CO | 80202 PHONE: 720-865-5435 | MOBILE: 720-289-2829 | EMAIL: terra.hasemanswazer@denvergov.org Pronouns: She|Her|Hers Follow us @DDPHE



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