AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Acknowledgment of County Manager Approval; Caring

Action Requested: Motion

Parties to the Agreement: CDPHE (Colorado Dept Public Health Environment & Gunnison County

Term Begins: 7-01-2016 **Term Ends:** 6/30/2017 **Grant Contract #:**

Summary:

Non-competitive Caring for Colorado grant application to the CDPHE to fund a collaborative grant for Gunnison County Public Health and Gunnison County Juvenile Service to provide funding for youth substance prevention.

Fiscal Impact: 90,994

Submitted by: Kari Commerford **Submitter's Email Address:** kcommerford@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 4/15/2016

County Attorney Review: ( ) Required (●) Not Required

Comments:

Reveiwed by: Discharge Date: Certificate of Insurance Required Yes ( ) No ( )

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 4/18/2016

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 5/3/2016

Revised April 2015

STATEMENT OF WORK
To Original Contract Routing Number ** *** ********

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Entity Name: Gunnison County – Gunnison Substance Abuse Prevention Project and Public Health
Term: Upon execution of this Contract through June 30, 2018

II. Project Description:
This project serves to implement the *Communities That Care* model, with fidelity, in order to identify evidence-based or evidence-informed youth substance abuse prevention strategies in communities across Colorado. Additionally, this funding supports communities to identify sustainable local or regional strategies and funding for the ongoing implementation of youth substance abuse prevention strategies within each locality.

III. Definitions:

1. **Behavioral health:** a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders, and behavioral health, and as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians, as well as nurse practitioners and physician assistants.
2. **CDE:** Colorado Department of Education
3. **CDPHE:** Colorado Department of Public Health and Environment
4. **CTC** or **Communities That Care:** an evidence-based community engagement model identified as a promising program by the Blueprints for Healthy Youth Development evidence-based registry. Communities that Care includes 5 Phases of implementation:
   - Phase 1: Get Started
   - Phase 2: Get Involved
   - Phase 3: Develop Community Profile
   - Phase 4: Create a Plan
   - Phase 5: Implement and Evaluate
5. **DCJ**: Division of Criminal Justice,
6. **LPHA:** Local Public Health Agency
7. **MCH:** Maternal Child Health
8. **OBH**: Office of Behavioral Health at the Colorado Department of Human Services
9. **Primary Prevention**: As defined by the Centers for Disease Control's Principles of Prevention Guide, primary prevention takes place BEFORE substance abuse initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for substance abuse or exposure. Or, they encourage the factors that protect or buffer people from substances.
10. **PYD:** Positive Youth Development is an approach that guides communities and organizations in the way that they organize services, opportunities and supports. In practice, this approach incorporates the development of skills, opportunities

and authentic relationships into programs, practices and policies, so that young people reach their full potential.

11. **Socioecological model:** CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors.
12. **State-funded prevention programs**: Examples of state-funded prevention programs include the Tony Grampsas Youth Services projects, sexual violence prevention programs, communities funded by the Office of Suicide Prevention, LPHA Maternal Child Health, CDE grantees, collaborative management programs, community substance abuse treatment programs funded by OBH, Senate Bill 94 programs, and other Division of Criminal Justice programs.
13. **Substance abuse:** substance abuse among youth includes underage use of marijuana and alcohol and the misuse of prescription drugs/opioids. Additional substances may be included in the definition of substance abuse by a community if they have documented data of misuse or abuse among youth in their community, excluding tobacco.
14. **TGYS:** Tony Grampsas Youth Services grants for primary prevention programs in communities.

IV. Work Plan:

Goal #1: Prevent substance abuse among youth within the community by addressing common risk factors and improving protective factors across the socioecological model within Colorado.	
Objective #1: No later than November 1, 2016, the Contractor shall negotiate and receive formal agreement from key leaders and stakeholder groups within the community to implement the *Communities That Care* (CTC) model to identify youth substance abuse prevention evidence-based strategies that address identified risk or protective factors within the community.	
Primary Activity #1	The Contractor shall mobilize and build capacity among a coalition of stakeholders through steps of the *Communities That Care* model, using data and priorities tailored by each individual community.

Sub-Activities #1	1. The Contractor shall provide a full time *Communities That Care* facilitator. 2. The Contractor shall recruit key leaders and potential community board members to participate in the CTC coalition, using guidance outlined in the CTC model. 3. The Contractor shall recruit leaders of state-funded prevention and treatment projects to participate in the community coalition, as available within the communities. 4. The Contactor shall recruit a minimum of four (4) youth advisors and two (2) family leaders to participate on one of the workgroups within the community coalition. Family leaders may include graduates of CDPHE's Family Leadership Training Institute. 5. The Contractor shall use group facilitation skills and tools provided by CTC to help guide the coalition through the CTC process. 6. The Contractor shall prepare for and lead the CTC workshops for Phase 1, in appropriate order and timing, for effective community progress. 7. The Contractor shall hold regular meetings of the coalition, a minimum of one (3) meeting of the coalition or a workgroup per month. 8. The Contractor shall complete the CTC Milestones & Benchmarks evaluation tool for Phase 1, with the support of the coalition. 9. The Contractor shall ensure all community coalition meeting preparation and follow-up is completed. 10. The Contractor shall facilitate delegation of community prevention coalition tasks, including but not limited to collecting, organizing, and analyzing data; community outreach and public relations; and coalition meetings. 11. The Contractor shall train community coalition members to expand community outreach. 12. The Contractor shall provide CDPHE with an updated staff roster of CTC Facilitators within two weeks of any staffing change.
Objective #2: No later than March 1, 2017, the Contractor shall complete an assessment and gap analysis of youth substance abuse prevention concerns within the community.	
Primary Activity #1	The Contractor shall analyze local and regional data to identify gaps in prevention for youth substance use or abuse.
Sub-Activities #1	1. The Contractor shall review data about substance abuse and mental health risk and protective factors in the community using a list provided by CDPHE of recommended indicators. This shall include school, district or regional level data from the *Healthy Kids Colorado Survey* (where available), to be provided by CDPHE: www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data.

	This information is incorporated and made part of this Contract by reference. 2. The Contractor shall review and update information included in the existing local community health assessment required in the Public Health Act of 2008, regarding youth substance abuse and mental health with members of the coalition. 3. The Contractor shall prepare for and lead the CTC workshops for Phases 2-3 with appropriate timing for effective community progress 4. The Contractor shall complete additional assessments/data analysis to develop a clear picture of gaps in youth substance abuse prevention within the community, specifically related to shared risk and protective factors that prevent substance use. 5. The Contractor shall request data from members of the coalition to further analyze gaps in local youth substance abuse prevention. 6. The Contractor shall request local or regional data from CDPHE released after the completion of the existing community health assessment to further identify gaps or concerns related to youth substance use, abuse, and prevention. 7. The Contractor shall engage community members to assess risk and protective factors driving prioritized problems based on selected prevention priorities. 8. The Contractor shall map existing resources already in place within the community to address the gaps identified in the data. 9. The Contractor shall analyze and summarize these assessment results in an updated community health assessment report using a CDPHE-approved template for the substance abuse-related risk, protective and outcome data. 10. The Contractor shall present the results of the updated community health assessment report, a minimum of twice during the first twelve (12) months of this Contract, including members of the coalition and community. 11. The Contractor shall identify a shared mission and vision of coalition members, based on information from the updated needs assessment. 12. The Contractor shall complete the Phase 5 Trainings on Funding and Systems Change with the coalition. 13. The Contractor shall complete the CTC Milestones & Benchmarks evaluation tool for Phases 2-3 and related tasks in Phase 5, with the support of the coalition.
Objective #3: No later than April 1, 2017, the Contractor shall develop a prevention action plan to implement primary prevention strategies to reduce risk and promote protective factors addressing gaps in youth substance abuse prevention identified in the assessment.	

Primary Activity #1	The Contractor shall develop a prevention action plan to address gaps in youth substance abuse prevention identified in the assessment, to be implemented in years two through five of this Contract, using evidence-based or informed strategies from a list approved by CDPHE.

Sub-Activities #1	1. The Contractor shall build capacity of community coalition members to address alcohol, prescription drug, and marijuana use/abuse among youth by providing a minimum of two (2) trainings designed for coalition members: substances and impacts of their use on young people and positive youth development principles and practices. 2. The Contractor shall determine (in consultation with coalition) the geographic areas/community(ies) appropriate for intervention within the prevention action plan. 3. The Contractor shall prepare for and lead the CTC workshops for Phases 4-5 with appropriate timing for effective community progress, with support from CDPHE. 4. The Contractor shall develop a process for setting prevention priorities based on updated assessment data from that community. 5. The Contractor shall identify existing prevention programs that can be leveraged to address the strategies selected at each of the socioecological model levels, including programs funded by CDE, MCH, TGYS, OBH or DCJ. 6. The Contractor shall identify (in consultation with coalition) a minimum of one (1) prevention strategy from both the societal and community levels of the socioecological model to implement to improve social norms, life skills and resilience, and community connectedness. Strategies shall be selected from a menu of prevention strategies to be provided by CDPHE. 7. The Contractor shall identify (in consultation with coalition) action steps to improve implementation of evidence-based prevention strategies from the menu of prevention strategies at the individual and relationship levels of the socioecological model. 8. The Contractor shall develop a logic model that illustrates and connects the problems the coalition will address, evidence-based strategies to address those problems, and anticipated outcomes. 9. The Contractor shall work with community prevention coalition members, members of the larger community and CDPHE to develop a comprehensive community prevention action plan, using evidence-based or evidence-informed strategies from the menu of prevention strategies to be provided by CDPHE. 10. The Contractor shall develop budgets for implementation of prevention strategies identified by the coalition. 11. The Contractor shall identify process and outcome evaluation measures for each action step and strategy implemented within the prevention action plan. 12. The Contractor shall complete the relevant sections of the CTC Milestones & Benchmarks evaluation tool for Phases 4-5, with the support of the coalition.

Objective #4: No later than June 30, 2018, the Contractor shall implement substance abuse prevention strategies within the community.	
Primary Activity #1	The Contractor shall document the implementation of a minimum of twelve (12) months of completion of specific action steps and related evaluation measures from the prevention action plan, including successes and challenges the CTC coalition encountered while implementing substance abuse prevention strategies within the community.
Sub-Activities #1	1. The Contractor shall monitor the implementation of any substance abuse prevention strategies within the community. 2. The Contractor shall document successes or challenges encountered by community coalition members while implementing strategies. 3. The Contractor shall track progress toward implementation of the steps outlined in the community prevention action plan. 4. The Contractor shall discuss edits and updates to the community prevention action plan with the CDPHE contract monitor. 5. The Contractor shall complete the relevant sections of the CTC Milestones & Benchmarks evaluation tool for Phases 4 and 5, with the support of the coalition.

Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall participate in all required technical assistance meetings conducted by the CDPHE CTC team. 3. The Contractor shall facilitate and document the implementation of the five phases of the *Communities That Care* model with fidelity, providing justification for necessary adaptations. The five phases are described on the CTC website: http://www.communitiesthatcare.net/how-ctc-works/, incorporated and made part of this Contract by reference. 4. The Contractor shallensure the CTC Facilitator demonstrates the skills identified in the job description provided by the University of Washington. 5. CDPHE will provide a list of recommended youth substance abuse and mental health risk and protective factor indicators for a community to review for inclusion in the updated community health assessment. 6. CDPHE will provide a menu of approved primary prevention strategies across the socioecological model for implementation by communities. These strategies will be based on the best available research and evidence for the prevention of substance abuse. 7. The Contractor shall select strategies for implementation in the community prevention action plan from the menu of primary prevention strategies to be provided by CDPHE. The Contractor shall employ a minimum of one (1) strategy at the community and one (1) strategy at the societal levels of the socioecological model. 8. The Contractor shall use the CDPHE-approved template for the community prevention action plan. 9. CDPHE will review the following submitted items within five (5) business days of receipt and provide feedback: a. updated chapter for the community health assessment with recent data on risk and protective factors related to youth substance use. b. community prevention action plan and related evaluation activities. 10. The Contractor shall receive CDPHE approval for the community prevention action plan prior to strategy implementation. 11. The Contractor shall receive CDPHE approval for the community prevention action plan prior to implementing evaluation strategies. 12. The Contractor shall submit any edits to the community prevention action plan to CDPHE for approval. 13. The Contractor shall adhere to all eCTC license agreement requirements. 14. The Contractor shall ensure all community facilitators using the eCTC system successfully complete the Facilitator Training and content

	mastery assignment in advance of launching eCTC in their communities. a. To ensure high quality implementation of eCTC, this license assumes that community facilitators have successfully completed a Facilitator Training and content mastery assignment, and their communities are working with a certified CTC coach. 15. The Contractor shall comply with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) website http://www.integration.samhsa.gov/EnhancedCLASStandardsBlueprint.pdf as they relate to health communications and is incorporated and made part of this Contract by reference. 16. The Contractor shall utilize current substance abuse social marketing campaign materials provided by CDPHE. 17. The Contractor shall use only marijuana research or statements on the health effects outlined by the Retail Marijuana Public Health Advisory Committee. These approved health statements and factsheets are incorporated and made part of this Contract by reference and are available on the following website www.colorado.gov/marijuana. 18. The Contractor shall attend identified trainings, including grantee orientation, the *Communities That Care* model, effective facilitation strategies, positive youth development, accessing data resources, prevention-science, and others as identified. 19. The Contractor shall use the CDPHE-approved progress and final report template, to be provided by CDPHE, which includes the following requirements: a. Updates to the Milestones and Benchmarks process tracking document, b. Number and description of community partners engaged in the coalition and workgroups, c. Updates, progress, and outcome reporting on any prevention action plan steps and related evaluation activities within the community prevention action plan, d. Opportunities and next steps for the program, and e. document a minimum of one (1) documented success story from the project
Expected Results of Activity(s)	Reduce youth substance use and abuse through the implementation of the *Communities That Care* model and identified evidence-informed primary prevention strategies in communities across Colorado.

Measurement of Expected Results	Final progress and outcome evaluation results, including: a. documented CTC Milestones & Benchmarks b. community health assessment with analyzed data on risk and protective factors related to youth substance use c. implementation of community prevention action plan, including evaluation activities	
		Completion Date
Deliverables	1. The Contractor shall provide a monthly update via phone to the CTC Coordinator at CDPHE on the progress of the activities and deliverables in the scope of work. The Contractor will include CTC Facilitator staff on the monthly call for needed TA and coaching.	No later than the first of each month
	2. The Contractor shall provide completed "Milestones & Benchmarks" spreadsheet via email to the CTC Coordinator documenting completed activities for Phase 1 of the CTC process.	No later than December 31, 2016.
	3. The Contractor shall submit a mid-year progress report via email to the CTC Coordinator following CDPHE guidance that provides an overview of all activities implemented in the first six months of funding.	No later than December 31, 2016.
	4. The Contractor shall provide completed "Milestones & Benchmarks" spreadsheet via email to the CTC Coordinator documenting completed activities for Phases 2-3 of the CTC process.	No later than March 31, 2017
	5. The Contractor shall provide an updated chapter of the community health assessment via email to the CTC Coordinator with recent data on risk and protective factors related to youth substance use.	No later than March 31, 2017
	6. The Contractor shall submit a community prevention action plan via email to the CTC Coordinator for implementation in years two (2) through five (5) that addresses the identified gaps found in the community health assessment.	No later than June 30, 2017
	7. The Contractor shall submit a first-year report via email to the CTC Coordinator that provides an overview of all activities implemented in the first fiscal year.	No later than June 30, 2017

	8. The Contractor shall submit a quarterly report via email to the CTC Coordinator that provides an overview of all activities implemented in the first quarter of the second fiscal year.	No later than September 30, 2017
	9. The Contractor shall submit an eighteen-month (18) report via email to the CTC Coordinator that provides an overview of all activities implemented in the first eighteen months of the contract.	No later than December 31, 2017
	10. The Contractor shall submit a quarterly report via email to the CTC Coordinator that provides an overview of all activities implemented in the third quarter of the second fiscal year.	No later than March 30, 2018
	11. The Contractor shall submit a final report via email to the CTC Coordinator that provides an overview of all activities implemented in the second fiscal year.	No later than July 31, 2018

V. Monitoring:

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the CTC Coordinator. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

VI. Resolution of Non-Compliance:

The Contractor will be notified in writing within **fifteen (15)** calendar days of discovery of a compliance issue. Within **thirty (30)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and time line for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the time line, the Contractor must email a request to the CTC Coordinator and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure time lines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

COLORADO
Department of Public Health & Environment

Institution/Organization Legal Name: Gunnison County

EIN: 846000770

CONTACT INFORMATION
ALL ENTITIES (Vendors/Contractors/Grantees) ARE TO COMPLETE THIS SECTION

Institution/Organization Contact and Legal Address

Name	Gunnison County	**Address**	200 East Virginia Ave.		
City	Gunnison	**State**	CO	**Zip**	81230
Phone	(970) 641-0248	**Fax**		**Email**	www.gunnisoncounty.org

Performance Site the same as address above? Yes [x] **No** [ ]

Contract Administrator

Name	Matthew Birnie- County Manager	**Address**	200 E. Virginia Ave.		
City	Gunnison	**State**	CO	**Zip**	81230
Phone	(970) 641-7602	**Fax**		**Email**	mbirnie@gunnisoncounty.org

Principal Investigator (Place of Performance)

Name	Kari Commerford	**Address**	200 East Virginia Ave.		
City	Gunnison	**State**	CO	**Zip**	81230
Phone	(970) 642-7393	**Fax**	(970) 641-9079	**Email**	kcommerford@gunnisoncounty.org

Financial Contact

Name	Jody Wise	**Address**	200 East Virginia Ave.		
City	Gunnison	**State**	CO	**Zip**	81230
Phone	(970) 641-7679	**Fax**		**Email**	jwise@gunnisoncounty.org

Financial Authorized Signature Official

Name	Matthew Birnie	**Address**	200 E. Virginia Ave.		
City	Gunnison	**State**	CO	**Zip**	81230
Phone	970-641-7600	**Fax**		**Email**	mbirnie@gunnisoncounty.org

COLORADO
Department of Public Health & Environment

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICAT
Contract Routing #

Contractor Name	Gunnison County
Budget Period	7/1/2016-6/30/2017
Project Name	Gunnison County Public Health and Gunnison County Substance Abuse Prevention Project

Program Contact Name, Title, Phone and Email	Kari Commerford, GCSAPP Director (970) 642-7393 kcommerford@gunnisoncounty.o
Fiscal Contact Name, Title, Phone and Email	Gunnison County, Matthew Birnie, County Manager (970) 641-7602

Expenditure Categories

Personal Services
Salaried Employees

Position Title/Employee Name	Description of Work	Budget Item Supports SOW (Yes/No)	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00

Personal Services
Hourly Employees

Position Title/Employee Name	Description of Work	Budget Item Supports SOW (Yes/No)	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
CTC Faciltator	CTC facilitator will be required to attend all trainings and the lead for implementing the CTC model into the GCSAPP coalition and community. The CTC facilitator will be in charge of publishing and presenting data and coalition work to community.	yes	$25.00	$5.00	1092	$32,760.00
Coalition/Community facilitator - Public Health	Chair 2 workgroup/domains of CTC, outreach and engagement of new community members, facilitate parent-community support sessions, to begin Sept '16	yes	$20.00	$5.00	336	$8,400.00
Coalition/Community facilitator - Public Health	Chair 2 workgroup/domains of CTC, outreach and engagement of new community members, facilitate parent-community support sessions	yes	$19.00	$5.00	252	$6,048.00
Community Health Assessment Data	Analysis and create a report on 2015 HKCS data, and other available data to better understand current substance use trends, perception and level of acceptance of substance use in our community. 4 hours per week September, 2016 - May 2016	yes	$21.00		152	$3,192.00
					Total Personal Services (including fringe benefits)	**$50,400.00**

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Fiscal Contact Name, Title, Phone and Email	Gunnison County, Matthew Birnie, County Manager (970) 641-7602

Supplies & Operating Expenses					
Item	**Description of Item**	**Budget Item Supports SOW (Yes/No)**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
Stipends for 2 University Youth Advisor	Youth advisors will serve as liaisons between GCSAPP coalition, WSCU students, and high school students. Outreach workgroup member - starting October 2016. $200mo. Per students	yes	$400.00	9	$3,600.00
Stipends for 2 High School Youth Advisor	Youth advisors will serve as liaisons between GCSAPP coalition, WSCU students, and high school students. Outreach workgroup member Starting October 2016. $100mo per student	yes	$200.00	9	$1,800.00
Stipend for Non-English Speaking community interpreter/translation	Translates information and delivers as community education. Outreach workgroup member. Starting October 2016, $200 per month.	yes	$200.00	9	$1,800.00
Stipends for Childcare	$25 per event for workgroup members	yes	$25.00	16	$400.00
Coalition meeting meals	meals for attendance at coalition meetings for 30 people x $10/pp	yes	$300.00	6	$1,800.00
Workgroup meeting meals	food for 10 people x $5pp (6 groups) - 3 workgroup meetings per month starting September 2016 (workgroups will meet everyother month - rotating 3 per month - each workgroup will meet five times in the first fiscal year.	yes	$300.00	10	$3,000.00
Community Fourm/Education	Two community fourms/educational events (one in Gunnison and one in Crested Butte) in order to inform the community about the Communities that Care model and the coalition work. This will also include a professional presentation on rish protective factors. Rental $400, food $10pp x 100, supplies (notebooks, pens) $250, speaker fee $500, incentives for participation $25 x 10 = $2400	yes	$2,400.00	2	$4,800.00
Sources of Strength training	support for Sources of Strength implementation in Crested Butte school - continuation of upstream prevention - universal strategy	yes	$4,000.00	1	$4,000.00
Meals for sources of strength training	Food for two day training for 50 people @ $9pp x 2 days	yes	$450.00	2	$900.00
Advertising to report local survey data	Data/Survey results sharing with community through local newspapers.	yes	$250.00	6	$1,500.00
General office supplies	office supplies for coalition meetings and materials	yes	$25.00	12	$300.00
Postage - general - Public Health	postage	yes	$50.00	12	$600.00
Copies - general - Public Health	copies	yes	$50.00	12	$600.00
Computer (1 for public health 1 for GCSAPP)	$200/mo. For desktop computer x 12 months x 2	yes	$400.00	12	$4,800.00
				Total Supplies & Operating Expenses	**$29,900.00**

Travel					
Item	**Description of Item**	**Budget Item Supports SOW (Yes/No)**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICAT
Contract Routing #

Contractor Name	Gunnison County
Budget Period	7/1/2016-6/30/2017
Project Name	Gunnison County Public Health and Gunnison County Substance Abuse Prevention Project

Program Contact Name, Title, Phone and Email	Kari Commerford, GCSAPP Director (970) 642-7393 kcommerford@gunnisoncounty.o
Fiscal Contact Name, Title, Phone and Email	Gunnison County, Matthew Birnie, County Manager (970) 641-7602

Regional/State Training for coalition members	training for coaltiion members to keep up to date on Prevention Education material. Mileage 800m x .54	yes	$0.54	800	$432.00
Regional/State Training for coalition members	hotel for 5 people for 3 nights	yes	$172.00	15	$2,580.00
Regional/State Training for coalition members	per diem (meals and incidentals for 5 staff members for 3 days	yes	$69.00	15	$1,035.00
CTC training for Facilitator	travel to CTC required training. Mileage 1000 x .54	yes	$0.54	1000	$540.00
CTC training for Facilitator	Hotel for 4 nights for 1 person	yes	$172.00	4	$688.00
CTC training for Facilitator	per diem (meals and incidentals)	yes	$69.00	4	$276.00
Local Travel	county wide travel for CTC facilitator and GCSAPP/Public Health Staff	yes	$0.54	1500	$810.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				Total Travel	**$6,361.00**
		Contractual			
Subcontractor Name	**Description of Item**	**Budget Item Supports SOW (Yes/No)**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				Total Contractual	**$0.00**
				SUB-TOTAL BEFORE INDIRECT	**$86,661.00**

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICAT
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Fiscal Contact Name, Title, Phone and Email	Gunnison County, Matthew Birnie, County Manager (970) 641-7602

Indirect		
Item	**Description of Item**	**Total Amount Requested from CDPHE**
Negotiated Indirect cost rate (Federal, State, or CDPHE)	Adminstrative Costs @ 5% = Public Health	$4,797.00
Indirect rate (other):		
Indirect (modified or additional base)		
	Total Indirect	**$4,333.00**
	TOTAL	**$90,994**