AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; Women's Wellness Connection; Ca

Action Requested: County Manager Signature

Parties to the Agreement: BOCC & CO Dept Public Health & Environment

Term Begins: Jan. 1, 2018 **Term Ends:** 6/30/2018 **Grant Contract #:**

Summary:

Women's Wellness Connection (WWC) grant application done every 5 years to provide patient navigation & clinical services. Population to be served has expanded to Medicaid pop. This award is for 6 months. Will provide 2 hrs./wk. patient navigation and 1 hr. per wk. nurse consultation

Fiscal Impact: $6,668

Submitted by: C Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
If awarded, will be included in 2018 budget. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 7/7/2017

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

Comments:
ok db 7/7/17

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 7/7/2017 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 7/7/2017

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 7/11/2017

Revised April 2015

STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

www.colorado.gov/cdphe

Colorado Department of Public Health and Environment

REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE

Date:	June 1, 2017	**RFA Number:**	6342
Submit Sealed Applications to:	Colorado Department of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246	**CDPHE Contact:**	CDPHE_CancerRFA@state.co.us
RFA Submission Deadline:	July 17, 2017 12:00 p.m. (Mountain Time) Email submission only at CDPHE_CancerRFA@state.co.us	**Number of Copies:**	One signed application, including all attachments, should be sent electronically as a pdf to: CDPHE_CancerRFA@state.co.us

Cancer Prevention and Early Detection RFA

Per the attached specifications, terms and conditions

***F.E.I.N.:** 84 6000 770

DUNS: 133 115 220

Authorized Signature: _____

Original signature (in ink) acknowledges acceptance of all terms and conditions of the solicitation.

Typed/Printed Name:	Matthew Birnie				
Title:	County Manager				
Company Name:	Gunnison County				
Address:	200 E Virginia				
City:	Gunnison	**State:**	Co	**Zip:**	81230
Phone Number:	970-641-0209	**Fax Number:**	970-641-8346		
Contact for Clarifications:	Emily Fitzgerald				
Title:	Family Planning Coordinator				
Phone Number:	970-641-7910	**Fax Number:**	970-641-8346		
Email Address:	efitzgerald@gunnisoncounty.org				

IMPORTANT: The following information must be on the outside of the Application Packaging or referenced in the subject line if the application may be submitted electronically:

RFA #6342 - June 1, 2017

Applicants are urged to read the solicitation document thoroughly before submitting an application.
*Applicants are required to submit Federal Employer Identification Number (F.E.I.N.) via a W-9 form prior to contracting with the State of Colorado. F.E.I.N. referenced above must match BIDS registration to be eligible to submit a response and must match the required W-9 for contracting and payment.

THIS PAGE MUST BE COMPLETED, SIGNED (in ink) AND RETURNED WITH RESPONSE

This page intentionally left blank

Colorado Department of Public Health and Environment

Cancer Prevention and Early Detection
Request for Applications #6342
Attachment C: Application Form, Section 1: Assessment and Planning

Section 1: Assessment and Planning (95 points)

(This section is required for all Applicants)

Organization's Legal Name:	Gunnison County

Organization Type (*See Section II.A on PAGE 6 of the RFA for details on organization type*):	☒ Health System ☐ Network Organization ☐ Community-Based Organization

Indicate Whether Your Organization Serves (*check all that apply*):	☒ Men ☒ Women

1. Describe your organization's capacity to implement cancer prevention and early detection interventions. Include your organizational structure and experience implementing grants and cancer prevention and early detection at community, systems and/or direct service levels, including previous successes. **0-20 points** *(2 paragraphs)*

Due to the rural nature of the population served at the clinic, there is not a clinician available every day for WWC Clients. This clinic is staffed with Registered Nurse and a WWC Administrator who together work an average of 5 hours per week, and a Physicians Assistant and Nurse Practitioner who each are present one to two days a week. This division has enabled our clinic to serve and connect with as many eligible clients as possible, while maximizing responsible funding and compensation to staff. Based on the population, this staffing arrangement is sufficient to meet the needs of the clients within reason.

We have participated in the WWC Program for over 10 years in direct patient care and have seen multiple successes in the program from early screening and dectection of cancer. In the last five years we have been able to detect breast cancer in 7 women who would otherwise not had access to the necessary screening to detect it. Clinical breast examinations, Pap tests and pelvic exams are the only screenings that take place on site, and additional screening orders such as mammograms can be written within a week of getting results and are always written the same day as a client visit.

2. Describe your organization's commitment to cancer prevention and early detection. Include your organizational mission/vision, alignment with this RFA and existing reach within your community--including experience supporting cancer prevention and early detection at any level. **0-20 Points** *(2 paragraphs)*

Our mission statemtent "is to provide culturally competent advocacy, prevention, protection, and support services to families of Gunnison County so they can prosper and thrive in a healthy and supportive community." By providing a case manager/ patient navigator five hours per week, this agency will be able to provide navigation assistance to women who require further screenings, diagnostic work, or treatment. Prevention is a key component of our mission, and this RFA to promote and improve prevention and early detection of breast and cervical cancer in at-risk and underserved populations directly enables the acheivement of this.

At this time there are no comparable services being offered in the area, specifically with the coordination aspect of follow-up and assistance navigating a complex medical system included. Many women in Gunnison City are aware of the services offered through the WWC program, howerver, we would like to expand our outreach activities to capture more of the women in the Crested Butte area and Hinsdale County, increase the number of "rarely to never" screened women we see, as well as lawfully present immigrants. The expansion of qualifying clients indicates that a greater population needs to be reached now.

3. What is your organization's mission and/or vision? **0 Points** *(1 Paragraph)*

The mission of the Department of Health and Human Services (HHS) is to provide culturally competent advocacy, prevention, protection, and support services to families of Gunnison County so they can prosper and thrive in a healthy and supportive community.

3.1 In the table below, please indicate which characteristics of individuals who are less likely to be screened for cancer align with your organization's mission and/or vision. Additional information about characteristics of individuals who are less likely to be screened for cancer can be found on the CDPHE Cancer Prevention and Early Detection Priority Populations webpage linked form www.colorado.gov/cdphe/cancer-prevention-funding. CDPHE recognizes that additional populations beyond those included in the CDPHE Cancer Prevention and Early Detection Priority Populations webpage are also less likely to be screened for cancer. **(0-25 points)**

Population characteristic	Characteristic is associated/not associated with less cancer screening among...			**Does this characteristic align with your organization's mission and/or vision?**
	Women aged 50 to 75 for breast cancer screening	Women aged 21 to 64 for cervical cancer screening	Individuals aged 50 to 75 colorectal cancer screening	
Individuals who do have health insurance	Associated	Associated	Associated	☒ **Yes** ☐ **No**

Individuals living under 100% federal poverty	Associated	Associated	Associated	☒ **Yes** ☐ **No**
Individuals living between 100 and 138% federal poverty	Associated	Not associated	Not associated	☒ **Yes** ☐ **No**
Individuals living between 138 and 250% federal poverty	Associated	Associated	Associated	☒ **Yes** ☐ **No**
Individuals who are Hispanic	Not associated	Associated	Associated	☒ **Yes** ☐ **No**
Individuals who smoke tobacco	Associated	Associated	Associated	☒ **Yes** ☐ **No**
Individuals who do not have a high school diploma	Associated	Associated	Associated	☒ **Yes** ☐ **No**
Individuals aged 50 to 54	Not associated	Not associated	Associated	☒ **Yes** ☐ **No**

If applicable, list additional population(s) that align with your organization's mission and/or vision who are less likely to be screened for breast, cervical or colorectal cancer below.				
Population characteristic	Characteristic is associated/not associated with less cancer screening among...			
	Women aged 50 to 75 for breast cancer screening	Women aged 21 to 64 for cervical cancer screening	Individuals aged 50 to 75 colorectal cancer screening	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	

<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	
<Enter population>	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	

3.1.1. Describe how your organization's mission and/or vision aligns with all population characteristics selected in 3.1. **Scored as part of Question 3.1** *(2 paragraphs)*

Our mission is to provide culturally competent advocacy, prevention, protection, and support services regardless of background, education, gender, culture, ethnicity, or age to families and individuals in our county. The percent of qualifying clients in need of breast cancer screening that do not have health insurance: 11.29% , 18.15% for at risk cervical cancer clients. In Gunnison, current tobacco smokers make up 9.73%, 4.89% to 6.57% with less than high school diploma 18.28% living under 100% of the federal poverty level, 10.78% live between 100-138% federal poverty, and 8.97% are of hispanic race/ethnicity. Our mission specifically includes these populations, as they make up a significant portion of the population.

We have multiple signs posted around the clinic enforcing that services will not be denied based on inability to pay, provide non-judgemental counseling on smoking cessation in an, and offer language services to clients who do not speak English as a primary language. We strive to meet individuals where they are, help them identify ways to improve their health, and assist and enable them to prosper and thrive in a healthy and supportive community.

3.1.2. If you listed additional population(s) in 3.1, cite evidence using your organization's data or existing literature to demonstrate need among this population for cancer screening services and describe your organization's ability to routinely collect and report information on this population. **Scored as part of Question 3.1** *(1 page max)*

4. This question is *not* scored. It will be used to gauge your organization's interest and/or need for funds to implement Additional Strategies for cancer prevention and early detection. Your organization is not bound to the Additional Strategies selected here and will have the opportunity to request funding for Additional Strategies after completing the initial Assessment and Planning Process. **0 Points**

If need is demonstrated through the Assessment and Planning Process, my organization is interested in receiving funding through this RFA for the following: (*check all that apply*)

☐ Targeted Community Outreach

☒ Clinic Quality Improvement

☒ Patient Navigation: (*please specify*)

- ☒ Patient navigation for breast and cervical cancer screening for eligible, insured women
- ☒ Patient navigation for breast and cervical cancer screening for eligible, uninsured or underinsured women receiving CDPHE-funded breast and cervical cancer screening procedures (i.e., Clinical Services).

☒ Clinical Services (CDPHE-funded breast and cervical cancer screening procedures for eligible, uninsured or underinsured women).

Questions for specific entity types: 0-30 Points
Please fill out the set of questions specific to your organization type
(your organization should fill out only one (1) set of questions).

- **Health Systems: Questions 5.1 to 5.4 (Pages 9-11)**
- **Network Organization: Questions 6.1 to 6.3 (Page 12-13)**
- **Community-Based Organizations: Question 7 (Page 14)**

Questions 5.1 to 5.4 are required for Health Systems Applicants
(See Section II.A on page 6 of the RFA for details on organization type.)

5.1 Is your organization a Local Public Health Agency? **0 Points**	☒ Yes ☐ No
5.2 Does your organization have an Electronic Health Record (EHR) system? **0 Points**	☐ Yes ☒ No *(if "No", skip to Question 5.3)*
If you answered "Yes" to Question 5.2, please answer the following questions:	
5.2.1 What is the name of your EHR? **0 Points**	
5.2.2 How long (*in years & months*) has your organization been inputting clinical information into this EHR (*exclude time your organization was on a previous EHR*): **0 Points** Years Months	
5.2.3 Do you have plans to switch your EHR in the future? **0 Points** ☐ Yes ☐ No	

5.3 Which county or counties does your organization plan to serve (in any capacity) during the contract period? If your organization has multiple physical locations, indicate counties per location. **0-30 Points**

(If your organization has more clinic sites than the space allotted here, please use the Supplemental Form for this question to report on an additional clinic sites.)

Clinic site name	Physical site address	Which county(ies) does this site serve?	Does this site provide primary care services?
Gunnison County Department of Health and Human Services	225 N Pine St Ste E. Gunnison Co, 81230	Gunnison	☒ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

5.4 Describe the kinds of non-primary care clinical services your organization provides that are related to cancer prevention and early detection (*if any*). **0 Points** *(2 paragraphs)*

Only primary screening is done at the clinic, with Care Coordination as part of the follow-up process. Counseling and education are provided as part of the primary care provided at the visit, as well as in follow-ups. Additional services such as colposcopy, mammogram, or other diagnostic or procedural services are performed off-site in the referral network.

Questions 6.1 to 6.3 are required for <u>Network Organization Applicants</u>.
(See Section II.A on Page 6 of the RFA for details on organization type.)

6.1 Which county or counties does your organization plan to serve (in any capacity) during the contract period? **0-10 Points**

Gunnison.

6.2 Describe your organization's relationship with health systems in your service area/population and the services you offer to these health systems that impact cancer prevention and early detection. **0-10 Points** *(2 paragraphs)*

We are very closely connected to other local health systems. We refer all our mammogram screenings to the hospital and we refer clients needing colposcopies or LEEPS to local providers as well. We have a mutually beneficial relationship that allows us to manage and navigate complex health systems in order to get clients the services they need when they need them.

6.3 Describe your organization's capacity to identify and assist partner health systems implement evidence-based interventions related to cancer prevention and early detection. See Clinic Quality Improvement Strategy in Program Manual for additional information on cancer-related evidence-based interventions. The Program Manual located on the cancer prevention and early detection funding opportunities at: www.colorado.gov/cdphe/cancer-prevention-funding Include your experience in this area and any previous outcomes of evidence-based intervention implementation, if available. **0-10 Points** *(2 paragraphs)*

This organization has many points of contact to identify and assist partner health systems. Our administrative patient navigator and the case manager work closely with these partner health systems to reduce structural barriers and currently have policies and standard workflows that encourage cooperation and collaboration with the local hospital as a partner in client care. A strong referral system has been built, often with appointments scheduled at the partner organization before a client leaves the appointment with this organization. Over the years, points-of-contact at referral facilities have been established which significantly improves the wait time in obtaining services indicated beyond the scope of this clinic.

Question 7 is required for <u>Community-Based Organization Applicants</u>.
(See Section II.A on Page 6 of the RFA for details on organization type.)

7. Which county or counties does your organization plan to serve (in any capacity) during the contract period? **0-30 Points**
Gunnison.

Colorado Department of Public Health and Environment

Cancer Prevention and Early Detection
Request for Applications #6342
Attachment C: Application Form, Section 3: Patient Navigation services among eligible insured women for breast and cervical cancer screening

Section 3: Patient Navigation services among eligible insured women for breast and cervical cancer screening
(formerly the Women's Wellness Connection Care Coordination Grant Program)

This section is required for Applicants applying to continue with Patient Navigation services among eligible insured women for breast and cervical cancer screening*

*Only Applicants listed on the ***Organizations Eligible to Apply for Additional Strategies* document**, Part B are eligible to apply for this Strategy at this time. Applicants not listed on *Organizations Eligible to Apply for Additional Strategies* document, Part B should ***not*** complete this Section.

Organization's Legal Name:	Gunnison County

1. Is your organization eligible to apply for the Patient Navigation Strategy for eligible insured women? (To be eligible, your organization MUST be listed in the Organizations Eligible to Apply for Additional Strategies document, Part B) **0 Points**	☒ Yes ☐ No *(if "No", skip the remainder of this Section)*
1.1. If you answered "Yes" to Question 1, is your organization requesting to provide services through the Patient Navigation Strategy to eligible insured women in need of breast or cervical cancer screening beginning January 1, 2018 as part of this application? **0 Points**	☒ Yes ☐ No *(if "No", skip the remainder of this Section)*

2. Describe how your organization will navigate eligible insured women to timely and complete breast and cervical cancer screening services. Include a plan for how your organization will assess and document barriers for each woman and the types of barrier reduction services your organization will offer (language, transportation, etc.). **0-5 Points** *(1 paragraph)*

Our orgnaization keeps a log of breast screening and cervical screening, and has a separate file for WWC clients so we know who needs screening and when. This helps trigger reminder calls for clients when it is time for them to return for screening. As eligible clients present to the clinic, we will assess barriers through paperwork during the enrollment process. Potential barriers patients may face include language, transportation, and education/knowledge of the program's availability and their own eligibility. Our clinic has a language line in the event of a language barrier. Fortunately, we are located centrally in town, and most people can walk here. We are also very close to a bus stop for people traveling from a ways away. We will also advertise the program and our services on the radio and in the local papers, to educate the public about the availability of these programs.

3. Describe your organization's plan for developing relationships with other health systems, or clinics/departments within your health system, to accept referrals for cancer imaging, diagnostic procedures and treatment. **0-5 Points** *(1 paragraph)*

This clinic currently has a strong working relationship with a number of local health organizations including clinics that provide colposcopies and the local hospital that provides mammograms and ultrasounds. LEEPS can be done locally, however, more involved screening and treatment usually need to be done in Montrose or Grand Junction. We have a good relationship with the Montrose Memorial Hospital and often strive for "warm handoffs" and schedule appointments for clients when they're in the office if they need care from another system.

4. Describe how your organization will ensure that all eligible insured women within your clinic population are identified, offered and enrolled in Patient Navigation. **0-10 Points** *(2 paragraphs)*

When a client calls to schedule an appointment or arrives for an appointment, they are informed that services will not be denied based on inability to pay and asked about their insurance status. Eligibility is assessed by administrative staff when a client checks in, and by clinicians who assemble charts. Additionally, our clinic will advertise in the paper and on the radio to expand the number of people reached and informed of the availability of this program. Due to the tight-knit nature of the community, it is easy to reach the majority of people through these public venues and word of mouth. We will also screen women who present at the clinic and educate them on the possibility of being in this program.

5. Describe your organization's staffing plan for the Patient Navigation Strategy for insured women, including staff roles/positions that will be responsible for: identifying and enrolling eligible clients; navigating clients through all clinically-indicated screening procedures, diagnostic work-up, and treatment referrals; providing clinical oversight for clients with abnormal results; identifying and reducing barriers to receiving cancer screening services; and reporting information to CDPHE on services provided. **0-10 Points** *(2 paragraphs)*

This organization divides patient navigation into two roles - identifying and enrolling eligible clients, identifying and reducing barriers to receiving cancer screening services, and reporting information to CDPHE on services is performed by the Patient Navigator, and navigating clients through all clinically-indicated screening procedures, diagnostic work-up, and treatment referrals, and providing clinical oversight for clients with abnormal results is performed by the Nurse Case Manager. For example, when a client comes to the clinic, the patient navigator determines elligibility for the program, then a clinician will determine if she needs a mammogram or Pap test. If a mammogram is ordered the patient navigator will fax the order to the hospital and follow up to obtain the results. The nurse case manager will then interpret results and contact the client to discuss the findings and any necessary follow-up.

6. Describe any changes planned for implementing Patient Navigation for insured women from the previous contract period. Please describe how your organization will adapt and incorporate the new guidance for this Strategy as described in the Program Manual located on the cancer prevention and early detection funding opportunities at: www.colorado.gov/cdphe/cancer-prevention-funding **0-5 Points** *(2 paragraphs)*

Our clinic plans to improve and increase documentation for procedures ordered for insured women, thus enhancing follow-up with clients and ensuring Patient Navigation for all applicable women. Our clinic also plans to improve documentation of appointments made for clients and notification of results, to ensure Patient Navigation is being followed through. Increased coordination with other local health organizations will also be initiated to enhance the ease and flow of Patient Navigation.

7. Will your organization be implementing Patient Navigation for insured women at all clinic sites listed in Attachment C, Section 1 (Assessment and Planning), Question 5.3? **0 Points**	☒ Yes *(if "Yes", skip to question 8)* ☐ No
7.1 If no, list names of clinic sites from the table in Attachment C, Section 1 (Assessment and Planning), Question 5.3 where Patient Navigation for insured women will be implemented. **0 Points**	

8. Complete the following questions for services to be provided January 1 through June 30, 2018. **0-5 Points**

8.1. Estimated number of eligible insured women ages **40 to 64** for whom your organization is proposing to provide patient navigation to *breast and cervical cancer* screening between January 1, 2018 and June 30, 2018: **Scored as part of Question 8**
10

8.1.1. Explain how your organization estimated the number of eligible insured women ages 40 to 64 to be served through Patient Navigation, including why these estimates are achievable: **Scored as part of Question 8** *(1 paragraph)*
Based on 2016 data in iCare, with increased advertisement and improved screening and enrollment processes we hope to serve this many new eligible insured women.

8.2. Estimated number of eligible insured women ages **21 to 39** for whom your organization is proposing to provide patient navigation to *cervical cancer* screening January 1, 2018 through June 30, 2018: **Scored as part of Question 8**
20

8.2.1. Explain how your organization estimated the number of eligible insured women ages 21 to 39 to be served through Patient Navigation, including why these estimates are achievable: **Scored as part of Question 8** *(1 paragraph)*
This number was figured by calculating the number of women in this population who have insurance through iCare reports. Due to the recent expansion, we hope to improve our screening and increase advertisement to this population, allowing more people to enroll. The majority of our patient population is in this age range, so achieving these goals should be reasonable.

Colorado Department of Public Health and Environment

Cancer Prevention and Early Detection
Request for Applications #6342
Attachment C: Application Form, Section 4: Patient Navigation with Clinical Services among eligible uninsured or underinsured women for breast and cervical cancer screening

Section 4: Patient Navigation with Clinical Services among eligible uninsured or underinsured women for breast and cervical cancer screening

(formerly Women's Wellness Connection Clinical Services program)

This attachment is required for Applicants applying to provide Patient Navigation with Clinical Services among eligible uninsured or underinsured women for breast and cervical cancer screening*

*Only Applicants listed on the ***Organizations Eligible to Apply for Additional Strategies*** **document**, Part C are eligible to apply for this Strategy at this time. Applicants not listed on the *Organizations Eligible to Apply for Additional Strategies* document, Part C should ***not*** complete this Section.

Organization's Legal Name:	Gunnison County

1. Is your organization eligible to apply for Patient Navigation with Clinical Services Strategies to eligible uninsured or underinsured women? (To be eligible, your organization MUST be listed in the Organizations Eligible to Apply for Additional Strategies document, Part C) **0 Points**	☒ Yes ☐ No *(if "No", skip the remainder of this Section)*
1.1 If you answered "Yes" to Question 1, is your organization requesting to provide services through the Patient Navigation with Clinical Services Strategies to eligible uninsured and underinsured women in need of breast or cervical cancer screening ("Patient Navigation with Clinical Services") beginning January 1, 2018 as part of this application? Note that Applicants requesting this strategy are required to provide both patient navigation and clinical services to eligible uninsured or underinsured women; these services cannot be offered independently of each other. **0 Points**	☒ Yes ☐ No *(if "No", skip the remainder of this Section)*

2. Will your organization be implementing Patient Navigation with Clinical Services at all clinic sites listed in Attachment C, Section 1 (Assessment and Planning), Question 5.3? **0 Points**	☒ Yes *(if "Yes", skip to question 3)* ☐ No

3. Describe any changes planned for implementing Patient Navigation with Clinical Services from the previous contract period. Please describe how your organization will adapt and incorporate the new guidance for this Strategy as described in the Program Manual located on the cancer prevention and early detection funding opportunities at: www.colorado.gov/cdphe/cancer-prevention-funding. **0-5 Points** *(2 paragraphs)*

We plan to improve screening for clients who are underinsured, as a majority of our population fits this criteria. In office training will be done to increase awareness and provide triggers to capture eligible clients in this category. We will also improve screening for additional fees charged by insurance companies to attempt to mitigate this for the client. We have recently improved the follow-up process for clients needing breast screening and plan to continue this.

4. Describe how your organization will navigate eligible uninsured or underinsured women to timely and complete breast and cervical cancer screening services. Include a plan for how your organization will assess and document barriers for each woman and the types of barrier reduction services your organization will offer (language, transportation, etc.). **0-5 Points** *(2 paragraphs)*

At this site, Patient Navigation services have been divided into two roles. An RN or mid-level provider will offer clinical insight and guidance to eligible clients regarding screening and follow-up services. The RN logs abnormal results and contacts clients to inform them of the results and to remind them of follow-up times. An admin staff member assists with scheduling appointments both at this organization as well as other health systems.
When a client checks in for an appointment, language barriers are immediately assessed. As they progress through the visit, usually a provider assesses other barriers such as transportation or the need for flexible clinic hours.

5. Describe your organization's plan for developing: 1) written agreements with other health systems, or clinics/departments within your health system, to accept paid referrals for cancer imaging and diagnostic procedures and 2) relationships with other health systems, or clinics/departments within your health system, to accept referrals for cancer treatment. **0-5 Points** *(2 paragraphs)*

This site does not accept paid referrals nor do we provide cancer treatment.

6. Describe how your organization will ensure that all eligible uninsured or underinsured women within your clinic are identified, offered and enrolled in Patient Navigation with Clinical Services. **0-5 Points** *(2 paragraphs)*

When a client calls to schedule an appointment or arrives for an appointment, they are informed that services will not be denied based on inability to pay and asked about their insurance status. Eligibility is assessed by administrative staff when a client checks in, and by clinicians who assemble charts. Additionally, our clinic will advertise in the paper and on the radio to expand the number of people reached and informed of the availability of this program. Due to the tight-knit nature of the community, it is easy to reach the majority of people through these public venues and word of mouth. We will also screen women who present at the clinic and educate them on the possibility of being in WWC.

7. Describe your organization's staffing plan for the Patient Navigation portion of the Patient Navigation with Clinical Services Strategies, including staff roles/positions that will be responsible for identifying and enrolling eligible clients; navigating clients through all clinically-indicated screening procedures, diagnostic work-up, and treatment referrals; providing clinical oversight for clients with abnormal results, and identifying and reducing barriers to receiving cancer screening services; and reporting information to CDPHE on services provided. **0-5 Points** *(2 paragraphs)*

This organization divides patient navigation into two roles - identifying and enrolling eligible clients, identifying and reducing barriers to receiving cancer screening services, and reporting information to CDPHE on services is performed by the Patient Navigator. Due to the size of the population, only one person is needed to staff this role. Navigating clients through all clinically-indicated screening procedures, diagnostic work-up, and treatment referrals, and providing clinical oversight for clients with abnormal results is performed by the Nurse Case Manager.

8. Describe your organization's staffing plan for the Clinical Services portion of the Patient Navigation with Clinical Services Strategies including staff roles/responsibilities that will be responsible for providing breast and cervical screening and diagnostic procedures. **0-5 Points**

Navigating clients through all clinically-indicated screening procedures, diagnostic work-up, and treatment referrals, and providing clinical oversight for clients with abnormal results is performed by the Nurse Case Manager. For example, when a client comes to the clinic, the patient navigator determines eligibility for the program, then a clinician will determine if she needs a mammogram or Pap test. If a mammogram is ordered the patient navigator will fax the order to the hospital and follow up to obtain the results. The nurse case manager will then interpret results and contact the client to discuss the findings and any necessary follow-up.

9. Describe your organization's ability to provide mammograms, ultrasound, breast biopsy, colposcopy, Loop Electrosurgical Excision Procedure (LEEP), Magnetic Resonance Imaging (MRI) and other approved breast or cervical diagnostic services (see Current Procedural Terminology (CPT) for FY2016-2017 located at https://www.colorado.gov/cdphe/wwc-provider-resources onsite (by the Applicant) or through a subcontracted facility/provider within a sixty mile radius. For each procedure, please indicate:

- The location name (even if provided at your organization's existing health center clinic site(s)).
- Average travel distance for client (in miles)
- Whether procedures are provided by subcontract or by your organization.
- **0-5 Points**

Procedure	Name of facility(-ies) (eg. hospital, radiology center)	Average travel distance for clients (in miles)	Check if provided by subcontract and/or Applicant
Screening mammogram, diagnostic mammogram, breast ultrasound	Gunnison Valley Health	0-5 miles	☐ Subcontract ☐ Applicant
Breast biopsy (excisional, stereotactic, US vacuum assisted, US guided percutaneous core)			☐ Subcontract ☐ Applicant

Surgical consultation	Gunnison Valley Health		☐ Subcontract ☐ Applicant
Colposcopy	Gunnison Family Physicians, Sopris Women's Clinic, Gunnison Valley Family Medicine	0-5 miles	☐ Subcontract ☐ Applicant
Loop Electrosurgical Excision Procedure (LEEP)			☐ Subcontract ☐ Applicant

10. Complete to the following questions for services to be provided January 1 through June 30, 2018. **0-5 Points**

10.1. Estimated number of eligible uninsured or underinsured women ages **40 to 64** for whom your organization is proposing to provide CDPHE-paid *breast and cervical cancer* screening through the Patient Navigation with Clinical Services Strategies between January 1, 2018 and June 30, 2018: **Scored as part of Question 10**

18-21

10.1.1. Explain how your organization estimated number of eligible uninsured or underinsured women aged 40 to 64 to be served, including why these estimates are achievable: **Scored as part of Question 10** *(1 paragraph)*

Based on 2016 enrollment in eCast, with increased advertisement and improved screening and enrollment processes we hope to enroll this many new eligible insured women.

12. Estimated number of eligible uninsured or underinsured women ages **21 to 39** for whom your organization is

proposing to provide *cervical cancer screening only* through the Patient Navigation with Clinical Services Strategies between January 1, 2018 and June 30, 2018: **Scored as part of Question 10**
20-35

13. Explain how your organization estimated the number of eligible uninsured or underinsured women ages 21 to 39 to be served including why these estimates are achievable: **Scored as part of Question 10** *(1 paragraph)*
Due to the recent expansion, we hope to improve our screening and increase advertisement to this population, allowing more people to enroll. The majority of our patient population is in this age range, so achieving these goals should be reasonable.

Please complete the budget spreadsheet for the Assessment and Planning Process and each Additional Strategy for which your agency is requesting funding.

Note: there are "tabs" at the bottom of this spreadsheet, one for the Assessment and Planning Process and each Additional Strategy. The tabs are highlighted in red below. There are tabs/worksheets for each budget request. These include:
1 - Assessment & Planning Process
2 - TCO (Targeted Community Outreach)
3 - PN (Patient Navigation)
4 - Clinical Services

Sample Budget

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM
Contract Routing

Contractor Name	ABC Health Center
Budget Period	7/1/16 - 6/30/17
Project Name	XYZ Project

Program Contact Name, Title, Phone and Email	Jane Smith, Executive Director, 303-888-5555, jane.smith@abchealthctr.org
Fiscal Contact Name, Title,	John Williams, Finance Director, 303-888-5556,

Expenditure Categories							
Personal Services							
Position Title	**Description of Work**	**Budget Item Supports SOW (Yes/No)**	**Gross or Annual Salary**	**Fringe**	**Percent of Time on Project**	**Number of Months**	**Total Amount Requested from CDPHE**
Principal Investigator	The Principal Investigator will provide project oversight to include strategic planning and visioning, project management, ensuring deliverables are met, budget oversight and oversight of future implementation strategies of the XYZ project.	Yes	$85,000.00	$21,250.00	40%	6	$21,250.00
Project Manager	The project manager will provide overall coordination and oversight of the XYZ program. They will assist with staffing and training and will ensure continuous communication between project stakeholders.	Yes	$65,000.00	$16,250.00	100%	6	$40,625.00
Finance Manager	This position provides day to day management of funds and contracts by: Preparing budgets and requests for reimbursement, coordinating and approving budget adjustments and revisions as necessary, and by communicating billing concerns with contactors/vendors in order to bring any variances into compliance.	Yes	$36,000.00	$7,920.00	20%	6	$4,392.00
Personal Services							
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**
Student Worker	The project anticipates hiring a graduate student	Yes	$22.50	$5.63		1000	$28,130
Administrative Assistant	Administrative project support (copies, answering phone calls, mailing, scheduling trainings, etc) ($15 x 20 hours/week for 40 weeks)	Yes	$15.00	$3.75		800	$15,000
						Total Personal Services	**$109,397**

Supplies & Operating Expenses					
Item	**Description of Item**	**Budget Item Supports SOW (Yes/No)**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
Telephone lines/long distance and Internet services	The project will need a budget for telephone service, long distance charges, and internet access. Internet/server access services and telephone services cost averages $206.19 per person x 5 staff.	Yes	$206.19	5	$1,031
Public education visual aids	Visual displays will be used to provide education to community members by illustrating the health effects of cardiovascular disease. We anticipate	Yes	$50.00	10	$500
Postage	Mailing of postcards to seniors (500 in database, $.25/postcard) to inform them of health prevention workshops	Yes	$0.25	500	$125
Copying/Printing	Printing of postcards ($1.50 for color x 500)	Yes	$1.50	500	$750
Office supplies	Copy paper for the project (5 reams @ $22/ream)	Yes	$22.00	5	$110
				Total Supplies	**$2,516**
Travel					
Item	**Description of Item**	**Budget Item Supports SOW (Yes/No)**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
Mileage	Principal investigator will attend two mandatory trainings in Denver.	Yes	$0.56	600	$336
Meals	Principal investigator will attend two mandatory trainings in Denver. Meal	Yes	$231.00	2	$462
Lodging	Overnight stay for PI to attend two mandatory meetings in Denver.	Yes	$149.00	6	$894
Parking	Parking downtown Denver for two mandatory meetings - $10/day x 6 days.	Yes	$10.00	6	$60
				Total Travel	**$1,752**
Contractual					
Subcontractor Name	**Description of Item**	**Budget Item Supports SOW (Yes/No)**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
TBD	A contractor will be hired to determine community perceptions and needs	Yes	$7,500.00	1	$7,500
				Total Contractual	**$7,500**
				SUB-TOTAL BEFORE INDIRECT	**$121,165**
Indirect					
Item	**Description of Item**				**Total Amount Requested from CDPHE**
Federally-negotiated indirect cost rate agreement	CCDPHE negotiated rate agreement is 33.99% of Total Direct Costs.				$41,184
CDPHE-approved indirect cost rate agreement					
De minimis indirect cost rate					
				Total Indirect	**$41,184**
				TOTAL	**$162,349**

Sample Budget

COLORADO Department of Public Health & Environment

Assessment & Planning

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing

Contractor Name	Gunnison County Public Health
Budget Period	1/1/18 - 6/30/18
Project Name	Cancer RFA - Assessment and Planning Process

Program Contact Name, Title, Phone and Email	Emily Fitzgerald, RN, Family Planning Coordinator (970)641-7910 efitzgerald@gunnisoncounty.org
Fiscal Contact Name, Title, Phone and Email	Jodi Wise, Accountant (970)641-7679 jwise@gunnisoncounty.org

Expenditure Categories

Personal Services Salaried Employees

Position Title	Description of Work	Budget Item Supports SOW (Yes/No)	Gross or Annual Salary	Fringe	Percent of Time on Project	Number of Months	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
							$0.00
							$0.00
							$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
Kelly Meldrum	Administration / Patient Navigator (2 hrs./wk.)x 6 mos	yes	17.18	7.96	48	$1,207
Emily Fitzgerald	Clinical Advisor / RN (1 hr/wk) x 6 mos	yes	27.13	5.5	24	$783
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

						$0
						$0
						$0
						$0
						$0
						$0
						$0
					Total Personal Services (including fringe benefits)	$1,990

Supplies & Operating Expenses

Item	Description of Item (Operating/Supplies)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
Operating supplies	Posters, advertizements	yes	65.00	5	$325
Medical supplies	Speculums, Autoclave tests, Light Bulbs	yes	10.00	15	$150
Lab services	Cost for Paps, Mammograms	yes	$80.00	12	$960
Add Op Services	Educational Items, office supplies	yes	300.00	1	$300
Education	WWC Approved Conferences and Trainings	yes	$1,000.00	1	$1,000.00
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					Total Supplies & Operating Expenses $2,735

Travel

Item	Description of Item (Travel Costs)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
Travel meals	Per Diem	Yes	$51.00	10	$510
Travel Lodging	Hotel or Air BnB	Yes	$200.00	3	$600
Motorpool	County Vehicle Use / Mileage (trip to Denver)	Yes	$0.54	420	$227
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0

					$0
					$0
				Total Travel	$1,337

Contractual

Subcontractor Name	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Contractual	$0
				SUB-TOTAL BEFORE INDIRECT	$6,062

Indirect

Item	Description of Item	Total Amount Requested from CDPHE
Federally-negotiated indirect cost rate agreement		
CDPHE-approved indirect cost rate agreement		
De minimis indirect cost rate	10%	$606
	Total Indirect	$606
	TOTAL	$6,668

COLORADO
Department of Public Health & Environment

Targeted Community Outreach

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing

Contractor Name		Program Contact Name, Title, Phone and Email	
Budget Period	1/1/18 - 6/30/18	Fiscal Contact Name, Title, Phone and Email	
Project Name	Cancer RFA - Targeted Community Outreach		

Expenditure Categories

Personal Services Salaried Employees

Position Title	Description of Work	Budget Item Supports SOW (Yes/No)	Gross or Annual Salary	Fringe	Percent of Time on Project	Number of Months	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
							$0.00
							$0.00
							$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
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

						$0
						$0
						$0
						$0
						$0
						$0
						$0
					Total Personal Services (including fringe benefits)	$0

Supplies & Operating Expenses

Item	Description of Item (Operating/Supplies)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					Total Supplies & Operating Expenses $0

Travel

Item	Description of Item (Travel Costs)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0

					$0
					$0
				Total Travel	$0

Contractual

Subcontractor Name	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Contractual	$0
				SUB-TOTAL BEFORE INDIRECT	$0

Indirect

Item	Description of Item	Total Amount Requested from CDPHE
Federally-negotiated indirect cost rate agreement		
CDPHE-approved indirect cost rate agreement		
De minimis indirect cost rate		
	Total Indirect	$0
	TOTAL	$0

COLORADO Department of Public Health & Environment

Patient Navigation

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing

Contractor Name	Gunnison County Public Health	**Program Contact Name, Title, Phone and Email**	Emily Fitzgerald, RN, Family Planning Coordinator (970)641-7910 efitzgerald@gunnisoncounty.org
Budget Period	1/1/18 - 6/30/18	**Fiscal Contact Name, Title, Phone and Email**	Jodi Wise, Accountant (970)641-7679 jwise@gunnisoncounty.org
Project Name	Cancer RFA - Patient Navigation		

Expenditure Categories

Personal Services Salaried Employees

Position Title	Description of Work	Budget Item Supports SOW (Yes/No)	Gross or Annual Salary	Fringe	Percent of Time on Project	Number of Months	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
							$0.00
							$0.00
							$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
Kelly Meldrum	Administration / Patient Navigator 2hrs/wk. x 6 mos	yes	17.18	7.96	48	$1,207
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

						$0
						$0
						$0
						$0
						$0
						$0
						$0
					Total Personal Services (including fringe benefits)	$1,207

Supplies & Operating Expenses

Item	Description of Item (Operating/Supplies)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
Operating supplies	Posters, advertizements	Yes	65.00	5	$325
Add Op Services	Educational Items, office supplies	Yes	300.00	1	$300
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Supplies & Operating Expenses	$625

Travel

Item	Description of Item (Travel Costs)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0

					$0
					$0
				Total Travel	$0

Contractual

Subcontractor Name	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Contractual	$0
				SUB-TOTAL BEFORE INDIRECT	$1,832

Indirect

Item	Description of Item	Total Amount Requested from CDPHE
Federally-negotiated indirect cost rate agreement		
CDPHE-approved indirect cost rate agreement	10%	$183
De minimis indirect cost rate		
	Total Indirect	$183
	TOTAL	$2,015

COLORADO Department of Public Health & Environment

Clinical Services

PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM

Contract Routing

Contractor Name	Gunnison County Public Health	**Program Contact Name, Title, Phone and Email**	Emily Fitzgerald, RN, Family Planning Coordinator (970)641-7910 efitzgerald@gunnisoncounty.org
Budget Period	1/1/18 - 6/30/18	**Fiscal Contact Name, Title, Phone and Email**	Jodi Wise, Accountant (970)641-7679 jwise@gunnisoncounty.org
Project Name	Cancer RFA - Clinical Services		

Expenditure Categories

Personal Services Salaried Employees

Position Title	Description of Work	Budget Item Supports SOW (Yes/No)	Gross or Annual Salary	Fringe	Percent of Time on Project	Number of Months	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
							$0.00
							$0.00
							$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
Emily Fitzgerald	Clinical Advisor / RN (1 hr./wk. x 6 mos)	Yes	27.13	5.5	24	$783
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Personal Services (including fringe benefits)	$783

Supplies & Operating Expenses

Item	Description of Item (Operating/Supplies)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
Education	WWC Approved Conferences and Trainings	Yes	$1,000.00	1	$1,000.00
Medical supplies	Speculums, Autoclave tests, Light Bulbs	Yes	10.00	15	$150
Lab services	Cost for Paps, Mammograms	Yes	$80.00	12	$960
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Supplies & Operating Expenses	$2,110

Travel

Item	Description of Item (Travel Costs)	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
Travel meals	Per Diem	Yes	$51.00	10	$510
Travel Lodging	Hotel or Air BnB	Yes	$200.00	3	$600
Motorpool	County Vehicle Use / Mileage	Yes	$0.54	420	$227
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0

					$0
					$0
				Total Travel	$1,337

Contractual

Subcontractor Name	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested from CDPHE
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				Total Contractual	$0
				SUB-TOTAL BEFORE INDIRECT	$4,230

Indirect

Item	Description of Item	Total Amount Requested from CDPHE
Federally-negotiated indirect cost rate agreement		
CDPHE-approved indirect cost rate agreement	10%	$423
De minimis indirect cost rate		
	Total Indirect	$423
	TOTAL	$4,653