

**INTERGOVERNMENTAL AGREEMENT  
BETWEEN DOUGLAS COUNTY AND THE TRI-COUNTY HEALTH DEPARTMENT  
(TCHD) REGARDING CARES ACT FUNDING CONTRIBUTION FOR COVID-19  
COMMUNITY TESTING and CASE INVESTIGATION /CONTACT TRACING**

This Intergovernmental Agreement – CARES Act Funding Contribution (“Agreement”) is made and effective on July 28, 2020, by and between the BOARD OF COUNTY COMMISSIONERS OF DOUGLAS COUNTY, Colorado, (referred to as “County”), and the Tri-County Health Department (referred to as TCHD), the district public health agency serving Adams, Arapahoe and Douglas Counties. The County and TCHD shall be referred herein as the “Parties.”

**RECITALS**

A. On March 19, 2020, pursuant to C.R.S. § 24-33.5-709, the Chairman of the Board of County Commissioners declared a local disaster emergency because the cost and magnitude of responding to and recovering from the impact of the pandemic is expected to exceed Douglas County’s available resources; and

B. The effect of a declaration of local disaster emergency is to activate the response and recovery aspects of any and all applicable local and interjurisdictional disaster and emergency plans and to authorize the furnishing of aid and assistance under such plans, as set forth in C.R.S. § 24-33.5-709(2); and

C. On March 27, 2020, the United States Congress adopted the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (the “CARES Act”), which established a \$150 billion Coronavirus Relief Fund (the “Fund”); and

D. Pursuant to the CARES Act, the Governor of the State of Colorado issued Executive Order D 2020 070 which provided that “ Two hundred seventy-five million dollars (\$270,000.00) for FY 2019-2020 and FY 2020-2021 in the CARES Act Fund shall remain available for units of local government that did not receive a direct distribution of funds in the CARES Act for expenses to facilitate compliance with COVID-19 related public health measures.” Executive Order D 2020 070 Directive II.A.10.

E. The State of Colorado designated the Department of Local Affairs (“DOLA”) as the fiscal agent to administer the CARES Act reimbursement program following eligibility verification performed by DOLA for the expenses.

F. On June 23, 2020 The County requested that the State of Colorado allocate the County’s share of the CARES Act reimbursements to Douglas County on behalf of the County and Municipalities via the Collaboration Agreement Regarding the Distribution of Coronavirus Aid, Relief and Economic Security (CARES) Act Funds to County and Local Governments.

G. Pursuant to Section 18(2) of Article XIV of the Colorado Constitution and C.R.S. 29-1-203, as amended, the County and the TCHD have the authority to enter into intergovernmental agreements and are authorized to cooperate by contracting with one another for their mutual benefit; and

H. The Parties hereby desire to enter into this Agreement for the purposes of providing a CARES ACT funding contribution from the County’s allocation through DOLA in order to effectuate the purpose and intent of the CARES ACT and to assist the County in mitigating the impacts of the

COVID-19 public health emergency through community testing and case investigation/contact tracing.

I. The Douglas County Board of County Commissioners has determined that the services described herein are reasonably necessary due to the COVID-19 public health emergency.

## **AGREEMENT**

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises herein contained, the Parties agree as follows:

1. Scope of Services. The TCHD shall provide the following services during the period of July 1, 2020 – November 30, 2020 (the “Services”): As described in the attached Exhibit A.
2. Funding Amount. The County agrees to contribute up to the amount of one million nine hundred thirty-seven thousand six hundred and ninety-six dollars (\$1,937,696.00) (the “Funds”) to the TCHD for the Services, as more particularly described in the Exhibit A to this IGA. The County is not responsible for any costs in excess of the Funds.
3. Invoices. The TCHD shall provide monthly invoices to the County documenting the Services. The County will reimburse the TCHD for the Services as soon as practicable after receiving and approving the invoices. The TCHD shall provide the November 2020 invoice to the County by December 15, 2020 in order for the County to make final payment before December 31, 2020.
4. Term. This IGA begins as of 7/14/20 and shall expire on June 30, 2021. Notwithstanding anything herein to the contrary, the Parties understand and agree that all terms and conditions of this IGA that may require continued performance or compliance beyond the termination date of this IGA and shall survive such termination date and shall be enforceable as provided herein in the event of a failure by a party to perform or to comply under this IGA.
5. Reimbursement Contingent Upon the Available of CARES Act Funds. Reimbursement is subject to and contingent upon the continuing availability of the CARES Act Funds. The parties hereto expressly recognize that the Eligible Expenses that are submitted to the County for reimbursement is contingent upon CARES Act funding distributed through DOLA. In the event that such funds or any part thereof are not received from DOLA, the County may immediately terminate this Agreement without liability, including liability for termination costs.
6. Termination. This IGA may be terminated by either Party upon written notice to the other Party.
7. Reimbursement Contingent Upon the Available of CARES Act Funds. Reimbursement is subject to and contingent upon the continuing availability of the CARES Act Funds. The parties hereto expressly recognize that the Eligible Expenses that are

submitted to the County for reimbursement is contingent upon CARES Act funding distributed through DOLA. In the event that such funds or any part thereof are not received from DOLA, the County may immediately terminate this Agreement without liability, including liability for termination costs.

8. Termination. This IGA may be terminated by either Party upon written notice to the other Party.

9. Audit. In the event of an audit or other investigation or review by the Office of the Colorado State Controller, or other state agency/division, of the use of any Coronavirus Relief Funds provided by the County, the TCHD shall, at its own costs, provide documentation of the TCHD's use of the Funds. The TCHD agrees to provide the County, upon request, a copy of any audit reports pertaining to its use of Funds under this IGA.

10. Publicity. The TCHD agrees to acknowledge the Douglas County CARES Program as a contributor to the Services that are funded with Coronavirus Relief Funds pursuant to this IGA in all publications, news releases, and other publicity issued by the TCHD and agrees to allow the County to do the same. The TCHD shall cooperate with the County in preparing public information pieces, including photos, for publications, news releases, and other publicity issued by the County. The County's contact for purposes of this section of the IGA is Wendy Manitta Holmes, Douglas County Communications and Public Affairs Director.

11. Representatives. The County's primary representative and contact for matters pertaining to this IGA (other than matters pertaining to section 7) shall be Barbara Drake, Deputy County Manager. The Health Department's primary representative and contact for matters pertaining to this IGA shall be Michele Askenazi; Director of Emergency Preparedness, Response, and Communicable Disease Surveillance.

12. Miscellaneous Provisions.

a. Assignment. No Party shall have the right and authority to assign any of the obligations associated with this IGA to another Party.

b. Successors and Assigns. Except as herein otherwise provided, this IGA shall inure to the benefit of and be binding upon the Parties hereto and their respective successors and permitted assigns.

c. No Third-Party Beneficiaries. It is expressly understood and agreed that the enforcement of this IGA and all rights of action relating thereto shall be strictly reserved to the County and the Health Department. Nothing contained in this MOU shall give or allow any claim or right of action whatsoever by any other third person.

d. Severability. Should any one or more provisions of this IGA be determined to be illegal or unenforceable, all other provisions nevertheless shall remain effective; provided, however, the parties shall forthwith enter into good faith negotiations and proceed with due diligence to draft a provision that will achieve the original intent of the parties hereunder.

e. Laws and Venue. This IGA shall be governed by, and shall be construed in accordance with, the laws of the State of Colorado. Venue for the trial of any action arising out of any dispute hereunder shall be in Douglas County District Court, pursuant to the appropriate rules of civil procedure.

f. Notices. Notices to be provided under this IGA shall be given in writing and either delivered via e-mail, by hand or deposited in the United States mail with sufficient postage to the addresses set forth herein:

**COUNTY:** Douglas County Board of County Commissioners  
100 Third Street  
Castle Rock, CO 80104  
Attn: Barbara Drake,  
Deputy County Manager

and

Douglas County Attorney  
100 Third Street  
Castle Rock, CO 80104

**TRI-COUNTY  
HEALTH**

**DEPARTMENT:** Tri-County Health Department  
6162 S. Willow Drive, Suite 100  
Greenwood Village, CO 80111  
Attn: Michele Askenazi

g. Modifications. This IGA may be amended, modified, or changed, in whole or in part, only by written agreement duly authorized and executed by the County and the authorized signatories for the TCHD.

h. Entire Agreement. This IGA constitutes the entire agreement of the parties hereto. The parties agree that there have been no representations made regarding the subject matter hereof other than those, if any, contained herein, that this IGA constitutes the entire agreement of the parties with respect to the subject matter hereof, and further agree that the various promises and covenants contained herein are mutually agreed upon and are in consideration of one another.

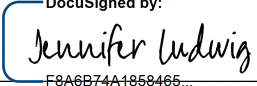
i. Counterparts. This IGA may be executed in two or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. Electronic or facsimile delivery of a fully executed copy of the signature pages below shall constitute an effective and binding execution of this IGA.

j. Authorization. The Parties hereto stipulate and represent that all procedures

necessary to authorize the execution of this IGA have been performed and that the persons signing for each Party have been authorized to do so.

k. Electronic Signatures. The Parties approve the use of electronic signatures for execution of this IGA. All use of electronic signatures shall be governed by the Uniform Electronic Transactions Act, CRS §§ 24 71.3 101 to -121.

IN WITNESS WHEREOF, the Tri-County Health Department and the County have executed this IGA on the date set forth below.

By:  \_\_\_\_\_  
Jennifer Ludwig Deputy Director  
Tri-County Health Department

Date: 7/2/2020



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## **COVID-19 Community Testing and Case Investigation/Contact Tracing Action Plan and Budget Request**

The Tri-County Health Department (TCHD) COVID-19 Community Testing and Case Investigation/Contact Tracing Action Plan lays out the steps necessary to ensure access for community wide testing, disease investigation and contact tracing, and coordination to more safely reopen our economy. Case investigation, contact tracing, monitoring, and the provision of social support to infected individuals and their contacts is a scientifically proven method for preventing community-wide disease transmission. As the metro area opens under Safer at Home public health order, a critical priority for TCHD is to implement an action plan to rapidly increase access to testing and to scale up case investigation and contact tracing. The Action Plan has 3 major objectives:

- Objective 1: Expand testing in Adams, Arapahoe, and Douglas Counties to a nationally recommended target of 152/100,000 tests per day (2,288 in our three counties).
- Objective 2: Deploy an expanded workforce for case investigation and contact tracing.
- Objective 3: Create expanded capacity to collect and analyze data to inform decision making.

### **Expansion of Testing**

TCHD is working with area partners to expand testing in Adams, Arapahoe, and Douglas Counties, for a total of 2,288 tests per day (Adams County: 777 tests/day, Arapahoe County: 990 tests/day, and Douglas County: 521 tests/day) as testing supplies become more fully available during the month of May 2020. Governor Polis' goal is to provide up to 8,500 tests per day statewide by the end of May.

The first step in this effort includes assessing current area testing capacity, determining increased testing capacity at both current facilities and in coordination with other area partners, supporting testing sites, community mapping of testing by facility type, community mapping of testing by local labs, conducting a hospital and health system survey, planning meetings across community partners, and providing guidance and support to health systems.

The goal is to maximize the use of all available testing platforms and venues: health care administered testing, self-administered testing, partnerships with private labs, CDPHE labs, and hospital labs, as well as testing settings to include mobile vans and drive through testing and testing partnerships to include pharmacy, hospitals, urgent care centers and safety net clinics.

Together we need to identify and overcome barriers to efficient testing including: executing a communications campaign to address underutilization of a deployed testing asset such as low turnout at a mobile testing site, training of mobile testing staff to address timely filing of laboratory requisition entries, providing technical assistance to develop partner workflows to ensure rapid results, and clinical guidance provided to community members testing positive.

We are also working to identify new testing technologies and match to best use case scenarios in the community for accelerated uptake, to include: outreach to Kroger to partner with City of Aurora to bring recently approved FDA self-swab drive through testing to Aurora, execute a communications campaign



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to encourage all symptomatic individuals to get tested as Walgreens launches self-administered testing in Aurora and Thornton in late May, two sites identified for early implementation.

Additionally, we are working to prioritize the testing needs of vulnerable and otherwise high-risk populations, including older adults and healthcare workers, to include: working with STRIDE and trusted community organizations to plan mobile testing in hard to reach neighborhoods; execute a communications campaign developed to outreach to otherwise hard to reach neighborhoods to encourage testing and reinforce public health messaging on slowing community spread of COVID-19, including press conferences, radio and newsprint spots and through trusted educational messaging from patient navigators and community health workers embedded in communities.

Finally, we will monitor the use of antibody testing for future deployment as federal guidance emerges on the use of this technology to help assess the number of people in a community who have been previously infected by the virus, especially within critical groups like first responders, essential workers, healthcare providers, and vulnerable populations.

### **Case Investigation/Contact Tracing**

TCHD is working on a major priority of deploying an expanded workforce for disease investigation and contact tracing. This includes executing rapid response programs that enable quick isolation and contact tracing of individuals who test positive, whether they are symptomatic or asymptomatic. Anyone who has come into contact with an individual who has tested positive will be screened for symptoms, and those who are symptomatic will be directed to testing sites. We also are working to identify and provide public health interventions with high priority locations, such as long term care facilities (LTCF), through our LTCF Outbreak Task Force, as well as rapid response to other community outbreaks through our Community Outbreak Task Force. Containment of outbreaks will be successful with both case investigation and through systems for contact tracing.

As part of our disease control efforts, we are utilizing a phased approach to assure we have systems in place to support enhanced case investigation and contact tracing, which includes:

- Identifying team components (managers, staff, resource coordination, data, administrators);
- Creating a long-term sustainable epidemiology structure; and,
- Developing a phased approach to ramp up to the long-term structure.

Currently TCHD is averaging 175 cases per day and has a total of 43 staff serving between 2 to 5 days a week for 7 day a week coverage. This includes five high-level Communicable Disease Epidemiologists who serve in this role day to day, along with 38 staff who have been reassigned either full time or part-time to support this response. The surge staff support various disease control efforts, to include the Investigation Task Force that works on daily case investigations, as well as staff serving on both the Long Term Care Facility Outbreak Task Force and the Community Outbreak Task Force. TCHD is continuing to increase the number of trained internal staff to address the increasing number of cases occurring in our 3 counties and we plan to expand the internal surge staffing pool over the next two weeks as some current TCHD surge staff may return to their regular job duties. At the same time, TCHD has contracted with a Senior Recruiter, to solely focus on response recruiting, screening and the placement of contract



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staff/volunteers. We have developed an application on the TCHD website and we will begin reviewing qualified individuals, as well as associated availability, beginning the week of May 11, 2020.

As part of our phased approach for first up-staffing internally, we are creating both a strong epidemiology infrastructure to manage case and contact investigations as well as creating teams with TCHD experience and leadership who can support the large numbers of external staffing, including volunteers who will join these teams. The other critical piece that is required to support large scale contact tracing is an appropriate statewide technology solution to support contact tracing data collection and analysis, and the estimated date for the selection and deployment of this statewide solution is June 15, 2020. Thus, as the infrastructure continues to grow, we are establishing a robust training program for incoming team members and we are identifying a large cadre of staff, so we can move into the next phase of operationalizing this long term structure to support ongoing case investigation and contact tracing.

As community testing continues to increase, we are expecting to see an increase in the number of cases. If we reach our collective jurisdictional goal of 2,288 tests per day and we are seeing 15-23% positive cases (data pulled from: <https://data.tchd.org/covid19/testing/>), we can assume we may see 350-525 cases per day. The workforce to manage these cases and their associated contacts is outlined in the table below. The estimated workforce needs based on moving from abridged case investigations and contact tracing efforts to full case investigation and contact tracing efforts is illustrated below (to including building the full workforce over the next 6-8 weeks):

TCHD COVID-19 Investigation Task Force Staffing Estimates	Average Total Number of Cases per Day as of 5/8/20	Current Workforce (5/8/20) based on Average Caseload of 175 with Partial Investigation and Tracing)	Estimated Workforce based on Average Caseload (175 Cases/Day with full investigation and tracing)	Estimated Workforce based on Average Caseload (350 Cases/Day with full investigation and tracing)	Estimated Workforce based on Average Caseload (525 Cases/Day with full investigation and tracing)
Number of Teams Needed		N/A	11	22	33
Investigation Supervisor		2	2	4	6
Investigation Coordinator		2	2	4	6
Investigation Team Lead		4	11	22	33
Case Investigator		20	22	44	66
Investigation Contact Tracer		N/A	45	90	135
Investigation Contact Monitor		N/A	22	44	66
CEDRS Coordinator		1	2	4	6
Data Analyst		N/A	N/A	N/A	N/A
Outbreak Task Force		10	13	26	39
LTCF Outbreak Task Force		11	15	30	45
Total Number of Staff		50	134	268	402
Estimated Date of Completion		5/11/2020	07/1/2020		





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## Enhanced Data for Decision Making

We are working to utilize the full range of COVID-19 data to inform decision making of the work outlined in our efforts related to community testing as well as case investigation and contact tracing. We continually work to identify and categorize new and existing data sources for surveillance and compile reports and visualizations of critical metrics. Below is a broad summary of these metrics:

- Main Data Dashboard Page:
  - [https://data.tchd.org/covid19\\_resources/](https://data.tchd.org/covid19_resources/)
- Testing Data by County:
  - <https://data.tchd.org/covid19/testing/adams/>
  - <https://data.tchd.org/covid19/testing/arapahoe/>
  - <https://data.tchd.org/covid19/testing/douglas/>
  - <https://data.tchd.org/covid19/testing/aurora/>
- Case Reporting:
  - Cases: <https://data.tchd.org/covid19/>
  - Community Case Rates: <https://data.tchd.org/covid19/rates/>
  - Cases and Hospitalizations: <https://data.tchd.org/covid19/epi/>

Access to data allows us to provide recommendations on data interpretation and action, including identification of areas of potential outbreak and where to direct community testing resources:

- For the community members living in the TCHD jurisdiction: explanations of how to interpret regional data and the link to slowing community spread
- For policy makers such as Boards of County Commissioners and City Leadership and Elected Officials: recommendations for when and how social distancing or other related policies may need to be instituted or lifted
- For community testing partners such as STRIDE, University of Colorado Hospitals and Children's Hospital: recommendations about where and on whom to focus testing
- For containment work: recommendations for data management and evaluation of post-suppression containment strategies



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### COVID-19 Current Grant Allocation and Budget Needs

In order to support ongoing response efforts related to expanded case investigation and contact tracing, unforeseen legal fees and ongoing social marketing costs, the following budget outlines the personnel and operating costs to support ongoing efforts related to the COVID-19 response. The majority of fiscal needs requested by TCHD for the COVID-19 response include personnel support, along with additional operating costs. To ensure transparency regarding current federal funding provided to TCHD to support COVID response efforts, it is important to provide detail that TCHD received federal pass through supplemental dollars from CDPHE as part of the CDC Public Health Emergency Preparedness COVID response dollars for a total of \$829,361. Spending to date includes:

- All TCHD COVID-19 Response Related March-April 2020 Expenses to Date:
  - Personnel Costs - \$750,912 (93.99% of the total dollars from CDPHE/CDC)
  - Marketing – *Costs not yet invoiced to TCHD*
  - Legal – \$32,094 (4.02% of the total dollars from CDPHE/CDC)
  
- Breakdown regarding supplemental funding from CDPHE (funding provided for March 2020 – March 2021):
  - Total received - \$829,361
  - March Invoice Submitted to CDPHE - \$379,405 (*including indirect costs*)
  - *Estimated* April Invoice Estimate - \$614,896 (*including indirect costs*)
  - Balance after April Estimate – (\$164,940 *over budget*)
  
- Additional funding is being requested to our counties to support COVID-19 response efforts for 8 months (through the end of the calendar year) to include May 2020 through December 2020. This timeframe was selected due to the expenditure requires for the current CARES dollars. We are requesting support for costs incurred beginning in May 2020 to support TCHD staff re-assigned to COVID-19 response efforts as well as expanded temporary workforce and operating costs across Adams, Arapahoe and Douglas Counties:
  - Personnel - *See estimates in table below per month by staffing level*
  - Marketing – Budgeted \$60,000 total
  - Legal – Budgeted \$120,000 total
  - Supplies - Budgeted \$24,000 total
  - Translation/Interpretation Services – Budgeted \$12,000
  
- Listed below is a budget request that illustrates estimated expanded workforce costs/month (including temporary contracted staff at \$21/hour and associated fees for staffing agencies) along with operating costs. This has been broken out into 4 time periods to account for costs we will/are incurring in May with our current staffing (50 staff), during June while we begin to scale up the contact tracing/case investigation teams (75 staff), to July through September to account for full staffing support for contact tracing/case investigation (134 staff), with a final doubling up of staff during October through December for the potential surge in cases during this coming fall (268 staff). The allocation of staff costs by county are based on the current proportion of case



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load per county. See Appendix 1: The Adams County percent is 35.7%; Arapahoe County percent is 53.2% and Douglas County percent is 11.1%. *Note: The workforce costs are illustrated as a proportion of COVID-19 cases per county. While some public health services can be assigned and conducted within a county boundary, disease investigations and outbreaks cross county boundaries and thus this is presented as such due to the dynamic nature of this type of work.*

**Budget Request Form: May 2020 – December 2020**

*Note: The allocation of staff costs by county are based on the current proportion of case load per county.*

**Adams County Budget Form**  
**COVID-19 Community Testing and Case Investigation/Contact Tracing**

Expenditure Categories	May	June	July-Sept	Oct-Dec	Total
	50 Total Staff	75 Total Staff	134 Total Staff	268 Total Staff	
Personnel Services	\$ 118,891	\$ 178,325	\$ 931,457	\$ 1,740,650	\$ 2,969,323
Marketing / Translation	\$ 3,212	\$ 3,212	\$ 9,635.90	\$ 9,635.90	\$ 25,696
Supplies & Operating	\$ 1,071	\$ 1,071	\$ 3,211.97	\$ 3,211.97	\$ 8,565
Legal Expenses	\$ 5,353	\$ 5,353	\$ 16,059.84	\$ 16,059.84	\$ 42,826
<b>TOTAL</b>	<b>\$ 128,527</b>	<b>\$ 187,961</b>	<b>\$ 960,365</b>	<b>\$ 1,769,557</b>	<b>\$ 3,046,411</b>

**Arapahoe County Budget Form**  
**COVID-19 Community Testing and Case Investigation/Contact Tracing**

Expenditure Categories	May	June	July-Sept	Oct-Dec	Total
	50 Total Staff	75 Total Staff	134 Total Staff	268 Total Staff	
Personnel Services	\$ 177,217	\$ 265,809	\$ 1,388,415	\$ 2,594,583	\$ 4,426,024
Marketing / Translation	\$ 4,788	\$ 4,788	\$ 14,363	\$ 14,363	\$ 38,302
Supplies & Operating	\$ 1,596	\$ 1,596	\$ 4,788	\$ 4,788	\$ 12,767
Legal Expenses	\$ 7,980	\$ 7,980	\$ 23,939	\$ 23,939	\$ 63,836
<b>TOTAL</b>	<b>\$ 191,580</b>	<b>\$ 280,172</b>	<b>\$ 1,431,504</b>	<b>\$ 2,637,673</b>	<b>\$ 4,540,929</b>



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**Douglas County Budget Form**  
**COVID-19 Community Testing and Case Investigation/Contact Tracing**

Expenditure Categories	May	June	July-Sept	Oct-Dec	Total
	50 Total Staff	75 Total Staff	134 Total Staff	268 Total Staff	
Personnel Services	\$ 37,027	\$ 55,537	\$ 290,091	\$ 542,104	\$ 924,759
Marketing / Translation	\$ 1,000	\$ 1,000	\$ 3,000.98	\$ 3,001	\$ 8,003
Supplies & Operating	\$ 333	\$ 333	\$ 1,000.33	\$ 1,000	\$ 2,668
Legal Expenses	\$ 1,667	\$ 1,667	\$ 5,001.64	\$ 5,002	\$ 13,338
<b>TOTAL</b>	<b>\$ 40,028</b>	<b>\$ 58,538</b>	<b>\$ 299,094</b>	<b>\$ 551,107</b>	<b>\$ 948,767</b>



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**Appendix 1. Reference Sheet for Estimated Costs per Month by Proportion of Cases per County****Reported Cases by County (as of 05-11-2020)**

<u>County</u>	<u>Case Count</u>	<u>Proportion (%) of Total</u>
Adams	2177	35.7%
Arapahoe	3245	53.2%
Douglas	678	11.1%
	6100	100.0%

**Expenditure Details**

<b>Staffing</b>	<b>Staff Level</b>	<b>May 50</b>	<b>June 75</b>	<b>July-Sept 134</b>	<b>Oct-Dec 268</b>	<b>Total</b>
Total Staffing		\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107
<b>Allocating by Case Load</b>						
Adams	35.7%	\$ 118,891	\$ 178,325	\$ 931,457	\$ 1,740,650	\$ 2,969,323
Arapahoe	53.2%	\$ 177,217	\$ 265,809	\$ 1,388,415	\$ 2,594,583	\$ 4,426,024
Douglas	11.1%	\$ 37,027	\$ 55,537	\$ 290,091	\$ 542,104	\$ 924,759
Total	100.0%	\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107

**Non Staffing Expenses**

Marketing	\$ 7,500	\$ 7,500	\$ 22,500	\$ 22,500	\$ 60,000
Legal	\$ 15,000	\$ 15,000	\$ 45,000	\$ 45,000	\$ 120,000
Supplies	\$ 3,000	\$ 3,000	\$ 9,000	\$ 9,000	\$ 24,000
Translation/Interpretation	\$ 1,500	\$ 1,500	\$ 4,500	\$ 4,500	\$ 12,000
Total Non Staffing Expenses	\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000

**Allocating by Case Load**

Adams	35.7%	\$ 9,636	\$ 9,636	\$ 28,908	\$ 28,908	\$ 77,087
Arapahoe	53.2%	\$ 14,363	\$ 14,363	\$ 43,089	\$ 43,089	\$ 114,905
Douglas	11.1%	\$ 3,001	\$ 3,001	\$ 9,003	\$ 9,003	\$ 24,008
Total	100.0%	\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000

**Total Expense by County**

Adams	\$ 128,527	\$ 187,961	\$ 960,365	\$ 1,769,557	\$ 3,046,411
Arapahoe	\$ 191,580	\$ 280,172	\$ 1,431,504	\$ 2,637,673	\$ 4,540,929
Douglas	\$ 40,028	\$ 58,538	\$ 299,094	\$ 551,107	\$ 948,767
Total	\$ 360,136	\$ 526,671	\$ 2,690,963	\$ 4,958,337	\$ 8,536,107



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**Expenditure Details**

Staffing	Staff Level	May 50	June 75	July-Sept 134	Oct-Dec 268	Total
Total Staffing		\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107
Allocating by Case Load						
Adams	35.7%	\$ 118,891	\$ 178,325	\$ 931,457	\$ 1,740,650	\$ 2,969,323
Arapahoe	53.2%	\$ 177,217	\$ 265,809	\$ 1,388,415	\$ 2,594,583	\$ 4,426,024
Douglas	11.1%	\$ 37,027	\$ 55,537	\$ 290,091	\$ 542,104	\$ 924,759
Total	100.0%	\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107

**Non Staffing Expenses**

Marketing	\$ 7,500	\$ 7,500	\$ 22,500	\$ 22,500	\$ 60,000
Legal	\$ 15,000	\$ 15,000	\$ 45,000	\$ 45,000	\$ 120,000
Supplies	\$ 3,000	\$ 3,000	\$ 9,000	\$ 9,000	\$ 24,000
Translation/ Interpretation	\$ 1,500	\$ 1,500	\$ 4,500	\$ 4,500	\$ 12,000
Total Non Staffing Expenses	\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000

## Allocating by Case Load

Adams	35.7%	\$ 9,636	\$ 9,636	\$ 28,908	\$ 28,908	\$ 77,087
Arapahoe	53.2%	\$ 14,363	\$ 14,363	\$ 43,089	\$ 43,089	\$ 114,905
Douglas	11.1%	\$ 3,001	\$ 3,001	\$ 9,003	\$ 9,003	\$ 24,008
Total	100.0%	\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000

**Total Expense by County**

Adams	\$ 128,527	\$ 187,961	\$ 960,365	\$ 1,769,557	\$ 3,046,411
Arapahoe	\$ 191,580	\$ 280,172	\$ 1,431,504	\$ 2,637,673	\$ 4,540,929
Douglas	\$ 40,028	\$ 58,538	\$ 299,094	\$ 551,107	\$ 948,767
Total	\$ 360,136	\$ 526,671	\$ 2,690,963	\$ 4,958,337	\$ 8,536,107



Revised 5/15/2020

**Expenditure Details**

Staffing	Staff Level	May 50	June 75	July-Sept 134	Oct-Dec 268	Total
Total Staffing		\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107
Allocating by Case Load						
Adams	35.7%	\$ 118,891	\$ 178,325	\$ 931,457	\$ 1,740,650	\$ 2,969,323
Arapahoe	53.2%	\$ 177,217	\$ 265,809	\$ 1,388,415	\$ 2,594,583	\$ 4,426,024
Douglas	11.1%	\$ 37,027	\$ 55,537	\$ 290,091	\$ 542,104	\$ 924,759
Total	100.0%	\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107
Non Staffing Expenses						
Marketing		\$ 7,500	\$ 7,500	\$ 22,500	\$ 22,500	\$ 60,000
Legal		\$ 15,000	\$ 15,000	\$ 45,000	\$ 45,000	\$ 120,000
Supplies		\$ 3,000	\$ 3,000	\$ 9,000	\$ 9,000	\$ 24,000
Translation/Interpretation		\$ 1,500	\$ 1,500	\$ 4,500	\$ 4,500	\$ 12,000
Total Non Staffing Expenses		\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000
Allocating by Case Load						
Adams	35.7%	\$ 9,636	\$ 9,636	\$ 28,908	\$ 28,908	\$ 77,087
Arapahoe	53.2%	\$ 14,363	\$ 14,363	\$ 43,089	\$ 43,089	\$ 114,905
Douglas	11.1%	\$ 3,001	\$ 3,001	\$ 9,003	\$ 9,003	\$ 24,008
Total	100.0%	\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000
Total Expense by County						
Adams		\$ 128,527	\$ 187,961	\$ 960,365	\$ 1,769,557	\$ 3,046,411
Arapahoe		\$ 191,580	\$ 280,172	\$ 1,431,504	\$ 2,637,673	\$ 4,540,929
Douglas		\$ 40,028	\$ 58,538	\$ 299,094	\$ 551,107	\$ 948,767
Total		\$ 360,136	\$ 526,671	\$ 2,690,963	\$ 4,958,337	\$ 8,536,107





Revised 5/15/2020

Expenditures split based on county per capita rates

**Expenditure Details**

Staffing	Staff Level	May 50	June 75	July-Sept 134	Oct-Dec 268	Total
Total Staffing		\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107
Allocating by per capita						
Adams	34.4%	\$ 114,599	\$ 171,887	\$ 897,827	\$ 1,677,804	\$ 2,862,117
Arapahoe	42.9%	\$ 142,915	\$ 214,359	\$ 1,119,674	\$ 2,092,377	\$ 3,569,326
Douglas	22.7%	\$ 75,622	\$ 113,425	\$ 592,462	\$ 1,107,155	\$ 1,888,664
Total	100.0%	\$ 333,136	\$ 499,671	\$ 2,609,963	\$ 4,877,337	\$ 8,320,107
Non Staffing Expenses						
Marketing		\$ 7,500	\$ 7,500	\$ 22,500	\$ 22,500	\$ 60,000
Legal		\$ 15,000	\$ 15,000	\$ 45,000	\$ 45,000	\$ 120,000
Supplies		\$ 3,000	\$ 3,000	\$ 9,000	\$ 9,000	\$ 24,000
Translation/Interpretation		\$ 1,500	\$ 1,500	\$ 4,500	\$ 4,500	\$ 12,000
Total Non Staffing Expenses		\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000
Allocating by per capita						
Adams	34.4%	\$ 9,288	\$ 9,288	\$ 27,864	\$ 27,864	\$ 74,304
Arapahoe	42.9%	\$ 11,583	\$ 11,583	\$ 34,749	\$ 34,749	\$ 92,664
Douglas	22.7%	\$ 6,129	\$ 6,129	\$ 18,387	\$ 18,387	\$ 49,032
Total	100.0%	\$ 27,000	\$ 27,000	\$ 81,000	\$ 81,000	\$ 216,000
Total Expense by County (Per Capita Basis)						
Adams		\$ 123,887	\$ 181,175	\$ 925,691	\$ 1,705,668	\$ 2,936,421
Arapahoe		\$ 154,498	\$ 225,942	\$ 1,154,423	\$ 2,127,126	\$ 3,661,990
Douglas		\$ 81,751	\$ 119,554	\$ 610,849	\$ 1,125,542	\$ 1,937,696
Total		\$ 360,136	\$ 526,671	\$ 2,690,963	\$ 4,958,337	\$ 8,536,107



**THE BOARD OF COUNTY COMMISSIONERS  
OF THE COUNTY OF DOUGLAS, COLORADO**

DocuSigned by:  
*Roger Partridge*  
By: 5299A148556C4E9...  
**Roger Partridge**, Chair  
**Chair**

**ATTEST:**

DocuSigned by:  
*Kristin Randlett*  
By: 4D0E70F519BB420...  
**Kristin Randlett**  
**Clerk to the Board**



**APPROVED AS TO CONTENT:**

DocuSigned by:  
*Barbara Drake*  
By: C7BE1A6CCD8F4D9...  
**Barbara Drake**  
**Deputy County Manager**

**APPROVED AS TO CONTENT:**

DocuSigned by:  
*Doug DeBord*  
By: B5C95B8DCEAB4AA...  
**Doug DeBord**  
**County Manager**

**DATE:** 7/2/2020

**DATE:** 7/7/2020

**APPROVED AS TO FISCAL CONTENT:**

DocuSigned by:  
*Andrew Copland*  
By: 80C333BC1187403...  
**Andrew Copland**  
**Director of Finance**

**APPROVED AS TO LEGAL FORM:**

DocuSigned by:  
*Carmen Jackson-Brown*  
By: BFF518080BDD425...  
**Carmen Jackson-Brown**  
**Colorado**

**DATE:** 7/7/2020

**DATE:** 7/2/2020

**APPROVED AS TO INSURANCE REQUIREMENTS:**

DocuSigned by:  
*Megan Datwyler*  
By: 33306CF1515540A...  
**Megan Datwyler**  
**Risk Manager**

**DATE:** 7/2/2020