

AMERICAN RESCUE PLAN ACT - PROJECT TRACKING SHEET

1. PROJECT NAME

Early Childhood Education Child Care Center - Renovate Existing Building on GOALS Campus

2. PROJECT DESCRIPTION (50-250 words)

GOALS Early Childhood Education Child Care Center will provide renovated space for 70 year-round child care slots (ages 0 to 5) for the GOALS program and the surrounding community. Of the 70 to be served, up to 10% (7 children) could be used by families over poverty income levels depending on the needs of the community. Approximately 90% (63) slots will be targeted for families eligible for the Child Care Assistance Program, Early Head Start and Head Start. These 3 government programs provide child care and early childhood education to families in poverty.

3. PROJECT FUNDING "BUCKET" (Select One)

Vulnerable Populations

4. PROJECT ELIGIBILITY NEXUS DESCRIPTION:

Nexus as per NACO document-- Childhood Health or Welfare (page 7), Addressing Educational Disparities (page 11), Promoting Healthy Childhood Environments--New or expanded high quality childcare and enhanced services for child welfare-involved families (page 11). This child care center will address Negative Economic Impact, Business Assistance and/or Services for QCT or Disproportionately Impacted Communities

5. PROJECT EXPENDITURE CATEGORY (Select one):

3.6 Healthy Childhood Environments: Child Care* ^

NOTE: If the category selected above has a * or ^ at the end of the title, please complete the appropriate sections below.

6. PROJECT EXPENDITURE ESTIMATE (Total):

\$	1,200,000				
		FY 21	FY 22	FY 23	FY 24
One-Time Costs:		-	1,200,000	-	-
Ongoing Costs:		-	-	-	-
Total:		-	1,200,000	-	-

If ongoing funds extend beyond FY24, please describe how it will be funded below:

One-time costs only range from \$1.2 to \$1.6m. May not need full \$1.6 as other grants are being sought for this project.

7. PROJECT LEVERAGE/PARTNERSHIPS:

Community Resources has committed CDBG funds in the amount of \$180,000. Human Services has Committed \$125,000 to \$215,000 TANF MOE for equipment and technology. Family Tree has applied for \$435,000 funding through Mile High United Way and is in the process for applying for other Grants as well. Once they have secured at least 30% of the funding for the project it will be much easier to obtain grant funding. The total estimated cost of this project is \$2.1M. Also, the City of Aurora is considering this project for funding with ARPA.

8. PROJECT STATUS (Select):

Not Started

9. PROJECT DEMOGRAPHIC DISTRIBUTION (Expenditure Category above with an asterisk (*) :

The Program/Service will serve, or have (select best option):

Eligibility criteria are such that over 25% of intended beneficiaries are below federal poverty line.

Notes/Further Description:

The GOALS Child Care Center will serve primarily (90%) low-income households. Families will qualify for one or more of the following federal programs--TANF, Early Head Start, Head Start, or Child Care Assistance (CCAP).

10. USE OF EVIDENCE/EVIDENCE BASED APPROACH (Exp. Category above with a carrot (^) :

The children enrolled in this program will get high-quality early childhood education. Early childhood education focuses on the holistic development of a child's social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. Research has shown that the investment in early education--particularly among disadvantaged children--improves not only cognitive abilities, but also critical behavioral traits like socialbility, motivation and self-esteem

11. POPULATION SERVED:

This center will primarily serve low-income (poverty level) families.

No. of Unique Individuals Served:

70.00

Percent that are Low-Income/Disproportionately Impacted:

90%

12. ORGANIZATIONAL ABILITY/CAPACITY:

Family Tree owns and operates the GOALS program. Family Tree will contract with Ability Connection Colorado (ACCO) to run the childcare center. ACCO has been providing high quality early childcare and education services to low-income families and children with the greatest need, including those experiencing homelessness and English Language Learners, for over 20 years.

13. PROJECT READINESS:

Design/Pre-Work Needed (Yes/No)?

Yes

Ready to Begin Services/Construction (Yes/No)?

No

Notes:

There would have to be an RFP done for the development/build.

14. ALIGNMENT WITH RECOVERY PLAN:

This will be a long-term investment supporting economic recovery and our most vulnerable residents. This project will address Early Childhood Health and Welfare, Educational Disparities, Promote Healthy Childhood Environments--new or expanded high quality child care and enhanced services for child welfare-involved families.

15. ALIGNMENT WITH STRATEGIC PLAN:

This project will provide an essential service, promote thriving communities, support opportunities for physical health and mental health, and support economic vibrancy.

16. PROJECT SUBAWARDS:

Organization Name	Amount	Reimburse?
Family Tree	\$ 1,200,000	No

17. PROJECT PERFORMANCE MEASURE DESCRIPTIONS:

of slots occupied by low-income children.

The GOALS program itself is undergoing a formal evaluation by the Center on Policy and Research. The early childhood education component is a critical part of the evaluation and the successful implementation of our 2Gen approach.

AMERICAN RESCUE PLAN ACT - PROJECT TRACKING SHEET

1. PROJECT NAME

Family Resource Pavilion Renovation/Expansion: New Gymnasium, Move Respite Program to Free Up Space for Additional Providers

2. PROJECT DESCRIPTION (50-250 words)

The Family Resource Pavillion (FRP), serves youth in Arapahoe and Douglas Counties. It is a one stop shop for families to receive services ranging from prevention to intervention. The building houses offices and services from The Juvenile Assessment Center, Shiloh House, Synergy Addiction Research and Treatment Services, AllHealth, Juvenile Counseling Program, Arapahoe County Department of Human Services, Douglas County Department of Human Services, Arapahoe County Sherriff's Office, and Douglas County Sherriff's Office. The population that the FRP serves (juvenile's and their families) has increased as a result of COVID, due to isolation, economic stress, fear of COVID and the impact, etc. We know that children and especially adolescent mental health needs have significantly increased. (we will be adding specific data soon)

Nexus as per NACO summary document—Childhood health or welfare, including services for child welfare-

4. PROJECT ELIGIBILITY NEXUS DESCRIPTION:

Nexus as per NACO summary document—Childhood health or welfare, including services for child welfare-involved families and youth page 7, Addressing Educational Disparities-Services that support students' social, emotional and mental health, Promoting Healthy Childhood Environments—enhanced services for child welfare-involved families and foster youth to provide support and training on child development, positive parenting, coping skills or recovery for mental health and substance abuse challenges (FUNDS MAY BE USED TO MITIGATE INCREASES IN ECONOMIC HARDSHIP, MATERIAL INSECURITY, AND PARENTAL STRESS AND BEHAVIORAL HEALTH CHALLENGES IN FAMILIES WITH CHILDREN) page 11

5. PROJECT EXPENDITURE CATEGORY (Select one):

1.10 Mental Health Services*

NOTE: If the category selected above has a * or ^ at the end of the title, please complete the appropriate sections below.

6. PROJECT EXPENDITURE ESTIMATE (Total):

\$	1,000,000				
		FY 21	FY 22	FY 23	FY 24
One-Time Costs:		-	1,000,000	-	-
Ongoing Costs:		-	-	-	-
Total:		-	1,000,000	-	-

If ongoing funds extend beyond FY24, please describe how it will be funded below:

7. PROJECT LEVERAGE/PARTNERSHIPS:

FRP/Shiloh has identified the following--\$6M from Douglas and Arapahoe (our portion would be \$3,000,00) \$1m fundraising, \$1M partner donations, \$3M corporation grants, \$500K donor acquisition for a total of \$11.5M. Staff recommends \$1M to \$1.5M for this project given all of our priorities.

8. PROJECT STATUS (Select):

Not Started

9. PROJECT DEMOGRAPHIC DISTRIBUTION (Expenditure Category above with an asterisk (*)) :

The Program/Service will serve, or have (select best option):

Eligibility criteria are such that over 25% of intended beneficiaries are below federal poverty line.

Notes/Further Description:

This project will expand efforts to serve youth and thier families who are experiencing mental health issues and are in crisis. All youth served are medicaid eligible and almost 20% live in a QCT.

10. USE OF EVIDENCE/EVIDENCE BASED APPROACH (Exp. Category above with a carrot (^)) :

The services provided at the FRP are evidence based, including day treatment, respite care, and outpatient. All programs are certified and licensed by the State.

11. POPULATION SERVED:

Youth at risk of entering the juvenile justice and/or the child welfare systems. Total youth served in 2020-490

No. of Unique Individuals Served:

490.00

Percent that are Low-Income/Disproportionately Impacted:

100%

12. ORGANIZATIONAL ABILITY/CAPACITY:

The FRP is owned and operated by Shiloh House. Based in Littleton, CO, with six campuses across Colorado serving children, youth, and families, they provide residential care, educational programming, day treatment and outpatient services, as well as independent living and an extensive array of community based wrap-around services. We strongly believe in building a circle of support around each youth in our care. Shiloh House works closely with families and social services personnel. Their approach is based on over 30 years of experience creating an environment where wounds begin to heal, relationships are built or restored, and new possibilities are created.

13. PROJECT READINESS:

Design/Pre-Work Needed (Yes/No)?

Yes

Ready to Begin Services/Construction (Yes/No)?

No

Notes:

Other funding would have to be secured and an RFP would need to be extended and awarded.

14. ALIGNMENT WITH RECOVERY PLAN:

This project will help to support our most vulnerable youth in our community who have been impacted by COVID.

15. ALIGNMENT WITH STRATEGIC PLAN:

This project will provide an essential service, promote thriving communities, and support opportunities for mental and physical health.

16. PROJECT SUBAWARDS:

Organization Name

Amount

Reimburse?

Shiloh House

\$ 1,000,000

No

17. PROJECT PERFORMANCE MEASURE DESCRIPTIONS:

Number of youth and families served at the FRP. Services help to prevent further penetration into the child welfare or juvenile justice systems. Youth services are focused on keeping youth safely in their homes.

AMERICAN RESCUE PLAN ACT - PROJECT TRACKING SHEET

1. PROJECT NAME

Village Exchange Center Vaccination Incentive Program

2. PROJECT DESCRIPTION (50-250 words)

It is suggested that some of the vulnerable populations that are choosing to get the vaccine are doing so to avoid loss of income from becoming ill for a day or two from the vaccine. This program provides income replacement for those that have contracted the virus. This income, should they become ill from the vaccine. This is directly related to the purpose of the program to encourage people to become vaccinated.

3. PROJECT FUNDING "BUCKET" (Select One)

Vulnerable Populations

4. PROJECT ELIGIBILITY NEXUS DESCRIPTION:

This request is directly related to the pandemic in that illness and potential loss of income for individuals to be vaccinated, studies show that serious illness, hospitalization, and death from the vaccine supports low-income families financially by covering costs.

5. PROJECT EXPENDITURE CATEGORY (Select one):

1.1 COVID-19 Vaccination ^

NOTE: If the category selected above has a * or ^ at the end of the title, please complete the appropriate information below.

6. PROJECT EXPENDITURE ESTIMATE (Total):

\$1,000,000

FY 21

One-Time Costs:

1,000,000

Ongoing Costs:

-

Total:

1,000,000

If ongoing funds extend beyond FY24, please describe how it will be sustained.

7. PROJECT LEVERAGE/PARTNERSHIPS:

The Tri-County Health Department is partnering with the Village Exchange Center.

8. PROJECT STATUS (Select):

Approved - not started

9. PROJECT DEMOGRAPHIC DISTRIBUTION (Expenditure Category above)

10. USE OF EVIDENCE/EVIDENCE BASED APPROACH (Exp. Category above)

By providing income replacement for those that have contracted the virus.

11. POPULATION SERVED:

Low-Income Individuals and families

12. ORGANIZATIONAL ABILITY/CAPACITY:

Village Exchange Center has already shown the capacity to meet this o

13. PROJECT READINESS:**Notes:**

Village Exchange Center has been providing services to Adams County

14. ALIGNMENT WITH RECOVERY PLAN:

This project will help to support our most vulnerable youth in our com

15. ALIGNMENT WITH STRATEGIC PLAN:

This project will provide an essential service, promote thriving commu
vibrancy.

16. PROJECT SUBAWARDS:**Organization Name**

Village Exchange

17. PROJECT PERFORMANCE MEASURE DESCRIPTIONS:

Monthly reporting of individuals vaccinated will be provided.

18. PROJECT LEAD DEPT/OFFICE:

Human Services

HEET

ing not to be vaccinated are low-income individuals that are concerned about the potential loss
rogram incentivizes this population by ensuring they would ahve approximately two days of
ed to the pandemic, and the state and federal governments have implemented similar programs

ential loss of income is directly attributable to the COVID-19 virus. By incentivizing low-income
aization and death can be greatly mitigated. Funding any potential loss of income as a result
any loss of income the vaccine may cause.

ropriate sections below.

FY 22	FY 23	FY 24
-		-
-		-
-		-

funded below:

ange Center in providing vaccine's at the Village Exchange Center's location. Arapahoe County

bove with an asterisk (*):

bove with a carrot (^):

virus and enabling them to quarantine for 14 days will follow the guidance set by the CDC.

No. of Unique Individuals Served:	<input type="text" value="3400"/>	3400
Percent that are Low-Income/Disproportionately Impacted:	<input type="text" value="100"/>	100%

obligation by serving Adams County with this same project previously.

Design/Pre-Work Needed (Yes/No)?	<input type="text" value="No"/>	No
Ready to Begin Services/Construction (Yes/No)?	<input type="text" value="Yes"/>	Yes

over the course of 2021

munity who have been impacted by COVID.

nities, support opportunities for physical health and mental health, and support economic

	Amount	Reimburse?
	1000000	Yes

19. PROJECT LEAD - INDIVIDUAL

Bob Prevost

AMERICAN RESCUE PLAN ACT - PROJECT TRACKING SHEET

1. PROJECT NAME

Pretrial Fee Assistance

2. PROJECT DESCRIPTION (50-250 words)

Pretrial release services are a cost-effective alternative to pretrial confinement in the jail and to the commercial bail bond industry. Pretrial supervision is utilized by the court as a means of ensuring public safety and court appearance without jail confinement. While pretrial is a lower-cost alternative, there are program costs borne by clients. These costs include a \$50 supervision fee, ongoing fees (paid to private vendors) for urinary analysis testing (\$10-\$15 per tests with some clients having multiple tests per week), SCRAM Alcohol Monitoring (\$12 per day) and for some cases GPS monitoring (\$14 per day). These costs add up for clients, many of whom are unable to pay. The pandemic has exacerbated this population's inability to pay for these services, risking their ability to continue with the program. This funding would assist pretrial clients with these mandatory fees to ensure that we keep our jail populations low during the pandemic as well as assist populations disproportionately impacted by the pandemic with payment for services. This was a service provided through CARES funding, and this request is to continue the assistance.

3. PROJECT FUNDING "BUCKET" (Select One)

Vulnerable Populations

4. PROJECT ELIGIBILITY NEXUS DESCRIPTION:

Keeping the jail population low during the pandemic is important to reduce the spread of the virus in institutional settings. In addition, individuals who are justice involved have been disproportionately impacted by the pandemic as they historically have the highest rates of unemployment with low wages if they are employed. Due to the fiscal impacts to these individuals and households during the pandemic, it has made it even more challenging for these clients to pay their portion of pretrial services. Utilizing pretrial supervision is an effective way to keep the jail population low. Utilizing pretrial monitored conditions (UAs, GPS) enhances the public safety mission of pretrial services, but the cost to clients is high. In a time of economic hardship, caused by the pandemic, having a fund to offset those costs means that pretrial supervision becomes more accessible to a broader array of clients.

5. PROJECT EXPENDITURE CATEGORY (Select one):

1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*

NOTE: If the category selected above has a * or ^ at the end of the title, please complete the appropriate sections below.

6. PROJECT EXPENDITURE ESTIMATE (Total):

\$	375,000				
		FY 21	FY 22	FY 23	FY 24
One-Time Costs:		75,000	150,000	150,000	
Ongoing Costs:		-	-	-	-
Total:		75,000	150,000	150,000	-

If ongoing funds extend beyond FY24, please describe how it will be funded below:

N/A

7. PROJECT LEVERAGE/PARTNERSHIPS:

This project would leverage existing partnerships between Judicial Services (pretrial program) and existing GPS and Urinalysis vendors in the community.

8. PROJECT STATUS (Select):

Completed

9. PROJECT DEMOGRAPHIC DISTRIBUTION *(Expenditure Category above with an asterisk (*)) :*

This population would serve the pretrial supervision program clientele who meet an assessed need of inability to pay for required pretrial services (UA, GPS) due to unemployment or underemployment and lack of funds.

10. USE OF EVIDENCE/EVIDENCE BASED APPROACH *(Exp. Category above with a carrot (^)) :*

N/A

11. POPULATION SERVED:

This project would serve the pretrial supervision caseload who are unemployed or unemployed and lack funds to pay for required services, due to pandemic impacts.

No. of Unique Individuals Served:

2,500

Percent that are Low-Income/Disproportionately Impacted:

100%

12. ORGANIZATIONAL ABILITY/CAPACITY:

Arapahoe County's pretrial supervision program is an established program. This additional funding would provide continued ability to assist lower income participants with fee payment during the pandemic. Due to this, the County has current staffing and capability to uplift these program funds.

13. PROJECT READINESS:

Design/Pre-Work Needed (Yes/No)?

No

Ready to Begin Services/Construction (Yes/No)?

Yes

Notes:**14. ALIGNMENT WITH RECOVERY PLAN:**

1. Support the most vulnerable across the county.
2. Secure Arapahoe County's fiscal health, leveraging one-time funds and grants to improve sustainability of the county's budgetary position

15. ALIGNMENT WITH STRATEGIC PLAN:

Goals: Be Fiscally Sustainable-Fund mandated services to meet the best practices and require standards; strive for efficiencies; Be Community Focused-Promote thriving communities, Foster personal safety and security, support opportunities for physical health
Principles: Protect community quality/well-being

16. PROJECT SUBAWARDS:

Organization Name	Amount	Reimburse?

17. PROJECT PERFORMANCE MEASURE DESCRIPTIONS:		
Number of individuals served, number of services provided and amounts, outcomes of those who received assistance and success in the pretrial supervision program		
18. PROJECT LEAD DEPT/OFFICE:	19. PROJECT LEAD - INDIVIDUAL	
Community Resources	Brad Kamby	

AMERICAN RESCUE PLAN ACT - PROJECT TRACKING SHEET

1. PROJECT NAME

AuMHC Potomac Safety Net Campus

2. PROJECT DESCRIPTION (50-250 words)

Aurora Mental Health Center currently operates immediate access acute-care services at three separate locations: Walk-In Center and a 16-bed Crisis Stabilization Unit on the Anschutz Medical Campus; our Connect to Care walk-in access point at 791 Chambers Road; and Withdrawal Management (Detox) services at 1290 S. Potomac. These disparate locations require first responders and the public to determine which location to access, creating unnecessary confusion, as well as the need to move clients across sites when required. The 2020 Behavioral Health Needs Assessment prepared for the Colorado Department of Human Services Office of Behavioral Health identified confusion regarding availability and access to crisis services as well as need for a more complete continuum of substance use disorder care as two priorities statewide and in our service area.

3. PROJECT FUNDING "BUCKET" (Select One)

Mental Health

4. PROJECT ELIGIBILITY NEXUS DESCRIPTION:

Approximately 6 months into the pandemic, researchers were able to start examining evidence that showed how profound the impact of COVID was in terms of psychological and social effects. Specifically, researchers found that COVID was associated with distress, anxiety, fear of contagion, depression and insomnia in the general population and among health care professionals. It is important to note that social isolation, anxiety, fear of contagion, uncertainty, chronic stress and economic difficulties may lead to the development or exacerbation of depressive, anxiety, substance use and other psychiatric disorders in vulnerable populations including individuals with pre-existing psychiatric disorders and people who reside in high COVID prevalence areas (e.g., Arapahoe County throughout the past year). Though research is still new given we are only one year into the COVID-19 pandemic, the CDC has been able to confirm that symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019. A survey administered by the CDC to 5,470 individuals the week of June 24-30, 2020 found:

- 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder,
- 26.3% of respondents noted symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic
- 13.3% increased substance use to cope with stress or emotions related to COVID-19
- The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults (30.7%), and essential workers (21.7%).

5. PROJECT EXPENDITURE CATEGORY (Select one):

1.10 Mental Health Services*

NOTE: If the category selected above has a * or ^ at the end of the title, please complete the appropriate sections below.

6. PROJECT EXPENDITURE ESTIMATE (Total):

\$ 5,000,000		FY 21	FY 22	FY 23	FY 24
One-Time Costs:			5,000,000	-	-
Ongoing Costs:		-	-	-	-
Total:		-	5,000,000	-	-
<i>If ongoing funds extend beyond FY24, please describe how it will be funded below:</i>					
<i>Total Project Cost: \$29,1500,000; Land/Acquisition: \$5,400,000; Construction: \$20,200,000; Finishes: \$3,550,000</i>					
7. PROJECT LEVERAGE/PARTNERSHIPS:					
<p>AuMHC has engaged with the Mayor of Aurora, Aurora City Council members, the Aurora City Manager and other staff, Arapahoe County Commissioners, Adams County Officials, officials from a number of law enforcement agencies who utilize acute-care services regarding the plan to relocate current services to a one-stop facility, and have received full support in moving this project forward. We also enjoy the support of Signal Behavioral Health Network, who has been selected by the State Department of Human Services Office of Behavioral Health contracted Management Services Organization administering state and federal-level funds for crisis services and as the Administrative Services Organization administering state and federal-level funds for substance use disorder services.</p>					
8. PROJECT STATUS (Select):					
Not Started					
9. PROJECT DEMOGRAPHIC DISTRIBUTION (Expenditure Category above with an asterisk (*) :					
The Program/Service will serve, or have (select best option):					
Eligibility criteria are such that over 25% of intended beneficiaries are below federal poverty line.					
Notes/Further Description:					
10. USE OF EVIDENCE/EVIDENCE BASED APPROACH (Exp. Category above with a carrot (^) :					
<p>It is essential to build architectural and design plans for the facilities that incorporate components of trauma-informed design to create healing spaces and components of universal design to promote environments that will be accessible to the diverse community we serve. Research indicates that building design can directly contribute to the safety, satisfaction and access for both clients and staff. Buildings that are not designed with these concepts may have literal structure barriers, such as poor lighting and difficult to navigate floor plans, which may prevent clients from experiencing the healing environment they need, while staff may be forced to work in an environment that feels unsafe and strained.</p> <p>Numerous studies, as well as the National Council for Behavioral Health's principles of trauma-informed design indicate the following components of healing healthcare spaces: deinstitutionalization; visual or physical access to nature; damage-resistant, attractive and culturally sensitive décor and furnishings; use of natural light; availability of staff respite areas; orderly and clean spaces; and balance between social and private spaces for client interactions. This project will support incorporation of these research-based design principles into our facilities. The health campus model will enable clients to access mental health, addictions, crisis, primary care and oral health services at a single trauma-informed and healing location, eliminating barriers to access for both clients and community partners.</p>					

11. POPULATION SERVED:

AuMHC typically serves over 20,000 individuals annually, and reaches an additional 2,300 community members through trainings and events. We serve a diverse client population, including children under age 18 (31%), older adults (6%), and individuals below 150% of federal poverty limit (56%), and individuals who identify as a racial or ethnic minority (16% Black, 5% multiracial, 2% Asian, 1% American Indian/Alaska Native, and 23% who identify as Hispanic). Our staff speak nearly 50 different languages and we offer specialized services for immigrants, refugees, and asylum-seekers.

No. of Unique Individuals Served:**Percent that are Low-Income/Disproportionately Impacted:****12. ORGANIZATIONAL ABILITY/CAPACITY:**

Aurora Mental Health Center is a key member of the healthcare safety net for Arapahoe County, providing a comprehensive continuum of proven prevention, treatment intervention, and wraparound recovery support services since 1975. Our dedicated staff provide individual, group and family counseling, medication-focused care, substance use and recovery services, crisis services, and a variety of supportive services that help people navigate the challenges they face in their lives. AuMHC typically serves over 20,000 individuals annually, and reaches an additional 2,300 community members through trainings and events.

13. PROJECT READINESS:**Design/Pre-Work Needed (Yes/No)?**

Yes

Ready to Begin Services/Construction (Yes/No)?

No

Notes:**14. ALIGNMENT WITH RECOVERY PLAN:**

Support the most vulnerable across the county.

Make strategic and impactful investments that position Arapahoe County for long-term vs. short-term success in alignment with the County's overall vision and strategic plan.

Leverage data-driven decision-making models to assess public health, economic recovery, and funding impacts.

15. ALIGNMENT WITH STRATEGIC PLAN:

Be Community Focused

Support opportunities for physical health and mental health

Promote thriving communities

16. PROJECT SUBAWARDS:**Organization Name****Amount****Reimburse?**

17. PROJECT PERFORMANCE MEASURE DESCRIPTIONS:

18. PROJECT LEAD DEPT/OFFICE:		19. PROJECT LEAD - INDIVIDUAL	
Communication & Admin Svcs			
20. STAFF REVIEW:	DATE:	21. BOCC REVIEW	DATE:
Eligible	10/11/2021		
22. TREASURY PROJECT NUMBER:		23. INTERNAL ORDER #:	