REQUEST FOR STATE APPROVAL OF PLAN

Since this is the first year of a the three-year Core Services Plan, all signatures on this page are required.

This Core Services Plan is hereby submitted for Adams County_[Indicate county name(s) and lead county if this is a multi-county plan], for the period contract years June 1, 2019, through May 31, 2020 fiscal years July 1, 2019, through June 30, 2020. The Plan includes the following:

- Completed "Statement of Assurances";
- Completed program description of each proposed "County Designed Service";
- Completed "Information on Fees" form;
- Completed "Overhead Cost" form (Optional);
- Completed "State Board Summary";
- Completed "100% Funding Summary" form; and
- Completed "Final Budget Page".

This Core Services Program Plan has been developed in accordance with State Department of Human Services rules and is hereby submitted to the Colorado Department of Human Services, Division of Child Welfare for approval. If the enclosed proposed Core Services Program Plan is approved, the Plan will be administered in conformity with its provisions and the provisions of State Department rules.

The person who will act as primary contact person for the Core Services Plan is, <u>Nadia Barela</u> and can be reached at telephone number

(720)523-4262, and e-mail at nbarela@adcogov.org.

If two or more counties propose this plan, the required signatures below are to be completed by each county, as appropriate. Please attach an additional signature page as needed.

Herbert C. Comes	7-29-20,
Signature, DIRECTOR, COUNTY DEPARTMENT OF HUMAN/SOCIAL SERVICES	DATE
	7/30/19
Signature, CHAIR PLACEMENT ALTERNATIVES COMMISSION	DATE
Signature, CHAIR, BOARD OF COUNTY COMMISSIONERS	DATE
Please check here if your county does not have a Placement Alternative Comm	nission: