



AGENDA COVER SHEET

Board Meeting Date: July 07, 2025

Agenda Location (Action Item, Consent, Presentation): Action Item

Prepared By: Kathy Lancaster, Public Health Finance Administrator

Presented By: Joshua S. Williams, Public Health Director

SUBJECT:

Budget supplement request for Community Health Worker

EXECUTIVE SUMMARY:

This is a budget supplement request for the subcontract agreement between The Colorado Prevention Center d/b/a CPC Community Health and the Garfield County Public Health Agency for fiscal year 2026 (July 1, 2025 through December 31, 2025), which was approved at the Garfield County Board of County Commissioners meeting on June 23, 2025.

RECOMMENDED ACTION:

Grant allocation of supplement funds



195 W. 14th Street
Rifle, CO 81650
(970) 625-5200

2014 Blake Avenue
Glenwood Springs, CO 81601
(970) 945-6614

Agenda
Monday, July 7, 2025

1. Approval to Allocate Budget Supplement – Joshua Williams, Public Health Director

Public Health

Monday, July 07, 2025

Budget Supplement Allocation

Public Health is seeking approval to allocate supplemental funds. Finance has reviewed and approved allocation of budget supplements – Joshua Williams, Public Health Director

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'S. Brainard', is written above the typed name.

Sara Brainard, Public Health Deputy Director
For and on behalf of Joshua Williams, Public Health Director



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Prepared By: Kathy Lancaster, Public Health Finance Administrator

Presented By: Joshua S. Williams, Public Health Director

SUBJECT:

Budget Supplement Request

EXECUTIVE SUMMARY:

Supplement for Community Health Worker – Fund ½ of the Community Health Worker Contract

RECOMMENDED ACTION:

Grant allocation of supplement funds



SUPPLEMENTAL BUDGET REQUEST - FY 2025
(Request for Supplemental Funds from the BOCC)

Request Date: 7/1/2025

Department Name: PUBLIC HEALTH

Prepared By: KLANCASTER

Approval Signature: *Brenda* Deputy Director For Joshua Williams, Director

Please submit completed form to Finance Director

FUND NAME: PUBLIC HEALTH

G/L Account Number					
Fund	Department	Subdepartment	Acct #	Acct Description	Amount
119	19	001	3340.611	State grant	23,534.00
					23,534.00

G/L Account Number					
Fund	Department	Subdepartment	Acct #	Acct Description	Amount
119	19	001	4110	Wages	16,224.00
119	19	001	4220	Soc Sec	1,006.00
119	19	001	4240	Medicare	235.00
119	19	001	4260	WComp	19.00
119	19	001	4580	Travel	1,250.00
119	19	001	4611.612	Med. Supplies	300.00
					19,034.00

REASON FOR SUPPLEMENTAL BUDGET REQUEST:

Community Health Worker grant program contract 7/1/25-6/30/26. Supplement request is for Community Health worker salary and expenses - 7/1/25-12/31/25 - \$17,484 + travel - 1,250 and med supplies - 300.00.

<i>Finance Department Use Only</i>			
Finance Approval: _____	Date Approved by BOCC: _____		
Date Entered: _____	By: _____	BA # _____	