C.R.S. 24-32-3501 The Peace Officers Behavioral Health Support and Community Partnerships grant program within the Department of Local Affairs (DOLA) is available for law enforcement agencies, peace officer organizations, public safety agencies for purposes 1-6. Behavioral health or community-based social services providers are eligible to apply in partnerships with law enforcement or public safety agencies for the purposes identified in 1-2 below. **Only expenses that correspond with the below will be eligible for reimbursement.**

1. Co-responder community responses;
2. Community-based alternative responses;
3. Counseling services for peace officers and their immediate family members;
4. Assistance for development and implementation of policies to support peace officers who are involved in shootings or fatal use of force;
5. Training and education programs that teach peace officers and their immediate family members the symptoms of job-related mental trauma and how to prevent and treat such trauma;
6. Peer support programs for peace officers.

**Guidelines to help complete your request for reimbursement**

* The request for reimbursement summary form must be included with each request. The summary form can be found at <https://cdola.colorado.gov/funding-programs/peace-officer-behavioral-health-support-and-community-partnership-grant-program>
* Retainer contracts for a set amount per month are not supported by this program.
* A consultant invoice must clearly detail the following:
  + specific date(s) of services (not just the invoice date, but the date each of the services performed);
  + type of service provided (must correspond with 1-6 above);
  + number of peace officers served (required);
  + number of family members served (if applicable). Legislation passed on June 27, 2021 allows service to immediate family members for grants beginning with “21-XXX”. Detail on those services (# of persons, date, type of service, etc.) is required; and
  + the hourly rate or cost for services.
* Each invoice or receipt should include a copy of a check or proof of payment. If payment was by credit card, please provide *the statement page showing the payment and include the corresponding page(s) that show the expenditure(s) (highlighted).* Do not send the entire statement.
* Please refer to your contract for eligible and ineligible expenses.
* Please combine all documents in one pdf in the following order:
  + Request for Reimbursement Summary Form->Invoice 1->Proof of Payment 1->Invoice 2->Proof of payment 2->etc.
* Upload and ensure that you have submitted in the portal.
  + The screen will return to the project’s financial tab and show *Submitted* next to it. If it was just saved, it will show a pencil allowing you to edit and submit.
* Required information on an invoice:

Invoice #: Invoice Date:

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| --- | --- | --- | --- | --- | --- |
| Service Date | Description (Type of Service Provided) | # of peace officers and/or family members served | Hours | Rate | Total |