




# COLORADO

## Department of Local Affairs

 The application was successfully saved!

## Grants Portal - Funding Opportunities

### FY 2026-2027 Peace Officers Behavioral Health Support and Community Partnerships Grant Program Clon

Status: [Partially Complete](#)  
 Filed On: 2026-06-16T14:24:29  
 Filed By: [GRANTS\\_WEB](#)  
 Reviewed On: 2026-06-16T14:24:29  
 Reviewed By:  
 Reviewer Notes:

#### Application Overview

#### Program Purpose:

The Peace Officers Behavioral Health Support and Community Partnerships grant program provides grants to law enforcement agencies, behavioral health entities peace officer organizations, and public safety agencies that employ peace officers to support peace officer behavioral health.

**As a result of limited funding this funding cycle is giving priority to all counseling services as indicated in the program purpose.**

**PLEASE NOTE:** The Principal Representative and Responsible Administrator in Section A **MUST** be a different person and **MUST** have different email addresses for the application to be accepted into the DOLA Grants Portal.


**Note:** The Principal Representative is a chief elected official such as a mayor, county commissioner chairman, or city council president. An elected County Sheriff is not the chief elected official of any county.

The purpose of the grant request and the project details must be clearly defined in the application using 1-7 in Section C2 - Intended use of grant funds.

Please fill in all fields, including those not required.

#### A. APPLICANT/CONTACT INFORMATION

Save

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**1. Select Your Organization: \***

The list is filtered to eligible organizations. If you do not see your organization listed, please contact DLG for further assistance. In the case of a multi-jurisdictional application, please select the lead organization.

Douglas County

In the case of a multijurisdictional application, select the other participating eligible organizations:

**2. Principal Representative:**

(In the case of a multi-jurisdictional application, principal representative of the lead organization.)

Honorific:

First Name: \*

Middle Name:

Last Name: \*

Suffix:

Role: \*

Mailing Address: \*

Address 2:

City: \*

State: \*

Zip Code: \*

Phone Number: \*

Email Address: \*

**3. Responsible Administrator (will receive all mailings) for the Application:**

Same as Principal Representative Address

Honorific:

First Name: \*

Middle Name:

Last Name: \*

Suffix:

Role: \*

Mailing Address: \*

Address 2:


City: \*

State: \*

Zip Code: \*

Phone Number: \*

Email Address: \*

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Save

**B. HONORIFIC/TITLE**

Save

**1. Confirm Name and Title of Chief Elected Official \***

Confirm the **Honorific** (official title) of the Principal Representative (the Chief Elected Official, e.g. mayor, county commissioner chair, city council president) as identified in Section A, question 2. This would not include an elected sheriff position.

**2. Confirm the title and name of Responsible Administrator \***

Confirm the **Honorific** (job title) of the Responsible Administrator within the local government as identified in Section A, question 3.

Save

**C. APPLICATION QUESTIONS**

Save

**1. Amount of grant funds requested \***

Provide the approximate number of police officers in your organization. \*


Required

**2. Intended use of grant funds. \***

Using the numbers listed, please detail how the grant funds will be used:

1. Co-responder community responses
2. Community-based alternative responses
3. Counseling services for peace officers and their immediate family members, including reimbursing peace officers who have paid the costs of their own counseling services

- 4. Assistance for the development and implementation of policies to support peace officers who are involved in shootings or a 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
- 7. Hiring, contracting, or developing a remote network to provide behavioral health counseling, therapy, or other related support services to peace officers involved in job-related traumatic situations.

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Grant funds will be used to strengthen our wellness and mental health support systems for peace officers and their families.

1. Co-Responder Community Responses:  
Funds will ensure mental health professionals are available to support deputies during high-risk or traumatic calls, improving outcomes for community members and reducing officers' exposure to traumatic stress.

2. Community-Based Alternative Responses:  
Funds will expand partnerships with mental health providers who can respond to appropriate crisis calls, helping divert non-criminal incidents away from law enforcement and reducing operational strain.

0 characters remaining.

**3. Please describe your need for these funds. \***

While many mental health services are now incorporated into our insurance plan, an essential gap remains for peace officers and family members who do not carry agency-provided insurance. These individuals require financial support to access counseling, assessments, and treatment following traumatic events.

Additionally, our wellness app and website, developed by the DCSO IT Department, require ongoing licensing, updates, and security maintenance to provide reliable, accessible support resources to staff and families.

1473 characters remaining.

**4. How do the project goals correlate to your organization goals? \***

Our project goals directly support the agency's commitment to promoting the mental, physical, social, and spiritual well-being of employees and their families. The Sheriff's Office has invested significantly in developing a comprehensive, high-quality wellness program and demonstrates strong organizational support, including assigning a full-time Sergeant to the wellness unit. Grant funds will enhance her specialized training and strengthen our overall capacity to support our workforce.

1499 characters remaining.

**5. Explain how your project goals are specific and measurable. \***

This program needs to report on measurable impacts of the funding provided and this will be a requirement for every successful applicant.

Our wellness program collects data throughout the year to evaluate outcomes and proactively adjust services. Since implementing POMH-supported initiatives, the agency has documented a 38% annual reduction in physical injuries and a 24% reduction in use-of-force events. Our Family Support Coordinator has delivered 57 financial wellness classes, 10 retirement planning sessions, and 8 critical incident classes for family members. These data points guide proactive efforts such as psychoeducation, treatment assistance, enhanced access to higher-level care, and wellness conferences.


1403 characters remaining.

**6. Collaboration \***

Please list the name(s) of any community mental health centers, community-based social services, or behavioral health providers in your region your agency is collaborating with. If your agency is not collaborating with a behavioral health

agency, please explain why.


We partner with multiple culturally competent providers, including Codeâ€4 Behavioral Health Consultants, as well as outâ€ofâ€state treatment facilities ReThink Care for psychiatric services. We are continually conducting community outreach to find the most culturally competent and best resources in our area to aid our peace officers in various mental health areas.

 The application was successfully saved!

1555 characters remaining.

**7. Project Budget \***

Please download and complete the [Budget Template](#) with the lead agency information on this application. Please upload the budget PDF. The Budget Template is also on the DOLA website at <https://dlg.colorado.gov/peace-officer-behavioral-health-support-and-community-partnership-grant-program>







**D. BOARD APPROVAL/TABOR (for local government applicants)**



**1. Official Agency Action \***

Applications cannot be submitted unless approved by the agency. Enter the date of Official Action authorizing this application:

6/23/2026 

**2. TABOR compliance (for local government applicants) \***

The funds for the Peace Officers Behavioral Health Support and Community Partnerships Grant Program are State funds. Does the applicant have voter authorization to receive and expend state grant funds without regard to TABOR revenue limitations?

Yes  No  N/A (for non local governments)

**If yes**


If yes, explain:

In November of 1997, Douglas County voters passed a ballot measure allowing the County to retain and spend all revenues and other funds received from any source which applied to all subsequent years.

301 characters remaining.

If no

If no, would receipt of these grant funds, if awarded, result in the local government exceeding revenue limitations, prompting a refund?

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500 characters remaining.

Affirm local government Attorney has confirmed this TABOR statement. \*

Save

**E. COMPLIANCE OF STATE LAWS**

Save

**Certify Compliance - Local Government Applicants \***

For local government applicants only: By submitting this application, we do hereby certify that we are in compliance with all State of Colorado laws, regulations and directives, including, but not limited to budgets, elections (municipalities and special districts), and audits.

Confirm/Agree

Yes  No  non LG applicant

Save

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Submit Application

## The Department of Local Affairs (DOLA) DOLA Divisions, Boards, and Offices

1313 Sherman Street, Suite #518

Denver, CO, 80203

DOLA Email: [dola\\_web@state.co.us](mailto:dola_web@state.co.us)

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