State Agency		Option Letter Number	
Department of Health Care Policy and Financing		1	
Contractor		Original Contract Number	
SLI Government Solutions		20-139453	
Current Contract Maximum Amount		Option Contract Number	
Initial Term		20-139453OL1	
State Fiscal Year 2020	\$3,000,000.00		
Extension Terms		Contract Performance Beginning Date	
State Fiscal Year 2021	\$3,000,000.00	The Effective Date July 1, 2020	
State Fiscal Year 2022	\$3,000,000.00		
State Fiscal Year 2023	\$3,000,000.00		
State Fiscal Year 2024	\$3,000,000.00	Current Contract Expiration Date	
		June 30, 2021	
Total for All State Fiscal Years	\$6,000,000.00		

OPTION LETTER

1. OPTIONS:

A. Option to extend for an Extension Term

2. **REQUIRED PROVISIONS:**

A. In accordance with Section(s) 2 C. of the Original Contract referenced above, the State hereby exercises its option for an additional term, beginning July 1, 2020 and ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.

3. OPTION EFFECTIVE DATE:

A. The effective date of this Option Letter is upon approval of the State Controller or July 1, 2020, whichever is later.

	In accordance with C.R.S. §24-30-202, this Option is not valid	
STATE OF COLORADO	until signed and dated below by the State Controller or an	
Jared S. Polis, Governor	authorized delegate.	
Department of Health Care Policy and Financing	STATE CONTROLLER	
Kim-Binsestefer, Executive Director	Robert Jaros, CPA, MBA, JD	
К Са	Docusigned by: Challon Winer	
By: Kim Bimestefer, Executive Director	By:	
6/26/2020	Department of Health Care Policy and Financing 6/26/2020 Option Effective Date:	
Date:	-	