2014

City of Loveland

Human Services Grant

Pre-Application

Email this pre-application and attachments to beverly.walker@cityofloveland.org by **12:00 pm** on **January 31, 2014**.

Human Services Grant Program Goal:

Financially support services that value diversity, foster self-reliance, treat people with dignity, build self-respect, address issues of safety, and allow people to live free of fear through the provision of food, shelter, physical and mental health care as well as services that prevent crises and assist in sustaining independent living.

Agency or Organization:
Program or Project Name:
Contact Person & Title:
Mailing Address:
City, State, Zip:
Phone Number:
E-mail Address:

Amount of 2014 grant funding requested. $_____

☐ Yes ☐ No Does the program, for which you are requesting a grant, serve Loveland residents?

☐ Yes ☐ No Are you a 501c3 with a minimum of one year's history of operation?

☐ Yes ☐ No Are you part of a collaboration that includes an IRS-designated 501c3 agency with at least one year's history of operation that will serve as the fiscal agent?

If you are a new applicant please attach your 501c3.

☐ Yes ☐ No Do you use an intake form?

Which population does this program primarily serve? (Check one)

- ☐ Abused/Neglected Children and Youth
- ☐ Battered Partners
- ☐ Education/Literacy
- ☐ Homeless
- ☐ Legal Services
- ☐ Mental or Physical Health Assistance
- ☐ Access to Meal Programs
- ☐ Living with HIV/AIDS Assistance
- ☐ Living with Disabilities Assistance
- ☐ Rent or Housing Assistance
- ☐ Seniors
- ☐ Youth Programs
- ☐ Other_____

☐ Yes ☐ No Is answering a question about income mandatory to receive services from your agency?

☐ Yes ☐ No Is income verified?

☐ Yes ☐ No Can you show that at least 51% of your clients fall at or below 80% of the area median income, including counting clients who do not provide financial information?

Example: If you serve 1,000 clients, 500 provide income information and 95% of those people are at or below 80% of the area median income, you are still only able to show that 47.5% of your total clients are at or below 80% of the AMI (500 x .95 = 475; 475/1,000 = 47.5%)

☐ % What percentage of your clients, in this program, fall at or below 80% of the area median income?

PRE-APPLICATION ATTACHMENTS

These attachments are required and the pre-application will not be considered without them.

Form 990 – Attach the most recently filed 990, main form only, **no schedules**. If your agency does not file a form 990, please attach a document with an explanation as to why in no more than two pages.

Profit and Loss Statement – Attach the profit and loss statement for the organization's last full fiscal year.

Client Intake Form and Income Verification Form (if separate) – Attach a blank copy of the form used.

Current Board of Directors Roster – Attach a current roster. List professional affiliations, if possible.

Organizational Chart – Attach an agency organizational chart. (Sample chart can be found at http://www.cityofloveland.org/index.aspx?page=880)

Pre-Award Agreement - Attach the agreement found on the following page.

2014 Pre-Award Agreement

Human Services Grant Applicants

If the agency is awarded 2014 Human Services Grant funds by the City of Loveland, I understand that the following will be required as a condition of receiving grant funds:

1. All agencies receiving grant funds from the City must enter into a legal agreement defining services to be provided, amount of the grant funds, terms of the grant, and other specific details. No grant funds will be issued without a fully executed grant agreement.

2. All grant funds are issued on a reimbursement basis. Documentation of authorized expenses must be submitted and approved by the City before any funding will be disbursed to grant recipients. Authorized expenses must be dated on or after the executed contract date.

3. All Human Services Grant funds must be expended and drawn no later than **June 30, 2015**.

4. Should Community Development Block Grant funds be received instead of Human Services Grant funds, instructions on reporting will be given at the time of award notification. CDBG funds will be expended and drawn no later than **July 31, 2015**.

5. A member of the Loveland Human Services Commission may make a site visit to agencies receiving grant funding from the City of Loveland.

By typing in your name, you agree to the above requirements in receiving grant funds.

Name: _____

Title: _____