

# 2014

City of Loveland

## Human Services Grant PROPOSAL

Proposals will be accepted by email to [Beverly.Walker@cityofloveland.org](mailto:Beverly.Walker@cityofloveland.org)  
by **12:00pm** Friday, **FEBRUARY 28, 2014**.



Agency or Organization:	
Program or Project Name:	
Executive Director:	
Contact Person & Title:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
E-mail Address:	
Amount Requested:	\$_____

<b>1. Indicate the total amount of grant funds received from the City of Loveland for this program or project in the past three years.</b>	<b>2013 - \$_____</b> <b>2012 - \$_____</b> <b>2011 - \$_____</b>
<b>2. What is the estimated total annual budget for the program or project?</b>	<b>\$_____</b>
<b>3. Briefly describe all of the services provided by your agency and describe the Loveland program or project for which your agency is requesting funding.</b>	
Questions 1-3 are non-scoring questions.	

**4. How does the program provide services that fulfill all or some of the attributes found in the Human Services Grant Program Goal?**

*15 points  
5% of score*

**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.

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
4	How well does the program match the Human Services Grant Program Goal?	Inadequately meets goal		Partially meets goal		Meets goal		3	

**5. What is the need you will meet for the citizens of Loveland? Please include current statistics and information, including citations.**

*20 points  
6% of score*

*See page 24 of the Grant Guide to write an effective need statement.*

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
5	Explanation of need in Loveland for service(s)	Inadequate		Adequate		Thorough		4	

**6. What is the agency's objective for this program? (Objective: short term, observable and measurable)**

*25 points  
8% of score*

*Use the format example on page 25 of the Grant Guide.*

**OBJECTIVE 1:**

**OBJECTIVE 2:**

**OBJECTIVE 3:**

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
6	Agency's objective for the program	No objective		Adequate objective		Clear objective		5	

**7. How will you document that you have accomplished your objective?**

*25 points  
8% of score*

**Objective 1:**

**Objective 2:**

**Objective 3:**

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
7	Agency documentation for the program	Poorly documented		Adequately documented		Well documented		5	

**8. What are the most recent results for the objective in question 6?**

*15 points  
5% of score*

*Use the format example on page 26 of the Grant Guide.*

**RESULT 1:**

**RESULT 2:**

**RESULT 3:**

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
8	Results of the objectives:	Minimal		Adequate or New		Exceeded objectives		3	

**Questions 9-11 provide information about how well Loveland residents are benefitting from your program.**

**25 points  
8% of score**

**9. How does the program benefit Loveland specifically?**

*See page 26 of the Grant Guide for additional guidance.*

**10. How many Loveland residents benefited from the program over the past 12 months?**

*Indicate the number of individuals. If you cannot indicate the number of individuals, explain.*

**11. How many Loveland residents will benefit from the program during the next 12 months?**

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
9 - 11	Program benefit to Loveland residents	Minimally beneficial		Somewhat beneficial		Highly beneficial		5	

**12. Explain how the services provided are different from other services provided in the community. How are the services unique relative to the need?**

*10 points  
3% of score*

*See page 27 of the Grant Guide for additional guidance.*

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
12	Rate the level of duplication of services	Others provide same service to <b>same</b> population		Others provide same service to <b>different</b> population		Program provides a <b>unique</b> service		2	

**13. How does the agency accommodate clients with limited accessibility to your services?**

*10 points  
3% of score*

*See page 27 of the Grant Guide for additional guidance.*



### Commissioner Scoring Question

		1	2	3	4	5	SCORE	Weight	TOTAL
13	Agency provides accessible and accommodating services	No accessibility or accommodating services		Moderate accessibility or accommodating services		Extensive accessibility & accommodating services		2	

**14. List three agencies that this program coordinates with to provide services to Loveland residents. Specify how the coordination takes place for each agency listed.**

*See page 28 of the Grant Guide for additional guidance.*

*15 points  
5% of score*

### Commissioner Scoring Question

		1	2	3	4	5	SCORE	Weight	TOTAL
14	Coordination of services with other agencies	No coordination		Moderate coordination		Excellent coordination		3	

**15. How does this program promote client self-reliance?**

*15 points  
5% of score*

*See page 28 of the Grant Guide for additional guidance.*

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
15	Program's provision of tools for self-reliance	No tools provided		Adequate		Extensive		3	

**16. How does the Loveland program utilize volunteers? What specific services do they provide? If the program does not utilize volunteers, please explain why.**

*10 points  
3% of score*

*See page 28 of the Grant Guide for additional guidance.*

Commissioner Scoring Question									
		1	2	3	4	5	SCORE	Weight	TOTAL
16	Program's use of volunteers (#persons, #hours, type of services)	Inappropriate system or explanation		Appropriate system or explanation		Excellent system or explanation		2	

**17. If the program generates revenue through client fees explain the system, including the amount charged per client. If the program does not generate revenue through client fees, explain why.**

*10 points  
3% of score*

*See page 29 of the Grant Guide for additional guidance.*

Commissioner Scoring Question									
		1	2	3	4	5	SCORE	Weight	TOTAL
17	Program's client-generated revenue system or explanation for no fees:	Inappropriate system or explanation		Appropriate system or explanation		Excellent system or explanation		2	

**Questions 18-20 provide information on program funding and sustainability.**

*25 points  
8% of score*

*See page 29 of the Grant Guide for additional guidance.*

**18. What are your sources of funding?**

**19. What is the term of office for board members? Do you have a board member Conflict of Interest policy?**

*This question is not considered when scoring. See page 29 of the Grant Guide for additional guidance.*

**20. What is the average length of service of board members?**

**Commissioner Scoring Question**

18 - 20		1	2	3	4	5	SCORE	Weight	TOTAL
	Funding & Program sustainability	Questionable sustainability		Evidence of sustainability		Highly sustainable		5	

**21. What was the total cost of the program for your agency's last fiscal year?**

*This question is not considered when scoring. If this is a new program, please indicate by inserting "new program" no results available at this time.*

\$ \_\_\_\_\_

**22. How many people does the agency serve overall in all locations? How many people receive services through THIS Program in all locations? Where are those locations?**

*This question is not considered when scoring.*

# \_\_\_\_\_ *People agency serves, all programs in all locations*

**List the locations:**

# \_\_\_\_\_ *People THIS program serves in all locations*

**List the locations:**

**23. What is the estimated LOVELAND PROGRAM BUDGET?**

*20 points  
6% of score*

\$ \_\_\_\_\_

**CPO Staff Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
23	% of Loveland Program Budget requested from HSG: Scored by CPO	26% or greater	21%-25%	16%-20%	11%-15%	10% or less		4	

**24. How did you derive the information used for the Loveland Program Budget? What are your sources?**

*This question is not considered when scoring.*

**25. Include a Loveland Program Budget Narrative on the LOVELAND PROGRAM BUDGET form found on the following page.**

*15 Points  
5% of score*

*If City grant funds are requested to pay for salaries, describe specifically: the positions, salaries for those positions, and the percentage of funds used for each position.*

*See page 31 of the Grant Guide for additional guidance.*

**Commissioner Scoring Question**

		1	2	3	4	5	SCORE	Weight	TOTAL
25	Program expense information: Loveland Program Budget Narrative	Inadequate info provided		Adequate info provided		Thorough info provided		3	

City of Loveland  
Human Services Grant Proposal  
**Loveland Program Budget**

Indicate whether revenue sources are **pending** or **confirmed**.  
Indicate which expenses will be paid for using City grant funds, if grant is awarded.

PROGRAM Revenue			PROGRAM Expenses		
Source	Amount	P - Pending or C - Confirmed	Expense Category	Amount	Amount to be paid for with city grant \$\$
Federal Grants			Salaries & Benefits		
State Grants			Program Supplies		
City of Loveland			Rent/mortgage/utilities		
Foundations			Professional Fees		
Donations			Transportation		
Fundraising			Travel		
United Way			Training		
Client Fees			Volunteer Recognition		
*Other:			Fundraising		
*Other:			Marketing		
*Other:			*Other:		
<b>Total Program Revenue:</b>	\$		<b>Total Program Expense:</b>	\$	\$

\*If the budget includes revenue sources or expense line items not listed on the application form, use the "other" lines to include those amounts and include the source or item.

**25. Program Budget Narrative**

Expense	Details of Expense
Salaries & Benefits	
Program Supplies	
Rent/ Mortgage/utilities	
Professional Fees	
Transportation	
Travel	
Training	
Volunteer Rec	
Fundraising	
Marketing	
Other:	
Other:	
Other:	

***Please do not list depreciation as an expense. List only cash expenses.***

City of Loveland  
Human Services Grant Proposal

## Agency Budget

What is the estimated AGENCY budget? *The Agency Budget is a non-scoring question.*  
*If the agency and program budget are one in the same, please explain this in the Loveland Program Budget Narrative.*

Indicate whether revenue sources are **pending** or **confirmed**.

Indicate which expenses will be paid for using City grant funds, if grant is awarded.

AGENCY Revenue			AGENCY Expenses		
Source	Amount	P - Pending or C - Confirmed	Expense Category	Amount	Amount to be paid for with city grant \$\$
Federal Grants			Salaries & Benefits		
State Grants			Program Supplies		
City of Loveland			Rent/mortgage/utilities		
Foundations			Professional Fees		
Donations			Transportation		
Fundraising			Travel		
United Way			Training		
Client Fees			Volunteer Recognition		
City of Fort Collins			Fundraising		
*Other:			Marketing		
*Other:			*Other:		
*Other:			*Other:		
<b>Total Agency Revenue:</b>	\$		<b>Total Agency Expense:</b>	\$	\$

\*If the budget includes revenue sources or expense line items not listed on the application form, use the "other" lines to include those amounts and include the source or item.

Expense	Details of Expense
Salaries & Benefits	
Program Supplies	
Rent/ Mortgage/utilities	
Professional Fees	
Transportation	
Travel	
Training	
Volunteer Rec	
Fundraising	
Marketing	
Other:	
Other:	
Other:	

***Please do not list depreciation as an expense. List only cash expenses.***