2015

Human Services Grant

Loveland: a vibrant community, surrounded by natural beauty, where you belong.

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Human Services Grant 2015 Schedule				
Date	**Day**	**Time**	**Activity**	**Location**
1/12	M	12:00-1:30pm	HSG - Agency Meeting	City Council Chambers
1/14	W	2:00-3:30pm	HSG – Agency Meeting	City Council Chambers
1/29	Th	Midnight	HSG Pre-Applications Deadline	http://tinyurl.com/COLGrants
2/26	Th	Midnight	HSG Grant Proposal Deadline	http://tinyurl.com/COLGrants
3/27	F	12:00-4:00pm	Applicant Presentations	City Council Chambers
3/30	M	5:00-8:30pm	Applicant Presentations	City Council Chambers
4/1	W	5:00-8:30pm	Applicant Presentations	City Council Chambers
4/6	M	5:00-8:30pm	Applicant Presentations	City Council Chambers
4/9	Th	5:00-8:30pm	Applicant Presentations	City Council Chambers
4/15	W	12:00-4:00pm	Applicant Presentations	City Council Chambers
4/16	Th	5:00-8:30pm	Applicant Presentations	City Council Chambers
4/20	M	12:00-4:00pm	Applicant Presentations	City Council Chambers
4/30	Th	5:30pm	HSC Allocation Meeting	City Council Chambers
Applicants receive notification of funding recommendations after May 7th.				
6/2	T	6:30pm	Grant Recommendations to City Council	City Council Chambers

How Much is Available?

Human Services Grant Funds	$500,000
Community Development Block Grant Funds (***Estimated*** *amount available for Public Services. Final amount to be determined by Congress.*)	$45,000
Total Grant Funds Available	*$545,000

****$35,000 = maximum request allowed per program*** (see following page)
*$10,000 of this amount may go to the Model Partnership Award

How To Apply

Step 1 - Eligibility

Determine whether the applying program provides services that fulfill all or some of the 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.

If there are questions about whether a project is eligible, or you are unable to submit your pre-application and proposal electronically, please call the Community Partnership Office (CPO) prior to January 29 at 970-962-2517 or 962-2705.

Step 2 - Pre-Apply

Go to: http://tinyurl.com/COLGrants Pre-Applications and attachments are due Thursday, **JANUARY 29, 2014 – before midnight.**

Late pre-applications or those with missing attachments will not be accepted.

Step 3 - Proposal

Create or login to: http://tinyurl.com/COLGrants Proposals are due Thursday, **FEBRUARY 26, 2014 – before midnight.**

Late proposals will not be accepted.

Step 4 - Presentation

Make a 20-minute presentation to the Human Services Commission in March or April. Applicants will have fifteen minutes to make a presentation about the grant application, agency, and program. Five minutes will be allotted for questions. The CPO will contact applicants in March to schedule presentation times. The CPO will provide applicants with specific questions to address during the presentation, if applicable.

****More than one application from one agency will be considered for clearly separate programs.**

***A separate program*:**

✓ Has a unique program budget **AND**

✓ Serves a unique population (*separate from other populations served by the agency*)

AND/OR

✓ Provides a unique service (*clearly different from other services provided by the agency*).

Direct Services Only

Grants will be available to fund direct services including, but not limited to:

- case management
- information & referral
- education
- mental health care
- transportation
- emergency shelter
- counseling
- rent assistance
- child care
- physical health care
- food
- advocacy

Direct services **do not include** (and will not be considered for funding):

- building rehabilitation
- purchase of equipment
- agency capacity building
- purchase of vehicles
- endowment funds
- fundraising expenses

CURRENT RECEIPT OF HUMAN SERVICES GRANT FUNDING DOES NOT ENSURE FUTURE FUNDING.

The role of the Human Services Commission is to review and score submitted proposals, attend agency presentations or view presentations via video recordings, and recommend allocations to City Council.

The role of the Community Partnership Office (CPO) is to review pre-applications and determine if grant program guidelines have been met. The CPO is available to answer questions about the process, but will not assist agencies in developing a project or program. The CPO will not preview proposals, but will provide clarification of proposal questions and logistics regarding grant submission and grant presentations. The CPO will monitor grantees and review financial information.

2015

City of Loveland

Human Services Grant

Pre-Application

Submit pre-application and attachments
http://tinyurl.com/COLGrants
before **Midnight** on **January 29, 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 Name:
Contact Person & Title:
Mailing Address:
City, State, Zip:
Phone Number:
E-mail Address:

Amount of 2015 grant funding requested: $_____

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

Select One

☐ 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 designation form.

☐ Yes ☐ No Do you use an intake form?

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

- ☐ Abused/Neglected or "At-Risk" Children and Youth
- ☐ Battered Partners
- ☐ Education/Literacy
- ☐ Legal Services
- ☐ Persons with HIV/AIDS
- ☐ Rent or Housing Assistance
- ☐ Transportation
- ☐ Access to Food Programs
- ☐ Early Childhood Care/Education
- ☐ Homelessness
- ☐ Living with a Disability
- ☐ Mental/Physical Health or Substance Abuse
- ☐ Seniors
- ☐ 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: You serve 1,000 clients a year at your agency. If 500 provide income information and 95% of those are at or below 80% of the area median income, you are 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.

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

Client Intake Form and Income Verification Form – Attach a blank copy of both forms.

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

Conflict of Interest Policy – Attach policy.

Organizational Chart – Attach an agency organizational chart (sample chart can be found at http://www.cityofloveland.org/) or on page 34.

2015 Pre-Award Agreement

Human Services Grant Applicants

If the agency is awarded a 2015 Human Services Grant from 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 grant funding, 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, 2016**.

4. Should Community Development Block Grant funds be received instead of Human Services Grant funds, reporting instructions will be given at the time of award notification. CDBG funds must be expended AND DRAWN no later than **September 30, 2016**.

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

Name: _____

Title: _____

***2014 HUD Income Guidelines**

Loveland - Ft Collins Metropolitan Statistical Area

Issued December 2013

# persons in household	1	2	3	4	5	6	7	8
100% Area Median Income	$51,500	$58,800	$66,200	$73,500	$79,400	$85,300	$91,200	$97,100
80%	$41,200	$47,050	$52,950	$58,800	$63,550	$68,250	$72,950	$77,650
75%	$38,625	$44,100	$49,650	$55,125	$59,550	$63,975	$68,400	$72,825
70%	$36,050	$41,160	$46,340	$51,450	$55,580	$59,710	$63,840	$67,970
60%	$30,900	$35,280	$39,720	$44,100	$47,640	$51,180	$54,720	$58,260
50%	$25,750	$29,400	$33,100	$36,750	$39,700	$42,650	$45,600	$48,550
40%	$20,600	$23,520	$26,480	$29,400	$31,760	$34,120	$36,480	$38,840
30%	$15,450	$17,650	$19,850	$22,050	$23,850	$25,600	$27,350	$29,150

*2015 HUD Income Guidelines: Expected release February 2015

For updates go to: www.cityofloveland.org

2015
City of Loveland
Human Services Grant
Proposal Guide

Proposals will only be accepted before **midnight**, Thursday, **FEBRUARY 26, 2015**.
Submit online: http://tinyurl.com/COLGrants

Please contact the Community Partnership Office with questions about the proposal at 970-962-2517 or 962-2705.

1. Indicate the total amount of grant funds received from the City of Loveland for this program in the past three years.	**2014 - $_____** **2013 - $_____** **2012 - $_____**
2. What is the total annual budget for the program?	**$_____**

3. Briefly describe all of the services provided by your agency and describe the Loveland program for which your agency is requesting funding.

Questions 1-3 are non-scored questions.

4. Specifically, how does the program provide services that fulfill all or some of the Human Services Grant program goal?

27 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	2-4	5	6-8	9	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 need will this program fulfill for the citizens of Loveland? Please include current statistics and information, including citations.

36 points
7% of score

THE NEED STATEMENT

PURPOSE:

The Need Statement presents facts and evidence to support the need for the program you are proposing. It also establishes your organization as being capable of addressing the need. When identifying the problem and writing the Need Statement, you must show how the services you want to provide address the need(s) and fulfill all or some of the Human Services Grant program goal.

An Effective Need Statement:

- Describes the target populations to be served.
- Defines the community problem/need that you will address.
- Is related to the purpose and goals of your organization.
- Includes quantitative and qualitative documentation and supporting information.
- Does not make any unsupported assumptions.
- Describes the situation in terms that are both factual and of human interest.
- Cites sources to support the existence of the problem/need.

Checklist:

- ☐ Does the problem you identify relate to the purpose and goals of your agency?
- ☐ Is your proposal of reasonable dimension to the issues you are addressing?
- ☐ Did you document evidence to support the existence of the problem?
- ☐ Do you make a compelling case for the need for your project/program?

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
5	Explanation of need for service(s) in Loveland	Inadequate		Adequate		Thorough		4	

6. What are the objectives for this program for the grant year for which you are applying? How will you measure and document that you have accomplished these objectives?

45 points
8% of score

Use the format example below.

Describe the agency's objectives for the program and/or service to be provided. The objective is related

to the need. Why is the agency providing the service? What does the agency hope to achieve through this service? **List 1-3 objectives for this program and how you will document your progress on each.**

Your answer should be

Specific, Measurable, Attainable, Relevant, and Time-limited

known as a SMART Objective.

OBJECTIVE and DOCUMENTATION Examples:

OBJECTIVE 1: *ABC Tutoring will **increase** the reading skills of 100% of students who consistently attend the program, which is a one hour session, 2 times a week for one month.*
DOCUMENTATION: *Pre and post-tests to determine reading level progress.*

OBJECTIVE 2: *ABC Tutoring will **increase** the graduation rate of high school students from 85% to 90%.*
DOCUMENTATION: *Gather student academic records that include graduation date.*

OBJECTIVE 3: *ABC Tutoring will **decrease** the percentage of children held back a school grade from 15% to 10%.*
DOCUMENTATION: *Transition information for students from the 2014- 2015, and 2015-2016 school years.*

You will be asked to copy your objectives to your Final Report.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
6	Agency's objective(s) and documentation of the program	No objective or no documentation		Adequate objective and documentation		Clear objective and documentation		5	

For questions 7-9, provide information about how well Loveland residents are benefitting from your program.

45 points
8% of score

7. How does the program benefit Loveland specifically?

Does the program also serve persons that live outside of Loveland? Do you have an office located in Loveland? If not, how are Loveland clients served? What days and times are services offered to Loveland clients?

8. 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.

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

Number of individuals.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
7 - 9	Program benefit to Loveland residents	Minimally beneficial		Somewhat beneficial		Highly beneficial		5	

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

18 points
3% of score

How does the agency accommodate people with transportation issues or who are unable to access services during regular business hours? Please also address how your program serves members of less visible segments of the population, such as, new immigrants; hidden homeless; gay, lesbian, bisexual or transgender persons; persons that speak minimal English; or any other less visible population not mentioned.

Many agency employees and Loveland community members have participated in *Bridges Out of Poverty* and/or *Poverty Simulation* trainings, during which the circumstances of low income residents have become more clear, and the needs and obstacles of these clients have shown that agencies may need to adjust their current operating practices, such as the hours the agency is open, in order to accommodate clients and to make services more accessible. Have you seen a need to change your operating practices to accommodate clients? If so, how?

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
10	Agency provides accessible and accommodating services	No accessibility or accommodating services		Moderate accessibility or accommodating services		Extensive accessibility & accommodating services		2	

11. List agencies that this program coordinates with to provide services to Loveland residents. Specifically describe how coordination takes place for each agency listed.

27 points
5% of score

Which groups does this program work with most often? Are there particular programs that are linked? Define how services are coordinated or supported by one another.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
11.	Coordination of services with other agencies	No coordination		Moderate coordination		Excellent coordination		3	

12. How does this program promote client self-reliance?

27 points
5% of score

How does the service provided encourage and support clients to work toward improving their lives and their ability to live independent of government or non-profit assistance? Are life skills taught? Does the service allow clients to focus on other areas of their lives that need stabilizing or enhancement?

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
12	Program's provision of tools for self-reliance	No tools provided		Adequate		Extensive		3	

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

18 points
3% of score

Describe the types of work and contributions made by volunteers. Some programs do not utilize volunteers for legal reasons. Explain this if necessary.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
13	Program's use of volunteers	Inappropriate system or explanation		Appropriate system or explanation		Excellent system or explanation		2	

14. 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.

18 points
3% of score

If the agency offers services on a sliding fee basis or flat rate, explain the system. If the agency does not charge any fees to clients, explain why the agency has made that decision.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
14	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 15-17 provide information on program funding and sustainability.

45 points
8% of score

15. What are your sources of funding?

Does the agency have a matching grant that will be leveraged with the city's grant? How will other sources be leveraged with city funds? What happens if the city does not fund this program? How will the program's long-term plan be affected?

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

Do you have a Conflict of Interest policy? Are board members allowed to do business with the agency? Is self-dealing prohibited or are there exceptions?

17. What is the average length of service of board members?

This will provide the commission with information on board stability and commitment.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
15 - 17	Funding and program sustainability	Questionable sustainability		Evidence of sustainability		Highly sustainable		5	

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

If this is a new program, please indicate by writing "new program no results available at this time".

Provide one dollar amount that reflects the total expenses for the Loveland Program.

This question is not scored.

19. 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 scored.

20. What is the LOVELAND PROGRAM BUDGET? *36 points 7% of score*

What are the projected costs and revenue sources and amounts for the program over the next year (not for the entire agency unless the agency provides this service only)? On the Program Budget, change "other" to correct term as needed.

CPO Staff Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
20	% of Loveland Program Budget requested: Scored by CPO	26% or greater	21%-25%	16%-20%	11%-15%	10% or less		4	

21. Include a Loveland program budget narrative on the LOVELAND PROGRAM BUDGET form.

27 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.

The budget narrative ideally expands on line items, explaining how the agency arrived at dollar amounts and giving enough detail to tie the costs to the project's activities and goals already described. When costs seem unusually high or low, the budget narrative can provide the needed explanation. As with the entire proposal, budget narratives are ideally clear and forthright.

*List each source of income and indicate if it is **pending** or **confirmed**. This information will help the commission to compare actual versus projected revenue and expenses.*

List each expense for the program and provide a brief explanation of the expense.

For example:

Personnel expenses within this category include stipends for each participant (10 x $6750 each), stipends for the Project Director ($1,750) and Co-Facilitator ($1,500), and funds to hire a part-time work-study student to handle many of the administrative tasks associated with the project ($10,000).

OR

Funding will pay for ½ of the Case Manager's salary, or $14,000/year, plus FICA (7.65%) of $1,071, and $500 for health insurance. The rest of the grant request of $4,429 will be used to pay for the rent of the office space in Loveland.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
21	Program expense information: Loveland Program Budget Narrative	Inadequate info provided		Adequate info provided		Thorough info provided		3	

22. How did you derive the information used for the Loveland program budget? What are your sources?

This question is not scored but MUST be included in your answer (this answer will be part of question 21 on the online grant proposal.

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 :		
Total Program Revenue:	$		**Total Program Expense:**	$	$

*If the budget includes revenue sources or expense line items not listed in the columns above, use the "other" lines to include those amounts and include the source or item.

22. 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. You may list an in-kind donation if it replaces something you would have to pay for (i.e., rent).

Questions 23-25: Proposal Scoring	171 points, 32% of score

The overall proposal score is based on information provided on the grant application, the presentation, as well as the perceived impact of the service to the community.

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
23	Rate the impact of this service relative to community need.	Low impact		Equal impact		Very high impact		7	63

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
24	Clarity & quality of grant proposal:	Inadequate		Average		Excellent		5	45

Commissioner Scoring Question

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
25	Clarity & quality of grant presentation:	Inadequate		Average		Excellent		7	63

Agency Budget

What is the estimated AGENCY budget? The Agency Budget is not considered when scored.
If the agency and program budget are one in the same, please explain this in the Loveland Program Budget Narrative.

City of Loveland
Human Services Grant Proposal
Agency Budget

What is the estimated AGENCY budget?
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:		
Total Agency Revenue:	$		**Total Agency Expense:**	$	$

*If the budget includes revenue sources or expense line items not listed in the columns above, 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. You may list an in-kind donation if it replaces something you would have to pay for (i.e. rent).

1 - 3 Non-scored Questions									
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
4	How well does the program meet Human Services Grant program goal?	Inadequately meets goal		Partially meets goal		Meets goal	9	3	27
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
5	Explanation of need for service(s) in Loveland	Inadequate		Adequate		Thorough	9	4	36
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
6	Agency's objective(s) and documentation of the program	No objective or no documentation		Adequate objective and documentation		Clear objective and documentation	9	5	45
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
7 - 9	Program benefit to Loveland residents	Minimally beneficial		Somewhat beneficial		Highly beneficial	9	5	45
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
10	Agency provides accessible and accommodating services	No accessibility or accommodating services		Moderate accessibility or accommodating services		Extensive accessibility & accommodating services	9	2	18
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
11	Coordination of services with other agencies	No coordination		Moderate coordination		Excellent coordination	9	3	27
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
12	Program's provision of tools for self-reliance	No tools provided		Adequate		Extensive	9	3	27
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
13	Program's use of volunteers	Inappropriate system or explanation		Appropriate system or explanation		Excellent system or explanation	9	2	18
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
14	Program's client-generated revenue system or explanation for no fees	Inappropriate system or explanation		Appropriate system or explanation		Excellent system or explanation	9	2	18
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
15 - 17	Funding and program sustainability	Questionable sustainability		Evidence of sustainability		Highly sustainable	9	5	45

	18-19 Non-scored Question								
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
20	% of Loveland Program Budget requested from HSG: (Scored by CPO)	26% or greater	21%-25%	16%-20%	11%-15%	10% or less	9	4	36
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
21	Program expense information: Loveland Program Budget Narrative	Inadequate info provided		Adequate info provided		Thorough info provided	9	3	27
	22 Non-scored Question								
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
23	Rate the impact of this service relative to community need.	Low impact		Equal impact		Very high impact	9	7	63
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
24	Clarity & quality of grant proposal:	Inadequate		Average		Excellent	9	5	45
		1	2, 3, 4	5	6, 7, 8	9	SCORE	Weight	TOTAL
25	Clarity & quality of grant presentation:	Inadequate		Average		Excellent	9	7	63
						Total Score	540		

2015 Grant Program
Scoring Information

- All members of the Human Services Commission will complete a Score Sheet for each application as shown on the previous two pages.

- Each applicant will receive a final score calculated by averaging the total scores of each of the commission members. *An example of the score report is on the next page.*

Applicant Name	Commissioner John's Total Score	Commissioner Sue's Total Score	Commissioner Sally's Total Score	Commissioner Fred's Total Score	**Average Score**
Agency A	110	133	205	144	148
Agency B	150	200	190	122	166
Agency C	204	199	150	144	174
Agency D	102	142	200	155	150
Agency E	100	112	144	133	122
Agency F	140	135	135	142	138
Agency G	200	180	185	190	189

***NOTE that amounts above and below are based on previous years totals and do not reflect average scores for the 2015-2016 grant year.**

- Applicants with total average scores in the lowest range may not be considered for grant funding. *Example below.*

Agency Name	**Total Ave Score**	**Rank**
Agency G	189	1
Agency C	174	2
Agency B	166	3
Agency D	150	4
Agency A	148	5
Agency F	138	6
Agency E	122	7

%	Range
25% and below	122 points to 139 points
26% to 50%	140 points to 155 points
51% to 75%	156 points to 172 points
76% to 100%	173 points to 189 points

In this example, Agencies "E" and "F" may not be considered for funding.

Please note that actual ranges may differ from the example.

- The commission will use the total average scores and the agency rankings as a **starting point** for making a funding recommendation.

- Every applicant will receive a scoring report at the end of the grant process.

City of Loveland

COMMUNITY PARTNERSHIP OFFICE
Civic Center - 500 East Third Street - Loveland, Colorado 80537
(970) 962-2517 TDD (970) 962-2620 FAX (970) 962-2903
www.cityofloveland.org

2015
Human Services Grant
Proposal Scoring Report

Grant Applicant: _____ **Program:** _____
Amount Requested: _____ **Recommendation:** $
Average Total Score: _____ **Grant Fund:** Human Services Grant
The average of scores provided by Human Services Commissioners.

Number of requests received	Recommended number of grants	Total amount of funding available

Total # of Points Possible	Average Score of all applicants	Highest Score of all applicants	Lowest Score of all applicants	Median Score of all applicants
540 points				

Overview of Grant Applicant Scores:

Scoring Range	To be determined during allocation process				
# of applicants scoring in range					

If you have any questions or comments on the scoring process, please contact Alison Hade at 970.962.2517 or Alison.Hade@cityofloveland.org. Your comments will be taken into consideration when the commission discusses the grant process for the 2016 grant year.

	Human Services Commissioner's Scores												
Applicant	A	B	C	D	E	F	G	H	I	J	K	L	Average
Agency	205	242	229	220		220	218	224	203	232	252	200	222
Agency	211	240	235	226		223	237	227	205	244	261	229	231
Agency	205	191	221	197	188	210	207	207	206	235	224	171	205
Agency	194	235	240	168	197	218	199	227	166	216	256	229	212
Agency	201	214	257	194	219	185	209	211	195	208	239	213	212
Agency	172	176	221	184	201	184	197	206	189	220	229	195	198
Agency	179	224	243	225	206	250	211	212	179	238	249	203	218
Agency	191	158	208	140	162	206	190	187	161	194	215	134	179
Agency	121	158	186	104	146	156	140	138	114	132	177	142	143
Agency	191	208	214	190	185	224	194	209	176	224	233	194	204
Agency	207	233	200	186	213	188	209	206	174	240	208	252	210
Agency	219	213	263	222	194	237	225	221	217	223	249	222	225
Agency	208	216	240	218	205	227	199	216	210	221	234	221	218
Agency	189	214	174	185	176	206	201	200	175	217	232	199	197
Agency		206	228	188	196	199	221	211	152	228	231	190	205
Agency	200	242	257	221	206	228	223	238	185	239	232	228	225
Agency	189	245	242	215	216	244	228	236	182	248	221	222	224
Agency	181	205	205	168	180	203	189	221	149	204	227	168	192
Agency	194	205	211	216	216	238	210	223	196	238	249	249	220
Agency	185	204	190	214	204	229	208	208	192	226	237	230	211
Agency	168	199	202	204	193	219	190	204	172	228	228	224	203
Agency	188	233	214	205	181	236	205	220	190	231	236	214	213
Agency	187	216	204	189	181	209	200	213	170	222	231	174	200
Agency	173	172	207	135	169	176	194	187	175	210	210	176	182
Agency	203	242	246	227	195	229	195	222	193	239	251	227	222
Agency	183	189	218	190	173	166	167	202	178	220	230	203	193
Agency	197	236	245	211	202	218	201	206	187	238	247	189	215
Agency	199	230	194	213	186	230	207	220	163		235	169	204
Agency	233	237	249	242	223	240	243	245	232	238	248	236	239
Agency	172	239	233	205	185	205	222	213	171	236	224	215	210
Agency	187	238	255	225	200	210	211	236	224	251	237	186	222
Agency	188	218	233	213	197	223	184	225	183	235	235	183	210
Agency	219	246	230	224	205	235	252	213	207	233	256	232	229
Agency	187	233	239	200	193	216	211	229	204	236	226	221	216
Agency	211	224	260	179	208	231	211	223	179	216	236	204	215
Agency	182	189	204	203	171	201	157	213	175	227	207	197	194
Agency	223	220	264	183	204	228	211	233	182	227	237	244	221
Agency	177	218	207	195	172	202	187	198	166	219	214	170	194
Agency	194	239	247	218	179	197	217	226	191	241	247	195	216
Agency	198	225	239	193	172	204	221	213	189	231	244	165	208
Agency	184	220	242	205	170	189	189	206	174	239	200	200	202
Agency	190	196	259	202	188		183	216	226	249	228	195	212

Sample Human Services Commission Grant Allocations

App	Req	Score	Rank	A (90% start)		B (90% start)		C (87.5%)		E		F	
	$33,000	254	1	90.00%	$29,700	90.00%	$29,700	87.50%	$28,875	84.78%	$27,976	100%	$33,000
	$32,000	250	2	88.30%	$28,255	85.67%	$27,414	83.17%	$26,614	83.33%	$26,667	96%	$30,614
	$7,500	245	3	86.38%	$6,478	80.87%	$6,065	78.37%	$5,878	81.73%	$6,130	91%	$6,815
	$26,000	245	3	74.00%	$19,240	80.34%	$20,888	77.84%	$20,238	81.56%	$21,205	90%	$23,488
	$35,000	245	3	74.00%	$25,900	80.17%	$28,060	77.67%	$27,185	81.50%	$28,525	90%	$31,560
	$8,000	244	4	73.84%	$5,907	79.77%	$6,382	77.27%	$6,182	81.37%	$6,509	90%	$7,182
	$15,000	244	4	73.59%	$11,039	79.17%	$11,876	76.67%	$11,501	81.17%	$12,175	89%	$13,376
	$35,000	239	5	71.93%	$25,175	75.12%	$26,292	72.62%	$25,417	79.82%	$27,936	86%	$29,985
	$35,000	235	6	70.21%	$24,572	71.00%	$24,850	68.50%	$23,975	78.44%	$27,455	82%	$28,760
	$15,000	235	6	70.16%	$10,524	70.89%	$10,634	68.39%	$10,259	78.41%	$11,761	82%	$12,300
	$35,000	234	7	71.00%	$24,850	69.45%	$24,308	66.95%	$23,433	77.93%	$27,274	79%	$27,475
	$31,500	231	8	71.00%	$22,365	67.11%	$21,140	64.61%	$20,352	77.15%	$24,301	75%	$23,625
	$7,500	231	8	70.90%	$5,318	66.89%	$5,017	64.39%	$4,829	77.07%	$5,781	75%	$5,625
	$35,000	231	8	70.67%	$24,733	66.34%	$23,219	63.84%	$22,344	76.89%	$26,912	75%	$26,250
	$9,006	227	9	69.12%	$6,225	62.78%	$5,654	60.28%	$5,429	75.70%	$6,818	72%	$6,439
	$22,544	227	9	68.88%	$15,529	62.23%	$14,029	59.73%	$13,466	75.52%	$17,025	68%	$15,330
	$17,000	225	10	68.10%	$11,576	60.45%	$10,277	57.95%	$9,852	74.93%	$12,738	65%	$10,965
	$25,000	225	10	68.00%	$17,000	60.23%	$15,058	57.73%	$14,433	74.85%	$18,713	65%	$16,250
	$35,000	224	11	67.94%	$23,781	60.11%	$21,039	57.61%	$20,164	74.81%	$26,185	62%	$21,525
	$4,000	224	11	67.85%	$2,714	59.89%	$2,396	57.39%	$2,296	74.74%	$2,990	62%	$2,480
	$35,000	223	12	67.47%	$23,615	59.05%	$20,668	56.55%	$19,793	74.46%	$26,061	59%	$20,475
	$5,000	222	13	68.00%	$3,400	57.23%	$2,862	54.73%	$2,737	73.85%	$3,693	55%	$2,750
	$23,785	222	13	68.00%	$16,174	57.17%	$13,598	54.67%	$13,003	73.83%	$17,561	55%	$13,082
	$13,232	221	14	67.92%	$8,988	57.00%	$7,542	54.50%	$7,211	73.78%	$9,762	52%	$6,814
	$25,355	221	14	67.84%	$17,200	56.81%	$14,404	54.31%	$13,770	73.71%	$18,690	52%	$13,185
	$25,000	221	14	67.72%	$16,931	56.56%	$14,140	54.06%	$13,515	73.63%	$18,408	52%	$13,000
	$10,000	220	15	67.10%	$6,710	55.17%	$5,517	52.67%	$5,267	73.17%	$7,317	49%	$4,850
	$25,000	219	16	66.87%	$16,717	54.67%	$13,668	52.17%	$13,043	73.00%	$12,203	45%	$11,250
	$20,649	219	16	66.67%	$13,766	54.23%	$11,198	51.73%	$10,682	72.85%	$10,028	45%	$9,292
	$35,000	219	16	66.67%	$23,335	54.23%	$18,981	51.73%	$18,106	72.85%	$17,000	45%	$15,750
	$14,400	218	17	66.26%	$9,541	53.34%	$7,681	50.84%	$7,321	72.56%	$6,923	39%	$5,616
	$24,000	216	18	65.59%	$15,742	51.89%	$12,454	49.39%	$11,854	72.07%	$11,345	35%	$8,400
	$18,000	212	19	63.76%	$11,477	47.92%	$8,626	45.42%	$8,176		$0	34%	$6,120
	$25,000	211	20		$0	46.45%	$11,613	43.95%	$10,988		$0	33%	$8,250
	$10,000	210	21		$0	45.34%	$4,534	42.84%	$4,284		$0	32%	$3,200
	$3,150	209	22		$0	44.80%	$1,411	42.30%	$1,332		$0	31%	$977
	$5,000	208	23		$0	43.80%	$2,190	41.30%	$2,065		$0	30%	$1,500
	$10,000	207	24		$0	42.78%	$4,278	40.28%	$4,028		$0		$0
	$20,000	207	24		$0	42.56%	$8,512	40.06%	$8,012		$0		$0
	$7,020	207	24		$0	42.34%	$2,972	39.84%	$2,797		$0		$0
	$15,000	197	25		$0	32.78%	$4,917	30.28%	$4,542		$0		$0
	$35,000	186	26		$0		$0	19.61%	$6,864		$0		$0
	$25,000	173	27		$0		$0	6.61%	$1,653		$0		$0
Total	$892,641			**ttl**	$524,475	**ttl**	$526,058	**ttl**	$513,758		$524,066	**total**	$517,553
Total Avail	**$530,000.00**			**bal**	$5,525	**bal**	$3,942	**bal**	$16,242		$5,934	**bal**	$12,447

Results are meant for illustration only

City of Loveland
Human Services Grant
Model Partnership Award

The Human Services Commission offers a one-time grant amount of **up to $10,000** to non-profit agencies that exemplify ideal partnerships in the Loveland community. The Model Partnership Award was established to encourage and/or reward efforts of collaborations that reduce duplication of services, administrative costs or increase efficiency. The commission may make up to $10,000 available during the 2015 grant process to spotlight programs working together to better serve the community. Funds **may or may not** be awarded to one lead agency and divided among two or more partnering agencies, depending on the quality of proposals and merit of partnerships.

Note: *There is no guarantee that a Model Partnership Award will be given every year.*

Step 1 - Eligibility

- A minimum of two separate groups working together to serve persons in Loveland.
- At least one organization must have an established 501(c)3 IRS determination.
- Provide services that fulfill all or some of the 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.*

Applications for existing partnerships will be considered, in addition to newly created partnerships.

Step 2 – Pre-Apply

Submit a Model Partnership Pre-Application form by January 29, 2015 before midnight MST.

Step 3 - Proposal

Once you have received notification that your pre-application has been approved you may start your proposal (due February 26, 2015 before midnight).

Submit pre-applications and proposals online: http://tinyurl.com/COLGrants

Step 4 - Presentation

Make a 20-minute presentation to the Human Services Commission in March or April. Applicants will have fifteen minutes to make a presentation about the grant application, agencies, and program. Five minutes will be allotted for questions. The CPO will contact applicants in March to schedule presentation times. The CPO will provide applicants with specific questions to address during the presentation, if applicable.

This award may be applied for in addition to the Human Services Grant.

2015

City of Loveland

Human Services Grant

Model Partnership Award Pre-Application

Submit online http://tinyurl.com/COLGrants
before midnight on **January 29, 2015**.

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.

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

Amount of 2015 grant funding requested ($10,000 maximum). $ _____

☐ Yes ☐ No Does the Lead Agency/Organization have a 501c3 with a minimum of one year's history of operation?

OR

☐ Yes ☐ No Is the Lead Agency/Organization 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?

1. How does the program provide services that fulfill all or some of the Human Services Grant program goal?

2. Please describe the program and how it is a partnership.

PRE-APPLICATION ATTACHMENTS

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

Current Board of Directors Roster – Attach a current roster for each agency. List professional affiliations.

Conflict of Interest Policy – Submit the Conflict of Interest policy for each agency.

Organizational Chart – Attach an organizational chart showing staff and programs, including the relationship between the agencies.

2015 Pre-Award Agreement

Human Services Grant Applicants

If the agency is awarded a 2015 Human Services Grant from 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 grant funding, 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 will be expended AND DRAWN no later than **June 30, 2016**.

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

Name: _____

Title: _____

2015
City of Loveland
Human Services Grant
Model Partnership Award Proposal Guide

Submit online http://tinyurl.com/COLGrants
before midnight, Thursday, **FEBRUARY 26, 2015**.
Please contact the Community Partnership Office with questions about the proposal at 970-962-2517 or 962-2705.

Lead Agency or Organization:	
Executive Director:	
Board President:	
Contact Person & Title:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
E-mail:	

Partnering Organization:	
Executive Director:	
Board President:	
Contact Person & Title:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
E-mail:	

If additional partners are involved, please use additional sheets found on the website and include the same information for each partner.

Program Title:

1. How does the program provide services that fulfill all or some of the Human Services Grant program goal? (This answer will automatically be copied from the pre-application.)

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
1	How well does the program match the HSG program goal?	Inadequately meets goal		Partially meets goal		Meets goal		3	

2. Please state the partnership's goals, strategies, and outcomes for the collaborative program.

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
2	Partnership goals, strategies & outcomes	No goals		Adequate goals		Strong & clear goals		4	

3. How many Loveland residents will benefit from the partnership's services?

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
3	Rate the level of benefit to Loveland residents	Low impact		Adequate impact		High impact		3	

4. How is your partnership more efficient in terms of time, effort, cost and delivery of services?

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
4	Increased efficiency and / or community benefit	No Increase		Moderate increase		Substantial increase		5	

5. Specify how this partnership better serves the clientele of each agency.

		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
5	Rate the effectiveness of this partnership compared to others	Low impact		Equal impact		High impact		3	

Partnership Budget

6. 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 rename the source or item.

PROGRAM Revenue		PROGRAM Expenses		
Source	**Amount**	**Expense Category**	**Amount**	**Amount paid for with City Grant $**
Federal Grants		Salaries & Benefits		
State Grants		Program Supplies		
City of Loveland		Rent/Mortgage/Utilities		
Foundations		Professional Fees		
Donations		Transportation		
Fundraisers		Travel		
United Way		Training		
Client Fees		Volunteer Recog.		
Other:		Marketing		
Other:		Other:		
Other:		Other:		
Total Revenues:	**$**	**Total Expenses:**	**$**	**$**

Include a budget narrative below explaining each expense line item.

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

		1	2-4	3	6-8	9	SCORE	Weight	TOTAL
6	Budget Details	Inadequate info provided		Adequate info provided		Thorough info provided		4	

Model Partnership Award
Commissioner Score Sheet Sample

Agencies:

Partnership Project:

Model Partnership Award										
		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
1	How well does the program match the HSG program goal?	Inadequately meets goal		Partially meets goal		Meets goal	9	3	27
		1	2-4	5	6-8	9	SCORE	Weight	TOTAL
2	Partnership goals, strategies & outcomes	No goals		Adequate goals		Strong & clear goals	9	4	36
		1	2-4	5	4	9	SCORE	Weight	TOTAL
3	Rate the level of benefit to Loveland residents	Low impact		Adequate impact		High impact	9	3	27
		1	2-4	5	4	9	SCORE	Weight	TOTAL
4	Increased efficiency and / or community benefit	No Increase		Moderate increase		Substantial increase	9	5	45
		1	2-4	5	4	9	SCORE	Weight	TOTAL
5	Rate the effectiveness of this partnership compared to others	Low impact		Equal impact		High impact	9	3	27
		1	2-4	5	4	9	SCORE	Weight	TOTAL
6	Budget Details	Inadequate info provided		Adequate info provided		Thorough info provided	9	4	36
						Total Score	198		

EXHIBIT A
SCOPE OF SERVICES

(this form will become part of the grant contract if funds are awarded)

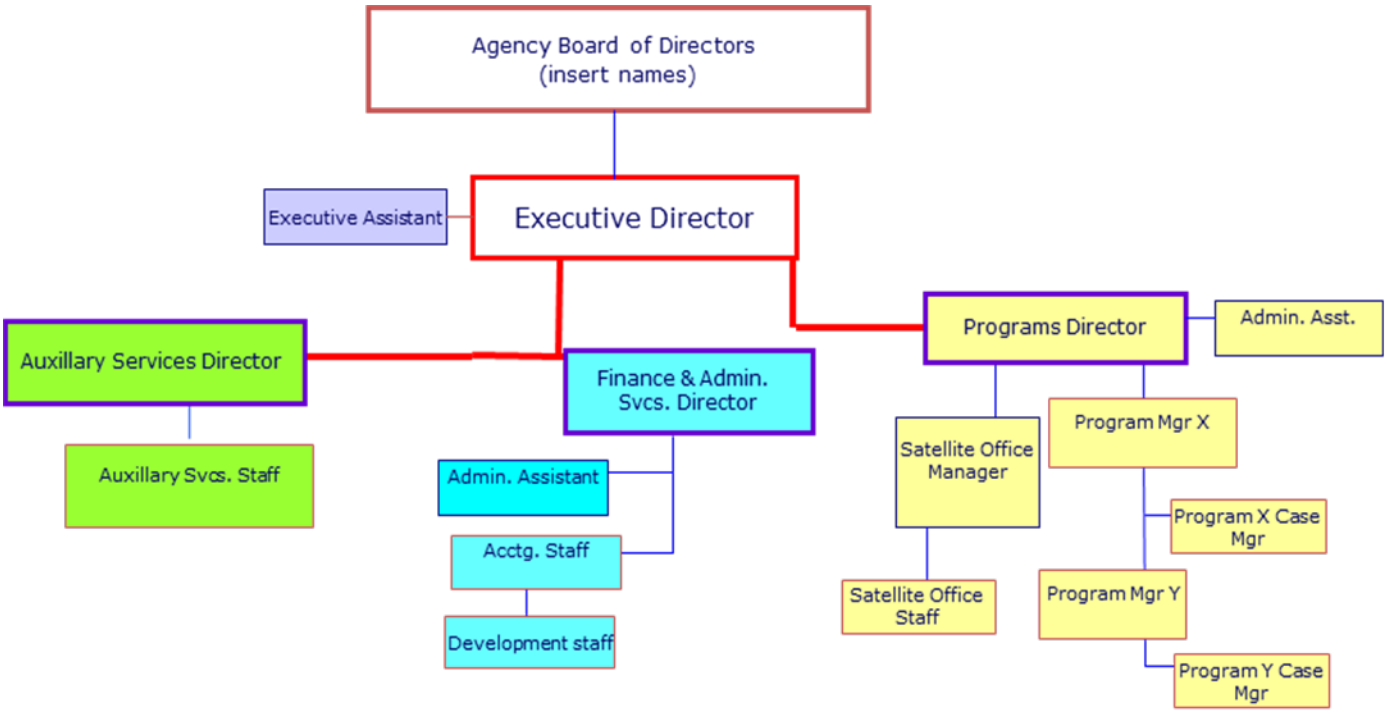
DESCRIPTION OF PROJECT (Specifically describe how grant funds will be used)

DETAILED GRANT BUDGET

2015 Grant Expense Budget	$
Line Item Description: (Use one line per item. Add additional lines if needed.)	$ amount allocated for each item:
1.	
2.	
3.	
4.	
TOTAL Grant Amount:	**$**

Agency X Example Organizational Chart

Note: If your agency does not have a branch that may be present on this chart, that is fine, simply illustrate all of the programs and staff that your agency employs



Key:

- Services/Programs that are an arm of the agency, but not the primary function of the agency, housing for example
- Finance/Acctg/Fundraising staff
- Programs and the staff that provide the services of each program

HUMAN SERVICES GRANT PROGRAM
2015-2016 FINAL REPORT FORM

Report due July 15, 2016

A. Agency Name and Address:

Total Amount of 2015 Grant $_____

B. Description of Accomplished Objective

Use the objectives from question 6 of your grant proposal. Then, answer 1 - 2 for the results of your objectives.
Note: The objectives must match your answer to question 6 on the Human Services Grant proposal.

Objective 1:

Objective 2:

Objective 3:

1. How did you document these accomplishments?
   Objective 1:

   Objective 2:

   Objective 3:

2. What were the results of the objectives?
   Result 1:

   Result 2:

   Result 3:

3. Please share a success story the program has seen during this grant year.

4. Describe how you worked to accommodate client/clients who required assistance outside of your "normal" mode of operation, e.g., outside business hours, transportation issues, meeting with him or her at a location convenient for the client, etc.

C. Recipient Documentation

Provide the following data regarding ***Loveland*** clients served by the program for the full grant year July 1, 2015 – June 30, 2016. Please use current HUD income guidelines available at http://www.cityofloveland.org/grantforms.

C 1. **TABLE I**

RECIPIENT INCOME DOCUMENTATION				
# served with extremely low income ***(30% AMI or less, per HUD income guidelines)***	**# served with very low income** ***(31-50% AMI, per HUD income guidelines)***	**# served with low/moderate income** ***(51-80% AMI, per HUD income guidelines)***	**TOTAL Loveland Clients** ***Total of 3 previous boxes***	**# of female-headed households**
By Person	By Person	By Person	By Person	**By Household**

Number of clients served with income over 80% AMI - _____

Number of clients that declined to answer - _____

C2. **CLIENT INFORMATION - Include ALL Income Levels**

# of Persons with Disabilities	# of Homeless	# of Seniors	# of Veterans

C3. **RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH HSG FUNDS (JULY 1, 2014 – JUNE 30, 2015)**

TOTAL MUST MATCH NUMBER OF PERSONS GIVEN IN **QUESTION C1** ABOVE.

Race/Ethnicity Category	Total # by persons	*Of this total, #Hispanic persons
White		
Black/African American		
Asian		
American Indian / Native Alaskan		
Native Hawaiian / Other Pacific Islander		
American Indian / Native Alaskan & White		
Asian & White		
Black/African American & White		
American Indian / Native Alaskan & Black/African American		
Other Multi-Racial		
TOTAL		

*According to HUD, Hispanic is not a separate race but is categorized with another race, e.g. White/Hispanic.

COMPLETE THE FOLLOWING TABLE FOR THE 2015-2016 GRANT YEAR

A) Total clients seen by agency, include all locations and all services provided by agency	
B) Number of clients that gave income information	
C) Number from 'B" that were 80% AMI or lower	

C4. **How does the race/ethnicity of your clientele compare with the make-up of the City of Loveland? What could you do to ensure that underserved populations are aware of your services?**

To find current demographic information for the City of Loveland, type American Fact Finder into your browser. Type Loveland Colorado in the box under Community Facts. Click on the most recent DEMOGRAPHIC report under POPULATION. Please answer this question comparing race and ethnicity, and seniors (use either 62 or 65 and report which age you are using). Next, click on ORIGINS and LANGUAGE to get to SLECTED SOCIAL CHARACTERISTICS and report on disability status.

D. Agency Salary & Demographic Information

Provide the following information **only** if City of Loveland Human Services Grant funds were used for Salaries and Benefits.

Staff Member Name	HSG	Other Funding	Total Salary	Does the Staff Member Live in Loveland	Does the Staff Member Work in a Loveland location
	$	$	$		
	$	$	$		
	$	$	$		
	$	$	$		
	$	$	$		

E. Certification

I hereby certify that all of the above information is true, that all City of Loveland Grant funds were expended for the project as defined in the Recipient Contract with the City of Loveland, and that all income guidelines have been properly reported.

Electronic Signature_____ Date_____

*Grantees that are chosen for **CDBG Public Service** funds will submit a different report and on a quarterly basis.*

2015 HUMAN SERVICES GRANT APPEAL PROCESS

The City's Community Partnership Office and the Human Services Commission strive to hold a fair and balanced process for all grant applicants. Steps taken to ensure this include:

- **Pre-Application** – The Community Partnership Office (CPO) will determine eligibility of a program according to the information given on the pre-application and required attachments.

- **Grant Guide Proposal** – Applicants receive a thorough, question by question guide to assist in completing proposals. Additionally, CPO staff are available for technical assistance. Commissioners review and score final proposals.

- **Grant Presentation** – Commissioners review proposed projects with applicants and ask questions to gather more information as needed. If a commissioner is absent for a presentation he or she will watch a video of the presentation.

- **Scoring –** The scoring tool is shared with all applicants at the beginning of the process. Commissioners score each applicant individually and staff compiles Commissioner's scores into one composite score for each applicant. Funding recommendations are based on the range of scores for all applicants. A committee, made up of three to four commissioners, may review submitted scores for accuracy in necessary.

- **Scoring reports** – Each applicant receives a scoring report after the process that shows the applicant's total score, the high and low score, and an applicant-specific scoring tool with Commissioner averaged totals for each category.

If an applicant wishes to appeal the funding recommendations of the Human Services Commission an appeal may be made by submitting a written letter citing reason for appeal within five business days of receiving the agency's scoring report and emailed to:

Alison.Hade@cityofloveland.org

Staff will forward the appeal to the Human Services Commission and the City Council prior to the day the funding recommendations will be presented to the City Council.

Any decision regarding the outcome of the appeal rests with the City Council. Applicants will receive notification of the decision directed by City Council.

City of Loveland

HUMAN SERVICES COMMISSION

500 East Third Street Suite 210 □Loveland, Colorado 80537

Commissioner	Appointment Date	Term Expires
Tim Hitchcock **Chair**	8/7/2012	6/30/2015
Amy Olinger **Co Chair**	11/1/2011	6/30/2016
Audra Montoya	8/7/2012	6/30/2015
Melody Glinsman	8/7/2013	6/30/2015
Stan Taylor	9/7/2010	6/30/2016
April Lewis	7/19/2011	6/30/2017
Jo Anne Warner	8/5/2014	6/30/2017
Sonnette Greenidge	8/5/2014	6/30/2017
Marcy Yoder	12/16/2014	6/30/2016
Alison Hade **Staff Liaison**	Phil Farley **Council Liaison**	Deb Callies **Staff/Secretary**

Correspondence may be sent to the mailing address listed above or via Alison.Hade@cityofloveland.org

Tim Hitchcock- Chair
How long have you lived and/or worked in Loveland?
I have lived in Loveland for the past 18 years.
How long have you served on the Human Services Commission?
I joined the commission in 2012.
What is your favorite thing about serving on the Human Services Commission?
I like to get involved in my community and help serve the organizations that fill the needs of the people who live here. I look forward to learning more about all the agencies that we will be working with and seeing how we can help them meet the needs of the citizens of Loveland.
What is your professional experience?
I spent most of my career in the printing industry from a skilled tradesman through management and finally into the IT area. Recently I have changed fields and now work for a non-profit group of health centers as a business analyst.
What is your favorite thing about Loveland as a community?
We moved to Loveland because it had the amenities we liked without being a large city with too many people. What isn't in Loveland is close enough to reach with just a short drive.

Amy Olinger- Co-Chair
How long have you lived and/or worked in Loveland?
I am a native of Loveland and I have worked here for over twenty years.
How long have you served on the Human Services Commission?
I joined the commission in 2011.
What is your favorite thing about serving on the Human Services Commission?
I am most excited to serve our community and learn about the resources available and those needed. I have been searching for a way to contribute to better Loveland, and to educate myself about how to make it the best place we can!
What is your professional experience?
I have worked in the financial industry for the last sixteen years.
What is your favorite thing about Loveland as a community?
My favorite thing about Loveland is the opportunity for every individual to have an impact on our community and the amount of pride and commitment that is evident here.

Audra Montoya
How long have you lived and/or worked in Loveland?
I've lived here for 7 years, worked here for 13.
How long have you served on the Human Services Commission?
I have been a commissioner since 2012.
What is your favorite thing about serving on the Human Services Commission?
I have enjoyed the thoughtful discussions, and care each member puts into the commission.
What is your professional experience?
I've been in victim services for 16 years, 13 years at the District Attorney's office as a victim's advocate
What is your favorite thing about Loveland as a community?
My favorite thing about the community is it maintains some aspects of a small town feel while still having access to employment, good schools, shopping, and restaurants.

Melody Glinsman
How long have you lived and/or worked in Loveland?
I have lived in Loveland since 2008 and have worked in the city for over 8 years.
How long have you served on the Human Services Commission?
I joined the Human Service Commission in 2012.
What is your favorite thing about serving on the Human Services Commission?
My favorite thing about serving on the commission has been meeting many people who are working hard to provide opportunities to the residents of Loveland. I have learned about many different nonprofits and their missions as well as meeting the hardworking people behind the organizations.
What is your professional experience?
I am currently the outreach coordinator for the Ensight Skills Center serving individuals who are suffering with vision loss.
What is your favorite thing about Loveland as a community?
There are many things I love about Loveland. My favorite would have to be downtown Loveland and everything that comes with it. The restaurants, businesses, events, and people create a great environment that I love to visit.

Stan Taylor
How long have you lived and/or worked in Loveland?
I lived in Loveland from 1985 to 1993, moved to Southern California for work, moved back in 2000.
How long have you served on the Human Services Commission?
This is my fifth year with one year off for a family crisis.
What is your favorite thing about serving on the Human Services Commission?
It is an honor to work with all of the agencies that serve Loveland. I feel that in a small way I am helping these agencies and also their clients.
What is your professional experience?
I have owned and operated two restaurants. I work for an industrial supply company. I have worked in sales, sales management and corporate account management, and now currently back in sales.
What is your favorite thing about Loveland as a community?
The weather, the mountains, the people and the small town feel.

April Lewis
How long have you lived and/or worked in Loveland?
I moved to Loveland in February 2011.
How long have you served on the Human Services Commission?
Since July 2011
What is your favorite thing about serving on the Human Services Commission?
I want to know about and contribute to the community in which I live. The commission seemed like a great place to plug in and get to know the local non-profits, what city council is doing and dialoging about, and potentially seeing needs in the community where I could further help and get involved in service.
What is your professional experience?
My husband and I were directors of a non-profit prior to our move here. That gave me a lot of experience with fundraising, being effective on a tight budget, and much more! Currently, we are helping to start a church in Loveland and so we have resources and willing hands for which our eyes need to know where needs are in our community.
What is your favorite thing about Loveland as a community?

First impression: I have LOVED the appreciation for art which is weaved in the identity of Loveland. I love that for myself & in raising my children here. Location, beauty, & weather come to mind immediately also.

Jo Anne Warner
How long have you lived and/or worked in Loveland?
I moved to Loveland over 40 years ago and began work at Hewlett-Packard about three years later retiring from there.
How long have you served on the Human Services Commission?
I joined the Human Services Commission in September of this year although I had served previously over six years ago.
What is your favorite thing about serving on the Human Services Commission?
Learning and knowing about the various agencies and their programs that provide so many of our residents with basic needs and even help them survive. The site visits that we do provide first-hand knowledge that is invaluable.
What is your professional experience?
I have worked in the marketing and sales areas for most of my paid experience, but I count the work that people do as volunteers just as important as those we are paid for . Having been President of Mountain Prairie Girl Scout Council gave me the experience of being on the grant request and receiving end to know how crucial grants are in order to provide programs. Serving on several United Way allocation committees and as a corporate liaison for one annual campaign familiarized me with many of the agencies we allocate funds to.
What is your favorite thing about Loveland as a community?
This is a caring and progressive community and fortunately allocates monies to help our Not-for-Profit Agencies. I also love the arts and how they are supported. I smile as I drive around our town.

Sonnette Greenidge
How long have you lived and/or worked in Loveland?
I have lived in Loveland since 1995.
How long have you served on the Human Services Commission?
I am serving on the Human Services Commission as of August 2014.
What is your favorite thing about serving on the Human Services Commission?
I am able to learn about and evaluate the resources within the Loveland community from both a professional and citizen's perspective.
What is your professional experience?
I earned a Bachelor of Nursing Science degree at the University of Pretoria, South Africa, followed by professional registration/employment in the UK and USA. I have not been formally employed during the last twenty years.
What is your favorite thing about Loveland as a community?
The small town charm of the Sweetheart City while being surrounded by beautiful mountains and many educational opportunities is very unique!

Marcy Yoder
How long have you lived and/or worked in Loveland?
I have lived in the area for a little over a year.
How long have you served on the Human Services Commission?
This is my second year of service.
What is your favorite thing about serving on the Human Services Commission?
I enjoy being a part of a community process that is focused on making Loveland a better place for everyone to live, work and play.
What is your professional experience?
I have over thirty years of experience in the human service field. I have been involved in providing direct services, program development and implementation, community engagement activities, and most recently in Community Impact development and implementation for United Way.
What is your favorite thing about Loveland as a community?
All of it! As a fairly new person to the area, I am still exploring and discovering.

Alison Hade – Staff Liaison
How long have you lived and/or worked in Loveland?
I have worked in Loveland since 2003.
How long have you served on the Human Services Commission?
Staff Liaison, since January 2011.
What is your favorite thing about serving on the Human Services Commission?
My favorite thing about the Human Services Commission is learning more about the non-profit agencies in our community and having the opportunity to work with and get to know the staff at the agencies.
What is your professional experience?
Before I moved to Colorado in 2000, I spent many years volunteering for non-profits. I worked at Alternative to Violence for seven and a half years and participated in the City of Loveland grant process as an applicant.
What is your favorite thing about Loveland as a community?
I love the feel of it here and I love the people that I've gotten to know. I feel that people are very supportive of each other and are proud of their community.

Deb Callies - Staff
How long have you lived and/or worked in Loveland?
I have lived in Loveland since 1999
How long have you served on the Human Services Commission?
Staff support, since May 2014.
What is your favorite thing about serving on the Human Services Commission?
Being a part of an important mission to assist local non-profits that will serve our community.
What is your professional experience?
I have worked in non-profit and public agencies in Larimer County since 1999. I have also working with multiple local, state, and federal funding sources to deliver services to Larimer County residents.
What is your favorite thing about Loveland as a community?
There are many things I love about Loveland. Our community seems small enough to be familiar and inclusive, yet large enough to provide a variety of resources and experiences.