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Human Services Commission 2017 Meeting Schedule

Date	Day	Time	Activity	Location
1/5	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
1/9	M	3:00-4:30pm	HSG - Agency Meeting	City Council Chambers
1/11	W	12:00-1:30pm	HSG - Agency Meeting	City Council Chambers
1/26	Th	Midnight	HSG Pre-Applications Due	Online
2/2	Th	6:00pm	HSC Regular Meeting (Discuss Pre-Apps)	City Manager Conference Room
2/23	Th	Midnight	HSG Grant Proposal Deadline	Online
3/2	Th	6:00pm	HSC Regular Meeting (Grant Proposal Books)	City Manager Conference Room
3/16	Th	5:45-8:30pm	Applicant Presentations	City Council Chambers
3/29	W	5:45-8:30pm	Applicant Presentations	City Council Chambers
3/30	Th	5:45-8:30pm	Applicant Presentations	City Council Chambers
4/3	M	5:45-8:30pm	Applicant Presentations	City Council Chambers
4/5	W	5:45-8:30pm	Applicant Presentations	City Council Chambers
4/6	Th	5:45-8:30pm	Applicant Presentations	City Council Chambers
4/13	Th	5:45-8:30pm	Applicant Presentations	City Council Chambers
4/20	Th	5:45-8:30pm	Applicant Presentations	City Council Chambers
5/2	T	Midnight	HSG Commissioner Scores Due	Online
5/4	Th	6:00pm	HSC Special Meeting – (Allocations)	City Manager Conference Room
6/1	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
6/6	T	6:00pm	Grant Recommendations to City Council	City Council Chambers

How Much is Available?

Human Services Grant Funds	\$500,000
Community Development Block Grant Funds (<i>Estimated</i> amount available for Public Services. Final amount to be determined by Congress.)	\$50,000
Total Grant Funds Available	*\$550,000

****\$35,000 = maximum request allowed per program** IF only one proposal for the agency (see following page).

****30,000 = maximum request per program** IF two or more proposals for the agency.

****60,000 = maximum per agency** when submitting two or more proposals.

*\$35,000 of this amount may go to the Model Partnership Award (see page 26).

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 26th at 970-962-2705 or deb.callies@cityofloveland.org.

Step 2 - Pre-Apply

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 26, 2017 before midnight**.

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

Step 3 - Proposal

Go to: <http://tinyurl.com/COLGrants>. Proposals are due Thursday, **FEBRUARY 23, 2017 before midnight**.

Late proposals will not be accepted.

Step 4 - Presentation

Make a 20-minute presentation to the Human Services Commission (see page 2 for presentation dates). Applicants will have fifteen minutes to make a presentation. Five minutes will be allotted for questions. The CPO will contact applicants after the pre-applications have been approved to schedule a presentation time. The 2017 presentations should focus on the customer experience. Additional information will be provided by the CPO during the agency training.

****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 and program costs including, but not limited to:

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

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

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

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

The role of the Human Services Commission (HSC) is to provide recommendations to the City Council for non-profit agency funding through a neutral and well defined grant application and scoring process.

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.

2017 Human Service Grant Pre-Application Guide

City of Loveland, Community Partnership

Pre-Application- 2017 Human Services Grant

Submit pre-application and attachments BEFORE midnight on January 26, 2017 (MT).

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.

Name of specific program requesting funding

This may or may not be different from agency name.

Character Limit: 250

Amount Requested

Character Limit: 20

How did you determine the requested amount?

Character Limit: 2000

Eligibility Determination

Does the program for which you are requesting a grant serve Loveland residents?

Choices

Yes

No

Which one of these best describes the agency applying?

Choices

Agency is a 501c3

Agency collaboration that includes an IRS-designated 501c3 agency

If you are a new applicant please attach your IRS determination letter.

File size limit: 1MB

Has the agency applying (or at least one in collaboration) been in operation for at least one year?

Choices

Yes

No

Program Information

Do you use an intake form?

If yes, you will be asked to upload a blank copy of the form in the application.

Choices

Yes

No

What population does this program serve?

Choose one

Abused/neglected or "at-risk" children and youth

Battered partners

Adult 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

Is answering a question about income mandatory to receive services from this program?

Choices

Yes

No

Is income verified?**Choices**

Yes
No

Can you show that at least 51% of your clients fall at or below 80% of the area median income?

This includes 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% are at or below 80% of the AMI you are only able to show that 47.5% of your total clients are at or below 80% of the AMI ($500 \times .95; 475/1000 = 47.5\%$).

Choices

Yes
No

What percent of your clients, in this program, fall at or below 80% of AMI?

Character Limit: 5

Pre-Application Attachments Required

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

Profit and Loss Statement(s)

Attach the profit and loss statement for the organization's last full fiscal year. Upload all statements as ONE pdf. *File Size Limit: 3 MB*

Cash and Financial Procedure Policy & Separation of Duties

Attach a blank copy of the form used. Upload all forms as ONE pdf. *File Size Limit: 3 MB*

Current Board of Directors Roster

Attach a current roster. List professional affiliations. *File Size Limit: 3 MB*

Agency Conflict of Interest policy

Attach current policy. *File Size Limit: 1 MB*

Organizational Chart

Attach an agency organizational chart (sample chart can be found [here](#)). *File Size Limit: 3 MB*

Audit Information

Attach your most recent audit or financial review statement. *File Size Limit: 3 MB*

Pre-Award Agreement

If the agency is awarded 2017 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 grant funds, terms of the grant and other specific details. No grant funds will be issued without a fully executed contract.
2. Grant funds are issued on a reimbursement basis. Documentation of authorized expenses must be submitted and approved by the City before funding will be disbursed to grant recipients. Authorized expenses must be dated on or after the executed contract date.
- 3. All HS Grant funds must be expended AND DRAWN no later than July 30, 2018.**
4. If Community Development Block Grant funds are received instead of HS Grant funds, reporting instructions will be given at time of award notification. CDBG funds **must** be expended AND DRAWN no later than September 30, 2018.
5. A member of the Human Services Commission may make a site visit to agencies receiving grant funding from the City of Loveland.

Electronic Signature

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

Please include your name and title. *Character Limit: 250*

2016 HUD Income Guidelines

Larimer County

Issued March 2016

# of Persons in Household	1	2	3	4	5	6	7	8
100%	\$54,800	\$62,600	\$70,400	\$78,200	\$84,500	\$90,800	\$97,000	\$103,300
80%	\$43,840	\$50,080	\$56,320	\$62,560	\$67,600	\$72,640	\$77,600	\$82,640
75%	\$41,100	\$46,950	\$52,800	\$58,650	\$63,375	\$68,100	\$72,750	\$97,725
70%	\$38,360	\$43,820	\$49,280	\$54,740	\$59,150	\$63,560	\$67,900	\$72,310
60%	\$32,880	\$37,560	\$42,240	\$46,920	\$50,700	\$54,480	\$58,200	\$61,980
50%	\$27,400	\$31,300	\$35,200	\$39,100	\$42,250	\$45,400	\$48,500	\$51,650
40%	\$21,920	\$25,040	\$28,160	\$31,280	\$33,800	\$36,320	\$38,800	\$41,320
30%	\$16,440	\$18,780	\$21,120	\$23,460	\$25,350	\$27,240	\$29,100	\$30,990

*2017 HUD Income Guidelines: Expected release February 2017

For updates go to: www.cityofloveland.org

2017 Human Service Grant Application Guide

City of Loveland, Community Partnership

Applications will only be accepted before midnight, Thursday, February 23, 2017. Submit online at:

<http://tinyurl.com/COLGrants>

Please contact the Community Partnership Office with questions about the application:

970-962-2705 or deb.callies@cityofloveland.org

Program Request

Name of specific program requesting funding

Character Limit: 250

Amount Requested

You can edit your requested amount if it has changed since your pre-application (LOI). See grant guide for program and agency maximum request amounts.

Character Limit: 20

Funding Information

1. Indicate the total amount of grant funds received from the City of Loveland for this program for the past 3 years:

2016

Character Limit: 20

2015

Character Limit: 20

2014

Character Limit: 20

2. What is the total annual budget for the program?

Annual budget amount.

Character Limit: 20

3. Services Provided

Briefly describe all of the programs provided by your agency. Then describe the specific program for which your agency is requesting funding.

Character Limit: 2000

Program Information & Community Need

4. Relevance to Human Services Grant goals.

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

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.

Character Limit: 2000

4: How well does the program match the Human Services Grant program goal?	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							3	

5. What need will this program fulfill for the citizens of Loveland?

Please include current statistics and information, including citations. 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 provide address the need(s) and fulfill all or some of the attributes found in the Human Services Grant program goal.

- Describe the target populations to be served.
- Define the community problem/need that you will address.
- Show that the need is related to the purpose and goals of your organization.
- Include quantitative and qualitative supporting information.
- Do not make any unsupported assumptions.
- Describe the situation in terms that are both factual and of human interest.
- Cite 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?

Community Need Statement

Per instructions above, enter your complete community need statement.

Character Limit: 2000

5: Explanation of need for service(s) in Loveland	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							4	

6. Program Objectives

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 describe how you will document your progress on each.

Your answer should be

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

known as a SMART Objective.

OBJECTIVE Examples and DOCUMENTATION:

OBJECTIVE 1: ABC Tutoring will **increase** reading skills in 100% of students who consistently attend the program (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: 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 2014-2015 and 2015-2016 school years.

The following are examples of the kinds of objectives that will be scored low because they do not describe the change in the person that the program or service is trying to achieve:

OBJECTIVE 1: ABC Tutoring will find and assist 3 qualifying children per week, who are at or below 60% of the area median income, and provide tutoring services at no cost until funds are exhausted.

DOCUMENTATION: Income level of applicant.

OBJECTIVE 2: ABC Tutoring will find and assist 3 qualifying children per week, who are at or below 60%-70% of the area median income, and provide tutoring services at 25% of cost until funds are exhausted.

DOCUMENTATION: Income level of applicant.

As illustrated above, the grant dollars requested may be to support scholarships or a sliding fee but the objective should not reflect that. The objective should reflect the difference that will occur for the students who participate, i.e., increased reading skills.

You will be asked to use this information on your final report

Program Objectives Per instructions above, list program objectives.

Character Limit: 2000

						Score	Weight	Total
6: Agency's objective(s) and documentation of the program	1 (Low)	2	3	4	5 (High)		5	

7. How does the program benefit Loveland specifically?

Does the program also serve persons who 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?

Character Limit: 2000

8. How many Loveland residents benefitted from the program over the past 12 months?

Indicate the number of individuals or households and indicate which. If you cannot indicate the number of individuals or households, explain.

Character Limit: 2000

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

Character Limit: 100

						Score	Weight	Total
7-9: Program benefit to Loveland residents or households	1 (Low)	2	3	4	5 (High)		5	

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

The HSC is interested in ensuring that all members of our community have access to services. Please describe how your agency provides services for people with mobility, visual or hearing impairments. Also describe how your agency provides services to less visible Loveland residents, such as persons who speak minimal English or who are undocumented; are gay, lesbian, bisexual or transgender; or other underserved populations. Finally, please describe how you provide services for working families who are generally not able to reach your office during general business hours. Examples of how the agency addresses these needs may include, but are not limited to, staff training, agency procedures, flexible staff time or changes to service delivery tools.

Character Limit: 2500

						Score	Weight	Total
10: Agency provides accessible and accommodating services	1 (Low)	2	3	4	5 (High)		2	

11. List the agencies that this program coordinates with to provide services to Loveland residents.

Specifically describe how coordination takes place for each agency listed. 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.

Character Limit: 2000

						Score	Weight	Total
11. Coordination of services with other agencies	1 (Low)	2	3	4	5 (High)		3	

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

How does the service encourage and support clients working to improve their lives and their ability to live independent of government or non-profit assistance? Which life skills are taught? How do staff members connect clients with other agencies to further self-reliance?

Character Limit: 2000

12: Program's provision of tools for self-reliance	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							3	

13. How does the Loveland program utilize volunteers?

What specific services do they provide? Describe the types of work and contributions made by volunteers. If the program does not utilize volunteers, please explain why. Some programs do not utilize volunteers for legal reasons. Explain this if necessary.

Character Limit: 2000

13: Program's use of volunteers	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							2	

14. If the program generates revenue through client fees explain the system.

If the program does not generate revenue through client fees, explain why. If the program does charge for services, include the amount charged per service and why. If the agency offers services on a sliding fee basis or flat rate, explain the system.

Character Limit: 2000

14: Program's client-generated revenue system or explanation of no fees	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							2	

Client Intake Form(s) and Income Verification Form(s) (if separate)

Attach a blank copy of the form used. Upload all forms as ONE pdf. File Size Limit: 3 MB

Program Funding and Sustainability

15. What are your sources of funding?

Describe the percentage of agency funding from various sources such as government grants, foundations, earned income, government entitlements, United Way, donations or fundraising, and client fees. How diversified is agency funding? What happens if the City does not fund this program? How will the program's long-term plan be affected?

Character Limit: 2000

						Score	Weight	Total
15: Funding and program sustainability	1 (Low)	2	3	4	5 (High)		5	

16. Board members and policy Information

What is the term of office AND average length of service for board members? Do you have a board member Conflict of Interest policy? Are board members allowed to do business with the agency? Is self-dealing prohibited or are there exceptions?

This question is not considered when scoring.

Character Limit: 2000

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

Provide one dollar amount that reflects the total cost of the program. If this is a new program indicate by inserting "New program. No results available at this time."

This question is not considered when scoring.

Character Limit: 20

18. How many individuals or households does the agency serve in ALL locations?

How many people do you serve in all locations? Where are those locations?

This question is not considered when scoring.

Character Limit: 1000

19. Program Budget (specific program requesting funding)

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. Please upload the completed [Program Budget form](#).

File Size Limit: 3 MB

						Score	Weight	Total
19: % of Program Budget requested. Scored by CPO	1 26% or greater	2 21%-25%	3 16%-20%	4 11%-15%	5 10% or less		2	

20. Include a Program Budget Narrative on the PROGRAM BUDGET form.

The budget narrative ideally expands on line items, explaining how the agency arrived at dollar amounts and giving enough detail to tie the cost of the program to the program'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.

Include all of the following in your narrative: How did you derive the information used for the program budget? If City grant funds are requested to pay for salaries, describe the position, total salary and percentage of funds used.

Enter Loveland Program Budget Narrative here.

Character Limit: 2000

						Score	Weight	Total
20: Program expense information: Program Budget Narrative	1 (Low)	2	3	4	5 (High)		2	

21. Budget information source.

How did you derive the information used for the program budget? What are your sources? This question is not scored but MUST be included in your answer.

Character Limit: 2000

22. Agency Budget

What is the estimated AGENCY budget? If the agency and program budget are one in the same you may use the same form for both. If they are not the same please upload the [Agency Budget](#) excel document and complete with your agency information. The Agency Budget is not considered when scoring.

File Size Limit: 3MB

Important scoring announcement

Proposal Scoring Note: The overall proposal score is based on information provided on the grant proposal and through the presentation, as well as the perceived impact of service to the community.

Impact of this service relative to community need	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							7	
Clarity & quality of grant proposal	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							5	
Clarity & quality of grant presentation	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
							7	

The combined scores for these items is **33% of your overall score.**

Select below that you have read and understand the above statement.

Choices

I have read and understand.

Electronic Signature

By signing below you acknowledge your intent to apply for the 2017 City of Loveland: Human Services Grant. Enter full name & title.

Character Limit: 250

Date of signature

Character Limit: 100

City of Loveland
2017 Human Services Grant Proposal
PROGRAM Budget

Agency Name:

19. What is the estimated PROGRAM budget?

Under Revenue, enter the dollar amount that has been confirmed under "Confirmed Amount". Under Expenses, enter the line item that will be paid using City grant funds if a grant is awarded. Show the % of the total budget for both revenue and expenses. **DO NOT list depreciation as an expense. Only list in-kind donations if agency would have to pay for the item if it weren't donated.**

PROGRAM Revenue

Source	Amount	Confirmed Amount	% of Total Budget
Federal Grants			
State Grants			
City of Loveland			
Foundations			
Donations			
Fundraising			
United Way			
Client Fees			
*Other (please name source)			
*Other (please name source)			
Total Program Revenue:			

PROGRAM Expenses

Expense Category	Amount	Amount to be paid with City grant \$	% of Total Budget
Salaries & Benefits			
Program Supplies			
Rent/mortgage/utilities			
Professional Fees			
Transportation			
Travel			
Training			
Volunteer Recognition			
Fundraising			
Marketing			
*Other (please explain)			
*Other (please explain)			
Total Program Expense:			

*If the program budget includes expense line items or revenue sources not listed on the application, use the "other" lines to include those amounts. Change "other" to the correct term or name.

City of Loveland
2017 Human Services Grant Proposal
AGENCY Budget

Agency Name:

22. What is the estimated AGENCY budget?

Under Revenue, enter the dollar amount that has been confirmed under "Confirmed Amount". Under Expenses, enter the line item that will be paid using City grant funds if a grant is awarded. Show the % of the total budget for both revenue and expenses. **DO NOT list depreciation as an expense. Only list in-kind donations if agency would have to pay for the item if it weren't donated.**

AGENCY Revenue

Source	Amount	Confirmed Amount	% of Total Budget
Federal Grants			
State Grants			
City of Loveland			
Foundations			
Donations			
Fundraising			
United Way			
Client Fees			
*Other (please name source)			
*Other (please name source)			
Total Agency Revenue:			

AGENCY Expenses

Expense Category	Amount	Amount to be paid with City grant \$	% of Total Budget
Salaries & Benefits			
Program Supplies			
Rent/mortgage/utilities			
Professional Fees			
Transportation			
Travel			
Training			
Volunteer Recognition			
Fundraising			
Marketing			
*Other (please explain)			
*Other (please explain)			
Total Agency Expense:			

*If the agency budget includes expense line items or revenue sources not listed on the application, use the "other" lines to include those amounts. Change "other" to the correct term or name.

2017 Human Service Grant Score Sheet

Questions 1-3 and 16-18 are not scored.								
4: How well does the program match the Human Services Grant program goal?	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
5: Explanation of need for service(s) in Loveland	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	4	20
6: Agency's objective(s) and documentation of the program	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
7-9: Program benefit to Loveland residents or households	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
10: Agency provides accessible and accommodating services	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
11: Coordination of services with other agencies	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
12: Program's provision of tools for self-reliance	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
13: Program's use of volunteers	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
14: Program's client-generated revenue system or explanation of no fees	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10

15: Funding and program sustainability	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
19: % of Program Budget requested. Scored by CPO	1 26% or greater	2 21%-25%	3 16%-20%	4 11%-15%	5 10% or less	Score	Weight	Total
						5	2	10
20: Program expense information: Program Budget Narrative	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
Impact of this service relative to community need	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	7	35
Clarity & quality of grant proposal	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
Clarity & quality of grant presentation	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	7	35

Total Score: 285

2017 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 2017-2018 grant year.**

- ☐ Applicants with total average scores in the lowest range may or 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.



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

2017 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
285 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 2018 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

**NOTE that scores are based on previous years totals and
do not necessarily reflect average scores for the 2017-2018 grant year.**

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

City of Loveland Human Services Grant Model Partnership Award



The Human Services Commission offers a one-time grant amount of **up to \$35,000** 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 service duplication, administrative costs or increase efficiency. The commission may make up to \$35,000 available during the 2017 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.
- Applicants must 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 by January 26, 2017 before midnight.

Step 3 - Proposal

Once you have received notification that your pre-application has been approved you may start your proposal (due February 23, 2017 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 (see page 2 for presentation dates). Applicants will have fifteen minutes to make a presentation. Five minutes will be allotted for questions. The CPO will contact applicants after the pre-application is approved to schedule a presentation. The 2017 presentations should focus on the customer experience. Additional information will be provided by the CPO at the agency training.

Human service agencies may apply for a Model Partnership Award in addition to a Human Service Grant.

2017 HSG Model Partnership Award Pre-Application

City of Loveland, Community Partnership

Program Name

Character Limit: 100

Program Description

Describe the program and how it is a partnership.

Character Limit: 2000

Amount Requested

Character Limit: 20

What population does this program serve?

Select your primary service role.

Choices

Abused/neglected or "at-risk" children and youth
Battered partners
Adult 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

Which one of these best describes the lead agency/organization applying?

Choices

Agency is a 501c3

Agency collaboration that includes an IRS designated 201c3 agency

Neither

How does the program provide services that full fill the Human Services Grant program goal?

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.

Character Limit: 2000

Board of Directors roster for lead agency

Attach a current roster for lead agency. List professional affiliations.

File Size Limit: 3 MB

Board of Directors roster for partner agency

Attach a current roster for partner agency. List professional affiliations.

File Size Limit: 3 MB

Conflict of Interest Policy for lead agency

Submit the Conflict of Interest policy for lead agency.

File Size Limit: 3 MB

Conflict of Interest policy for partner agency

Submit the Conflict of Interest policy for partner agency.

File Size Limit: 2 MB

Organizational Chart

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

File Size Limit: 4 MB

Pre-Award Agreement: Model Partnership

If the agency is awarded a **2017 Model Partnership Award** from the City of Loveland, I understand that the following will be required as a condition of receiving funds:

1. All agencies receiving grant funds from the City must enter into a legal agreement defining services to be provided, amount of grant funds, terms of the grant, and other specific details. No grant funds will be issued without a fully executed grant contract.
2. Grant funds are issued on a reimbursement basis. Documentation of authorized expenses must be submitted and approved by the City before funding will be disbursed to grant recipients. Authorized expenses must be dated on or after the executed contract date.
3. **All Model Partnership Award funds must be expended AND DRAWN no later than June 30, 2018.**
4. A member of the Human Services Commission may make a site visit to agencies receiving grant funding from the City of Loveland.

Electronic Signature

By typing your name, you agree to the above requirements in receiving grant funds.
Please include your name and title. *Character Limit: 250*

2017

City of Loveland

Human Services Grant

Model Partnership Award Proposal Guide

Submit online <http://tinyurl.com/COLGrants>
before midnight, Thursday, **FEBRUARY 23, 2017**.

Please contact the Community Partnership Office with questions about the proposal at
970-962-2705 or deb.callies@cityofloveland.org.

Lead Agency or Organization:									
Executive Director:									
Contact Person & Title:									
Phone Number:									
E-mail:									
Partnering Organization:									
Executive Director:									
Contact Person & Title:									
Phone Number:									
E-mail:									
Partnering Organization:									
Executive Director:									
Contact Person & Title:									
Phone Number:									
Email:									
<i>If additional partners are involved, please use additional sheets found on the website and include the same information for each partner.</i>									
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.)									
							SCORE	Weight	TOTAL
1	How well does the program match the HSG program goal?	1 (Low)	2	3	4	5 (High)		3	

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

						SCORE	Weight	TOTAL
2	Partnership goals, strategies & outcomes	1 (Low)	2	3	4	5 (High)	4	

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

						SCORE	Weight	TOTAL
3	Level of benefit to Loveland residents	1 (Low)	2	3	4	5 (High)	3	

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

						SCORE	Weight	TOTAL
4	Increased efficiency and/or community benefit	1 (Low)	2	3	4	5 (High)	5	

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

						SCORE	Weight	TOTAL
5	Effectiveness of this partnership compared to others	1 (Low)	2	3	4	5 (High)	3	

2017								
City of Loveland: Human Services Grant Proposal								
Program Budget- Model Partnership								
Agency Name: 								
What is the estimated PROGRAM budget? Indicate confirmed amount. Indicate which expenses will be paid using City grant funds in the last column, if grant is awarded.								
PROGRAM Revenue			PROGRAM Expenses					
Source	Amount	Confirmed Amount	Expense Category	Amount	Amount to be paid 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 (please name source)			Fundraising					
*Other (please name source)			Marketing					
*Other (please name source)			*Other (please explain)					
Total Program Revenue:	\$		Total Program Expense:	\$	\$			
*If the program budget includes expense line items or revenue sources not listed on the application, use the "other" lines to include those amounts. <i>Change "other" to the correct term or name.</i>								
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								
Please upload this completed form to the grant proposal prior to submitting the application. Please do not list depreciation as an expense. Only list in-kind donations if agency would have to pay for the item if it weren't donated.								
	1	2	3	4	5	SCORE	Weight	TOTAL
6	Budget Details						4	

Model Partnership Award Commissioner Score Sheet Sample

Agencies:

Partnership Project:									
Model Partnership Award									
		1	2	3	4	5	SCORE	Weight	TOTAL
1	How well does the program match the HSG program goal?	Inadequately meets goal		Partially meets goal		Meets goal	5	3	15
		1	2	3	4	5	SCORE	Weight	TOTAL
2	Partnership goals, strategies & outcomes	No goals		Adequate goals		Strong & clear goals	5	4	20
		1	2	3	4	5	SCORE	Weight	TOTAL
3	Level of benefit to Loveland residents	Low impact		Adequate impact		High impact	5	3	15
		1	2	3	4	5	SCORE	Weight	TOTAL
4	Increased efficiency and / or community benefit	No Increase		Moderate increase		Substantial increase	5	5	25
		1	2	3	4	5	SCORE	Weight	TOTAL
5	Effectiveness of this partnership compared to others	Low impact		Equal impact		High impact	5	3	15
		1	2	3	4	5	SCORE	Weight	TOTAL
6	Budget Details	Inadequate info provided		Adequate info provided		Thorough info provided	5	4	20
Total Score							110		

**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)

SAMPLE

DETAILED GRANT BUDGET

2017 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 2017-2018 FINAL REPORT FORM

Report due July 15, 2018

A. Agency Name and Address:

Total Amount of 2017 Grant \$_____

B. Description of Accomplished Objective

Use the objectives from question 6 of your grant proposal. Then, answer questions 1 – 2 to show the results of your objectives. *Note: Objectives will pre-populate from online application form.*

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, 2017 – June 30, 2018.

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)	# served that do not provide income information	(a)TOTAL Loveland Clients <i>Total of 3 previous boxes. Use this number to answer c3 below</i>	# of female-headed households
By Person	By Person	By Person	By Person	By Person	By Household

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

(c) Number of clients that declined to answer - _____

Total # of clients served (a+b+c)= _____

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, 2017 – JUNE 30, 2016)

TOTAL MUST MATCH NUMBER OF PERSONS GIVEN IN QUESTION C1(a) 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.

The total number of all persons must match C1(a) above

C4. Total clients seen by agency, include all locations and all services provided by agency.

C5. How do race/ethnicity, age, gender, language status and number of veterans of Loveland compare with your clientele? Please compare all of these categories. 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. Use 2014 AMERICAN COMMUNITY SURVEY data to get the most recent 5-year data.

- For AGE, GENDER and SENIOR data, click AGE on the left-hand side.
- For LANGUAGE SPOKEN AT HOME and DISABILITY data, click ORIGINS and LANGUAGE.
- For RACE and ETHNICITY, click RACE AND HISPANIC ORIGIN.
- For VETERAN data, click VETERANS.

D. 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_____

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

F. Date received by Community Partnership Office _____



2017 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 if 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
- **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.



HUMAN SERVICES COMMISSION

500 East Third Street Suite 210 ☐ Loveland, Colorado 80537

Commissioner	Appointment Date	Term Expires
Amy Olinger Chair	11/1/2011	6/30/2019
Jo Anne Warner Co Chair	8/5/2014	6/30/2017
Tim Hitchcock	8/7/2012	6/30/2018
Melody Glinsman	8/7/2012	6/30/2018
Stan Taylor	9/7/2010	6/30/2019
Rebecca Thorp	11/3/2015	6/30/2017
Maren Soreide	2/16/2016	6/30/2019
Carolyn Benson	11/3/2015	6/30/2018
Alison Hade Staff Liaison	Richard Ball Council Liaison	Deb Callies Staff

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



City of Loveland: Human Service Commission

Tim Hitchcock

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- 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.

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 Ensign Skills Center serving individuals who are suffering with vision loss.

What is your favorite thing about Loveland as a community?
<i>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.</i>

Stan Taylor
How long have you lived and/or worked in Loveland?
<i>I lived in Loveland from 1985 to 1993, moved to Southern California for work, moved back in 2000.</i>
How long have you served on the Human Services Commission?
<i>This is my fifth year with one year off for a family crisis.</i>
What is your favorite thing about serving on the Human Services Commission?
<i>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.</i>
What is your professional experience?
<i>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.</i>
What is your favorite thing about Loveland as a community?
<i>The weather, the mountains, the people and the small town feel. 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.</i>

Jo Anne Warner- Co-Chair
How long have you lived and/or worked in Loveland?
<i>I moved to Loveland over 40 years ago and began work at Hewlett-Packard about three years later retiring from there.</i>
How long have you served on the Human Services Commission?
<i>I joined the Human Services Commission in September of 2014, although I had served previously over six years ago.</i>
What is your favorite thing about serving on the Human Services Commission?
<i>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.</i>
What is your professional experience?
<i>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.</i>
What is your favorite thing about Loveland as a community?
<i>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.</i>



City of Loveland: Human Service Commission

Rebecca Thorp

How long have you lived and/or worked in Loveland?

I have lived in Loveland from 2003-2009, moved away and then returned in 2012. I currently live in Loveland.

How long have you served on the Human Services Commission?

I have served on the commission since November 2015

What is your favorite thing about serving on the Human Services Commission?

I think my favorite thing so far about serving on the Human Services Commission is learning more about the needs of the Loveland community.

What is your professional experience?

For the past 7 years I have worked as a Special Education teacher. I also teach at a local Community College. Prior to becoming a Special Education teacher I worked with Indian tribes.

What is your favorite thing about Loveland as a community?

I appreciate that Loveland is a very family centered town.

Carolyn Benson

How long have you lived and/or worked in Loveland?

I am a native Coloradoan and have chosen to live, work and raise my four children in Loveland for the past 46 years.

How long have you served on the Human Services Commission?

Since November 2015

What is your favorite thing about serving on the Human Services Commission?

I love being involved in my community in a meaningful way.

What is your professional experience?

Presently, I am a psychotherapist and have been in private practice for the past 11 years. Prior to that I worked at Hewlett Packard until I started Carolyn's Cuisine, which was a catering and wedding center. After selling my business, I returned to college, which led to my present career.

What is your favorite thing about Loveland as a community?

Loveland still has a small town feel even though it is growing. We are close to universities and culture and have our own ART culture.

Maren Soreide

How long have you lived and/or worked in Loveland?

My family moved to Loveland when I was a child. I was raised in Loveland however I currently reside in Fort Collins. I continue to work in Loveland and consider it my home.

How long have you served on the Human Services Commission?

Since February 2016, first as an alternate and now as a voting member.

What is your favorite thing about serving on the Human Services Commission?

I feel that I genuinely have a positive impact on my community- I am proud of the work that we accomplish and the assistance we offer to organizations who help those in need.

What is your professional experience?

I have worked in the non-profit sector as a grant writer, but currently work as a sales representative in

the wine division for a national liquor distributor.

What is your favorite thing about Loveland as a community?

My favorite thing about the Loveland community is a sense of inclusion- residents are so very friendly and quick to bring those who are new to our in to the fold.

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 our 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 worked 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.