

**2018**

# **HUMAN SERVICES GRANT: HOUSING FIRST**



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

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Human Services Commission 2018 Meeting Schedule				
Date	Day	Time	Activity	Location
1/4	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
1/8	M	1:30-3:00pm	HSG - Agency Meeting	City Council Chambers
1/10	W	10:00-11:30pm	HSG - Agency Meeting	City Council Chambers
1/25	Th	Midnight	HSG Pre-Applications Due	Online
2/1	Th	6:00pm	HSC Regular Meeting (Discuss Pre-Apps)	City Manager Conference Room
2/22	Th	Midnight	HSG Grant Proposal Deadline	Online
3/1	Th	6:00pm	HSC Regular Meeting (Grant Proposal Books)	City Manager Conference Room
3/15	Th	5:50-8:30pm*	Applicant Presentations	City Council Chambers
3/29	Th	5:50-8:30pm*	Applicant Presentations	City Council Chambers
4/2	M	5:50-8:30pm*	Applicant Presentations	City Council Chambers
4/4	W	5:50-8:30pm*	Applicant Presentations	City Council Chambers
4/5	Th	5:50-8:30pm*	Applicant Presentations	City Council Chambers
4/12	Th	5:50-8:30pm*	Applicant Presentations	City Council Chambers
4/19	Th	5:50-8:30pm*	Applicant Presentations	City Council Chambers
4/29	Su	Midnight	HSG Commissioner Grant Scores Due	Online
5/3	Th	6:00pm**	HSC Meeting (Allocations)	City Manager Conference Room
6/5	T	6:00pm	Grant Recommendations to City Council	City Council Chambers
6/7	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
7/5	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
8/2	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
9/6	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
10/4	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
11/1	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room
12/6	Th	6:00pm	HSC Regular Meeting	City Manager Conference Room

\*Presentations begin at 5:50pm. Commission dinner served from 5:00pm-5:45pm.

\*\*Commission dinner will be served during the allocation discussion.

## How Much is Available?

Community Development Block Grant Funds- Public Service Award

Approx. \$50,000

## 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 25<sup>th</sup> at 970-962-2705 or [deb.callies@cityofloveland.org](mailto:deb.callies@cityofloveland.org).

### Step 2 - Pre-Apply

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 25, 2018 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 22, 2018 before midnight**.

**Late proposals will not be accepted.**

### Step 4 - Presentation

Make a presentation to the Human Services Commission (see page 2 for presentation dates). The CPO will send a Signup Genius to all applicants before noon on February 23, 2018 to schedule a presentation time. The email of the account used to submit the grant is where the Signup Genius will be sent. 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**

✓ 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
- information & referral
- education
- mental health care
- transportation
- emergency shelter
- program supplies
- 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 (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.

# City of Loveland Human Services Grant Housing First Award



The Human Services Commission offers a one-time grant amount to non-profit agencies that provide HOUSING FIRST programming in the Loveland community. The Housing First Award was established to encourage and/or reward efforts of permanent supportive housing, rapid re-housing, or other housing-focused programs. The commission may have up to \$50,000 of Community Development Block Grant- Public Service funds during the 2018 grant process to spotlight programs working to house the homeless. Funds **may or may not** be awarded to one agency and divided among two or more partnering agencies, depending on the quality of the program.

Note: There is no guarantee that a Housing First Award will be given every year.

## **Step 1 - Eligibility**

- 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.*
- Programming must support the Housing First model.

## **Step 2 – Pre-Apply**

Submit a Housing First pre-application by January 25, 2018 before midnight.

## **Step 3 - Proposal**

Once you have received notification that your pre-application has been approved you may start your proposal (due February 22, 2018 before midnight).

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

## **Step 4 - Presentation**

Make a presentation to the Human Services Commission (see page 2 for presentation dates). The CPO will send a Signup Genius email to all applicants by noon on February 23, 2018. Additional information will be provided by the CPO at the agency training.

***Human service agencies may apply for a Housing First Award in addition to a Human Service Grant.***

# 2018 Housing First Grant- Pre-Application (LOI)

City of Loveland, Community Partnership

**Submit pre-application and attachments BEFORE midnight on January 25, 2018 (MT).**

## Program Request

**Name of specific program requesting funding.**

Character Limit: 250

**Amount requested.**

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

Character Limit: 20

**What population does this program serve? Select all that apply.**

Chronically homeless

Adults

Families

Unaccompanied youth

Veterans

Seniors

Battered partners

Disabled

Other

**Which best describes your housing first program?**

Rapid rehousing

Permanent supportive housing

Both rapid rehousing and permanent supportive housing

Other housing focused program

**Program description.**

Character Limit: 2000

## Eligibility Determination

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

Yes

No

**Which one of these best describes the agency applying?**

Agency is a 501c3

OR

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?**

Yes

No

## Program Information

**What experience does your organization have with Housing First?**

Include trainings attended, programs implemented, etc.

**Pre-Application Attachments: These attachments are required and the pre-application will not be considered without them. EXACT DOCUMENTS REQUESTED ARE REQUIRED.**

**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

X

**Cash and Financial Procedure Policy & Separation of Duties**

Attach current policy. Upload all documents 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

**Grievance 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

**Other financial documents will NOT be accepted and your pre-application can be rejected.**

**Please contact the Community Partnership Office with questions about the application or attachments: 970-962-2705 or [deb.callies@cityofloveland.org](mailto:deb.callies@cityofloveland.org)**

**Pre-Award Agreement**

**If the agency is awarded 2018 Housing First 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 June 30, 2019.**
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

**Date of signature.**



# 2018 Housing First Grant Application Guide

*City of Loveland, Community Partnership*

**Applications will only be accepted before midnight, Thursday, February 22, 2018. 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](mailto:deb.callies@cityofloveland.org)**

**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.

## *Program Request*

**Name of specific program requesting funding.**

Character Limit: 250

**Amount requested.**

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

Character Limit: 20

**What population does this program serve? Select all that apply.**

Chronically homeless

Adults

Families

Unaccompanied youth

Veterans

Seniors

Battered partners

Disabled

Other

**Which best describes your housing first program?**

Rapid rehousing

Permanent supportive housing

Both rapid rehousing and permanent supportive housing

Other housing focused program

**Program description.**

Character Limit: 5000

## *Program Information & Community Need*

**1. 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.

**Scored in combination below.**

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

Character Limit: 20

<b>1-2. Program benefit to Loveland residents or households.</b>						
Weight = 5	1	2	3	4	5	Min. 5 / Max. 25
<b>3. Housing Plan</b>						
Specifically how, and from what sources, will housing be provided. <small>Character Limit: 5000</small>						
Scored in combination below.						
<b>4. Program Eligibility</b>						
List all eligibility requirements for individuals or families to receive services/housing. <small>Character Limit: 5000</small>						
Scored in combination below.						
<b>5. Tenant Selection Plan</b>						
Include below OR upload your tenant selection plan. <small>Character Limit: 5000/ File Size Limit: 3 MB</small>						
Scored in combination below.						
<b>6. Housing Timeline</b>						
Include below OR upload your timeline from first contact to housed. <small>Character Limit: 5000/ File Size Limit: 3 MB</small>						
Scored in combination below.						
<b>7. Rules of Participation</b>						
Include below OR upload your rules of participation. <small>Character Limit: 5000/ File Size Limit: 3 MB</small>						
<b>3-7. Demonstrated knowledge and experience in facilitation of Housing First.</b>						
Weight = __	1	2	3	4	5	Min. __ / Max. __
<b>8. Program Components</b>						
Describe how your program will provide the following: case management, harm reduction, and trauma informed care. <small style="float: right;">Character Limit: 5000</small>						
<b>8A. Demonstrated knowledge of housing focused case management.</b>						
Weight = __	1	2	3	4	5	Min. __ / Max. __
<b>8B. Demonstrated knowledge of harm reduction.</b>						
Weight = __	1	2	3	4	5	Min. __ / Max. __
<b>8C. Demonstrated knowledge of trauma informed care.</b>						
Weight = __	1	2	3	4	5	Min. __ / Max. __
<b>9. Staffing Pattern/Plan and Program Timeline</b>						
Include below OR upload your staffing pattern/plan. Include timeline of starting the program. <small>Character Limit: 2000/ File Size Limit: 3 MB</small>						
Question not scored.						
<b>10. Program Partners</b>						
Describe all partnerships necessary to provide the services and housing components. Include agencies, roles, and services provided by each partner involved. <small>Character Limit: 5000</small>						
<b>10. Leverage of community resources. Demonstrated knowledge and usage of collaborative resources.</b>						
Weight = __	1	2	3	4	5	Min. __ / Max. __

**11. Barriers to Service**

Describe mitigation plan to address barriers to services.

Character Limit: 5000

**11. Mitigation plan for reducing barriers to program success.**

Weight =                                           1      2      3      4      5                                      Min.      / Max.     

### *Program Funding and Sustainability*

**12. 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: 5000

**12. Funding and program sustainability.**

Weight = 5                                      1      2      3      4      5                                      Min. 5 / Max. 25

**13. Board members and policy Information.**

What is the term of office AND average length of service for board members? What is the maximum length of service? 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: 5000

**Question not scored.**

**14. 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

**Question not scored.**

**15. 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

**Question not scored.**

**16. 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

**Question not scored.**

**17. Include a Program Budget Narrative.**

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. How many months of reserve funds do you have and is this designated or restricted. As with the entire proposal, budget narratives are ideally clear and forthright. If City grant funds are requested to pay for salaries, describe the position, total salary and percentage of funds used.

Character Limit: 2000

**17. Program expense information: Program Budget Narrative.****Weight = 2****1      2      3      4      5****Min. 2 / Max.****18. 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

**Question not scored.**

**Important Scoring Announcement:** 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.****Weight = 7****1      2      3      4      5****Min. 7 / Max. 35****Clarity & quality of grant proposal.****Weight = 5****1      2      3      4      5****Min. 5 / Max. 25****Clarity & quality of grant presentation.****Weight = 5****1      2      3      4      5****Min. 5 / Max. 25**

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

I have read and understand.

**Electronic Signature.**

By signing below you acknowledge your intent to apply for the 2018 City of Loveland: Human Services Grant. Enter full name & title.

Character Limit: 250

**Date of signature.**

Character Limit: 100

**2018**  
City of Loveland  
Human Services Grant Proposal  
**Loveland Program Budget**

**Agency: Program Name:**

**19. What is the estimated PROGRAM budget?**

**Enter information into ALL yellow areas.** Indicate confirmed amounts. Indicate which expenses will be paid using City grant funds in the last column.

**Total Program Budget**

**Loveland PROGRAM Revenue**

Source	Amount	% of Total Budget	Confirmed amount to date
Federal Grants		#DIV/0!	
State Grants		#DIV/0!	
City of Loveland		#DIV/0!	
Foundations		#DIV/0!	
Donations		#DIV/0!	
Fundraising		#DIV/0!	
United Way		#DIV/0!	
Client Fees		#DIV/0!	
*Other (please name source)		#DIV/0!	
*Other (please name source)		#DIV/0!	
<b>Total Program Revenue:</b>	0	#DIV/0!	0

**Loveland PROGRAM Expenses**

Expense Category	Amount	% of Total Budget	Amount to be paid with City grant \$
Salaries & Benefits		#DIV/0!	
Program Supplies		#DIV/0!	
Rent/mortgage/utilities		#DIV/0!	
Professional Fees		#DIV/0!	
Transportation		#DIV/0!	
Travel		#DIV/0!	
Training		#DIV/0!	
Volunteer Recognition		#DIV/0!	
Fundraising		#DIV/0!	
Marketing		#DIV/0!	
*Other (please explain)		#DIV/0!	
*Other (please explain)		#DIV/0!	
<b>Total Program Expense:</b>	0	#DIV/0!	0

\*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.

**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.**

**2018**  
City of Loveland  
Human Services Grant Proposal  
**Agency Budget**

**Agency Name:**

**What is the estimated Agency budget for all services and all locations?**

**Enter information into ALL yellow areas.** Indicate confirmed amounts. Indicate which expenses will be paid using City grant funds in the last column.

**Total Agency Budget**

**Agency Revenue**

Source	Amount	% of Total Budget planned amount	Confirmed amount to date	% of Total Budget confirmed amount
Federal Grants		#DIV/0!		#DIV/0!
State Grants		#DIV/0!		#DIV/0!
City of Loveland		#DIV/0!		#DIV/0!
Foundations		#DIV/0!		#DIV/0!
Donations		#DIV/0!		#DIV/0!
Fundraising		#DIV/0!		#DIV/0!
United Way		#DIV/0!		#DIV/0!
Client Fees		#DIV/0!		#DIV/0!
*Other (please name source)		#DIV/0!		#DIV/0!
*Other (please name source)		#DIV/0!		#DIV/0!
<b>Total Agency Revenue:</b>	0	#DIV/0!	0	#DIV/0!

**Agency Expenses**

Expense Category	Amount	% of Total Budget	Amount to be paid with City grant \$	% of Total Budget paid by city grant
Salaries & Benefits		#DIV/0!		#DIV/0!
Program Supplies		#DIV/0!		#DIV/0!
Rent/mortgage/utilities		#DIV/0!		#DIV/0!
Professional Fees		#DIV/0!		#DIV/0!
Transportation		#DIV/0!		#DIV/0!
Travel		#DIV/0!		#DIV/0!
Training		#DIV/0!		#DIV/0!
Volunteer Recognition		#DIV/0!		#DIV/0!
Fundraising		#DIV/0!		#DIV/0!
Marketing		#DIV/0!		#DIV/0!
*Other (please explain)		#DIV/0!		#DIV/0!
*Other (please explain)		#DIV/0!		#DIV/0!
<b>Total Agency Expense:</b>	0	#DIV/0!	0	#DIV/0!

\*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.

**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.**

## 2018 Housing First Grant Score Sheet

1-2: Program benefit to Loveland residents or households.	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	4	20
3-7: Demonstrated knowledge and experience in facilitation of Housing First.	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
8A: Demonstrated knowledge of housing focused case management.	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	4	20
8B: Demonstrated knowledge of harm reduction.	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
8C: Demonstrated knowledge of trauma informed care.	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	4	20
10: Knowledge and usage of collaborative resources	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
11: Mitigation plan for reducing barriers to program success.	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
12: Funding and program sustainability	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	25
17: Program expense information: <b>Program Budget Narrative</b>	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10 15

Impact of this service relative to community need	<b>1 (Low)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (High)</b>	<b>Score</b>	<b>Weight</b>	<b>Total</b>
						5	7	35
Clarity & quality of grant proposal	<b>1 (Low)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (High)</b>	<b>Score</b>	<b>Weight</b>	<b>Total</b>
						5	5	25
Clarity & quality of grant presentation	<b>1 (Low)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (High)</b>	<b>Score</b>	<b>Weight</b>	<b>Total</b>
						5	5	25

Total Score: 260



**EXHIBIT A  
SCOPE OF SERVICES**

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

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

SAMPLE

---

**DETAILED GRANT BUDGET**

2018 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.	
<b>TOTAL Grant Amount:</b>	<b>\$</b>

# 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 2018-2019 FINAL REPORT FORM

Report due August 1, 2019

### A. Agency & Program Name and Address:

---

Total Amount of 2018 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/cipients 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.
5. Have you had to refuse services to people who were eligible during the grant year? If so, why?
6. Where any grievances received from clients or recipients over the past grant year? If so, please provide a report of the nature of the grievance, timeline of grievance response actions, and resolution. Do NOT include names of clients involved.

The Human Service Grant final report may be changed before the end of the grant year. If so, you will receive an updated version in 2019

### C. Recipient Documentation

Provide the following data regarding **Loveland** clients served by the program for the full grant year July 1, 2018 – June 30, 2019.

#### C1. LOVELAND RECIPIENT INCOME INFORMATION- Include ALL Loveland Recipients

# 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 with income over 80% AMI	# served with NO income information provided	<b>TOTAL Loveland Clients</b> <i>Total of 5 previous boxes.</i>
By Person	By Person	By Person	By Person	By Person	By Person

Estimated number served: **populates from proposal/number adjustment form.**

#### C2. CLIENT INFORMATION - Include ALL Loveland Recipients

# of Persons with Disabilities	# of Homeless	# of Seniors	# of Veterans	# of female-headed households

#### C3. RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH HSG FUNDS (JULY 1, 2018 – JUNE 30, 2019) TOTAL MUST MATCH NUMBER OF PERSONS GIVEN IN QUESTION C1 Total 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		
<b>TOTAL</b>		

\*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 total above**

#### C4.

<b>TOTAL NUMBER OF CLIENTS SEEN BY AGENCY.</b> Include all locations and all services provided by agency	
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**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\_\_\_\_\_

**F. Date received by Community Partnership Office** \_\_\_\_\_

Human Service Commissioners will be notified of late reports and could affect future grant proposal scores.

**2017 HUD Income Guidelines  
Larimer County  
Issued April 2017**

<b># of Persons in Household</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100%	\$53,800	\$61,500	\$69,200	\$76,800	\$83,000	\$89,100	\$95,300	\$101,400
80%	\$43,040	\$49,200	\$55,360	\$61,440	\$66,400	\$71,280	\$76,240	\$81,120
75%	\$40,350	\$46,125	\$51,900	\$57,600	\$62,250	\$66,825	\$71,475	\$76,050
70%	\$37,660	\$43,050	\$48,440	\$53,760	\$58,100	\$62,370	\$66,710	\$70,980
60%	\$32,280	\$36,900	\$41,520	\$46,080	\$49,800	\$53,460	\$57,180	\$60,840
50%	\$26,900	\$30,750	\$34,600	\$38,400	\$41,500	\$44,550	\$47,650	\$50,700
40%	\$21,520	\$24,600	\$27,680	\$30,720	\$33,200	\$35,640	\$38,120	\$40,560
30%	\$16,150	\$18,450	\$20,750	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320

\*2018 HUD Income Guidelines: Expected release March 2018

For updates go to: [www.cityofloveland.org](http://www.cityofloveland.org)



## 2018 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](mailto: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
Jo Anne Warner <b>Chair</b>	8/5/2014	6/30/2020
Melody Glinsman <b>Co Chair</b>	8/7/2012	6/30/2018
Stan Taylor	9/7/2010	6/30/2019
Maren Soreide	2/16/16	6/30/2019
Carolyn Benson	11/3/2015	6/30/2018
Rebecca Thorp	11/3/15	6/30/2020
Sara Lipowitz	7/5/17	6/30/2018
Denise Selders	1/3/17	6/30/2020
Jody Shadduck McNally	9/19/17	6/30/2019
Nicole Pasco <b>Alternate</b>	9/19/17	6/30/2018
Alison Hade <b>Staff Liaison</b>	Jeremy Jersvig <b>Council Liaison</b>	Deb Callies <b>Staff</b>

Correspondence may be sent to the mailing address listed above or via [Alison.Hade@cityofloveland.org](mailto:Alison.Hade@cityofloveland.org)