

# 2019

## HUMAN SERVICES GRANT



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

# TABLE OF CONTENTS

|                                           |    |
|-------------------------------------------|----|
| <b>2019 Human Services Grant</b>          |    |
| • 2019 Grant Schedule                     | 2  |
| • How Much? How To?                       | 3  |
| <b>Human Services Grant</b>               |    |
| • HSG Pre-Application (LOI)               | 5  |
| • HSG Application Guide                   | 7  |
| <b>HSC Scoring and Allocation</b>         |    |
| • Sample Commissioner Score Sheet         | 14 |
| • Scoring Information                     | 16 |
| • Sample Scoring Report                   | 17 |
| • How Scores are Processed for Allocation | 18 |
| <b>Award Forms and Reports</b>            |    |
| • Sample Scope of Services for Contract   | 20 |
| • Sample Organizational Chart             | 21 |
| • Grantee Final Report Form               | 22 |
| • HUD Income Guidelines                   | 25 |
| • Appeal Process                          | 26 |
| • Commission Roster                       | 27 |

## Human Services Commission 2019 Meeting Schedule

| Date                                                                    | Day | Time         | Activity                                      | Location                     |
|-------------------------------------------------------------------------|-----|--------------|-----------------------------------------------|------------------------------|
| 1/3                                                                     | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 1/7                                                                     | M   | 1:30-3:00pm  | HSG - Agency Meeting                          | City Council Chambers        |
| 1/11                                                                    | F   | 9:00-10:30am | HSG - Agency Meeting                          | City Council Chambers        |
| 1/24                                                                    | Th  | Midnight     | HSG Pre-Applications Deadline                 | Online                       |
| 2/7                                                                     | Th  | 6:00pm       | HSC Regular Meeting<br>(Discuss Pre-Apps)     | City Manager Conference Room |
| 2/28                                                                    | Th  | Midnight     | HSG Grant Proposal Deadline                   | Online                       |
| 3/7                                                                     | Th  | 6:00pm       | HSC Regular Meeting<br>(Grant Proposal Books) | City Manager Conference Room |
| 3/14                                                                    | Th  | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 3/21                                                                    | Th  | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 4/1                                                                     | M   | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 4/4                                                                     | Th  | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 4/11                                                                    | Th  | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 4/18                                                                    | Th  | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 4/25                                                                    | Th  | 5:50-8:30pm* | Applicant Presentations                       | City Council Chambers        |
| 4/29                                                                    | M   | Midnight     | HSG Commissioner Grant Scores Due             | Online                       |
| 5/2                                                                     | Th  | 6:00pm**     | HSC Regular Meeting<br>(Allocations)          | City Manager Conference Room |
| Applicants receive notification of funding recommendations after 5/2/19 |     |              |                                               |                              |
| 6/4                                                                     | T   | 6:00pm       | Grant Recommendations to City Council         | City Council Chambers        |
| 6/6                                                                     | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 7/4                                                                     | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 8/1                                                                     | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 9/5                                                                     | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 10/3                                                                    | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 11/7                                                                    | Th  | 6:00pm       | HSC Regular Meeting                           | City Manager Conference Room |
| 12/5                                                                    | 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?

|                                                                                                                         |           |
|-------------------------------------------------------------------------------------------------------------------------|-----------|
| Human Services Grant Funds<br><i>(\$35,000 of this amount may go to the Model Partnership award)</i>                    | \$500,000 |
| Community Development Block Grant Funds<br><i>(These funds may be used to fund the Housing First Grant Application)</i> | \$55,500  |
| Total Grant Funds Available                                                                                             | \$555,500 |

**\*\*\$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.

## 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 24<sup>th</sup> at 970-962-2705 or [brandy.benson@cityofloveland.org](mailto:brandy.benson@cityofloveland.org).

### Step 2 - Pre-Apply

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 24, 2019 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 28, 2019 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 **10 minutes to make a presentation and 10 minutes to answer questions from the Commission**. The Community Partnership Office (CPO) will send a Signup Genius to all applicants before noon on February 29, 2019 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*).

**\*\*\$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.**

***Direct Services Only***

Grants will be available to fund direct services and program costs such as:

- |                          |                        |
|--------------------------|------------------------|
| ▪ 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 the following 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 Human Services Commission (HSC) will provide recommendations to City Council for non-profit agency funding through a neutral and well defined grant application and scoring process.

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

# 2019 Human Service Grant Pre-Application Guide (LOI)

Submit pre-application and attachments BEFORE midnight on January 24, 2019 (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.

## Program Request

**Name of specific program requesting funding.**

Character Limit: 250

**Amount requested.**

You can edit your requested amount in your proposal if it changes after you submit your pre-application (LOI). See grant guide for program and agency maximum request amounts.

Character Limit: 20

**How did you determine the requested amount?**

Character Limit: 2000

**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

**Do you use an intake form?**

Yes No

**What population does this program serve? (Choose one)**

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

Access to food programs

Adult education/literacy

Battered partners

Early childhood care/education

Legal services

Persons with HIV/AIDS

Rent or housing assistance

Transportation

Homelessness

Living with a disability

Mental/physical health or substance abuse

Seniors

Other

**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**

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 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 [brandy.benson@cityofloveland.org](mailto:brandy.benson@cityofloveland.org)**

**Pre-Award Agreement**

**If the agency is awarded 2019 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 June 30, 2020.**
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 and Date**

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

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

# 2019 Human Services Grant Application Guide

Applications will only be accepted before midnight, Thursday, February 28, 2019. Submit online at:

<http://tinyurl.com/COLGrants>

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

970-962-2705 or [brandy.benson@cityofloveland.org](mailto:brandy.benson@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

**How did you determine the requested amount?**

Character Limit: 2000

**Program description.**

Character Limit: 2000

## Funding Information

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

**Enter: 2018**

**2017**

**2016**

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?**

**Weight = 3**

**1**

**2**

**3**

**4**

**5**

**Min. 3 / Max. 15**

**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?

Character Limit: 2000

**5. Explanation of need for service(s) in Loveland**

**Weight = 4**                      **1      2      3      4      5**                      **Min. 4 / Max. 20**

**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 previous and current school year.

**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.**

Character Limit: 2000

**6. Agency's objective(s) and documentation of the program.**

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



**7. How do previous year's goals compare to this year's goals.**

**NEW QUESTION IN 2018.** How do previous year's goals compare to this year's goals and reflect on the outcomes of the past year. Include data. Enter N/A if this is your first application for this program.

Character Limit: 2000

**Question not scored.**

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

Does the program also serve residents of other cities? 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

**See Question 10 for score for questions 8, 9 & 10**

**9. How many Loveland residents, or households, benefitted from the program over the past 12 months?**

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

Character Limit: 20

**See Question 10 for score for questions 8, 9 & 10**

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

Character Limit: 20

**8-10. Program benefit to Loveland residents or households.**

|                   |          |          |          |          |          |                         |
|-------------------|----------|----------|----------|----------|----------|-------------------------|
| <b>Weight = 5</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Min. 5 / Max. 25</b> |
|-------------------|----------|----------|----------|----------|----------|-------------------------|

**11. How does the agency accommodate clients with potentially limited access to your services?**

**NEW QUESTION IN 2018.** How does the agency accommodate clients with potentially limited access 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:

1. persons with mobility, visual or hearing impairments (ADA accessibility)
2. persons who speak minimal English (Title VI accessibility)
3. working families or individuals 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

**11. Agency provides accessible and accommodating services.**

**1-** 1 or fewer   **2-** 2 of 3 somewhat   **3-** 2 of 3 thorough   **4-** all 3 somewhat   **5-** all 3 thorough

|                   |                         |
|-------------------|-------------------------|
| <b>Weight = 3</b> | <b>Min. 3 / Max. 15</b> |
|-------------------|-------------------------|

**12. Provide a recent example of a specific collaboration with another non-profit or non profits.**

Provide a meaningful example of specific collaboration with another non-profit or non-profits?

**12. Coordination of services with other agencies.**

|                   |          |          |          |          |          |                         |
|-------------------|----------|----------|----------|----------|----------|-------------------------|
| <b>Weight = 3</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Min. 3 / Max. 15</b> |
|-------------------|----------|----------|----------|----------|----------|-------------------------|

**13. 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

**13. Program's provision of tools for self reliance.**

|                   |          |          |          |          |          |                         |
|-------------------|----------|----------|----------|----------|----------|-------------------------|
| <b>Weight = 3</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Min. 3 / Max. 15</b> |
|-------------------|----------|----------|----------|----------|----------|-------------------------|

**14. 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

**14. Program's use of volunteers.**

**Weight = 2**                                      **1      2      3      4      5**                                      **Min. 2 / Max. 10**

**15. 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

**15. Program's client-generated revenue system or explanation of no fees.**

**Weight = 2**                                      **1      2      3      4      5**                                      **Min. 2 / Max. 10**

**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*****16. 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

**16. Funding and program sustainability.**

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

**17. 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.

**Question not scored.**

**18. 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 last year. 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.**

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

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

This question is not considered when scoring.

Character Limit: 1000

**Question not scored.**

**20. 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

**20. % of Program Budget.**      1- 26% +    2- 21%-25%    3-16%-20%    4- 11%-15%    5- 10% or less

**Weight = 2**

**Min. 2 / Max. 10**

**21. 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.

**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.

Character Limit: 2000

**21. Program expense information: Program Budget Narrative.**

**Weight = 2**

**1      2      3      4      5**

**Min. 2 / Max. 10**

**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, but must be submitted using the attached template.

**Question not scored.**

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. The combined scores for these items is **30% of your overall score.**

**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 2019 City of Loveland: Human Services Grant. Enter full name & title.

Character Limit: 250

**Date of signature.**

Character Limit: 100

**2019**  
**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 under expenses.

**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.**

**2019**  
City of Loveland  
Human Services Grant Proposal  
**Agency Budget**

**Agency Name:**

**22. 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 under expenses.

**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.**

## 2019 Human Services Grant Score Sheet

**Questions 1-3, 7, and 17-19 are not scored.**

|                                                                           |                           |                                |                                |                               |                               |              |               |              |
|---------------------------------------------------------------------------|---------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------|---------------|--------------|
| 4: How well does the program match the Human Services Grant program goal? | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 3             | 15           |
| 5: Explanation of need for service(s) in Loveland                         | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 4             | 20           |
| 6: Agency's objective(s) and documentation of the program                 | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 5             | 25           |
| 8-10: Program benefit to Loveland residents or households                 | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 5             | 25           |
| 11: Agency provides accessible and accommodating services                 | <b>1<br/>(1 or fewer)</b> | <b>2<br/>(2 of 3 somewhat)</b> | <b>3<br/>(2 of 3 thorough)</b> | <b>4<br/>(All 3 somewhat)</b> | <b>5<br/>(All 3 thorough)</b> | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 3             | 15           |
| 12: Coordination of services with other agencies                          | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 3             | 15           |
| 13: Program's provision of tools for self-reliance                        | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 3             | 15           |
| 14: Program's use of volunteers                                           | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 2             | 10           |
| 15: Program's client-generated revenue system or explanation of no fees   | <b>1<br/>(Low)</b>        | <b>2</b>                       | <b>3</b>                       | <b>4</b>                      | <b>5<br/>(High)</b>           | <b>Score</b> | <b>Weight</b> | <b>Total</b> |
|                                                                           |                           |                                |                                |                               |                               | 5            | 2             | 10           |



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

Total Score: 280

## 2019 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 current 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

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# 2019 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 |
|----------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| 280                        |                                 |                                 |                                |                                |

| Average score by question: |     |         |           |               |
|----------------------------|-----|---------|-----------|---------------|
| 4:                         | 5:  | 6:      | 8-10:     | 11:           |
| 12:                        | 13: | 14:     | 15:       | 16:           |
| 20:                        | 21: | Impact: | Proposal: | Presentation: |

### 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](mailto:Alison.Hade@cityofloveland.org). Your comments will be taken into consideration when the commission discusses the grant process for the 2020 grant year.

| Applicant | Human Services Commissioner's Scores |     |     |     |     |     |     |     |     |     |     |     | Average |
|-----------|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
|           | A                                    | B   | C   | D   | E   | F   | G   | H   | I   | J   | K   | L   |         |
| 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 current 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    |       |      | ttd           | \$524,475 | ttd           | \$526,058 | ttd       | \$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  |

**EXHIBIT A  
SCOPE OF SERVICES**

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

**Description of Project:**

| 2019-2020 Grant Expense Budget                                                               |                                           |
|----------------------------------------------------------------------------------------------|-------------------------------------------|
| <b><u>Line Item Description:</u></b> (Use one line per item. Add additional lines if needed) | <b>\$ amount allocated for each item:</b> |
| 1.                                                                                           | \$                                        |
| 2.                                                                                           | \$                                        |
| 3.                                                                                           | \$                                        |
| 4.                                                                                           | \$                                        |
| <b>TOTAL Grant Amount:</b>                                                                   | <b>\$</b>                                 |

**Other Project Funding:**

| Line Item | HSG<br>Funded | Total Cost | Breakdown |
|-----------|---------------|------------|-----------|
|           |               |            | •         |
|           |               |            | •         |
|           |               |            | •         |

# 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 2019-2020 FINAL REPORT FORM

Report due August 1, 2020

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

Total Amount of 2019 Grant \$ \_\_\_\_\_

### B. Description of Accomplished Objective

Please copy your objectives from question 6 of your grant proposal. Then, answer question 1 to show the results of your objectives:

**Objective 1:**

**Objective 2:**

**Objective 3:**

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 2020

1. What were the results of the objectives?

**Result 1:**

**Result 2:**

**Result 3:**

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

3. 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.

4. Do you have a completed:

| Description      | Yes | No |
|------------------|-----|----|
| ADA Plan         |     |    |
| Title VI         |     |    |
| Grievance Policy |     |    |

(Title VI is mandatory for agencies that have received Federal (CDBG) funding from the City of Loveland and is highly suggested for agencies that receive other federal funding.)

5. Were 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 the grievance response actions and resolution. DO NOT include names of clients involved.

### C. Recipient Documentation

Provide the following data regarding **Loveland** clients served by the program for the full grant year July 1, 2019 – June 30, 2020.

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

| # served with extremely low income<br>(30% AMI or less, per HUD income guidelines) | # served with very low income<br>(31-50% AMI, per HUD income guidelines) | # served with low/moderate income<br>(51-80% AMI, per HUD income guidelines) | # served with income over 80% AMI | # served with NO income information provided | <b>TOTAL Loveland Clients</b><br><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, 2019 – JUNE 30, 2020)

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                                        |                    |                                   |
| No Race Information Provided                              |                    |                                   |
| <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 |  |
|-----------------------------------------------------------|--|

**C5. How do race/ethnicity, 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 2016 AMERICAN COMMUNITY SURVEY data to get the most recent 5-year data.

- 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 Services Commissioners will be notified of late reports and could affect future grant proposal scores.

**2018 HUD Income Guidelines  
Larimer County  
Issued May 2018**

| # of Persons<br>in<br>Household | 1        | 2        | 3        | 4        | 5        | 6        | 7         |
|---------------------------------|----------|----------|----------|----------|----------|----------|-----------|
| 100%                            | \$59,600 | \$68,100 | \$76,600 | \$85,100 | \$92,000 | \$98,800 | \$105,600 |
| 80%                             | \$47,700 | \$54,500 | \$61,300 | \$68,100 | \$73,550 | \$79,000 | \$84,450  |
| 75%                             | \$44,700 | \$51,075 | \$57,450 | \$63,825 | \$69,000 | \$74,100 | \$79,200  |
| 70%                             | \$41,720 | \$47,670 | \$53,620 | \$59,570 | \$64,400 | \$69,160 | \$73,920  |
| 60%                             | \$35,760 | \$40,860 | \$45,960 | \$51,060 | \$55,200 | \$59,280 | \$63,360  |
| 50%                             | \$29,800 | \$34,050 | \$38,300 | \$42,550 | \$46,000 | \$49,400 | \$52,800  |
| 40%                             | \$23,840 | \$27,240 | \$30,640 | \$34,040 | \$36,800 | \$39,520 | \$42,240  |
| 30%                             | \$17,900 | \$20,450 | \$23,000 | \$25,550 | \$29,420 | \$33,740 | \$38,060  |

\*2019 HUD Income Guidelines: Expected release March 2019

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



## 2019 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 are presented to 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                  |
|------------------------------------------|-----------------------------|-------------------------------|
| Rebecca Thorp<br><b>Chair</b>            | 7/5/2017                    | 6/30/2020                     |
| Carolyn Benson<br><b>Co Chair</b>        | 7/3/2018                    | 6/30/2021                     |
| Stan Taylor                              | 7/5/16                      | 6/30/2019                     |
| Maren Soreide                            | 7/5/16                      | 6/30/2019                     |
| Jo Anne Warner                           | 7/18/17                     | 6/30/2020                     |
| Sara Lipowitz                            | 7/3/2018                    | 6/30/2021                     |
| Denise Selders                           | 7/18/2017                   | 6/30/2020                     |
| Jody Shadduck McNally                    | 9/19/2017                   | 6/30/2019                     |
| Nicole Pasco                             | 7/3/2018                    | 6/30/2021                     |
| Jeremy Jersvig<br><b>Council Liaison</b> | Alison Hade<br><b>Staff</b> | Brandy Benson<br><b>Staff</b> |

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