

# 2019

## HUMAN SERVICES GRANT



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

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## 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 (Discuss Pre-Apps)	City Manager Conference Room
2/28	Th	Midnight	HSG Grant Proposal Deadline	Online
3/7	Th	6:00pm	HSC Regular Meeting (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 (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 <i>(\$35,000 of this amount may go to the Model Partnership award)</i>	\$500,000
Community Development Block Grant Funds <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 Human Services 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>
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**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>
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**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>
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**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>
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#### 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 (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	3	15
5: Explanation of need for service(s) in Loveland	<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	4	20
6: Agency's objective(s) and documentation of the program	<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
8-10: Program benefit to Loveland residents or households	<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
11: Agency provides accessible and accommodating services	<b>1 (1 or fewer)</b>	<b>2 (2 of 3 somewhat)</b>	<b>3 (2 of 3 thorough)</b>	<b>4 (All 3 somewhat)</b>	<b>5 (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 (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	3	15
13: Program's provision of tools for self-reliance	<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	3	15
14: Program's use of volunteers	<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	2	10
15: Program's client-generated revenue system or explanation of no fees	<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	2	10

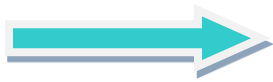
16: Funding and program sustainability	<b>1 (Low)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (High)</b>	<b>Score</b>	<b>Weight</b>	<b>Total</b>
						5	5	25
20: % of Program Budget requested. Scored by CPO	<b>1 26% or greater</b>	<b>2 21%-25%</b>	<b>3 16%-20%</b>	<b>4 11%-15%</b>	<b>5 10% or less</b>	<b>Score</b>	<b>Weight</b>	<b>Total</b>
						5	2	10
21: Program expense information & Program Budget Narrative	<b>1 (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	2	10
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: 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

Civic Center - 500 East Third Street - Loveland, Colorado 80537  
 (970) 962-2517 TDD (970) 962-2620 FAX (970) 962-2903  
[www.cityofloveland.org](http://www.cityofloveland.org)

# 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:**

<b>2019-2020 Grant Expense Budget</b>	
<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 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 (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, 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 in 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 <b>Chair</b>	7/5/2017	6/30/2020
Carolyn Benson <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 <b>Council Liaison</b>	Alison Hade <b>Staff</b>	Brandy Benson <b>Staff</b>

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