

# 2019

## HUMAN SERVICES GRANT: Model Partnership



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

# TABLE OF CONTENTS

<b>2019 Human Services Grant: Model Partnership Award</b>	
• 2019 Grant Schedule	2
• How Much? How To?	3
<b>Model Partnership Award</b>	
• Model Partnership Introduction	5
• Model Partnership Pre-Application (LOI)	6
• Model Partnership Application Guide	8
• Sample Commission Score Sheet	11
<b>Award Forms and Reports</b>	
• Sample Scope of Services for Contract	12
• Sample Organizational Chart	13
• Grantee Final Report Form	14
• HUD Income Guidelines	17
• Appeal Process	18
• Commission Roster	19

## 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-Application (LOI) Deadline	Online
2/7	Th	6:00pm	HSC Regular Meeting (Discuss Pre-Apps)	City Manager Conference Room
2/28	Th	Midnight	HSG Application 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?

\$35,000 = maximum request allowed per partnership.

## 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 applications 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.

### ***Direct Services Only***

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

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

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

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

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

The 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.

# City of Loveland Human Services Grant Model Partnership Award



The Human Services Commission offers a one-time grant amount of **up to \$35,000** to non-profit agencies that exemplify ideal partnerships in the Loveland community. The Model Partnership Award was established to encourage and/or reward efforts of collaborations that reduce service duplication, administrative costs or increase efficiency. The commission may make up to \$35,000 available during the 2019 grant process to spotlight programs working together to better serve the community. Funds **may or may not** be awarded to one lead agency and divided among two or more partnering agencies, depending on the quality of proposals and merit of partnerships.

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

## **Step 1 - Eligibility**

- A minimum of two separate groups working together to serve persons in Loveland.
- At least one organization must have an established 501(c)3 IRS determination.
- Applicants must provide services that fulfill all or some of the Human Services Grant program goal: *Financially support services that value diversity, foster self-reliance, treat people with dignity, build self-respect, address issues of safety, and allow people to live free of fear through the provision of food, shelter, physical and mental health care, as well as services that prevent crises and assist in sustaining independent living.*

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

## **Step 2 – Pre-Apply**

Submit a Model Partnership pre-application by January 24, 2019 before midnight.

## **Step 3 - Proposal**

Once you have received notification that your pre-application has been approved you may start your proposal (due February 28, 2019 before midnight).

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

## **Step 4 - Presentation**

Make a 20-minute presentation to the Human Services Commission (see page 2 for presentation dates). Applicants will have 10 minutes to present and 10 minutes to answer questions from the commission. The CPO will send a Signup Genius email to all applicants by noon on February 29, 2019. Additional information will be provided by the CPO at the agency training.

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

# 2019 HSG Model Partnership Pre-Application Guide (LOI)

City of Loveland, Community Partnership

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

## Program Request

**Name of specific program requesting funding.**

Character Limit: 250

**Amount requested.**

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

Character Limit: 20

**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

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

Yes No

## Program Information

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

Abused/neglected or "at-risk" children and youth  
Battered partners  
Adult education/literacy  
Legal services  
Persons with HIV/AIDS  
Rent or housing assistance  
Transportation  
Access to food programs  
Early childhood care/education  
Homelessness  
Living with a disability  
Mental/physical health or substance abuse  
Seniors  
Other

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

**Current Board of Directors Roster** File Size Limit: 3 MB

Attach a current roster for every agency in the partnership. List professional affiliations.

**Conflict of Interest policy** File Size Limit: 1 MB

Attach current policy for each agency in the partnership.

**Organizational Chart** File Size Limit: 3 MB

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

#### **Pre-Award Agreement**

If the agency is awarded a 2019 Model Partnership Award from the City of Loveland, I understand that the following will be required as a condition of receiving grant funds:

1. All agencies receiving grant funds from the City must enter into a legal agreement defining services to be provided, amount of grant 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 Model Partnership Award 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.**

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

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

#### **Date of signature.**

Character Limit: 100

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



# 2019 City of Loveland Human Services Grant Model Partnership Award Proposal Guide

Submit online <http://tinyurl.com/COLGrants>  
before midnight, Thursday, **FEBRUARY 28, 2019**.

Please contact the Community Partnership Office with questions about the application at  
970-962-2705 or [brandy.benson@cityofloveland.org](mailto:brandy.benson@cityofloveland.org).

<b>Lead Agency or Organization:</b>	
<b>Executive Director:</b>	
<b>Contact Person &amp; Title:</b>	
<b>Phone Number:</b>	
<b>E-mail:</b>	

<b>Partnering Organization:</b>	
<b>Executive Director:</b>	
<b>Contact Person &amp; Title:</b>	
<b>Phone Number:</b>	
<b>E-mail:</b>	

<b>Partnering Organization:</b>	
<b>Executive Director:</b>	
<b>Contact Person &amp; Title:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

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

**Program Title:**

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

						SCORE	Weight	TOTAL
1	How well does the program match the HSG program goal?	1 (Low)	2	3	4	5 (High)	3	

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

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

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

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

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

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

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

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

**6. Include a budget narrative.**

						SCORE	Weight	TOTAL
5	Budget Details	1 (Low)	2	3	4	5 (High)	4	

**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.**

# Model Partnership Award Commissioner Score Sheet Sample

Agencies:

Partnership Project:									
Model Partnership Award									
						SCORE	Weight	TOTAL	
1	How well does the program match the HSG program goal?	1	2	3	4	5	5	3	15
						SCORE	Weight	TOTAL	
2	Partnership goals, strategies & outcomes	1	2	3	4	5	5	4	20
						SCORE	Weight	TOTAL	
3	Level of benefit to Loveland residents	1	2	3	4	5	5	3	15
						SCORE	Weight	TOTAL	
4	Increased efficiency and/or community benefit	1	2	3	4	5	5	5	25
						SCORE	Weight	TOTAL	
	Effectiveness of this partnership compared to others	1	2	3	4	5	5	3	15
						SCORE	Weight	TOTAL	
6	Budget narrative	1	2	3	4	5	5	4	20
Total Score						110			

**EXHIBIT A  
SCOPE OF SERVICES**

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

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**Description of Project:**

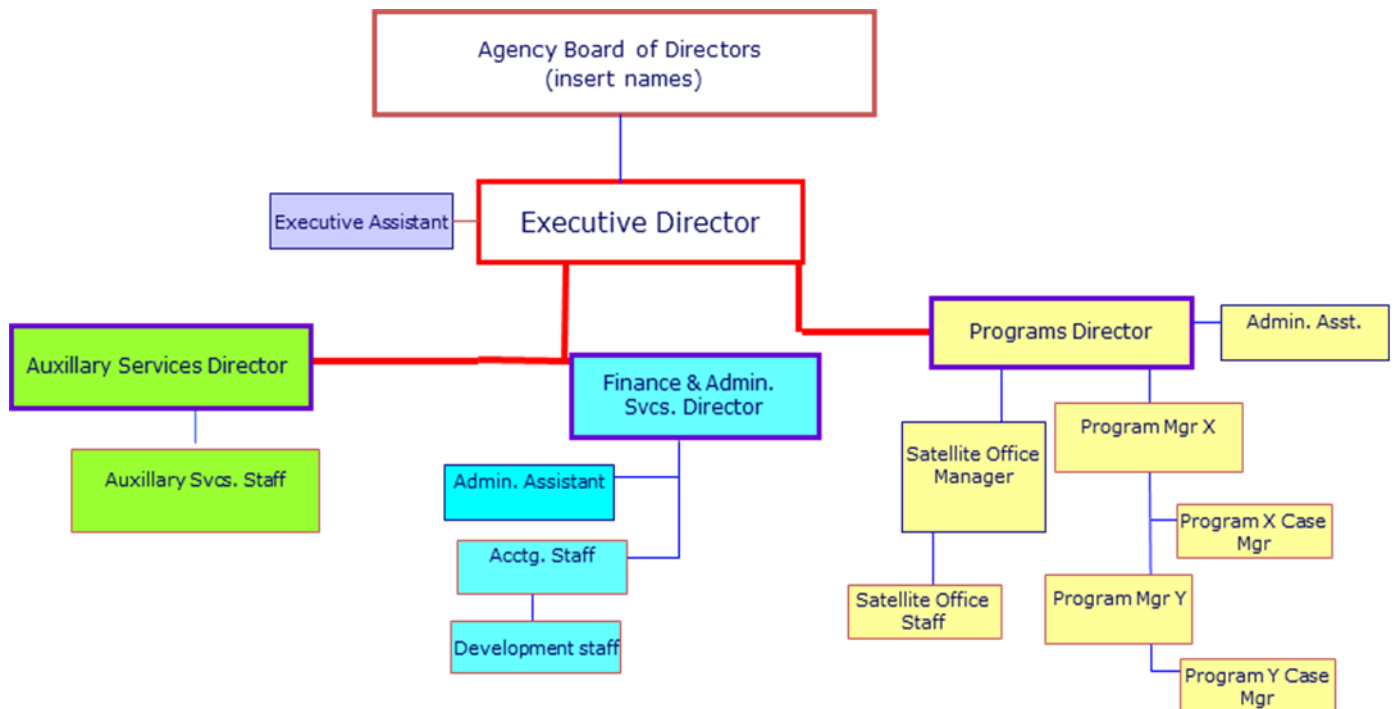
<b>2019-2020 Grant Expense Budget</b>	
<b><u>Line Item Description:</u></b> (Use one line per item. Add additional lines if needed)	<b>\$ amount allocated for each item:</b>
1.	\$
2.	\$
3.	\$
4.	\$
<b>TOTAL Grant Amount:</b>	<b>\$</b>

**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 MODEL PARTNERSHIP GRANT PROGRAM

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	
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**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 Liason</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)