

2020

HUMAN SERVICES GRANT: Model Partnership



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

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City of Loveland

Human Services Grant

Model Partnership Award Introduction

The Model Partnership Award was established to encourage and/or reward efforts of collaborations that reduce service duplication, administrative costs or increase efficiency. The Human Services Commission may make **up to \$35,000** available during the 2020 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.

How Much is Available?

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

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

How To Apply

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

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 23, 2020 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 27, 2020 before midnight.**

Late proposals will not be accepted.

Step 4 - Presentation

Human Services commission members will discuss applications and send questions to individual agencies. A subcommittee of the commission, with the assistance of the Community Partnership Office, will review financial information and send questions to individual agencies. All questions must be answered within three business days.

Human Services commission members will make allocation decisions based on proposals and answers from submitted questions. Allocations will be informed by aggregate scores but not made solely by those scores.

Allocation recommendations will be presented to City Council on June 2, 2020.

Direct Services Only

Grants will be available to fund direct services and program costs including, 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.

2020 HSG Model Partnership Pre-Application Guide (LOI)

City of Loveland, Community Partnership

Submit pre-application and attachments BEFORE midnight on January 23, 2020 (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
Access to food programs
Adult education/literacy
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
Victim Services
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 each 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 2020 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, 2021. You may request an extension.**
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

2020

City of Loveland

Human Services Grant

Model Partnership Award Proposal Guide

Submit online <http://tinyurl.com/COLGrants>
before midnight, Thursday, **FEBRUARY 27, 2020.**

Please contact the Community Partnership Office with questions about the application at
970-962-2705 or brandy.benson@cityofloveland.org.

Lead Agency or Organization:	
Executive Director:	
Contact Person & Title:	
Phone Number:	
E-mail:	

Partnering Organization:	
Executive Director:	
Contact Person & Title:	
Phone Number:	
E-mail:	

Partnering Organization:	
Executive Director:	
Contact Person & Title:	
Phone Number:	
Email:	

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
6	Budget Details	1 (Low)	2	3	4	5 (High)	4	

2020
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!	
Total Program Revenue:	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!	
Total Program Expense:	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

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
5	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		

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

**EXHIBIT A
SCOPE OF SERVICES**

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

Description of Project:

2020-2021 Grant Expense Budget	
<u>Line Item Description:</u> (Use one line per item. Add additional lines if needed)	\$ amount allocated for each item:
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL Grant Amount:	\$

Other Project Funding:

Line Item	Model Partnership	Total Cost	Breakdown
			•
			•
			•



HUMAN SERVICES GRANT PROGRAM 2020-2021 FINAL REPORT FORM

Report due August 1, 2021

A. Agency & Program Name and Address:

Total Amount of 2020 Grant \$ _____

B. Description of Accomplished Objective

Please copy your goals from question 2 of your grant proposal. Then, answer this question to show the results of your goals:

Objective 1:

Objective 2:

Objective 3:

1. What were the results of the goals?

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. 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, 2020 – June 30, 2021.

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	TOTAL Loveland Clients <i>Total of 5 previous boxes.</i>
By Person	By Person	By Person	By Person	By Person	By Person

Estimated number served from question 3 on the proposal: _____

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, 2020 – JUNE 30, 2021)

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		
TOTAL		

*According to HUD, Hispanic is not a separate race but is categorized with another race, e.g. White/Hispanic.

The total number of all persons must match C1 total above

C4.

TOTAL NUMBER OF CLIENTS SEEN BY AGENCY.	
--	--

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.

**2019 HUD Income Guidelines
Larimer County
Issued May 2019**

# of Persons in Household	1	2	3	4	5	6	7	8
100%	\$61,100	\$69,800	\$78,500	\$87,200	\$94,200	\$101,200	\$108,200	\$115,200
80%	\$48,850	\$55,800	\$62,800	\$69,750	\$75,350	\$80,950	\$86,500	\$92,100
75%	\$45,825	\$52,350	\$58,875	\$65,400	\$70,650	\$75,900	\$81,150	\$86,400
70%	\$42,770	\$48,860	\$54,950	\$61,040	\$65,940	\$70,840	\$75,740	\$80,640
60%	\$36,660	\$41,880	\$47,100	\$52,320	\$56,520	\$60,720	\$64,920	\$69,120
50%	\$30,550	\$34,900	\$39,250	\$43,600	\$47,100	\$50,600	\$54,100	\$57,600
40%	\$24,440	\$27,920	\$31,400	\$34,880	\$37,680	\$40,480	\$43,280	\$46,080
30%	\$18,350	\$20,950	\$23,550	\$26,150	\$30,170	\$34,590	\$39,010	\$43,430

*2020 HUD Income Guidelines: Expected release March 2020

For updates go to: www.cityofloveland.org



2020 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.
- **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.
- **Transparency** – The Community Partnership Office is available throughout the process to provide technical assistance and describe the process of applying for a grant. Information received by the CPO is considered public and can be made available upon request.

If an applicant wishes to appeal the funding recommendations of the Human Services Commission an appeal may be made by submitting a written letter citing reason for appeal within five business days of receiving the agency's scoring report and emailed to:

Alison.Hade@cityofloveland.org

Staff will forward the appeal to the Human Services Commission and the City Council prior to the day the funding recommendations 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 Chair	11/3/2015	6/30/2020
Carolyn Benson Co Chair	11/3/2015	6/30/2021
David Hughes	12/17/2019	06/30/2020
Tim Hitchcock	7/2/2019	6/30/2022
April Lewis	7/2/2019	6/30/2022
Fred Garcia	7/2/2019	6/30/2022
Sara Lipowitz	7/3/2018	6/30/2021
Jody Shadduck-McNally	9/19/2017	6/30/2020
Nicole Pasco	7/3/2018	6/30/2021
Amanda Olivier Alternate	1/1/2020	12/31/2020
Gillian Townsend Alternate	1/1/2020	12/31/2020
Andrea Samson Council Liaison	Alison Hade Staff	Brandy Benson Staff

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