

# 2020

## HUMAN SERVICES GRANT: HOMELESS SOLUTIONS



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

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## City of Loveland

# Human Services Grant — Homeless Solutions Award

The Human Services Commission offers a grant amount to non-profit agencies that provide **housing solutions for homeless residents** in the Loveland community. The Homeless Solutions Award was established to encourage and/or reward efforts of supportive housing, rapid re-housing or other housing-focused programs. The commission **may** invest the entire City of Loveland Community Development Block Grant- Public Service funds during the 2020 grant process to spotlight programs working to house the homeless. Funds may or may not be awarded to one agency and divided among two or more partnering agencies, depending on the quality of the program.

## How Much is Available?

Community Development Block Grant Funds- Public Service Award

Approx. \$55,500

## How To Apply

### Step 1 - Eligibility

- Organization must have an established 501(c)3 IRS determination.
- Applicants must provide services that fulfill all or some of the Human Services Grant program goal: Financially support services that value diversity, foster self-reliance, treat people with dignity, build self-respect, address issues of safety, and allow people to live free of fear through the provision of food, shelter, physical and mental health care, as well as services that prevent crises and assist in sustaining independent living.
- Programming must result in housing for a homeless resident.

### 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, but not limited to:

- case management
- advocacy
- education: financial, lease, etc.
- mental health care
- transportation
- emergency shelter
- program supplies
- counseling
- rent assistance
- child care
- physical health care

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.

## 2020 Homeless Solutions Grant- Pre-Application (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 the application if it changes after you submit your pre-application (LOI).  
See [grant guide](#) for program and agency maximum request amounts.

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

Chronically homeless

Adults

Families

Unaccompanied youth

Veterans

Seniors

Battered partners

Disabled

Other

**Which best describes your program?**

Rapid rehousing

Supportive housing

Both rapid rehousing and supportive housing

Other housing focused program

**Program description.**

Character Limit: 2000

### *Eligibility Determination*

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

Yes

No

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

Agency is a 501c3

OR

Agency Collaboration that includes an IRS-designated 501c3 agency

**If you are a new applicant please attach your IRS determination letter.**

File size limit: 1MB

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

Yes

No

### *Program Information*

**What experience does your organization have with housing homeless residents?**

Include trainings attended, programs implemented, etc.

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

**Profit and Loss Statement**

Attach the profit and loss statement for the organization's last full fiscal year. Upload statements as ONE pdf. File Size Limit: 3 MB

**Balance Sheet**

Attach the balance sheet for the organizations last full fiscal year. Upload statement at ONE pdf. File Size Limit: 3MB

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

Attach current policy. Upload Balance Sheet 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 or on page 16). 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.**

**Pre-Award Agreement**

**If the agency is awarded 2020 Homeless Solutions 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.

**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

## 2020 Homeless Solutions Grant- Application

*City of Loveland, Community Partnership*

**Applications will only be accepted before midnight, Thursday, February 27, 2020. 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)**

**Human Services Grant Program Goal:** Financially support services that value diversity, foster self-reliance, treat people with dignity, build self-respect, address issues of safety, and allow people to live free of fear through the provision of food, shelter, physical and mental health care, as well as services that prevent crises and assist in sustaining independent living.

### **Program Request**

#### **Name of specific program requesting funding.**

Character Limit: 250

#### **Amount requested.**

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

Character Limit: 20

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

Chronically homeless

Adults

Families

Unaccompanied youth

Veterans

Seniors

Battered partners

Disabled

Other

#### **Which best describes your program?**

Rapid rehousing

Permanent supportive housing

Both rapid rehousing and permanent supportive housing

Other housing focused program

#### **Program description.**

Character Limit: 5000

### **Program Information & Community Need**

#### **1. What need will this program fulfill for the citizens of Loveland?**

**Please include current statistics and information, including citations.** The Need Statement presents facts and evidence to support the need for the program you are proposing. It also establishes your organization as being capable of addressing the need. When identifying the problem and writing the Need Statement, you must show how the services you provide address the need(s) and fulfill all or some of the attributes found in the Human Services Grant program goal.

**Scored in combination below.**

<b>2. How many Loveland residents, or households, will benefit from the program during the next 12 months?</b>						
Character Limit: 20						
<b>1-2. Program benefit to Loveland residents or households.</b>						
<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>
<b>3. Housing Plan</b>						
How will housing be supported initially and longer term. How will deposit and rent be supported? Who will help with the housing search? How will people find housing? How will you determine if housing is appropriate and affordable?						
Character Limit: 5000						
Scored in combination below.						
<b>4. Program Eligibility</b>						
List all eligibility requirements for individuals or families to receive services and/or housing. Are there any income requirements?						
Character Limit: 5000						
Scored in combination below.						
<b>5. Tenant Selection Plan</b>						
Describe OR upload your tenant selection plan, if applicable. How will you engage with Coordinated Assessment and Housing Placement (CAHPS) and how will it assist with tenant selection and serving Loveland residents?						
Character Limit: 5000/ File Size Limit: 3 MB						
Scored in combination below.						
<b>6. Housing Timeline</b>						
How is your housing timeline consistent with CAHPS or how does it differ? What is your goal for your housing timeline?						
Scored in combination below.						
<b>7. Rules of Participation</b>						
Describe OR upload your rules of participation. What happens if people do not stay in contact?						
Character Limit: 5000/ File Size Limit: 3 MB						
<b>3-7. Demonstrated knowledge and experience in facilitation of homeless solutions program.</b>						
<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>
<b>8. Program Components</b>						
Describe how your program will provide the following: case management, harm reduction, and trauma informed care. How will harm reduction be used? Will it be around finances or drug/alcohol use?						
Character Limit: 5000						
<b>8A. Demonstrated knowledge of housing focused case management.</b>						
<b>Weight = 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Min. 4 / Max. 20</b>
<b>8B. Demonstrated knowledge of harm reduction.</b>						
<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>
<b>8C. Demonstrated knowledge of trauma informed care.</b>						
<b>Weight = 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Min. 4 / Max. 20</b>



<b>9. Staffing Pattern/Plan and Program Timeline</b>						
Describe OR upload your staffing plan for the grant year.						
Character Limit: 2000/ File Size Limit: 3 MB						
<b>Question not scored.</b>						
<b>10. Program Partners</b>						
Describe all partnerships necessary to provide the services and housing components. Include agencies, roles, and services provided by each partner involved.						
Character Limit: 5000						
<b>10. Leverage of community resources. Demonstrated knowledge and usage of collaborative resources.</b>						
<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>
<b>11. Barriers to Service</b>						
Describe mitigation plan to address barriers to services.						
Character Limit: 5000						
<b>11. Mitigation plan for reducing barriers to program success.</b>						
<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>
<b>Program Funding and Sustainability</b>						
<b>12. What are your sources of funding?</b>						
Describe the percentage of agency funding from various sources such as government grants, foundations, earned income, government entitlements, United Way, donations or fundraising, and client fees. How diversified is agency funding? What happens if the City does not fund this program? How will the program's long-term plan be affected?						
Character Limit: 5000						
<b>12. Funding and program sustainability.</b>						
<b>Weight = 2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Min. 2 / Max. 10</b>
<b>13. Board members and policy Information.</b>						
What is the term of office AND average length of service for board members? What is the maximum length of service? Do you have a board member Conflict of Interest policy? Are board members allowed to do business with the agency? Is self-dealing prohibited or are there exceptions?						
This question is not considered when scoring.						
Character Limit: 5000						
<b>Question not scored.</b>						
<b>14. What was the total cost of the program for your agency's last fiscal year?</b>						
Provide one dollar amount that reflects the total cost of the program. If this is a new program indicate by inserting "New program. No results available at this time."						
This question is not considered when scoring.						
Character Limit: 20						
<b>Question not scored.</b>						
<b>15. How many individuals or households does the agency serve in ALL locations?</b>						
How many people do you serve in all locations? Where are those locations? This question is not considered when scoring.						
Character Limit: 1000						
<b>Question not scored.</b>						

## 16. Program and Agency Budget Process

### TITLE: Program and Agency Budget Process

Agencies may submit their own program and agency budgets or use the Human Service Grant program and agency budget templates that are on the Community Partnership Office website. **The budgets must show line items for government funding and client income/fees.**

### PROGRAM BUDGET QUESTIONS and NARRATIVE

Answer the following questions from your PROGRAM BUDGET

- List your 10 largest sources of income over the last two years and the amount received. If you received funding both years, break the amounts out by year. (Note that only five are shown in the example but 10 are expected to fully answer the question.)

	2018	2019	Totals
Foundation Q	\$37,000	\$25,000	\$62,000
Name of event	\$22,000	\$27,000	\$49,000
Person	\$10,000	\$12,000	\$22,000
Person	\$7,500	\$10,000	\$17,500
Foundation H		\$7,000	\$7,000

- Looking at expenses on your budget, break out the following:

CATEGORY	AMOUNT
Personnel	\$369,916
Direct Costs	\$161,724
Indirect Costs	\$145,402
Total Expenses	\$677,042

- A. Total Cost - Indicate the total funds needed to implement the project / program for which you are applying and indicate how you arrived at this dollar amount. State the dollar amount requested from the Loveland Human Services Grant, as well as any matching funds needed to reach the total cost. Describe how you will use Human Service Grant funding if you receive a grant, for example, staff salaries or direct program costs. Identify where other funding sources will come from.
- B. Personnel – List the number of FTEs that will be working on this project / program. Indicate the percentage of time each staff person contributing to the proposal will work on the project / program. Discuss the cost of personnel benefits.

Number of Staff	Number of FTEs
3 full time staff	3
4 staff at 20 hours	2
Total	5

File Size Limit: 3 MB

16. Program expense information: Program Budget Narrative.

Weight = 2

1 2 3 4 5

Min. 2 / Max. 10

**Important Scoring Announcement:** The overall proposal score is based on information provided on the grant proposal and through the presentation, as well as the perceived impact of service to the community.

**Impact of this service relative to community need.**

**Weight = 7**

**1      2      3      4      5**

**Min. 7 / Max. 35**

**Clarity & quality of grant proposal.**

**Weight = 5**

**1      2      3      4      5**

**Min. 5 / Max. 25**

***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 2020 City of Loveland: Human Services Grant. Enter full name & title.

*Character Limit: 250*

**Date of signature.**

*Character Limit: 100*

## 2020 Homeless Solutions Grant Score Sheet

Agency Name:

Program:

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

12: Funding and program sustainability	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
16: Program expense information: <b>Program Budget Narrative</b>	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
Impact of this service relative to community need	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	7	35
Clarity & quality of grant proposal	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25

Total Score: 225

- ☐ All members of the Human Services Commission will complete a score sheet for each application as shown above.
- ☐ Scores will be combined to produce a total average score resulting in an agency ranking as a starting point for making a funding recommendation. Commission members will create a PRELIMINARY RANKING to aid in proposal discussions and a FINAL RANKING to aid in allocation decisions.

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
<b>*NOTE that amounts above are an example and not necessarily based on actual score totals.</b>					

# Agency X Example Organizational Chart

Note: If your agency does not have a branch that may be present on this chart, that is fine, simply illustrate all of the programs and staff that your agency employs



## Key:

- Services/Programs that are an arm of the agency, but not the primary function of the agency, housing for example
- Finance/Acctg/Fundraising staff
- Programs and the staff that provide the services of each program

**EXHIBIT A**  
**SCOPE OF SERVICES**

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

**Description of Project:**

<b>2020-2021 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:**

<b>Line Item</b>	<b>Homeless Solutions</b>	<b>Total Cost</b>	<b>Breakdown</b>
			•
			•
			•



## 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                      \$\_\_\_\_\_

1. How many people and/or families did your program house during the grant?
2. Are these people and/or families still housed?
3. What were the high, low and average financial support amounts spent?

High: \_\_\_\_\_

Low: \_\_\_\_\_

Average: \_\_\_\_\_

### B. Recipient Documentation

Provide the following data regarding **Loveland** clients served by the program for the full grant year July 1, 2020 – June 30, 2021.

#### B1. **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

#### B2. **CLIENT INFORMATION - Include ALL Loveland Recipients**

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



**B3. 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		
<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

**B4. TOTAL NUMBER OF CLIENTS SEEN BY AGENCY: \_\_\_\_\_**

INCLUDE ALL LOCATIONS AND SERVICES PROVIDED BY AGENCY.

**B5. 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.

**C. 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 \_\_\_\_\_

**D. 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**

<b># of Persons in Household</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
100%	\$61,100	\$69,800	\$78,500	\$87,200	\$94,200	\$101,200	\$108,200	\$115,200
80%	<b>\$48,850</b>	<b>\$55,800</b>	<b>\$62,800</b>	<b>\$69,750</b>	<b>\$75,350</b>	<b>\$80,950</b>	<b>\$86,500</b>	<b>\$92,100</b>
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%	<b>\$30,550</b>	<b>\$34,900</b>	<b>\$39,250</b>	<b>\$43,600</b>	<b>\$47,100</b>	<b>\$50,600</b>	<b>\$54,100</b>	<b>\$57,600</b>
40%	\$24,440	\$27,920	\$31,400	\$34,880	\$37,680	\$40,480	\$43,280	\$46,080
30%	<b>\$18,350</b>	<b>\$20,950</b>	<b>\$23,550</b>	<b>\$26,150</b>	<b>\$30,170</b>	<b>\$34,590</b>	<b>\$39,010</b>	<b>\$43,430</b>

\*2020 HUD Income Guidelines: Expected release March 2020

For updates go to: [www.cityofloveland.org](http://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](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>	11/3/2015	6/30/2020
Carolyn Benson <b>Co Chair</b>	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 <b>Alternate</b>	1/1/2020	12/31/2020
Gillian Townsend <b>Alternate</b>	1/1/2020	12/31/2020
Andrea Samson <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)