City of Loveland

2020
HUMAN SERVICES GRANT

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

TABLE OF CONTENTS

How Much is Available?

Human Services Grant Funds *($35,000 of this amount may go to the Model Partnership award)*	$460,000
Community Development Block Grant Funds *(These funds may be used to fund the Homeless Solutions award)*	$55,500
Total Grant Funds Available	$515,500

**$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 23rd at 970-962-2705 or brandy.benson@cityofloveland.org.

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.

**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
- 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.

2020 Human Service Grant Pre-Application Guide (LOI)

Submit pre-application and attachments BEFORE midnight on January 23, 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 propsosal 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

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

Is answering a question about income mandatory to receive services from this program?

Yes

No

Is income verified?

Yes

No

Can you show that at least 51% of your clients fall at or below 80% of the area median income?

This includes counting clients who do not provide financial information. Example: you serve 1,000 clients a year at your agency. If 500 provide income information and 95% are at or below 80% of the AMI you are only able to show that 47.5% of your total clients are at or below 80% of the AMI (500 x .95; 475/1000 = 47.5%).

Yes

No

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 statement 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 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

Pre-Award Agreement

If the agency is awarded 2020 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 Junly 15, 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 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

2020 Human Services Grant Application Guide

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

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: 2019   2018   2017
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 and need for program in Loveland.

What need will this program fulfill for the citizens of Loveland? The need statement presents facts and evidence to support the need for the program you are proposing within the Human Services Grant Program Goals. 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 including: financially supporting 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 crisis and assist in sustaining independent living.

- 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

4. How well does the program match the Human Services Grant program goal and need for program?

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

5. 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, Inclusive or Equitable**. **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. **NEW OBJECTIVE 4**: ABC Tutoring will engage the people we serve in leadership roles where they make take part in making decisions about the programs we provide. **NEW** DOCUMENTATION: Written description with data. **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 Examples and DOCUMENTATION:** 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

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

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

6. How do previous year's objectives compare to this year's objectives
How do previous year's objectives compare to this year's objectives. Reflect on the outcomes of the past year described in Question 5. Include data. Enter N/A if this is your first application for this program.   Character Limit: 2000
Question not scored.

7. 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 9 for score for questions 7, 8 & 9

8. 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 9 for score for questions 7, 8 & 9

9. How many Loveland residents, or households, will benefit from the program during the next 12 months?
Character Limit: 20

7-9. Program benefit to Loveland residents or households.

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

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

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

10. 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

Weight = 3   Min. 3 / Max. 15

11. 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?

11. Collaboration of services with other agencies.
Weight = 3   1   2   3   4   5   Min. 3 / Max. 15

12. 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

12. Program's provision of tools for self reliance.
Weight = 3   1   2   3   4   5   Min. 3 / Max. 15

13. 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

13. Program's use of volunteers.
Weight = 2   1   2   3   4   5   Min. 2 / Max. 10

14. 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

14. 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

15. 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

15. Funding and program sustainability.
Weight = 5   1   2   3   4   5   Min. 5 / Max. 25

16. 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.

17. 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.

18. 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.

19. 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

C. Program Costs - What are your direct services costs? Identify the percentage of direct costs to the entire cost of the program. Describe how the expenditure of these funds will aid your organization in delivering the services. As much as possible, tie specific costs to your objectives.

D. Indirect Costs – Please describe indirect costs needed to implement the program / project. Include items such as rent, utilities, postage, supervision and other costs. Justify costs as necessary to your ability to manage the proposed activities.

E. Net Income / Loss – How much net income or net loss are you expecting. How will you use the net income? How will you recover from a net loss?

F. Reserves / Endowment – How many months of reserves do you have? Tie the answer to your Balance Sheet. Are there any restrictions on accessing the funding? If yes, what are those restrictions?

Character Limit: 2000

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19. Program expense information: Program Budget Narrative.

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

20. Program Budget (specific program requesting funding).

Computed by dividing the ask amount by the cost of the Loveland program.

20. % of Program Budget.   **1**-36% +   **2**- 31%-35%   **3**-26%-30%   **4**-21%-25%   **5**-20% or less

Weight = 2	Min. 2 / Max. 10

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 **25% 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

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 Human Services Grant Score Sheet

						Score	Weight	Total
Questions 1-3, 7, and 17-19 are not scored.								
4: How well does the program match the Human Services goal and need?	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	4	20
5: Agency's objective(s) and documentation of the program	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	5	25
7-9: Program benefit to Loveland residents or households	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	5	25
10: 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)**	Score	Weight	Total
						5	3	15
11. Collaboration of services with other agencies	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	3	15
12: Program's provision of tools for self-reliance	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	3	15
13: Program's use of volunteers	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	2	10
14: Program's client-generated revenue system or explanation of no fees	**1 (Low)**	**2**	**3**	**4**	**5 (High)**	Score	Weight	Total
						5	2	10

						Score	Weight	Total
15: Funding and program sustainability	1 (Low)	2	3	4	5 (High)			
						5	5	25
19: Program expense information & **Program Budget Narrative**	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
20: % of Program Budget requested. Scored by CPO	1 36% or greater	2 31-35%	3 26-30%	4 21-25%	5 20% or less	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: 240

◉   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
*NOTE that amounts above are an example and not necessarily based on actual score totals.					

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

EXHIBIT A
SCOPE OF SERVICES

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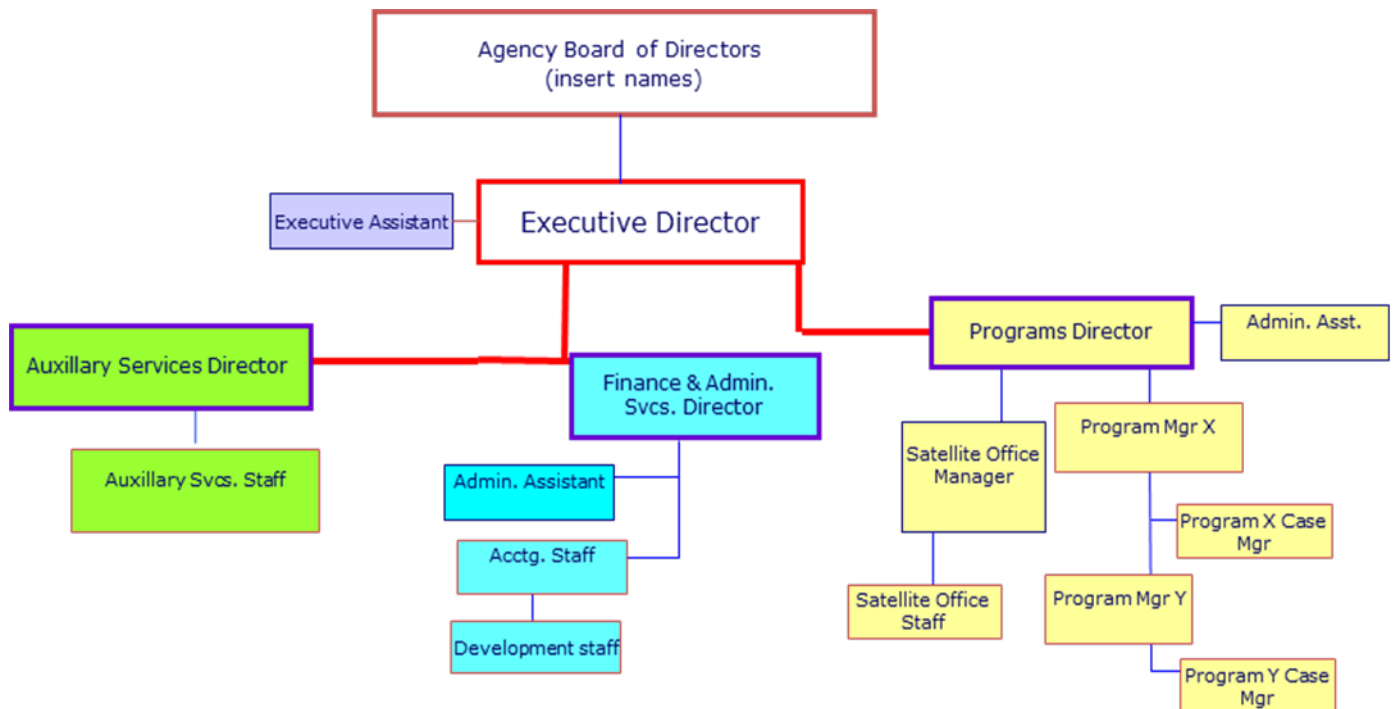_____

Description of Project:

2020-2021 Grant Expense Budget	
Line Item Description: (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	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

Agency Board of Directors
(insert names)

Executive Assistant

Executive Director

Programs Director

Admin. Asst.

Auxillary Services Director

Finance & Admin. Svcs. Director

Program Mgr X

Satellite Office Manager

Auxillary Svcs. Staff

Admin. Assistant

Program X Case Mgr

Acctg. Staff

Satellite Office Staff

Program Mgr Y

Development staff

Program Y Case Mgr

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

A. Agency & Program Name and Address:

_____

Total Amount of 2020 Grant $_____

B. Description of Accomplished Objective

Please copy your objectives from question 5 of your grant proposal. Then, answer question 1 to show the results of your objectives:

Objective 1:

Objective 2:

Objective 3:

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. 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 *Total of 5 previous boxes.*
By Person	By Person	By Person	By Person	By Person	By Person

Estimated number served from question 9 on proposal: _____

C2**.   CLIENT INFORMATION - Include ALL Loveland Recipients**

# of Persons with Disabilities	# of Homeless	# of Seniors	# of Veterans	# of female-headed house-holds

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.	

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.

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

City of Loveland

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