

# 2021

## HUMAN SERVICES GRANT: HOMELESS SOLUTIONS



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

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## Grant Guide 2021 Schedule

Date	Day	Time	Activity	Location
1/7	Th	2:00-3:30pm	HSG - Agency Meeting	via Zoom
1/8	F	9:00-10:30am	HSG - Agency Meeting	via Zoom
1/28	Th	Midnight	HS Pre-Application (LOI) Deadline	Online
3/4	Th	Midnight	HS Grant Application Deadline	Online
4/22	Th	5:30pm	Proposal Discussion	To be determined
4/27	T	5:30pm	Proposal Discussion	To be determined
4/29	Th	5:30pm	Proposal Discussion (If needed)	To be determined
5/2	Su	Midnight	HSG Commissioner Final Grant Scores Due	Online
5/3	M	5:30pm	Allocation Meeting	City Council Chambers
5/6	Th	5:30pm	HSC Regular Meeting/Allocations (if needed)	City Council Chambers
Applicants receive notification of funding recommendations on or after 5/7/2021				
6/1	T	6:00pm	Grant Recommendations to City Council	City Council Chambers

## Human Services Grant Homeless Solutions Award

The Homeless Solutions Award was established to provide **housing solutions for homeless residents** in the Loveland community, including supportive housing, rapid re-housing or other housing-focused programs. The commission **may or may not** invest the entire City of Loveland Community Development Block Grant- Public Service funds during the 2021 grant process to programs working to house homeless Loveland residents.

### How Much is Available

The entire amount of Community Development Block Grant/Public Services funds may be available for a Homeless Solutions Award. That amount is estimated to be \$57,000.

### 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-Application

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 28, 2021 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, **MARCH 4, 2021 before midnight**.

**Late proposals will not be accepted.**



## Step 4 – Proposal Discussions

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 1, 2021.

### ***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
- counseling
- rent assistance
- child care
- physical health care
- program supplies

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 will assist agencies understand Community Development Block Grant regulations. The CPO will monitor grantees and review financial information.

# 2021 Human Services - Homeless Solutions Grant

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*City of Loveland, Community Partnership*

*Submit pre-application and attachments BEFORE  
midnight on January 28, 2021 (MT)*

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**\*Required Field**

## Eligibility Determination

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

**Choices**

Yes

No

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

**Choices**

Agency is a 501c3

Agency collaboration that includes an IRS- designated 501c3

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

*File Size Limit: 1 MB*

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

**Choices**

Yes

No

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

*Character Limit: 250*

**Amount requested:\***

You can edit your requested amount on your application if it changes after you submit your pre- application (LOI). The maximum requested amount is estimated in the grant guide.

*Character Limit: 20*

### **What population does this program serve?\***

Select all that apply.

#### **Choices**

Adults  
Battered partners  
Chronically  
homeless Disabled  
Families  
Seniors  
Unaccompanied youth  
Veterans  
Other

### **Describe if you selected "other":**

*Character Limit: 20*

### **Which best describes your program.\***

#### **Choices**

Rapid rehousing  
Supportive housing  
Both rapid rehousing and permanent supportive housing  
Other housing focused program

### **Describe if you selected "other":**

*Character Limit: 20*

### **Program Description\***

Describe the program.

*Character Limit: 2000*

## ***Homeless Solutions Program Information***

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

Include trainings attended, programs implemented, etc.

*Character Limit: 2000*

## ***Required Pre-Application Attachments***

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### **Profit and Loss Statement(s)\***

Attach the profit and loss statement for the organization's last full fiscal year.

*File Size Limit: 3 MB*

### **Balance Sheet**

Attach the balance sheet for the organizations last full fiscal year.

*File Size Limit: 3 MB*

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

Attach current policy or policies.

*File Size Limit: 3 MB*

## Upload 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: 7 MB*

## Pre-Award Agreement: Homeless Solutions

If the agency is awarded a **2021 Homeless Solutions 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 Homeless Solutions grant funds must be expended AND DRAWN no later than July 15, 2022. You may request an extension by May 15, 2022.**

4. A member of the Human Services Commission may make a site visit to agencies receiving grant funding from the City of Loveland.

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

Please include full legal name and job title.

*Character Limit: 250*

# 2021 Human Services - Homeless Solutions Grant

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*City of Loveland, Community Partnership*

## Application

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### **\*Required Field**

**These answers will populate from your pre-application.**

### **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). The maximum requested amount is estimated in the grant guide.

*Character Limit: 20*

### **What population does this program serve?\***

Select all that apply.

#### **Choices**

Adults  
Battered partners  
Chronically homeless  
Disabled  
Families  
Seniors  
Unaccompanied youth  
Veterans  
Other

### **Describe if you selected "other":**

*Character Limit: 20*

### **Which best describes your program.\***

#### **Choices**

Rapid rehousing  
Supportive housing  
Both rapid rehousing and permanent supportive housing  
Other housing focused program

### **Describe if you selected "other":**

*Character Limit: 20*

**Program Description\***

Describe the program.

*Character Limit: 2000*

**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.

*Character Limit: 2000. This question is scored 1 to 5 with a weight of 5.*

**2. How many Loveland individuals or households will benefit from the program during the next 12 months?\***

*Character Limit: 20. This question is not scored.*

**3. Housing Plan\***

How will housing be supported initially and longer term? How will deposit and rent be supported? How will people find housing? Who will help with the housing search? How will you determine if housing is appropriate and affordable?

*Character Limit: 2000. Questions 3 through 7 are scored together with a weight of 5.*

**4. Program Eligibility\***

List all eligibility requirements for individuals or families to receive services and/or housing. Are there any income requirements?

*Character Limit: 2000. Questions 3 through 7 are scored together with a weight of 5.*

**5. Tenant Selection Plan\***

Describe OR upload your tenant selection plan, if applicable. How will you engage with the Coordinated Assessment and Housing Placement System (CAHPS) and how will it assist with tenant selection and serving Loveland residents?

*Character Limit: 2000 | File Size Limit: 3 MB. Questions 3 through 7 are scored together with a weight of 5.*

**6. Housing Timeline\***

How is your housing timeline consistent with CAHPS or how does it differ? What is your goal for your housing timeline?

*Character Limit: 2000. Questions 3 through 7 are scored together with a weight of 5.*

**7. Rules of participation\***

Describe OR upload your rules of participation. What happens if people do not stay in contact?

*Character Limit: 2000 | File Size Limit: 3 MB. Questions 3 through 7 are scored together with a weight of 5.*



**8. Program Components\***

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. Questions 8a, 8b & 8c are scored 1 to 5. 8a has a weight of 4. 8b has a weight of 5. 8c has a weight of 4.*

**9. Staffing Pattern/Plan and Program Timeline\***

Describe OR upload your staffing plan for the grant year.

*Character Limit: 2000 | File Size Limit: 3 MB. This question is not scored.*

**10. Program Partners\***

Describe all partnerships necessary to provide the services and housing components. Include agencies, roles, and services provided by each partner involved.

*Character Limit: 2000. This question is scored 1 to 5 with a weight of 3.*

**11. Barriers to Service\***

Describe mitigation plan to address barriers to services.

*Character Limit: 2000. This question is scored 1 to 5 with a weight of 3.*

**12. 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: 5000. This question is scored 1 to 5 with a weight of 2.*

**13. 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?

*Character Limit: 5000. This question is not scored.*

**14. What was the total cost of the program for your agency's last fiscal year?\***

Provide a 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."

*Character Limit: 55. This question is not scored.*

**15. How many individuals or households does the agency serve in ALL locations?**

**\*** How many people do you serve in all locations? Where are those locations?

*Character Limit: 250. This question is not scored.*

## ***Budget Section (see page 12 in the grant guide)***

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### **16. Program and Agency Budget Process\***

Download instructions here.

Complete attachment and upload here.

*File Size Limit: 10 MB*

#### **Program Budget\***

If you are using your own program budget, upload it here.

*File Size Limit: 10 MB*

#### **Agency Budget**

Upload your agency budget here.

*File Size Limit: 2 MB*

## ***Electronic Signature***

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***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 2021 City of Loveland:  
Human Services Grant

Enter full name & title.

*Character Limit: 250*

### **Date of signature\***

*Character Limit: 10*

## Budget Section

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Budgets will have two scores as shown below.

16: Program expense information & Program Budget Narrative	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10

### **Program Budget Narrative**

**PICK OPTION A or OPTION B** below to show your Loveland Program budget, which is the budget you use to serve Loveland residents in this program only:

- **OPTION A.** To use OPTION A, complete the budget that starts on page 2 of this budget document, including all boxes in yellow. If you choose this option, you will complete the questions that start on page 3 and upload just this form. -OR-
- **OPTION B.** To use OPTION B, attach your Loveland Program budget in any form and answer questions 1 and 2 below, as well as the questions that start on page 3. If you choose this option, you will upload this form and your standalone program budget.
  - 1) Looking at your Loveland Program Budget, describe the percentage of funding from various sources, including government grants, donations / fundraising, and client fees. Make sure your budget shows the amount of funding you receive from the Federal government and client fees. If these two line items are not obvious by looking at your budget, describe in the narrative. Answer here:

- 2) How much money have you raised to date by type of income category? Answer here with either dollar amounts or percentages by income category:

2021 City of Loveland Human Services Grant Proposal <b>Loveland Program Budget</b>			
<b>Agency: Program Name:</b>			
Enter the full LOVELAND PROGRAM budget in the yellow box.			
Enter information into ALL yellow areas. Show confirmed amounts under REVENUE. Show which expenses will be paid using City grant funds under EXPENSES.			
<b>Total Program Budget</b>			
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.			
<b>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.</b>			

**PROGRAM BUDGET QUESTIONS and NARRATIVE**

**Answer the following questions from your LOVELAND PROGRAM BUDGET for the next fiscal year.**

- A. Total Cost – Describe the total cost of the program and the amount requested from the Loveland Human Services Grant, including how you determined the requested amount. State how you will use Human Services Grant funding if you submitted your own budget, that is, if you did not use the budget on the page above. Describe whether the Humans Services Grant will be used as a match for other funding and where other programs funds will come from. Your answers to questions B, C and D below should add up to the total cost used in this answer.

- B. Staff – Identify the staff positions that will implement the program and if she/he/they is full time or part time.

- C. Direct Program Costs - Describe 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 – Describe indirect costs needed to implement the program. 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?



## 2021 Homeless Solutions Grant Score Sheet

*Agency Name:*

*Program:*

Questions 2, 9, 13-15 are not scored.								
1: 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 program.	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 use 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 & Program Budget Narrative	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:

2021-2022 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/Description
			•
			•
			•



# HUMAN SERVICES GRANT– HOMELESS SOLUTIONS 2021-2022 FINAL REPORT FORM

Report due August 1, 2022

**A. Agency & Program Name and Address:**

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Total Amount of 2021 Grant                      \$ \_\_\_\_\_

**B. Description of Accomplished Objective**

1. Describe the accomplishments of the Homeless Solutions work during the year.
  
2. Share a success story from the Homeless Solutions Grant program.
  
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 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, 2021 – June 30, 2022.

**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 of clients to be served from Question 2 on the proposal: \_\_\_\_\_

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

# of Persons with Disabilities	# of Homeless	# of Seniors (62+)	# of Veterans	# of Female-headed households

**C3. RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH HSG FUNDS (JULY 1, 2021 – JUNE 30, 2022)**  
TOTAL MUST MATCH NUMBER OF PERSONS SERVED 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. NEW QUESTION: What data do you have to compare your program recipients with the demographics of the City of Loveland? What categories do you measure (i.e., race, ethnicity, others)? How do the demographics of your customers compare? What could you do to ensure that underserved populations are aware of your services?**

**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 HUD Income Limits								
# of Persons in Household	1	2	3	4	5	6	7	8
100%	\$65,900	\$75,300	\$84,700	\$94,100	\$101,700	\$109,200	\$116,700	\$124,300
80%	52,700	60,200	67,750	75,250	81,300	87,300	93,350	99,350
75%	\$49,425	\$56,475	\$63,525	\$70,575	\$76,275	\$81,900	\$87,525	\$93,225
70%	\$46,130	\$52,710	\$59,290	\$65,870	\$71,190	\$76,440	\$81,690	\$87,010
60%	\$39,540	\$45,180	\$50,820	\$56,460	\$61,020	\$65,520	\$70,020	\$74,580
50%	32,950	37,650	42,350	47,050	50,850	54,600	58,350	62,150
40%	\$26,360	\$30,120	\$33,880	\$37,640	\$40,680	\$43,680	\$46,680	\$49,720
30%	19,800	22,600	25,450	28,250	30,680	35,160	39,640	44,120

\*2021 HUD Income Guidelines: Expected release March 2021

For updates go to: [www.cityofloveland.org](http://www.cityofloveland.org)



## 2021 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
Nicole Pasco <b>Chair</b>	11/3/2015	6/30/2021
David Hughes <b>Co Chair</b>	11/3/2015	6/30/2023
Carolyn Benson	11/3/2015	6/30/2021
Tim Hitchcock	7/2/2019	6/30/2022
April Lewis	7/2/2019	6/30/2022
Fred Garcia	7/2/2019	6/30/2023
Sara Lipowitz	7/3/2018	6/30/2021
Jody Shaddock-McNally	9/19/2017	6/30/2022
Amanda Olivier	1/1/2020	12/31/2023
Hunter Todd	2/4/2020	6/30/2021
Gillian Townsend Alternate	1/1/2020	12/31/2021
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 [Alison.Hade@cityofloveland.org](mailto:Alison.Hade@cityofloveland.org)