

2021

HUMAN SERVICES GRANT: Model Partnership



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	MP Pre-Application (LOI) Deadline	Online
3/4	Th	Midnight	MP Grant Application Deadline	Online
4/22	Th	TBD	Proposal Discussion	To be determined
4/27	T	TBD	Proposal Discussion	To be determined
4/29	Th	TBD	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 Model Partnership Award

The Model Partnership Award was established to **encourage and reward efforts of collaborations** that reduce service duplication, administrative costs or increase efficiency. The Human Services Commission may make **up to \$35,000** available during the 2021 grant process to spotlight programs working together to better serve the community. Funds **may or may not** be awarded to one lead agency and divided among two or more partnering agencies, depending on the quality of proposals and merit of partnerships.

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

How Much is Available

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

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

How To Apply

Step 1 - Eligibility

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

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

Step 2 - Pre-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, 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, but will not assist agencies with program development in order to receive a grant. The CPO will monitor grantees and review financial information.

2021 Human Services - Model Partnership Grant

City of Loveland, Community Partnership

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

***Required Field**

Eligibility Determination

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

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: 100

Amount requested:*

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

Character Limit: 20

Program description:*

Describe the program and how it is a partnership.

Character Limit: 2000

Partnership and Program Information

What population does this collaboration serve?*

Select your primary service role.

Choices

Abused/neglected or "at-risk" children and youth
Adult education/literacy
Early childhood care/education
Food
Homelessness
Legal services
Living with a disability
Mental/physical health or substance abuse, including HIV /AIDS
Rent or housing assistance
Seniors
Supportive Services
Transportation
Victim Services
Other (Describe Below)

Describe if you selected "Other"

Character Limit: 20

Pre-Award Agreement: Model Partnership

If agency receives a **2021 Model Partnership Award** from the City of Loveland, I understand that the following will be required as a condition of receiving 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 grant contract.
2. Grant funds are issued on a reimbursement basis. Documentation of authorized expenses must be submitted and approved by the City before funding will be disbursed to grant recipients. Authorized expenses must be dated on or after the executed contract date.
3. **All Model Partnership Awards 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

Required Pre-Application Attachments

These attachments are required and the pre-application will not be considered without them.

Board of Directors Roster for Lead Agency*

Attach a current roster for lead agency. List professional affiliations.

File Size Limit: 3 MB

Board of Directors Roster for Partner Agency.

Attach a current roster for partner agency. List professional affiliations.

File Size Limit: 2 MB

Conflict of Interest Policy for Lead Agency*

Submit the Conflict of Interest policy for lead agency.

File Size Limit: 4 MB

Conflict of Interest policy for Partner Agency*

Submit the Conflict of Interest policy for partner agency.

File Size Limit: 2 MB

Organizational Chart*

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

File Size Limit: 4 MB

Additional Supporting Document

File Size Limit: 4 MB

2021 Human Services - Model Partnership Grant

City of Loveland, Community Partnership

***Required Field**

Partnering Organization

Character Limit: 250

Executive Director

Character Limit: 250

Contact Person and Title

Character Limit: 250

Phone Number

Character Limit: 250

Email

Character Limit: 250

If there is a third organization in this collaboration

Include organization name, Executive Director, contact person name and title, phone number, and email.

Character Limit: 1000

These answers will populate from your pre-application.

Name of specific program requesting funding.*

Character Limit: 100

Amount requested:*

Character Limit: 20

Model Partnership Program Information

1. How does the program provide services that fulfill the Human Services Grant program goal?

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

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

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

Character Limit: 2000. This question is scored 1 to 5 with a weight of 4.

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

Character Limit: 10. This question is scored 1 to 5 with a weight of 3.

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

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

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

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

6. Complete the HSG Model Partnership budget and upload.*

HSG Model Partnership budget can be found [here](#)

File Size Limit: 4 MB. This question is scored 1 to 5 with a weight of 4.

Electronic Signature

Electronic Signature*

By signing below you acknowledge your intent to apply for the 2021 City of Loveland: Model Partnership Award

Enter full name & title.

Character Limit: 250

Date of Signature*

Character Limit: 10

2021
City of Loveland
Human Services Grant Proposal
Loveland Program Budget

Agency: Program Name:

19. What is the estimated PROGRAM budget?

Enter information into ALL yellow areas. Indicate confirmed amounts. Indicate which expenses will be paid using City grant funds in the last column under expenses.

Total Program Budget			
Loveland PROGRAM Revenue			
Source	Amount	% of Total Budget	Confirmed amount to date
Federal Grants		#DIV/0!	
State Grants		#DIV/0!	
City of Loveland		#DIV/0!	
Foundations		#DIV/0!	
Donations		#DIV/0!	
Fundraising		#DIV/0!	
United Way		#DIV/0!	
Client Fees		#DIV/0!	
*Other (please name source)		#DIV/0!	
*Other (please name source)		#DIV/0!	
Total Program Revenue:	0	#DIV/0!	0
Loveland PROGRAM Expenses			
Expense Category	Amount	% of Total Budget	Amount to be paid with City grant \$
Salaries & Benefits		#DIV/0!	
Program Supplies		#DIV/0!	
Rent/mortgage/utilities		#DIV/0!	
Professional Fees		#DIV/0!	
Transportation		#DIV/0!	
Travel		#DIV/0!	
Training		#DIV/0!	
Volunteer Recognition		#DIV/0!	
Fundraising		#DIV/0!	
Marketing		#DIV/0!	
*Other (please explain)		#DIV/0!	
*Other (please explain)		#DIV/0!	
Total Program Expense:	0	#DIV/0!	0

*If the program budget includes expense line items or revenue sources not listed on the application, use the "other" lines to include those amounts. Change "other" to the correct term or name.

Please do not list depreciation as an expense. Only list in-kind donations if agency would have to pay for the item if it weren't donated.

Model Partnership Award Commissioner Score Sheet

Agencies:

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

Agency X Example Organizational Chart

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



Key:

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

EXHIBIT A
SCOPE OF SERVICES

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

Description of Project:

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– MODEL PARTNERSHIP 2021-2022 FINAL REPORT FORM

Report due August 1, 2022

A. Agency & Program Name and Address:

Total Amount of 2021 Grant \$ _____

B. Description of Accomplished Objective

1. Describe the accomplishments of the Model Partnership work during the grant year.
2. Share a success story from the partnership.
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	TOTAL Loveland Clients <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 3 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		
TOTAL		

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

The total number of all persons must match C1 total above

C4.

TOTAL NUMBER OF CLIENTS SEEN BY AGENCY. Include all locations and all services provided by agency	
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C5. 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 you will not be able to apply for a Human Services Grant the following year.

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



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

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 Chair	11/3/2015	6/30/2021
David Hughes Co Chair	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 Council Liaison	Alison Hade Staff	Brandy Benson Staff

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