

2021

HUMAN SERVICES GRANT



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	HSG Pre-Application (LOI) Deadline	Online
3/4	Th	Midnight	HSG 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

How Much is Available

Human Services Grant Funds <i>(\$35,000 of this amount may go to the Model Partnership award)</i>	\$460,000
Community Development Block Grant Funds - ESTIMATE <i>(These funds may be used to fund the Homeless Solutions award)</i>	\$57,000
Total Grant Funds Available	\$517,000

****\$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 28th at 970-962-2705 or email brandy.benson@cityofloveland.org.

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.

****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.**

****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 | ▪ counseling |
| ▪ information & referral | ▪ rent assistance |
| ▪ education | ▪ child care |
| ▪ mental health care | ▪ physical health care |
| ▪ transportation | ▪ food |
| ▪ emergency shelter | ▪ advocacy |
| ▪ program supplies | |

Direct services **do not include** and the following will not be considered for funding:

- | | |
|----------------------------|------------------------|
| ▪ building rehabilitation | ▪ purchase of vehicles |
| ▪ purchase of equipment | ▪ endowment funds |
| ▪ agency capacity building | ▪ fundraising expenses |

***CURRENT RECEIPT OF HUMAN SERVICES GRANT FUNDING
DOES NOT ENSURE FUTURE FUNDING.***

The Human Services Commission (HSC) will provide recommendations to City Council for non-profit agency funding through a neutral and well-defined grant application and scoring process.

The Community Partnership Office (CPO) will review pre-applications and determine if grant program guidelines have been met. The CPO is available to answer questions about the process or provide clarification of proposal questions and logistics regarding grant submission, 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 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 agency

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

File Size Limit: 3 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.*

This may or may not be different from agency name.

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. You will be asked to detail this in the budget.

Character Limit: 20

Program description:*

Character Limit: 2000

Program Information

Do you use an intake form?*

If yes you will be asked to upload a blank copy of the form in the application.

Choices

Yes

No

What population does this program serve? (Choose one)*

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

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

Choices

Yes

No

N/A

Is income verified?*

Choices

Yes

No

N/A

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 ($500 \times .95$; $475/1000 = 47.5\%$).

Character Limit: 20

Pre-Award Agreement

If the agency is awarded a **2021 Human Services Grant** 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 the 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 Human Services 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.

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

Required Pre-Application Attachments

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

Profit and Loss Statement*

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 Policies & Separation of Duties*

Attach current policy or policies. Upload all forms 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 statement or financial review statement.

File Size Limit: 5 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 pre-application or attachments: 970-962-2705 or brandy.benson@cityofloveland.org.

2021 Human Services Grant

City of Loveland, Community Partnership

***Required Field**

Application - 2021 Human Services Grant

Applications will only be accepted before midnight. 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

These answers will populate from your pre-application.

Name of specific program requesting funding.*

Character Limit: 100

Amount requested:*

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

Character Limit: 20

Program description:

The answer populates from the pre-application (LOI).

Character Limit: 2000

Update program description from your pre-app if applicable:

If you would like to update your program description from your pre-application, you may do that here.

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:

2020*

Character Limit: 20

2019*

Character Limit: 20

2018*

Character Limit: 20

Program Information & Community Need

2. Relevance to the Human Services Grant program goals and need for program in Loveland. *

Describe the population to be served and the need you are addressing. Link both to your organization's goals and purpose. Provide and cite evidence to support all claims and assumptions. Make a compelling case for the need and your solution by addressing the problem with factual, quantitative data and human, qualitative information. Is your solution of reasonable scale and is it supported by evidence or in theory?*

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

3. Program Objectives*

Describe the agency's objectives for the program. Each objective should be related to the need and the reason for the service the agency provides. What will the agency achieve through the service. List 1 to 4 objectives for the program and describe how you will document progress on each. Your answer should be **Specific, Measurable, Attainable, Relevant, Time-limited, Inclusive or Equitable**. NOTE: **Objective 4 described below is a MANDATORY objective**.

OBJECTIVE and DOCUMENTATION Examples:

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.

OBJECTIVE 4: ABC Tutoring will engage students in leadership roles, providing an opportunity to make decisions about the programs we provide. 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 and DOCUMENTATION Examples:

OBJECTIVE 1: ABC Tutoring will 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 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. This question is scored 1 to 5 with a weight of 5.

4. Summarize how your objectives demonstrate program impact.*

State your mission and indicate how this program and the objectives from Question 3 move you in the direction of your mission. N/A if this is your first application for this program.

Character Limit: 2000. This question is not scored.

5. How do you serve Loveland residents?*

Describe how the organization strives to be inclusive in its programs, staff, board and volunteers and describe progress to date. Looking at your customer make-up under race, ethnicity, sexual orientation and other protected classes, who doesn't use your service and could benefit? How do you market or advertise your programs and volunteer opportunities to people in a protected class.

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

6. How many Loveland residents, or households, benefited from the program over the past 12 months? *

Provide the number of individuals or households. If you cannot provide the number of individuals or households, explain.

Households:

Character Limit: 20

OR

Individuals:

Character Limit: 20.

Questions 6 & 7 are scored together 1 to 5 with a weight of 3.

7. How many Loveland residents, or households, will benefit from the program during the next 12 months? *

Provide the number of individuals or households. If you cannot provide the number of individuals or households, explain.

Households:

Character Limit: 20

OR

Individuals:

Character Limit: 20.

Questions 6 & 7 are scored together 1 to 5 with a weight of 3.

8. 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:

- Persons with mobility, visual or hearing impairments (ADA accessibility)
- Persons who speak minimal English (Title VI accessibility)
- Working families or individuals who are 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. This question is scored 1 to 5 with a weight of 3.

9. Describe the organization's most significant interactions with other organizations. *

List three key organizations you collaborate with and describe how this benefits your customers. Address this question with respect to the program for which you are requesting funding.

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

10. Tell a story that illustrates a meaningful impact from your services. *

What positive impact has your agency witnessed in the last year? Please give an example of how you have seen the goals of this program or the mission of your agency realized by a member of the population you served this past year.

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

11. 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. This question is scored 1 to 5 with a weight of 2.

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

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

13. Board members and policy information.*

Describe the role of the board of directors in advancing the mission of the organization. Include key issues related to board effectiveness that the agency addressed over the last year. Include the organization's policy regarding board terms, whether your board of directors has a Conflict of Interest policy, if board members are allowed to do business with the agency and if self-dealing is prohibited or if exceptions are allowed.

Character Limit: 2000. This question is not scored.

14. 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."

Character Limit: 55. This question is not scored.

15. How many individuals and households does the agency serve overall in all locations?*

How many people, or households, do you serve in all locations? Where are those locations?

Character Limit: 1000. This question is now scored.

Budget Section (see page 15 in the grant guide)**Program and Agency Budget Process***

Download budget 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

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

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	3	15

17: % 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	3	15

This score is computed by dividing your requested amount by the income of your Loveland Program budget.

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:

<div>2021</div> <div>City of Loveland</div> <div>Human Services Grant Proposal</div> <div>Loveland Program Budget</div>			
Agency: Program Name:			
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.			
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.			

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 Human Services Grant Score Sheet

Questions 1, 4, 13-15 are not scored.

2. Relevance to HSG goals and need for program	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	4	20
3: Program objective(s) and documentation	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
5: How do you serve Loveland residents	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	5	25
6-7: Loveland residents served	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
8: 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
9. Collaboration of services with other agencies	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
10: Story that illustrates a meaningful impact	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	3	15
11: Program's use of volunteers	1 (Low)	2	3	4	5 (High)	Score	Weight	Total
						5	2	10
12: Client-generated revenue system or explanation of no fees	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	3	15
17: % 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	3	15
Impact of this service relative to community need	1 (Low)	b2	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.

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.					

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

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 PROGRAM 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

Please copy your objectives from question 3 of your grant proposal. Then, answer Question 1 to show the results of your objectives:

Objective 1:

Objective 2:

Objective 3:

Objective 4:

1. What were the results of your objectives?

Result 1:

Result 2:

Result 3:

Result 4:

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 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 7 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.



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