

2022

HUMAN SERVICES GRANT



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

TABLE OF CONTENTS

| | |
|----------------------------------------------|-------|
| 2022 Human Services Grant Information | |
| • 2022 Grant Schedule | 2 |
| • How Much? How To? | 3-4 |
| Human Services Grant | |
| • HSG Pre-Application (LOI) | 5-8 |
| • HSG Application Guide | 9-13 |
| • Budget Form | 14-16 |
| • Score Sheet and Information | 17-18 |
| • HUD Income Guidelines | 19 |
| Award Forms and Reports | |
| • Sample Scope of Services for Contract | 20 |
| • Grantee Final Report Form | 21-23 |
| • Appeal Process | 24 |
| • Commission Roster | 25 |

Human Services Grant Guide 2022 Schedule

| Date | Day | Time | Activity | Location |
|----------------------------------------------------------------------------------|-----|---------------|-----------------------------------------|------------------------------|
| 1/5 | W | 2:00-3:30 PM | HSG - Agency Meeting | Zoom |
| 1/6 | Th | 6:00 PM | HSC Regular Meeting | City Manager Conference Room |
| 1/7 | F | 9:00-10:30 AM | HSG - Agency Meeting | Zoom |
| 1/27 | Th | Midnight | HSG Pre-Application (LOI) Deadline | Online |
| 2/3 | Th | 6:00 PM | HSC Regular Meeting (Discuss Pre-Apps) | City Manager Conference Room |
| 3/3 | Th | 6:00 PM | HSC Regular Meeting | City Manager Conference Room |
| 3/3 | Th | Midnight | HSG Application Deadline | Online |
| 4/11 | M | 6:00 PM | Proposal Discussion | City Manager Conference Room |
| 4/14 | Th | 6:00 PM | Proposal Discussion | City Manager Conference Room |
| 4/18 | M | 6:00 PM | Proposal Discussion (if needed) | City Manager Conference Room |
| 4/21 | Th | Midnight | HSG Commissioner Final Grant Scores Due | Online |
| 4/25 | M | 6:00 PM | Applicant Allocations | City Manager Conference Room |
| 4/28 | Th | 6:00 PM | Applicant Allocations (if needed) | City Manager Conference Room |
| Applicants receive notification of funding recommendations on or after 4/29/2022 | | | | |
| 6/7 | T | 6:00 PM | 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> | \$470,000 |
| Community Development Block Grant Funds - ESTIMATE <i>(These funds may be used to fund the Homeless Solutions award)</i> | \$59,000 |
| Total Grant Funds Available | \$529,000 |

****\$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 27 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 27, 2022 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 3, 2022 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 respective agencies. All questions must be answered within three business days.

Human Services Commission members will make allocation decisions based on proposals and answers to submitted questions. Allocations will be informed by aggregate scores but not driven solely by those scores.

Allocation recommendations will be presented to City Council on June 7, 2022.

****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 offered 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 clarify proposal questions and logistics regarding grant submission but will not assist agencies with program development to receive a grant. The CPO will monitor grantees and review financial information.

2022 Human Services Grant

City of Loveland, Community Partnership

Submit pre-application and attachments BEFORE midnight on January 27, 2022 (MT)

***Required Field**

Eligibility Determination

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

Choices

Yes

No

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

File Size Limit: 3 MB

How long has the agency been in operation?*

Character Limit: 20

Name of specific program requesting 2022 funding.*

This may or may not be different from agency name.

Character Limit: 100

Amount requested for 2022:*

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 for 2022:*

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

NA

Is income verified?***Choices**

Yes

No

NA

Skip the next question if one of the two answers above is NO. Answering NO does not affect your ability to receive funding, but does indicate that you should not receive Federal (Community Development Block Grant) public services funding.

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. For 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

Required Pre-Application Attachments

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

Cash and Financial Procedure, and Conflict of Interest and Grievance Policies are not mandatory attachments unless the agency has never submitted a Human Services Grant application or if the policy has been changed over the last year. Agencies that must submit the non-mandatory attachments and do not will receive correspondence that they must complete this task at least one month before the first allocation meeting.

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

Current Board of Directors Roster*

Attach a current roster. List professional affiliations.

File Size Limit: 3 MB

Audit or 990 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.

Pre-Award Agreement

If the agency is awarded a **2022 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, 2023. You may request an extension by May 15, 2023. Grant funds not drawn by July 15, 2023, will be lost.**
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

Additional Pre-Application Attachments (unless it is a first submission or if the policy has been changed over the last year)

Cash and Financial Procedure, and Conflict of Interest and Grievance Policies are not mandatory attachments unless the agency has never submitted a Human Services Grant application or if the policy has been changed over the last year. Agencies that must submit the non-mandatory attachments and do not will receive correspondence that they must complete this task at least one month before the first allocation meeting.

Grievance Policy*

Attach current policy.

File Size Limit: 1 MB

Agency Conflict of Interest policy*

Attach current policy.

File Size Limit: 1 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

2022 Human Services Grant

City of Loveland, Community Partnership

Application - 2022 Human Services Grant

*** Required**

Ø Indicates a pre-populated question from the LOI

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.

Name of specific program requesting 2022 funding.*

Character Limit: 100

Amount requested for 2022.*

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 for 2022.*

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

Character Limit: 2000

Update program description 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

Q1 Indicate the total amount of grant funds received from the City of Loveland for this program for the past 3 years:

2021*

Character Limit: 20

2020*

Character Limit: 20

2019**Character Limit: 20*

Program Information & Community Need

Q2 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

Q3 Program Objectives*

List 1 to 3 objectives for the program and describe how the agency will document progress on each. Each objective should be related to the need for the program and the reason for the service the agency provides. Your answer should be Specific, Measurable, Attainable, Relevant, Time-limited, Inclusive and Equitable. Including an objective that describes the expected change or benefit for a customer from their involvement in your program will receive a higher score.

NOTE: You MUST include an INCLUSION/EQUITY objective that shows how you will include your customers in the planning and decision-making for the project. For example, ABC Tutoring will engage students in leadership roles, providing an opportunity to make decisions about the programs the agency provides. DOCUMENTATION: Written description with data.

Summarize how your objectives demonstrate program impact.

Character Limit: 10000

Q4 How will you serve Loveland residents?*

Describe your current customer makeup under race, ethnicity, sexual orientation, and other protected classes and describe which underserved or non-served populations could benefit from your services. Describe how your agency strives to be inclusive in its programs. Explain how you provide outreach to people in a protected class or underserved residents.

Character Limit: 2000

Q5 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

Q6 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

Q7 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

Q8 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

Q9 Tell a story that illustrates a meaningful impact your services.*

What positive impact has your agency witnessed in the last year? 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

Q10 Describe staff and volunteer training.*

How do you train your staff and volunteers to demonstrate dignity and respect to your customers? How do you ensure that your staff and volunteers have appropriate cultural competency and technical training? Provide examples. How do you market or advertise your volunteer opportunities to people in a protected class?

Character Limit: 2000

Q11 If the program charges for services, include the amount charged and why.*

If the agency offers services on a sliding fee basis or flat rate, explain the system. If the program does not generate revenue through client fees, explain why.

Character Limit: 2000

Q12 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. Describe how the organization strives to be inclusive in its board of directors.

Character Limit: 2000

Q13 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

Q14 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

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

Budget Section (see page 14 in the grant guide)

Program and Agency Budget Process*

Download budget instructions here.

Program Budget Form

Agency Budget Form

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*

Choices

I have read and understand.

Electronic Signature*

By signing below you acknowledge your intent to apply for the 2022 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.

| 15: Program expense information & Program Budget Narrative | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
|---------------------------------------------------------------|------------|---|---|-------------|-------|--------|-------|
| | | | | | 4 | 3 | 12 |
| 16: % of Program Budget requested. Scored by CPO | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |

Q16 score is computed by dividing your requested amount by the income of your Loveland Program.

Program Budget Narrative

The budget narrative is your chance to explain costs and revenue, and to demonstrate effective management of project funds. The budget narrative will explain fixed costs as well as unusual expenses. Explain where all revenue is coming from. You may also list and explain in-kind resources if you would need to buy the item or service. Do not include in-kind donations that you would not purchase if it were not donated.

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 the following page, 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:

2022
City of Loveland
Human Services Grant Proposal
Loveland Program Budget

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 are 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?

2022 Human Services Grant Score Sheet

| Questions 1, 13-14 are not scored. | | | | | | | |
|---------------------------------------------------------------|-------------------|------------------------|------------------------|-----------------------|-------|--------|-------|
| 2. Population served and need addressed | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 4 | 16 |
| 3: Program objective(s) and documentation | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 5 | 20 |
| 4: How will you serve Loveland residents | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 5 | 20 |
| 5-6: Loveland residents served | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |
| 7: Accessible and accommodating services | 1 (1 or fewer) | 2 (2 of 3 somewhat) | 3 (2 of 3 thorough) | 4 (All 3 somewhat) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |
| 8. Collaboration with other agencies | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |
| 9: Story that illustrates a meaningful impact | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |
| 10: Staff and volunteer training | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 2 | 8 |
| 11: Client-generated revenue system or explanation of no fees | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 2 | 8 |
| 12: Board members and policy information | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 2 | 8 |

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|---|-------------|-------|--------|-------|
| 15: Program expense information & Program Budget Narrative | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |
| 16: % of Program Budget requested. Scored by CPO | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 3 | 12 |
| Impact of this service relative to community need | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 7 | 28 |
| Clarity & quality of grant proposal | 1 (Low) | 2 | 3 | 4 (High) | Score | Weight | Total |
| | | | | | 4 | 5 | 20 |
| Total Score: 200 | | | | | | | |
| 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 funding recommendation. | | | | | | | |

| 2021 HUD Income Limits - Larimer County | | | | | | | | |
|-----------------------------------------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| # of Persons in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 100% | \$67,200 | \$76,800 | \$86,400 | \$95,900 | \$103,600 | \$111,300 | \$119,000 | \$126,600 |
| 80% | \$53,700 | \$61,400 | \$69,050 | \$76,700 | \$82,850 | \$89,000 | \$95,150 | \$101,250 |
| 75% | \$50,400 | \$57,600 | \$64,800 | \$71,925 | \$77,700 | \$83,475 | \$89,250 | \$94,950 |
| 70% | \$47,040 | \$53,760 | \$60,480 | \$67,130 | \$72,520 | \$77,910 | \$83,300 | \$88,620 |
| 60% | \$40,320 | \$46,080 | \$51,840 | \$57,540 | \$62,160 | \$66,780 | \$71,400 | \$75,960 |
| 50% | \$33,600 | \$38,400 | \$43,200 | \$47,950 | \$51,800 | \$55,650 | \$59,500 | \$63,300 |
| 40% | \$26,880 | \$30,720 | \$34,560 | \$38,360 | \$41,440 | \$44,520 | \$47,600 | \$50,640 |
| 30% | \$19,800 | \$22,600 | \$25,450 | \$28,250 | \$30,680 | \$35,160 | \$39,640 | \$44,120 |

EXHIBIT A
SCOPE OF SERVICES

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

Description of Project:

| 2022-2023 Grant Expense Budget | |
|---------------------------------------------------------------------------------------|---------------------------------|
| <u>Line Item Description:</u> (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 2022-2023 FINAL REPORT FORM

Agencies that submit a report after the deadline will not be able to apply for a Human Services Grant the following year.

A. Agency & Program Name and Address:

Total Amount of 2022 Grant \$ _____

B. Description of Accomplished Objective

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:

1. What were the results of your 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 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, 2022 – June 30, 2023.

C1. LOVELAND RECIPIENT INCOME INFORMATION- Include ALL Loveland Recipients

| # served with extremely low income <i>(30% AMI or less, per HUD income guidelines)</i> | # served with very low income <i>(31-50% AMI, per HUD income guidelines)</i> | # served with low/moderate income <i>(51-80% AMI, per HUD income guidelines)</i> | # 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 6 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, 2022 – JUNE 30, 2023) 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 | |
|-----------------------------------------------------------|--|

C5. 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 _____



2022 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 were taken to ensure this include:

- **Pre-Application** – The Community Partnership Office (CPO) will determine a program's eligibility 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.

Suppose an applicant wishes to appeal the funding recommendations of the Human Services Commission. In that case, an appeal may be made by submitting a written letter citing the reason for the request 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 before 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 | 6/30/2024 |
| Amanda Olivier CO-Chair | 1/1/2020 | 6/30/2023 |
| Tim Hitchcock | 7/2/2019 | 6/30/2022 |
| Fred Garcia | 7/2/2019 | 6/30/2023 |
| Gillian Townsend | 1/1/2020 | 6/30/2022 |
| Rosalind Pistilli | 10/19/2021 | 6/30/2023 |
| Kathy Cox | 4/7/2021 | 6/30/2022 |
| Sheila Trabelsi | 4/7/2021 | 6/30/2024 |
| Kathy Busse | 7/1/2021 | 6/30/2024 |
| Tegan Camden Alternate | 10/19/2021 | 6/30/2023 |
| 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