

# 2022

## HUMAN SERVICES GRANT: Model Partnership



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

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# 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

# Human Services Grant Model Partnership Award

The Model Partnership Award was established to **encourage and reward efforts of collaborations** that reduce service duplication or increase effectiveness. The Human Services Commission may make **up to \$35,000** available during the 2022 grant process to spotlight programs working together to serve the community better. 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 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.

### ***Direct Services Only***

Grants will be available to fund direct services and program costs including, 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 submissions but will not assist agencies with program development to receive a grant. The CPO will monitor grantees and review financial information.

# 2022 Human Services - Model Partnership Grant

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*City of Loveland, Community Partnership*

## *Pre-Application - 2022 Human Services - Model Partnership Grant*

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### **\*Required Field**

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

### **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*

## ***Eligibility Determination***

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

### **Choices**

Yes

No

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

### **Choices**

Agency is a 501c3

Agency collaboration that includes an IRS-designated 501c3

**How long has the lead agency, or the agency with a 5013c designation, been in operation?\***

*Character Limit: 20*

## Partnership and Program Information

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### 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

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If agency receives a **2022 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, 2023. You may request an extension 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.

### 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*

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**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 lead organization's last fiscal year.

*File Size Limit: 3 MB*

### **Balance Sheet\***

Attach the balance sheet for the lead organization's last full fiscal year.

*File Size Limit: 3 MB*

### **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*

### **Additional Supporting Document**

*File Size Limit: 4 MB*



# 2022 Human Services - Model Partnership Grant

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*City of Loveland, Community Partnership*

## *Model Partnership Program Information*

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**\* Required**

**Ø Indicates a pre-populated question from the LOI**

### **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*

### **Amount requested:\***

*Character Limit: 20*

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

*Character Limit: 100*

### **Q1 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*

### **Program description:**

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

*Character Limit: 2000*

**Q3 What services does the Lead Agency offer? What services does the PartnerAgency offer?\***

What services does each agency provide in relation to the partnership you are proposing.

*Character Limit: 2000*

**Q4 Provide the number of individuals or households that will benefit from the partnership's services?\***

If this is a new program, state how you determine how many people you intend to serve. If this is a continuing program, how does this number compare with past years?

*Character Limit: 2000*

**Q5 How is your partnership more effective than each agency working alone?\***

*Character Limit: 2000*

**Q6 Describe your program objectives?\***

*Character Limit: 2500*

**Q7 How will you measure the success of the partnership? \***

*Character Limit: 2500*

**Q8 How will you serve Loveland residents?\***

A partnership should enable both agencies to be more effective in serving underserved and non-served populations, including people of color. Describe how this partnership will achieve the outreach and service delivery of reaching individuals or households who are least likely to seek your services.

*Character Limit: 2500*

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

HSG Model Partnership budget can be found here

*File Size Limit: 4 MB*

## ***Electronic Signature***

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**Electronic Signature\***

By signing below you acknowledge your intent to apply for the 2022 City of Loveland: Model Partnership Award

Enter full name & title.

*Character Limit: 250*

**Date of Signature\***

*Character Limit: 10*

**2022**  
City of Loveland  
Human Services Grant Proposal  
**Loveland Program Budget**

**Agency: Program Name:**

**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!	
<b>Total Program Revenue:</b>	0	#DIV/0!	0

**Loveland PROGRAM Expenses**

Expense Category	Amount	% of Total Budget	Amount to be paid with City grant \$
Salaries & Benefits		#DIV/0!	
Program Supplies		#DIV/0!	
Rent/mortgage/utilities		#DIV/0!	
Professional Fees		#DIV/0!	
Transportation		#DIV/0!	
Travel		#DIV/0!	
Training		#DIV/0!	
Volunteer Recognition		#DIV/0!	
Fundraising		#DIV/0!	
Marketing		#DIV/0!	
*Other (please explain)		#DIV/0!	
*Other (please explain)		#DIV/0!	
<b>Total Program Expense:</b>	0	#DIV/0!	0

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

**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

Model Partnership Award								
						SCORE	Weight	TOTAL
1	Population Served	1 (Low)	2	3	4 (High)	4	4	16
						SCORE	Weight	TOTAL
2 & 3	Program Description and Services	1 (Low)	2	3	4 (High)	4	3	12
						SCORE	Weight	TOTAL
4	# of individuals served	1 (Low)	2	3	4 (High)	4	2	8
						SCORE	Weight	TOTAL
5	Effectiveness of partnership	1 (Low)	2	3	4 (High)	4	4	16
						SCORE	Weight	TOTAL
6	Objectives	1 (Low)	2	3	4 (High)	4	4	16
						SCORE	Weight	TOTAL
7	Measurement	1 (Low)	2	3	4 (High)	4	4	16
						SCORE	Weight	TOTAL
8	Outreach and service delivery	1 (Low)	2	3	4 (High)	4	4	16
						SCORE	Weight	TOTAL
9	Budget Narrative	1 (Low)	2	3	4 (High)	4	4	16
						SCORE	Weight	TOTAL
Total Score						116		

**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– MODEL PARTNERSHIP 2022-2023 FINAL REPORT FORM

Agencies that submit a report after the deadline will not be able to apply for a Model Partnership Award the following year.

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

Total Amount of 2022 Grant                      \$ \_\_\_\_\_

### B. Description of Accomplished Objective

1. Describe your objectives and outcomes 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, 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	<b>TOTAL Loveland Clients</b> <i>Total of 5 previous boxes.</i>
By Person	By Person	By Person	By Person	By Person	By Person

Estimated number of clients to be served from Question 4 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		
<b>TOTAL</b>		

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

The total number of all persons must match C1 total above

C4. 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 \_\_\_\_\_

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





## 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](mailto: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 <b>Chair</b>	11/3/2015	6/30/2024
Amanda Olivier <b>CO-Chair</b>	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 <b>Alternate</b>	10/19/2021	6/30/2023
Andrea Samson <b>Council Liaison</b>	Alison Hade <b>Staff</b>	Brandy Benson <b>Staff</b>

Correspondence may be sent to the mailing address listed above or [Alison.Hade@cityofloveland.org](mailto:Alison.Hade@cityofloveland.org)