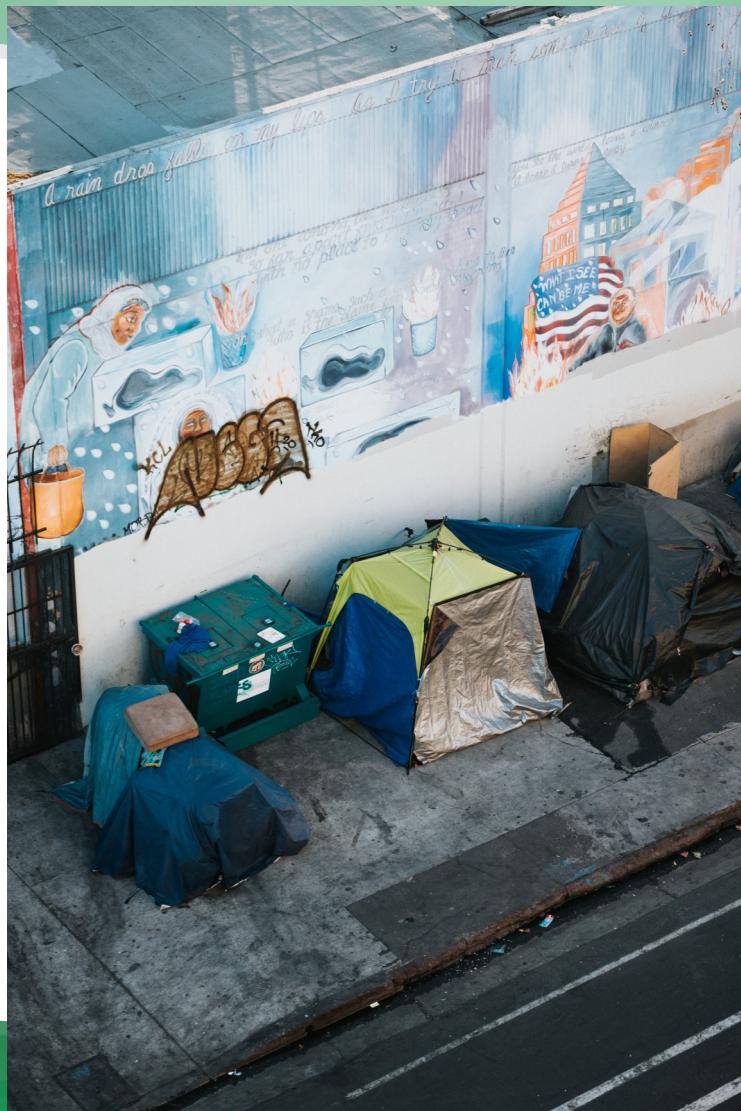




# 2022

# HUMAN SERVICES GRANT: HOMELESS SOLUTIONS



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

## Homeless Solutions Award

The Homeless Solutions Award was established to provide **housing solutions for homeless residents** in the Loveland community, including supportive housing, rapid re-housing or other housing-focused programs. The commission may or may not invest the entire City of Loveland Community Development Block Grant- Public Service funds during the 2022 grant process to programs working to house homeless Loveland residents.

### How Much is Available

The entire amount of Community Development Block Grant/Public Services funds may be available for a Homeless Solutions Award. That amount is estimated to be \$59,000.

### How To Apply

#### Step 1 - Eligibility

- Organization must have an established 501(c)3 IRS determination.
- Applicants must provide services that fulfill all or some of the Human Services Grant program goal: Financially support services that value diversity, foster self-reliance, treat people with dignity, build self-respect, address issues of safety, and allow people to live free of fear through the provision of food, shelter, physical and mental health care, as well as services that prevent crises and assist in sustaining independent living.
- Programming must result in housing for a homeless resident.

#### Step 2 - Pre-Application

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 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, but not limited to:

- staff salaries
- rent assistance up to 3 months

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 - Homeless Solutions Grant

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*City of Loveland, Community Partnership*

## *Pre-Application - 2022 Human Services - Homeless Solutions Grant*

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

**\*Required Field**

### *Eligibility Determination*

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**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 the agency name.

*Character Limit: 250*

**Amount requested for 2022:\***

You can edit your requested amount on your application if it changes after you submit your pre-application (LOI). See the 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*

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

Select all that apply.

**Choices**

Adults

Battered partners

Chronically homeless

Disabled

Families

Seniors

Unaccompanied youth

Veterans

Other

### **Describe if you selected other**

*Character Limit: 250*

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

#### **Choices**

Rapid rehousing

Supportive Housing

Both rapid rehousing and permanent supportive housing

Other housing focused program

### **Describe if you selected other**

*Character Limit: 250*

## **Homeless Solutions Program Information**

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

Include trainings attended, programs implemented, etc.

*Character Limit: 2000*

## **Required Pre-Application Attachments**

### **Profit and Loss Statement\***

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

*File Size Limit: 3 MB*

### **Balance Sheet**

Attach the balance sheet for the organization's 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 Information\***

Attach your most recent audit or financial review statement.

*File Size Limit: 7 MB*

## *Pre-Award Agreement: Homeless Solutions*

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If the agency is awarded **2022 Homeless Solutions Award** from the City of Loveland, I understand that the following will be required as a condition of receiving grant funds:

1. All agencies receiving grant funds from the City must enter into a legal agreement defining services to be provided, amount of grant funds, terms of the grant and other specific details. No grant funds will be issued without a fully executed contract.
2. Grant funds are issued on a reimbursement basis. Documentation of authorized expenses must be submitted and approved by the City before funding will be disbursed to grant recipients. Authorized expenses must be dated on or after the executed contract date.
- 3. All Homeless Solutions grant funds must be expended AND DRAWN no later than July 15, 2022. You may request an extension by May 15, 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*

## *Additional Pre-Application Attachments*

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**Cash and Financial Procedure, and Conflict of Interest and Grievance Policies are not mandatory attachments unless it is the first submission 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.**

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

Attach current policies or policies. Upload all forms as ONE pdf.

*File Size Limit: 3 MB*

### **Conflict of Interest Policy\***

Attach current policy.

*File Size Limit: 1 MB*

### **Grievance Policy\***

Attach current policy.

*File Size Limit: 1 MB*

# 2022 Human Services - Homeless Solutions Grant

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*City of Loveland, Community Partnership*

## Application

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\* Required

Ø These answers populate from the pre-application (LOI)

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

*Character Limit: 250*

### **Amount requested:**

You can edit your requested amount in the application if it has changed since your pre-application (LOI). The maximum requested amount is estimated in the grant guide

*Character Limit: 20*

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

Select all that apply.

#### **Choices**

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

### **Describe if you selected other**

*Character Limit: 250*

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

#### **Choices**

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

### **Describe if you selected other**

*Character Limit: 250*

## Program Description

Describe the program.

*Character Limit: 2000*

### **Q1 What need will this program fulfill for the residents of Loveland?\***

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*

### **Q2 How many Loveland individuals or households will benefit from the program during the next 12 months?\***

Indicate if answer is individuals or households.

*Character Limit: 20*

### **Q3 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. 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: 2500*

### **Q4 Housing Plan.\***

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

*Character Limit: 2000*

### **Q5 Program Eligibility.\***

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

*Character Limit: 2000*

### **Q6 Tenant Selection Plan.\***

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

*Character Limit: 2000 | File Size Limit: 3 MB*

### **Q7 Housing Timeline.\***

What is your housing timeline goal and how did you determine it? How does your housing timeline compare with CAHPS? If different, provide an explanation.

*Character Limit: 2000 | File Size Limit: 3 MB*

### **Q8 Rules of participation.\***

What steps are taken with people who do not stay in contact? What steps are taken to keep people engaged in the program? What strategies are available for re-engagement?

*Character Limit: 2000 | File Size Limit: 3 MB*

### **Q9 Program Components.\***

Describe how your program will provide the following: case management, harm reduction, and trauma-informed care. How will harm reduction be used (finances, drug/alcohol use)?

*Character Limit: 5000*

### **Q10 Staffing Pattern/Plan and Program Timeline.\***

Describe OR upload your staffing plan for the grant year.

*Character Limit: 2000 | File Size Limit: 3 MB*

### **Q11 Program Partners.\***

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

*Character Limit: 2000*

### **Q12 Barriers to Service.\***

Describe the Barriers to Service that you have seen in your agency. Describe mitigation plan to address barriers to services.

*Character Limit: 2000*

### **Q13 What are your sources of funding?\***

Describe the percentage of agency funding from various sources such as government grants, foundations, earned income, government entitlements, United Way, donations or fundraising and client fees. How diversified is agency funding? What happens if the City does not fund this program? How will the program's long-term plan be affected?

*Character Limit: 5000*

### **Q14 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. Please describe how the organization strives to be inclusive in its board of directors.

*Character Limit: 5000*

**Q15 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. If this is a new program, indicate by inserting "New program. No results available at this time."

*Character Limit: 55*

**Q16 How many individuals or households does the agency serve in ALL locations?\***

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

*Character Limit: 250*

***Select below that you have read and understand the above statement. \****

I have read and understand.

---

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

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**Q17 Program and Agency Budget Process\***

Download instructions here.

Complete and upload below.

*File Size Limit: 5 MB*

**Program Budget\***

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

*File Size Limit: 5 MB*

**Agency Budget\***

Upload your agency budget here.

*File Size Limit: 3 MB*

---

***Electronic Signature***

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**Electronic Signature.\***

By signing below you acknowledge your intent to apply for the 2022 City of Loveland: Human Services Grant - Homeless Solutions Award.

Enter full name & title.

*Character Limit: 200*

**Date Submitted\***

*Character Limit: 10*

## Budget Section

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Q17 Budgets will have one score as shown below.

16: Program expense information & Program Budget Narrative	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8

### 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 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:

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

**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>	<b>0</b>	<b>#DIV/0!</b>	<b>0</b>

\*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?

# 2022 Homeless Solutions Grant Score Sheet

Questions 10, 14, 15 and 16 are not scored.

1: Population served and need addressed	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
2: Loveland residents served	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
3: How will you serve Loveland residents	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
4-8: Demonstrated knowledge and experience in facilitation of housing program.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
9A: Demonstrated knowledge of housing focused case management.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	4	16
9B: Demonstrated knowledge of harm reduction.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
9C: Demonstrated knowledge of trauma informed care.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	4	16
11: Knowledge and use of collaborative resources	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12

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	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
13: Funding and program sustainability	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
17: Program expense information & <b>Program Budget Narrative</b>	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
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: 212**

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.

## 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– HOMELESS SOLUTIONS 2022-2023 FINAL REPORT FORM

The Homeless Solutions report is due AUGUST 1, 2023, unless Community Development Block Grant (CDBG) funding is received. If CDBG is received, an alternative report will be sent. Agencies that submit a report after the deadline will not be able to apply for a Homeless Solutions Award the following year.

**IF YOUR PROGRAM IS AWARDED CDBG FUNDING, THE DATES BELOW WILL CHANGE.**

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

---

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

**B. Description of Accomplished Objective**

1. Describe the accomplishments of the Homeless Solutions work during the year.
  
2. Share a success story from the Homeless Solutions Grant program.
  
3. Describe how you worked to accommodate client/clients who required assistance outside of your “normal” mode of operation, e.g., outside business hours, transportation issues, meeting with him or her at a location convenient for the client, etc.
  
4. Were any grievances received from clients over the past grant year? If so, please provide a report of the nature of the grievance, timeline of the grievance response actions and resolution. DO NOT include names of clients involved.

**C. Recipient Documentation**

Provide the following data regarding **Loveland** clients served by the program for the full grant year July 1, 2022 – June 30, 2023.

**C1. LOVELAND RECIPIENT INCOME INFORMATION- Include ALL Loveland Recipients**

# served with extremely low income (30% AMI or less, per HUD income guidelines)	# served with very low income (31-50% AMI, per HUD income guidelines)	# served with low/moderate income (51-80% AMI, per HUD income guidelines)	# served with income over 80% AMI	# served with NO income information provided	<b>TOTAL Loveland Clients <i>Total of 5 previous boxes.</i></b>
By Person	By Person	By Person	By Person	By Person	By Person

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

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

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

**C3. RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH HSG FUNDS (JULY 1, 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.**

<b>TOTAL NUMBER OF CLIENTS SEEN BY AGENCY.</b>	
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 \_\_\_\_\_

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 Staff	Brandy Benson Staff

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