

2023

HUMAN SERVICES GRANT



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

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Human Services Grant Guide 2023 Schedule

Date	Day	Time	Activity	Location
1/5	Th	2:00-3:30 PM	HSG - Agency Meeting	City Council Chambers & Remote
1/5	Th	6:00 PM	HSC Regular Meeting	City Manager Conference Room
1/6	F	9:00-10:30 AM	HSG - Agency Meeting	City Council Chambers & Remote
1/26	Th	Midnight	HSG Pre-Application (LOI) Deadline	Online
2/2	Th	6:00 PM	HSC Regular Meeting (Discuss Pre-Apps)	City Manager Conference Room
3/2	Th	6:00 PM	HSC Regular Meeting	City Manager Conference Room
3/2	Th	Midnight	HSG Application Deadline	Online
4/10	M	6:00 PM	Proposal Discussion	City Manager Conference Room
4/13	Th	6:00 PM	Proposal Discussion	City Manager Conference Room
4/17	M	6:00 PM	Proposal Discussion (if needed)	City Manager Conference Room
4/20	Th	Midnight	HSG Commissioner Final Grant Scores Due	Online
4/24	M	6:00 PM	Applicant Allocations	City Manager Conference Room
4/27	Th	6:00 PM	Applicant Allocations (if needed)	City Manager Conference Room
Applicants receive notification of funding recommendations on or after 4/28/2023				
6/6	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>	\$477,567
Community Development Block Grant Funds - ESTIMATE <i>(These funds may be used to fund the Homeless Solutions award)</i>	\$56,500
Total Grant Funds Available	\$534,067

****\$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 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, addictions 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 prior to January 26 at 970-962-2705 or email krystin.campion@cityofloveland.org.

Step 2 - Pre-Application

Go to: <http://tinyurl.com/COLGrants>. Pre-Applications and attachments are due Thursday, **JANUARY 26, 2023 before midnight**.

Late pre-applications or those with missing attachments will not be accepted.

Step 3 - Application

Go to: <http://tinyurl.com/COLGrants>. Proposals are due Thursday, **MARCH 2, 2023 before midnight**.

Answer all questions thoroughly throughout the application. Human Service Commission members may deduct points from the possible total for each question that is not answered thoroughly.

Late proposals will not be accepted.

Step 4 – Application Discussion

Human Services Commission members will discuss applications. A subcommittee of the commission, with the assistance of the Community Partnership Office, will review financial information and send financial questions to respective agencies. All questions must be answered within three business days.

Human Services Commission members will score proposals and make allocation decisions based on the scores. Allocation recommendations will be presented to City Council on June 6, 2023.

****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.**

Eligible Expenses: grants will be available to fund direct services, program costs, and other agency needs such as:

- | | |
|-----------------------|--------------------|
| ▪ staff | ▪ program payments |
| ▪ contracted services | ▪ office supplies |
| ▪ program supplies | ▪ transportation |

Ineligible Expenses: 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.

2023 Human Services Grant - Imported

City of Loveland, Community Partnership

Submit pre-application and attachments BEFORE midnight on January 26, 2023 (MT)

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 2023 funding. *

This may or may not be different from agency name.

Character Limit: 100

Amount requested for 2023: *

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 requested amounts. You will be asked to submit a detailed budget in the application that will include a narrative.

Character Limit: 20

Program description for 2023: *

Character Limit: 3000

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

Grant Focus Area? (Choose one)

Choices

Personal Safety: abused children/youth, at risk adults, victim services

Housing Stability: homelessness, rent or mortgage assistance

Education: early childhood, literacy, adult education

Health & Wellness: disability; mental, physical health, behavioral health, and addictions care

Food Security: prepared meals, groceries

Other Supportive Services: transportation, legal services, supportive 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

Does your agency review paystubs or other income information to verify income?*

Choices

Yes

No

NA

Skip the next question if you answered one of the two questions above as 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 customers fall at or below 80% of the area median income?

This includes counting customers who do not provide financial information. For example, you serve 1,000 customers 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 customers are at or below 80% of the AMI (500 x .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.

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 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 krystin.campion@cityofloveland.org.

Pre-Award Agreement

If the agency is awarded a **2023 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 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 31, 2024. You may request an extension by May 15, 2024. Grant funds not drawn by July 31, 2024, 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.

Additional Pre-Application Attachments

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 describing how your customers submit a grievance.

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

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

2023 Human Services Grant - Imported

City of Loveland, Community Partnership

Application - 2023 Human Services Grant

*** Required**

Ø Indicates a pre-populated question from the LOI

Applications will only be accepted before midnight on March 2, 2023. Submit online at:
<http://tinyurl.com/COLGrants>.

Please contact the Community Partnership Office with questions about the application:
970-962-2705 or krystin.campion@cityofloveland.org.

Name of specific program requesting 2023 funding. Ø*

Character Limit: 100

Amount requested for 2023: Ø*

You can edit your requested amount on your application if it changes after you submit your pre-application (LOI). See grant guidelines for program and agency maximum requested amounts. You will be asked to submit a detailed budget, including a narrative that explains the requested funds.

Character Limit: 20

Program description for 2023: Ø*

Character Limit: 3000

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:

2022*

Character Limit: 20

2021*

Character Limit: 20

2020*

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.

- Make a compelling case for the need and your solution by addressing the problem with factual, quantitative data and human, qualitative information.
- Describe how your solution of reasonable scale and is it supported by evidence or in theory?
- Provide and cite evidence to support all claims and assumptions. Use the most recent data available.

Character Limit: 2000

Q3 Program Objectives*

List 1 to 3 objectives describing how the program will benefit customers served and include a measurable outcome for 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 and Time-limited.

EXAMPLES:

"Increase the degree of nutrition among school-aged children in Loveland by 90%, by providing 120 parents with a 6-week program, that will provide health and nutrition information, case management, and community resources. Instructors will utilize a pre- and post-survey assessing nutritional knowledge, nutritional intake, and use of resources used in the community that support nutrition."

"Increase stability and resources utilized amongst residents in the ABC Park neighborhood by 85%. By the end of the year, we will provide 120 hours of case management support, free of charge, to Loveland families, living in ABC Park neighborhood. Families will complete a pre/post assessment identifying needs and resources accessed in the community and their impact on their stability."

Character Limit: 3000

Q4 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

Q5 How many Loveland residents, or households will benefit from the program over the next 12 months?

Provide the number of individuals or households. If you cannot provide the number of individuals or households, explain. Use the same timeframe as Question 4 and for your final report.

Households:

Character Limit: 20

or

Individuals:

Character Limit: 20

If your number is expected to increase or decrease by more than 10%, explain.

Character Limit: 1000

Q6 How many individuals and households does the agency serve overall in all locations?*

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

Character Limit: 1000

Q7 Diversity

Loveland residents include a diversity of cultures, ethnicity, race, sexual orientation, as well as other protected classes. The Human Services Commission is interested in funding agencies that seek out and serve underrepresented residents of Loveland.

Therefore, please identify the:

- Population your agency serves including race, ethnicity and other underserved groups.
- Your strategy to reach and serve underserved populations, including eliminating barriers that reduce access to your services.
- How your staff is representative of the clients your serve.
- Staff and volunteer training that enhances cultural understanding and world view of your customers and promotes competency to better serve your customers.

Character Limit: 3000

Q8 Equity

City of Loveland 2021 census data indicates that 6% of households speak a language other than English, 9% live with a disability and 8% live in poverty. The Human Services Commission is interested in funding agencies that provide equitable access to services.

Describe how your agency:

- Provides access and services to people with mobility, visual or hearing challenges.
- Eliminates barriers and provides services to non-English speaking customers.
- Accommodates transportation barriers as well as persons unable to access services during a standard Monday to Friday 8:00 am to 5:00 pm work day.

Character Limit: 3000

Q9 Inclusion

An inclusive community is one where all individuals are respected, feel engaged and motivated, and that their contributions are valued. The Human Services Commission is interested in funding agencies that model inclusive practices to the people they serve.

- Does your agency have a customer advisory board, or other opportunity for customers to give feedback to the agency about how to improve services?
- When your agency receives feedback from customers, how is this feedback reviewed, and by whom?
- Can you provide an example of a change that was made in your agency as a result of customer feedback?
- Describe how your board of directors is reflective of the residents of Loveland.

Character Limit: 3000

Q10 Describe the agencies community partnerships that benefit the customers you serve*

How do the customers you serve benefit from your partnerships? List your key partnerships.

Character Limit: 2000

Q11 Tell a story that illustrates a meaningful impact from 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: 3000

Q12 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 customer fees, explain why.

Character Limit: 2000

Q13 Board members and policy information.*

- How is your board educated about Loveland customer concerns?
- Do you have Loveland representation on your board?
- Are there financial requirements to serve on your board? If yes please explain.
- Describe how the agency strives to be inclusive in its board of directors.
- Include the agency 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

Q14 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

Budget Section**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 should 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.

Character Limit: 3000

Q15 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?

Character Limit: 500

Q16 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?

Character Limit: 500

Q17 Program Budget*

You are **REQUIRED** to use the Budget template provided. Click [Here](#) for the Budget template.

17: % of Program Budget requested. Scored by dividing requested amount by income on Loveland program budget.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12

File Size Limit: 10 MB

Agency Budget*

You may use your own agency budget or follow the link to a budget template. [Click Here](#) for the budget template

File Size Limit: 2 MB

Required Application Attachments

Profit and Loss Statement*

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

Balance Sheet*

Attach the balance sheet as of the end date of the last full fiscal year

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: 13 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 2023 City of Loveland: Human Services Grant

Enter full name & title

Character Limit: 250

Date of signature*

Character Limit

2023
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!	
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.

2023
City of Loveland
Human Services Grant Proposal
Agency Budget

Agency Name:

What is the estimated Agency budget for all services and all locations?

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 Agency Budget

Agency Revenue

Source	Amount	% of Total Budget planned amount	Confirmed amount to date	% of Total Budget confirmed amount
Federal Grants		#DIV/0!		#DIV/0!
State Grants		#DIV/0!		#DIV/0!
City of Loveland		#DIV/0!		#DIV/0!
Foundations		#DIV/0!		#DIV/0!
Donations		#DIV/0!		#DIV/0!
Fundraising		#DIV/0!		#DIV/0!
United Way		#DIV/0!		#DIV/0!
Client Fees		#DIV/0!		#DIV/0!
*Other (please name source)		#DIV/0!		#DIV/0!
*Other (please name source)		#DIV/0!		#DIV/0!
Total Agency Revenue:	0	#DIV/0!	0	#DIV/0!

Agency Expenses

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

*If the agency 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.

2023 Human Services Grant Score Sheet

1. Commissioner Name: _____
2. Agency Name: _____

Questions 1, 4-6, 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
7: Diversity	1 (Low)	2	3	4 (High)		Weight	
					4	4	16
8: Equity	1 (Low)	2	3	4 (High)		Weight	
					4	4	16
9: Inclusion	1 (Low)	2	3	4 (High)		Weight	
					4	4	16
10: Agency partnerships	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
11: Story that illustrates a meaningful impact	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
12: Client-generated revenue system or explanation of no fees	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
13: Board members and policy information	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
15-16: Program expense information & Program Budget Narrative	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
17: % of Program Budget requested. Scored by dividing requested amount by income on Loveland program budget.	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: 196							
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 point for making funding recommendation.							

2023 Grant Program Scoring Information

- ☐ All members of the Human Services Commission will complete a score sheet for each application as shown on the previous page.
- ☐ Each applicant will receive a final score calculated by averaging the total scores of each of the commission members.

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 and below are based on previous years totals and do not reflect average scores for the current grant year.**

- ☐ Applicants with total average scores in the lowest range may or may not be considered for grant funding. *Example below.*

Agency Name	Total Ave Score	Rank
Agency G	189	1
Agency C	174	2
Agency B	166	3
Agency D	150	4
Agency A	148	5
Agency F	138	6
Agency E	122	7

Commissioners start with the highest ranked proposal and continue until all funding has been allocated.

Please note that actual and average scores may differ from the example.

- ☐☐ Every applicant will receive a scoring report at the end of the grant process.

2022 HUD Income Limits - Larimer County								
# of Persons in Household	1	2	3	4	5	6	7	8
100%	\$ 75,200	\$ 85,900	\$ 96,600	\$ 107,300	\$ 115,900	\$ 124,500	\$ 133,100	\$ 141,700
80%	\$ 60,160	\$ 68,720	\$ 77,280	\$ 85,840	\$ 92,720	\$ 99,600	\$ 106,480	\$ 113,360
75%	\$ 56,400	\$ 64,425	\$ 72,450	\$ 80,475	\$ 86,925	\$ 93,375	\$ 99,825	\$ 106,275
70%	\$ 52,640	\$ 60,130	\$ 67,620	\$ 75,110	\$ 81,130	\$ 87,150	\$ 93,170	\$ 99,190
60%	\$ 45,120	\$ 51,540	\$ 57,960	\$ 64,380	\$ 69,540	\$ 74,700	\$ 79,860	\$ 85,020
50%	\$ 37,600	\$ 42,950	\$ 48,300	\$ 53,650	\$ 57,950	\$ 62,250	\$ 66,550	\$ 70,850
40%	\$ 30,080	\$ 34,360	\$ 38,640	\$ 42,920	\$ 46,360	\$ 49,800	\$ 53,240	\$ 56,680
30%	\$ 22,560	\$ 25,770	\$ 28,980	\$ 32,190	\$ 34,770	\$ 37,350	\$ 39,930	\$ 42,510

EXHIBIT A
SCOPE OF SERVICES

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

Description of Project:

2023-2024 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 2023-2024 FINAL REPORT FORM

The Human Services Grant report is due AUGUST 1st, 2024

A. Agency & Program Name and Address:

Total Amount of 2023 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 customers who required assistance outside of your “normal” mode of operation, e.g., outside business hours, transportation issues, meeting at a location convenient for the customer, etc.

4. Were any grievances received from customers 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** customers served by the program for the full grant year July 1, 2023 – June 30, 2024.

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 customers 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, 2023 – JUNE 30, 2024)

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.	
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Include all locations and all services provided by agency	
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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_____

Date received by Community Partnership Office _____



2023 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 includes:

- **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 CPO 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.

An applicant wishing to appeal the funding recommendations of the Human Services Commission may submit a letter citing the reason for the request within five business days of receiving the agency's scoring report. Email the request to:

Alison.Hade@cityofloveland.org

Staff will forward the appeal to the Human Services Commission and the Loveland City Council before 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
Tim Hitchcock Chair	7/2/2019	6/30/2025
Fred Garcia CO-Chair	7/2/2019	6/30/2023
Tegan Camden	7/2/2019	6/30/2025
Rosalind Pistilli	10/19/2021	6/30/2023
Susan Coleman	7/1/2022	6/30/2025
Sara Rhoten	7/1/2022	6/30/2023
Sheila Trabelsi	4/7/2021	6/30/2024
Kathy Busse	7/1/2021	6/30/2024
Nicole Pasco	11/3/2015	6/30/2024
Andrea Samson Council Liaison	Alison Hade Staff	Krystin Campion Staff

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



COMMUNITY DEVELOPMENT BLOCK GRANT 2023-2024 QUARTERLY REPORT FORM

DATE OF REPORT _____ Grant Year: _____

Please indicate which quarter this report covers.

_____ October 1 – December 31 - *due on Jan. 15th*

_____ January 1– March 31 - *due on Apr. 15th*

_____ April 1 – June 30 - *due on Jul. 15th*

_____ July 1 – Sept. 30 - *due on Oct. 15th*

A. Agency & Program Name and Address:

Total Amount of 2023 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 customers who required assistance outside of your “normal” mode of operation, e.g., outside business hours, transportation issues, meeting with at a location convenient for the customer, etc.

4. Were any grievances received from customers 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 customers involved.

C. Recipient Documentation

Provide the following data regarding **Loveland** customers served by the program for the full grant year October 1, 2023 – September 30, 2024.

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)	TOTAL Loveland Clients Total of 5 previous boxes.
By Person	By Person	By Person	By Person

- # served with income over 80% AMI: _____
- # served with NO income information provided: _____
- Estimated number of customers to be served from Question 6 on the proposal:

C2. CUSTOMER 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 CDBG FUNDS (OCT 1, 2023 – SEPT 30, 2024) 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.

C4.

TOTAL NUMBER OF CUSTOMERS SEEN BY AGENCY. Include all locations and all services provided by agency	
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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. Program Revenue (This question should be answered in the 4th quarter report.)

Provide an update of the Revenue the program received compared to the amounts submitted with the grant proposal.

For example

Expected program revenue included: • CDBG - \$11,500 • Other Federal Funding - \$27,000 • United Way - \$5,000 • Donations/Other - \$12,800	Actual program revenue included: • CDBG - \$10,000 • Other Federal Funding - \$27,000 • United Way - \$3,000 • Donations/Other - \$14,300
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Expected Revenue (From Grant Proposal Budget)		Actual Revenue	

E. 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 _____