

2023

HUMAN SERVICES GRANT: Model Partnership



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 |

Human Services Grant Model Partnership Award

The Model Partnership Award was established to **encourage and reward efforts of collaboration** that reduce service duplication or increase effectiveness. The Human Services Commission may make **up to \$35,000** available during the 2023 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, addictions 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 26, 2023** 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 2, 2023** before midnight.

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.

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 - Model Partnership Grant - Imported

City of Loveland, Community Partnership

Pre-Application - 2023 Human Services - Model Partnership Grant

***Required Field**

Submit pre-application and attachments BEFORE midnight on January 26, 2023 (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 requested amounts. You will be asked to submit a detailed budget in the application that will include a narrative.

Character Limit: 20

Program description: *

Describe the program and how it is a partnership.

Character Limit: 2000

Eligibility Determination

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

Choices

Yes

No

Which one of these bests 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

Grant Focus Area? (Choose one) *

Select your primary service role.

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 and 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

Required Pre-Application Attachments

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

Current Board of Directors Roster for Lead Agency*

Attach a current roster for lead agency. List professional affiliations.

File Size Limit: 3 MB

Current 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

Pre-Award Agreement: Model Partnership

If the agency receives a **2023 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 31, 2024. You may request an extension 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.

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

2023 Human Services - Model Partnership Grant - Imported

City of Loveland, Community Partnership

Model Partnership Program Information

*** Required**

Ø Indicates a pre-populated question from the LOI

Partnering Organization

Character Limit: 250

Executive Director Ø

Character Limit: 250

Contact Person and Title

Character Limit: 250

Phone Number Ø

Character Limit: 250

Email Ø

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:* Ø

Character Limit: 20

Name of specific program requesting funding.* Ø

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

Q2 Program description: Ø*Character Limit: 2000***Q3 What services does the Lead Agency offer? What services does the Partner Agency offer?***

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

*Character Limit: 2000***Q4 Provide the # of individuals or households that will benefit from the partnership's services?***

If this is a new program, state how you determined 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: 3000***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: 10 MB

Required Application Attachments

Profit and Loss Statement*

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

*File Size Limit: 5 MB***Balance Sheet**

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

Electronic Signature

Electronic Signature*

By signing below you acknowledge your intent to apply for the 2023 City of Loveland: Model Partnership Award

Enter full name & title.

Character Limit: 250

Date of Signature*

Character Limit: 10

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.

Model Partnership Award Commissioner Score Sheet

Commissioner Name: _____

Agency Name: _____

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

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– MODEL PARTNERSHIP 2023-2024 FINAL REPORT FORM

The Model Partnership Award report is due AUGUST 1st, 2024

A. Agency & Program Name and Address:

Total Amount of 2023 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 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 customers 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 4 on the proposal: _____

C2. CUSTOMERS 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. 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