

2025 CDBG - Public Services Grant



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

TABLE OF CONTENTS

2025 CDBG-Public Services (PS) Grant Information	
• 2025 CDBG-PS Grant Schedule	3
• How Much? How To?	4
Application and Information	
• CDBG - PS Pre-Application (LOI)	5-8
• CDBG - PS Application Guide	9-12
• Budget Forms	13-14
• Score Sheet and Information	15-17
• HUD Income Guidelines	18
Award Forms and Reports	
• Sample Scope of Services for Contract	19
• Grantee Quarterly Report Form	20-22
• Appeal Process	23
• Commission Roster	24

CDBG-Public Services Grant Guide 2025 Schedule

Date	Day	Time	Activity	Location
3/11	T	8:30-9:45 PM	CDBG-PS - Agency Meeting	City Council Chambers & Remote
4/3	Th	6:00 PM	HSC Regular Meeting	City Manager Conference Room
4/3	Th	Midnight	CDBG-PS Pre-Application (LOI) Deadline	Online
5/1	Th	6:00 PM	HSC Regular Meeting - Potentially Cancelled	City Manager Conference Room
5/1	Th	Midnight	HSG Application Deadline	Online
5/19	M	6:00 PM	HSC Special Meeting – Scoring and Allocations	City Manager Conference Room
5/22	Th	6:00 PM	HSC Special Meeting – Allocations as Needed	City Manager Conference Room
Applicants receive notification of funding recommendations on or after 5/23/2025				
6/3	T	6:00 PM	Grant Recommendations to City Council	City Council Chambers
6/5	Th	6:00 PM	HSG Regular Meeting - Potentially Cancelled	City Manager Conference Room

How Much is Available

Community Development Block Public Services Grant Funds (CDBG-PS) - ESTIMATE

\$56,500

****\$15,000 = maximum request allowed per program IF only one proposal for the agency (see following page).**

Step 1 - Eligibility

Determine whether the applying program provides services that fulfill all or some of the CDBG-PS Grant goal:

Financially support services that value and 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, shelter, physical and mental health care, addictions care, as well as services that prevent crises and assist in sustaining independent living.

Agencies must be able to show that 51% of people served live at or below 80% of the Area Median Income by reviewing and tracking income information from all adults in the household, including income from wages, government assistance, child support, and income from any other sources. Households that report no income must show how they are paying for monthly expenses.

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 April 3 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, **April 3, 2025, 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, **May 1, 2025, before midnight.**

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

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 the City Council on June 3, 2025.

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

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

Ineligible Expenses: the following will not be considered for funding:

- building rehabilitation
- purchase of equipment
- agency capacity building
- purchase of vehicles
- endowment funds
- fundraising expenses

2025 CDBG- Public Services (PS) Grant LOI (pre-application)

City of Loveland, Community Partnership

Name of specific program requesting 2025 funding*

Character Limit: 100

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

File Size Limit: 3 MB

UEI Number*

Character Limit: 250

TIN*

Character Limit: 250

SAM Registration Date*

SAMS registration MUST be current. Enter date of registration. To register or update registration go to: <https://sam.gov/content/home>

Character Limit: 250

Amount of grant funding requested*

Character Limit: 20

1. Indicate the total amount of services funding (if any) received from the City of Loveland in the past three years for this project or any other projects.

2024*

Character Limit: 20

2023*

Character Limit: 20

2022*

Character Limit: 20

Program Information

Program description for 2025:*

Character Limit: 3000

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: 2 MB

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, and behavioral health; and addictions care

Food Security: prepared meals, groceries

Other Supportive Services: transportation, legal services, and 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 or No

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

Choices: Yes or No

If you answered NO to one of the two questions above, please contact Krystin Campion at krystin.campion@cityofloveland.org or (970) 962-2705.

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 ($500 \times .95$; $475/1000 = 47.5\%$).

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 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 allocation meeting.

Current Board of Directors Roster*

Attach a current roster. List professional affiliations.

File Size Limit: 5 MB

Audit or 990 Information*

Attach your most recent audit or financial review statement.

File Size Limit: 13 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 **2025 CDBG-Public Service Grant (PS)** 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 CDBG-PS must be expended AND DRAWN no later than September 30, 2026.**
4. A member of the Human Services Commission may make a site visit to agencies receiving grant funding from the City of Loveland.
5. The Community Partnership Office will monitor the project.

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 allocation meeting.

Grievance Policy

Attach current policy describing how your customers submit a grievance.

File Size Limit: 3 MB

Agency Conflict of Interest policy

Attach current policy.

File Size Limit: 3 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

I understand the following statement and that the information I have included in this document will be used by the City of Loveland Community Partnership Office to determine whether or not my request is approved to move forward to the application stage. By signing below I am acknowledging that I have included all the information I intend to for consideration.

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

By typing in your **name and title**, you agree to the above requirements in receiving grant funds.

Character Limit: 25

2025 CDBG- Public Services (PS) Grant

City of Loveland, Community Partnership

Application – 2025 CDBG-PS

*** Required**

Name of specific program requesting 2025 funding*

Character Limit: 100

Amount requested for 2025:*

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 2025:*

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

Program Information & Community Need

Q1 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 is of reasonable scale and is 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

Q2 Program Objectives*

List 1 to 3 objectives describing how the program will benefit customers served and include a measurable outcome. 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 the impact on their stability.”

Q3 How many Loveland residents benefited from the program over the past 12 months?

Provide the number of individuals

Individuals:

Character Limit: 20

Q4 How many Loveland residents will benefit from the program over the next 12 months?

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

Individuals:

Character Limit: 20

Q5 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

Q6 Tell a story that illustrates a meaningful impact from your services*

What positive impact has your agency observed in the last year? Give an example of how you have seen the goals of this program directly benefit the people you serve in the community in which you work.

Q7 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

Q8 Board members and policy information.*

- How is your board educated about Loveland customer concerns?
- How does your board reflect the population you serve?
- Describe your 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

Budget Section

Q9. 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

Q10 Program Budget*

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

File Size Limit: 5 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: 5 MB

Required Application Attachment

Profit and Loss Statement*

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

File Size Limit: 2 MB

Balance Sheet*

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

File Size Limit: 2 MB

Electronic Signature

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

I have read and understand*

Choices

I have read and understand.

Electronic Signature*

By signing below, you acknowledge your intent to apply for the 2025 City of Loveland: Human Services Commission CDBG-PS Grant. By signing below, I acknowledge that I have included all the information I intend to for consideration.

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

By typing in your **name and title**, you agree to the above requirements for receiving grant funds.

Character Limit: 25

Date of signature*

Character Limit

2025
City of Loveland
CDBG - PS 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.

2025
City of Loveland
CDBG-PS 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.

2025 CDBG-PS Grant Score Sheet

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

Questions							
1: Population served and need addressed	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	4	16
2: Program objective(s) and documentation	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
5: Agency partnerships	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
6: Story that illustrates a meaningful impact	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
8: Board members and policy information	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
9: Program expense information & Program Budget Narrative	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
<div style="text-align: right; font-weight: bold; font-size: 1.2em;">Total Score: 128</div> <p style="margin-top: 10px;">All members of the Human Services Commission will complete a score sheet for each application, as shown above. The scores will be combined to produce a total average score, resulting in an agency ranking for making funding recommendations.</p>							

Scores Questions							
1: Population served and need addressed	1 (Insufficient) Proposal does not demonstrate how the needs of the intended population will be met.	2 (Needs Improvement) Proposal minimally demonstrates how the needs of the intended population will be met.	3 (Adequate) Proposal moderately demonstrates how the needs of the intended population will be met.	4 (Exemplary) Proposal strongly demonstrates how the needs of the intended population will be met.	Score	Weight	Total
					4	4	16
2: Program objective(s) and documentation	1 (Insufficient) Proposal lacks a useable plan to evaluate progress toward objectives.	2 (Needs Improvement) The success of the proposal may be difficult to ascertain, due to documentation gaps or lack of useful data collection methods.	3 (Adequate) Proposal demonstrates a good understanding of anticipated results from objectives, but plan lacks some details about data or methods.	4 (Exemplary) Proposal demonstrates a clear picture of how data is collected and used to demonstrate which program objectives were achieved.	Score	Weight	Total
					4	5	20
5: Community partnerships	1 (Insufficient) Proposal presents no evidence of meaningful partnerships and collaboration in the community to meet goals and objectives.	2 (Needs Improvement) Proposal presents minimal evidence of meaningful partnerships and collaboration in the community to meet goals and objectives.	3 (Adequate) Proposal presents moderate evidence of meaningful partnerships and collaboration in the community to meet goals and objectives.	4 (Exemplary) Proposal presents strong evidence of meaningful partnerships and collaboration in the community to meet goals and objectives.	Score	Weight	Total
					4	3	12
6: Story that illustrates a meaningful impact for a person served	1 (Insufficient) Illustration is not present or has no correlation to impact. Redundancy of information about the program.	2 (Needs Improvement) Illustration is present but doesn't sufficiently describe impact or is too general in its information about the program.	3 (Adequate) Illustration is present, demonstrates impact.	4 (Exemplary) Illustration is present, impactful and connotes the scope of the program. It is detailed and specific in how it meets program goals.	Score	Weight	Total
					4	3	12
8: Board members and policy information	1 (Insufficient) No discussion of board members in proposal or less than 2 bullet points addressed.	2 (Needs Improvement) Board members' information included, but with few details regarding policy information. Two bullet points addressed. Policy may include aspects not supported by the mission of the grant.	3 (Adequate) Board members are identified, policies are defined, and all questions answered.	4 (Exemplary) Board members are identified, policies are well detailed, and all bullet points are fully addressed with explanations for any deficiencies.	Score	Weight	Total
					4	2	8
9: Program expense information & Program Budget Narrative	1 (Insufficient) Program budget not discussed or no details provided.	2 (Needs Improvement) Program income budget discussed but with few details.	3 (Adequate) Program income and loss discussed.	4 (Exemplary) Detailed explanation of budget . Explanation of relationship to the program	Score	Weight	Total
					4	3	12
Impact of this service relative to community need.	1 (Insufficient) Impact is minimal and included community is narrow. Program's sustainability is questionable.	2 (Needs Improvement) Program has moderate impact on included community but is missing obvious program goals or opportunities. Sustainability difficult to assess.	3 (Adequate) Impact is detailed and includes a significant aspect of the community. Program is reasonable in scope and sustainable.	4 (Exemplary) Impact is multidimensional, good value for money, and may include many community members in need. Grant language relates directly to program goals and is sustainable.	Score	Weight	Total
					4	7	28

	1 (Insufficient)	2 (Needs Improvement)	3 (Adequate)	4 (Exemplary)	Score	Weight	Total
Clarity & quality of grant proposal	Grant is incomplete Questions are inadequately addressed. Information included does not support the mission of the grant.	Grant is complete but some questions were answered insufficiently. Program is appropriate for grant purposes, but lacking focus or other elements that would improve its overall quality.	Grant is complete, questions were sufficient in detail as to understand scope and impact. Language was clear and concise as to its appropriateness for the mission of the grant.	Grant is clear and concise in language, is cohesive and relates grant request back to program goals. Program is ideally suited for the mission of the grant.	4	5	20
Total Score:							128
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 for making funding recommendations.							

2024 HUD Income Limits - Larimer County								
# of Persons in Household	1	2	3	4	5	6	7	8
100%	\$ 83,200	\$ 95,100	\$ 107,000	\$ 118,800	\$ 128,400	\$ 137,900	\$ 147,400	\$ 156,900
80%	\$ 66,550	\$ 76,080	\$ 85,600	\$ 95,040	\$ 102,720	\$ 110,320	\$ 117,920	\$ 125,520
75%	\$ 62,400	\$ 71,325	\$ 80,250	\$ 89,100	\$ 96,300	\$ 103,425	\$ 110,550	\$ 117,675
70%	\$ 58,240	\$ 66,570	\$ 74,900	\$ 83,160	\$ 89,880	\$ 96,530	\$ 103,180	\$ 109,830
60%	\$ 49,920	\$ 57,060	\$ 64,200	\$ 71,280	\$ 77,040	\$ 82,740	\$ 88,440	\$ 94,140
50%	\$ 41,600	\$ 47,550	\$ 53,500	\$ 59,400	\$ 64,200	\$ 68,950	\$ 73,700	\$ 78,450
40%	\$ 33,280	\$ 38,040	\$ 42,800	\$ 47,520	\$ 51,360	\$ 55,160	\$ 58,960	\$ 62,760
30%	\$ 25,000	\$ 28,550	\$ 32,100	\$ 35,650	\$ 38,550	\$ 41,960	\$ 47,340	\$ 52,720

SCOPE OF SERVICES

Public Services

Organization: _____ Program: _____

Start Date: _____ End Date: _____

Funding Amount Awarded: _____ CDBG Program Year: _____

Project Description: _____

Performance Measures	People Served/Year
<u>Activity One</u> <i>(add more as needed)</i> <i>(Set of tasks to be achieved)</i>	
<u>Objective One</u> How many individuals benefited from the program in the last 12 months? <i>(Describe the desired results to be achieved/what, for whom, and why)</i>	
<u>Objective Two</u>	
<u>Objective Three</u>	

2025-2026 Grant Expense Budget	
<u>Line-Item Description:</u> (Use one line per item. Add additional lines if needed)	The amount allocated for each item:
1.	\$
2.	\$
3.	\$
4. Indirect cost (must be approved by CPO)	\$
TOTAL Grant Amount	\$

*[Provide a list of staff and time commitments to be allocated to each activity specified in a **percentage**, not by hour. If approved application expense]*

Other Project Funding:

Line Item	CDBG-PS Funded	Total Cost	Breakdown
			•
			•
			•



**COMMUNITY DEVELOPMENT BLOCK GRANT
2025-2026 QUARTERLY REPORTING FORM
Public Services**

A. Agency & Program Name and Address:

Agency Name : _____ Agency Program Name: _____

Agency address: _____

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*

Total Amount of 2025 Grant \$ _____

B. Description of Accomplished Objective

1. Describe the accomplishments of the CDBG-PS work during the year.

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 action, 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, 2025 – September 30, 2025.

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>	TOTAL Loveland Clients <i>Total of 3 previous boxes.</i>
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 5 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, 2025 – SEPT 30, 2026) **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		
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. Program Revenue (This question should be answered in the 4th quarter report.)

Provide an update of the program's revenue **compared to the amounts submitted with the grant proposal**.

For example:

Expected program revenue included: <ul style="list-style-type: none"> • CDBG - \$11,500 • Other Federal Funding - \$27,000 • United Way - \$5,000 • Donations/Other - \$12,800 	Actual program revenue included: <ul style="list-style-type: none"> • 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 _____



2025 GRANT APPEAL PROCESS

The Community Partnership Office and the Human Services Commission strive to hold a fair and balanced process for all grant applicants. Steps 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, as well as questions about income-qualifying clients.
- **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	7/2/2019	6/30/2025
Maryann Ramos McNeal	12/4/2024	6/30/2025
Rosalind Pistilli	10/19/2021	6/30/2026
Susan Coleman Chair	7/1/2022	6/30/2025
Sara Rhoten Vice Chair	7/1/2022	6/30/2026
Lisa Fitzpatrick	11/22/24	6/30/2027
Kathy Busse	7/1/2021	6/30/2027
Heather Hester	12/4/2025	6/30/2027
John Darcy	10/18/2023	6/30/2026
Alison Brand Alternate	12/4/2024	6/30/2027
Erin Black Council Liaison	Alison Hade Staff	Krystin Campion Staff

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