## Community DevelopmentADAMS COUNTY COMMUNITY DEVELOPMENT

 A Division of Community & Economic Development

Human Service Agency Grant (HSAG)

## Application for Funding

## Program Year 2016

## Applications are due by Noon (12:00 p.m.)

## February 26, 2016

Please submit one (1) original containing original signatures and one (1) original copy of required certification and supporting documents as applicable Applications must be submitted to and received by Adams County Community Development by the above deadline.

**Adams County Community Development**

**A Division of Community & Economic Development**

**4430 S. Adams County Parkway**

**Brighton, CO 80601**

 **EMAILED & LATE SUBMISSIONS WILL NOT BE ACCEPTED**

**SUBMISSION OF APPLICATION IS NOT A GUARANTEE OF FUNDING**

Please answer all required questions as completely and succinctly as possible, check all appropriate boxes, and complete all relevant tables. Pages 2 and 3 explain the HSAG program and various eligibility activities. Please do not forget to complete and sign the certification at the back of your application packet.

GOALS, OBJECTIVES & PRIORITIES

HSAG OBJECTIVES

The HSAG funding was originally created by the Adams County Board of County Commissioners (Commissioners) to provide financial support to carry out human service missions of selected Adams County non-profits. The funding was intended to fill gaps in the organizations’ budgets that were not typically covered by other sources of funding they received. Currently, HSAG offers a high level of flexibility in choosing programs and activities. HSAG funding will continue to support the mission for Adams County non-profits, but should also support the County’s vision, mission and Commissioners’ Goals as set forth below. Applications will be scored as outlined in this application.

COUNTY VISION, MISSION & COMMISSIONERS’ GOALS

Community Development, a division of the Community & Economic Development Department, has been charged with revamping the HSAG program in order to connect HSAG funding to agencies whose missions align with the County’s Vision and Mission, and as well as the Commissioners’ 5 Goals as follows:

**Adams County Vision and Mission**

***Vision***: To provide our community with a safe, healthy environment in
which to work, raise families and build businesses.

***Mission***: To responsibly serve the Adams County community
with integrity and innovation.

***5 County Commissioner Goals:***

1. Education and Economic Prosperity;

Adams County supports economic prosperity by attracting new businesses, retaining existing businesses, and supporting the growth and development of small businesses. We do that by creating programs that facilitate a highly-skilled and well-educated workforce; support a positive image and brand for Adams County, and foster an environment to meet these goals.

1. High Performing, Fiscally Sustainable Government;

A high performing government knows and delivers what its citizens want, is customer centric, has an innovative culture, and uses the best technology. We consider the sustainability of our services and service delivery in all areas of government operations. We have the right people in the right jobs and align our resources with our priorities. We implement best practices and empower our people with collaboration, adaptability, and teamwork.

1. Quality of Life;

Our neighborhoods will be clean and safe. Our communities will be visually attractive and have outstanding park, recreational, open space, and cultural amenities. Our citizens will be engaged in their community. Sustainability of development and natural resource preservation will be an integral part of our growth and redevelopment.

1. Safe, and Reliable Infrastructure; and

Adams County will provide an appropriate, sustainable, public infrastructure that supports the quality of life of our citizens and employees, meets the needs of our businesses and supports economic development, and is maintained at the level of service our citizens and employees need.

1. Poverty Reduction

We will provide a human services network that protects the vulnerable in our community and enables them to rise out of poverty.

**EXAMPLES OF PAST ACTIVITIES**

Funds may be used to pay for staffing, supplies and material as well as to operate and/or maintain the portion of an agency’s facility. Past funding awards to nonprofits and school districts have benefited all of the following:

* Health and medical services and equipment
* Mental health care programs
* Rural emergency assistance
* Senior Property Tax Rebate program
* Senior tax preparation
* Senior transportation
* Senior volunteer activities
* Services for the seeing-impaired
* Special Olympics programs

Adams County Human Service Agency Grant (HSAG)

Application for Funding

Please complete and include all certifications and required attachments. Incomplete applications will not be considered. Please feel free to contact Adams County Community Development staff for guidance and technical assistance on County policies and application requirements.

1. **Agency Information:**

Authorized Representative Name and Title:

 Address:

 Phone:       Email:

 Agency Tax Identification Number:

 Agency DUNS Number:

 Explain your agency’s mission, main goal and outcome to be achieved in 50 words or less.

 **2. Application Contact information:**

 Name and Title:

 Address:

 Phone:       Email:

1. **Total amount of HSAG funding requested in this application: $**

HSAG APPLICATION RATING CRITERIA

Adams County’s goals, objectives, and strategies are the foundation of our criteria for acceptance and funding. With these goals and objectives in mind, the HSAG criteria are structured as follows.

**POINT VALUES:**

There are three sections in the HSAG application that are assigned weighted point values totaling **100 points**. Applicants may receive the following maximum number of points for each section:

A. SERVICE POPULATION - **20 Points**

B. PROPOSED OUTCOMES - **50 Points**

C. ORGANIZATIONAL CAPACITY AND PROJECT MANAGEMENT - **30 Points**

**CRITERIA:**

1. **SERVICE POPULATION (20 Points)**
2. Does the proposal serve the residents of Adams County? Yes/No (circle one)
	1. If yes, what percentage of the Adams County population does the proposal serve? (Up to 10 points)
		1. 0-10% (2 points)
		2. 11-25% (5 points)
		3. 26-50% (8 points)
		4. ≥ 50% (10 points)
3. Does the proposal serve disadvantaged or disabled populations? (Up to 10 Points)
	1. What is the number of people served?
		1. 0 – 100 (3 Points)
		2. 101 – 500 (5 Points)
		3. 501+ (10 Points)
4. **OUTCOMES (50 Points)**
5. Does your proposal/service fill a gap that is presently not being provided to the Adams County community? (5 points)
6. Are you collaborating with other non-profits to provide services to the same population? (5 points)
7. Does the proposal provide direct, external services? (e.g., food, clothes, counseling) (10 Points)
8. Does the proposal support an organizational cost that otherwise is not funded through other means (e.g., salaries, rent, utilities, equipment)? (5 Points)
9. Do the intended outcomes advance a County Commissioner goal? (Up to 20 Points)
	1. Number of goals the proposal will advance (please explain in detail how the service addresses each goal, i.e. if you select 3 goals then describe how the service addresses each of the 3 goals)
		1. 1 goal (5 Points)
		2. 2 goals (10 Points)
		3. 3 goals (15 Points)
		4. 4 and 5 goals (20 Points)
10. Are there case studies or examples from other places that illustrates the effectiveness of this proposal? (5 Points)
11. **Capacity (30 Points)**
12. How is the organization’s mission aligned with the County’s mission? (Up to 15 Points)
	1. Is there an emphasis on innovation (i.e. is the proposal part of a pilot program? Has the organization made demonstrable improvements in its operations and services over the past year?) (5 Points)
	2. Does the organization have a track record of integrity in its treatment of clients? (5 Points)
	3. Does the organization have an effective method to evaluate the quality and impact of its programs and services? (5 Points)
13. Does the organization have the capacity to properly administer the requested grant? (Up to 15 Points)
	1. Is there a clearly-defined management structure for implementing the project? (5 Points)
	2. Is the organization fiscally sound? (5 Points) (Please include your 2015 financial audit).
	3. Does the organization have a history of good performance utilizing previously-awarded grants? (5 Points)

Program Description

1. **Provide a summary (half page maximum) of the project for which you are requesting HSAG**.

1. **What type of services will you provide:** Tip: Double click on the box and select “checked” option.

|  |  |  |
| --- | --- | --- |
| [ ]  Adult education  | [ ]  Financial literacy | [ ]  Services for homeless |
| [ ]  Budget counseling  | [ ]  Follow-up | [ ]  Services for Seniors |
| [ ]  Case management  | [ ]  Health care | [ ]  Small business assistance  |
| [ ]  Child care  | [ ]  Housing counseling | [ ]  Substance abuse services  |
| [ ]  Counseling  | [ ]  Job training | [ ]  Transportation  |
| [ ]  Crime prevention  | [ ]  Outreach | [ ]  Youth enrichment |
| [ ]  Employment services | [ ]  Prescriptions | [ ]  Youth tutoring  |
| [ ]  Language Training (ESL) | [ ]  Public education | [ ]  Other: describe below |
| [ ]  Foster & Adoptive Services | [ ]  Recreational services |  |

**Briefly describe the other services you will provide with this grant:**

1. **Who will you serve?** Double click on the box and select “checked” option.

|  |  |  |
| --- | --- | --- |
| [ ]  Abused children | [ ]  Non-English speakers | [ ]  Young children |
| [ ]  Adults (under 65) | [ ]  People with disabilities | [ ]  Youth |
| [ ]  Domestic violence victims | [ ]  People with HIV/AIDS | [ ]  Veterans |
| [ ]  Homeless | [ ]  Senior citizens | [ ]  Other: Describe Below |

**Briefly describe the other client populations you will serve with this grant:**

1. Define specific outcomes of the program, and will they address County mission, vision and Commissioners’ Goals:

1. Define specific measurements to determine the success of the program and outcomes listed above:

1. What other resources (volunteers, in-kind donations, etc.) will be utilized for this project?

Organizational Capacity and Project Management

1. **Identify the individuals responsible for the success of your program by names, titles, numbers of years of professional experience, and relevant responsibilities to the organization.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Describe Grant Management Experience** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Who will administer the program if these key personnel leave your organization?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Describe Grant Management Experience** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **PROJECT BUDGET** |
| **Category** | **Adams County** | **Other** | **Total** |
| Personnel (Direct Labor) | $0  | $0  | **$0**  |
| Fringe Benefits | $0  | $0  | **$0**  |
| Travel | $0  | $0  | **$0**  |
| Equipment | $0  | $0  | **$0**  |
| Supplies and Materials | $0  | $0  | **$0**  |
| Consultants | $0  | $0  | **$0**  |
| Contracts and Sub-Grantees | $0  | $0  | **$0**  |
| Other Direct Costs | $0  | $0  | **$0**  |
| Total Direct Charges (sum of 6a-6h) | **$0**  | **$0**  | **$0**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |
| --- | --- |
| **Other Funding Sources**  |  |
| **PLEASE LIST EACH SOURCE OF FUNDING DEDICATED TO THIS PROPOSAL** |
| **Source** | **Other** |  |
|   | $0  |  |
|   | $0  |  |
|   | $0  |  |
|   | $0  |  |
|   | $0  |  |
|   | $0  |  |
|   | $0  |  |
|   | $0  |  |
| **Total** |  | **$0**  |  |

1. What are your long-range fundraising plans (endowment fund, fundraisers, etc.)?

1. Should HSAG funding not be available for this project, what are your other alternatives for funding?

     **APPLICATION CHECKLIST AND COVER PAGE:**

Use this checklist to make sure your Application adheres to the required documentation.

## [ ]  One (1) hard copy of application with original signatures and attachments

## [ ]  Proof of being a Colorado Corporation in good standing

[ ]  Proof of 501(c)(3) tax-exempt status from the Internal Revenue Service (IRS)

**[ ]** Most recently audited financial statements

**[ ]** Board of Directors Information (Occupations and/or Community Affiliations **AND** Anti-Discrimination Statement Adopted by the Board)

[ ]  Signature Authority Approval Documents for Contracting Purposes

[ ]  This Cover Page

**CERTIFICATIONS:**

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency Name) is in good standing with all Departments of Adams County Government, including, but not limited to, the Tax Assessor, Public Utilities and Building Inspections.

This application is true and complete to the best of my knowledge and I further understand by this submission that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency Name) must adhere to all grant regulations and requirements as well as any additional federal requirements that may be applicable.

I further agree, if awarded funding, to attend a contract review session, to read Adams County’s proposed contract thoroughly, and provide ACCD with a scope of services and/or any outstanding documentation prior to the grant award.

I certify that all information provided in this grant application is true and complete. I understand that any false information or omission may disqualify my agency from further consideration for grant funding. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application and my agency and its employees, officers and board members.

I have read, understand, and by my signature agree with the above statements and authorize the investigation of my agency as set forth above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**DO NOT ALTER THE FORMAT OF THIS APPLICATION**

A **COMPLETE** APPLICATION MUST BE SUBMITTED IN ORDER FOR YOUR APPLICATION TO BE DETERMINED ELIGIBLE FOR CONSIDERATION

**ANY** MISSING OR INCOMPLETE INFORMATION WILL RESULT IN A **FORFEITURE** OF APPLICATION. EACH SECTION MUST BE **FULLY** COMPLETED.

**YOU MAY** INSERT “SEE SECTION X”, “SEE LETTER”, OR “SEE ATTACHED”

IN ORDER TO FULLY DESCRIBE ANSWERS TO QUESTIONS.

*PLEASE RETURN 1 ORIGINAL OF YOUR COMPLETED APPLICATION IN TYPEWRITTEN FORM TO:*

# ADAMS COUNTY COMMUNITY DEVELOPMENT

**4430 South Adams County Parkway, 1st Floor**

**Brighton, CO 80601**

*APPLICATIONS MUST BE RECEIVED ON or BEFORE*

*FEBRUARY 26, 2016*

**NO EXCEPTIONS**