

2024

Human Services Grant: Homeless Solutions



Loveland:

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

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Human Services Grant Guide 2024 Schedule

Date	Day	Time	Activity	Location
3/7	Th	6:00 PM	HSC Regular Meeting	City Manager Conference Room
3/11	M	NOON	Grant portal open for LOIs	Online
3/18	M	8:30-9:45 AM	HSG - Agency Meeting	City Council Chambers & Remote
3/19	T	1:00-2:15 PM	HSG - Agency Meeting	City Council Chambers & Remote
3/28	Th	MIDNIGHT	HSG Pre-Application (LOI) Deadline	Online
4/4	Th	6:00 PM	HSC Regular Meeting	City Manager Conference Room
4/25	Th	MIDNIGHT	HSG Application Deadline	Online
5/2	Th	6:00 PM	HSC Regular Meeting - Cancelled	City Manager Conference Room
5/29	W	5:00 PM	Proposal Discussion	City Manager Conference Room
6/3	M	5:00 PM	Proposal Discussion	City Manager Conference Room
6/6	Th	MIDNIGHT	HSG Commissioner Final Grant Scores Due	Online
6/6	Th	6:00 PM	HSC Regular Meeting – Cancelled	City Manager Conference Room
6/13	Th	6:00 PM	Application Allocations	City Manager Conference Room
Applicants receive notice of funding recommendations on or after 6/17/2024				
7/2	T	6:00 PM	Grant Recommendations to City Council	City Council Chambers

Human Services Grant Homeless Solutions Award

The Homeless Solutions Award was established to provide **housing solutions for homeless residents** in the Loveland community, including supportive housing, rapid re-housing or other housing-focused programs. The commission **may or may not** invest the entire City of Loveland Community Development Block Grant- Public Service funds during the 2024 grant process to programs working to house homeless Loveland residents.

How Much is Available

The entire amount of Community Development Block Grant/Public Services funds may be available for one or more Homeless Solutions Awards. That amount is estimated to be \$56,500.

How To Apply

Step 1 - Eligibility

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

Step 2 - Pre-Application

Go to: <http://tinyurl.com/COLGrants>. Pre-applications and attachments are due Thursday, **March 28, 2024 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, **April 25, 2024, 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 the City Council on July 2, 2023.

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

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.

2024 Human Services - Homeless Solutions Grant

City of Loveland, Community Partnership

Eligibility Determination - Pre-Application - 2024 Human Services - Homeless Solutions Grant

***Required Field**

Submit pre-application and attachments BEFORE midnight on March 28, 2024 (MT).

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 2024 funding.*

This may or may not be different from the agency name.

Character Limit: 250

Amount requested for 2024:*

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 2024:*

Character Limit: 2000

What population does this program serve? *

Select all that apply.

Choices

Adults

Battered partners

Chronically homeless

Disabled

Families
Seniors
Unaccompanied youth
Veterans
Other

Describe if you selected other

Character Limit: 250

Which best describes your program?*

Choices

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

Describe if you selected other

Character Limit: 250

Homeless Solutions Program Information

What experience does your organization have with housing homeless residents?

Include trainings attended, programs implemented, etc.

Character Limit: 2000

Required Pre-Application Attachments

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: 5 MB

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.

Agency Conflict of Interest policy

Attach current policy describing how your customers submit a grievance.

File Size Limit: 5 MB

Grievance Policy

Attach current policy.

File Size Limit: 5 MB

Cash and Financial Procedure Policy & Separation of Duties

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

File Size Limit: 5 MB

Pre-Award Agreement: Homeless Solutions

If the agency is awarded **2024 Homeless Solutions Award** from the City of Loveland, I understand that the following will be required as a condition of receiving grant funds:

1. All agencies receiving grant funds from the City must enter into a legal agreement defining services to be provided, amount of grant funds, terms of the grant and other specific details. No grant funds will be issued without a fully executed contract.
2. Grant funds are issued on a reimbursement basis. Documentation of authorized expenses must be submitted and approved by the City before funding will be disbursed to grant recipients. Authorized expenses must be dated on or after the executed contract date.
- 3. All Homeless Solutions grant funds must be expended AND DRAWN no later than September 30, 2025. You may request an extension on August 15, 2025.**
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

2024 Human Services - Homeless Solutions Grant

City of Loveland, Community Partnership Application

* Required

Name of specific program requesting 2024 funding. *

Character Limit: 250

Amount requested for 2024: *

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 and how you arrived at the amount.

Character Limit: 20

What population does this program serve? *

Select all that apply.

Choices

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

Describe if you selected other

Character Limit: 250

Which best describes your program. *

Choices

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

Describe if you selected other

Character Limit: 250

Program description for 2024: *

Describe the program.

Character Limit: 2000

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

Link both to your organization's goals and purpose. Provide and cite evidence to support all claims and assumptions. Make a compelling case for the need and your solution by addressing the problem with factual, quantitative data and human, qualitative information. Is your solution of reasonable scale and is it supported by evidence or in theory?

Character Limit: 2000

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

Indicate if the answer is individuals or households.

Character Limit: 20

Q3 How will you serve Loveland residents?*

Describe your current customer makeup under race, ethnicity, sexual orientation and other protected classes and describe which underserved or non-served populations could benefit. Describe how your agency strives to be inclusive in its programs. Explain how you provide outreach to people in a protected class or underserved residents.

Character Limit: 2500

Q4 Housing Plan.*

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

Character Limit: 2000

Q5 Program Eligibility.*

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

Character Limit: 2000

Q6 Tenant Selection Plan.*

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

Character Limit: 2000 | File Size Limit: 3 MB

Q7 Housing Timeline.*

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

Character Limit: 2000 | File Size Limit: 3 MB

Q8 Rules of Participation.*

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

Character Limit: 2000 | File Size Limit: 3 MB

Q9 Program Components.*

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

Character Limit: 5000

Q10 Staffing Pattern/Plan and Program Timeline.*

Describe OR upload your staffing plan for the grant year.

Character Limit: 2000 | File Size Limit: 3 MB

Q11 Program Partners.*

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

Character Limit: 2000

Q12 Barriers to Service.*

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

Character Limit: 2000

Q13 What are your sources of funding?*

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

Character Limit: 5000

Q14 Board members and policy information.*

Describe the role of the board of directors in advancing the mission of the organization. Include key issues related to board effectiveness that the agency addressed over the last year. Include the organization's policy regarding board terms, whether your board of directors has a Conflict of Interest policy, if board members are allowed to do business with the agency, and if self-dealing is prohibited, or if exceptions are allowed. Please describe how the organization strives to be inclusive in its board of directors.

Character Limit: 5000

Q15 What was the total cost of the program for your agency's last fiscal year?*

Provide one dollar amount that reflects the total cost of the program. If this is a new program, indicate by inserting "New program. No results available at this time."

Character Limit: 55

Budget Section

Q16 Program and Agency Budget Process*

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

Program Budget*

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

File Size Limit: 10 MB

Agency Budget*

Upload your agency budget 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: 3 MB

Balance Sheet*

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

File Size Limit: 3 MB

Electronic Signature

Electronic Signature.*

By signing below you acknowledge your intent to apply for the 2024 City of Loveland: Homeless Solutions Award.

Character Limit: 200

Date Submitted*

Character Limit: 10

2024
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.

2024
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.

2024 Homeless Solutions Score Sheet

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

Questions 10, 12, 14, 15 are not scored.							
Q1-2: Population served, and need addressed	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
3: How will you serve Loveland residents	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
4-8: Demonstrated knowledge and experience in facilitation of housing program.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
9A: Demonstrated knowledge of housing focused case management.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	4	16
9B: Demonstrated knowledge of harm reduction.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
9C: Demonstrated knowledge of trauma informed care.	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	4	16
11. Knowledge and use of collaborative resources	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	3	12
13: Funding and program sustainability	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
16: Program expense information & Program Budget Narrative	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	2	8
Impact of this service relative to community need	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	7	28
Clarity & quality of grant proposal	1 (Low)	2	3	4 (High)	Score	Weight	Total
					4	5	20
Total Score:						180	
<p>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.</p>							

EXHIBIT A
SCOPE OF SERVICES

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

Description of Project:

2024-2025 Grant Expense Budget	
Line Item Description: (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
			•
			•
			•



COMMUNITY DEVELOPMENT BLOCK GRANT 2024-2025 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 2024 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 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, 2023 – 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 5 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 2 on the proposal: _____

C2. CUSTOMER INFORMATION - Include ALL Loveland Recipients

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

C3. RACE/ETHNICITY OF HOUSEHOLDS SERVED WITH CDBG FUNDS (OCT 1, 2024 – SEPT 30, 2025)

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 CUSTOMERS SEEN BY AGENCY. Include all locations and all services provided by agency	
---	--

C5. What data do you have to compare your program recipients with the demographics of the City of Loveland? What categories do you measure (i.e., race, ethnicity, others)? How do the demographics of your customers compare? What could you do to ensure that underserved populations are aware of your services?

D. **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: <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
--	--

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 _____



2024 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.
- **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
Shelia Trabelsi CO-Chair	4/7/2021	6/30/2024
Tegan Camden	7/2/2019	6/30/2025
Rosalind Pistilli	10/19/2021	6/30/2026
Susan Coleman	7/1/2022	6/30/2025
Sara Rhoten	7/1/2022	6/30/2026
Lisa Fitzpatrick	11/22/2023	6/30/2024
Kathy Busse	7/1/2021	6/30/2024
John Darcy	10/18/2023	6/30/2026
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