



**HUMAN SERVICES COMMISSION  
2022 GRANT APPLICATION**

Dear Applicant:

Attached please find the 2022 Grant Application for the Garfield County Human Services Commission (“HSC”).

Operating since 1980, the HSC distributes that portion of county sales tax revenues dedicated to human services needs to eligible applicants. Eligible applicants are nonprofit corporations under section 501(c) (3) of the I.R.S. Code in good standing with the Colorado Secretary of State, which operate and provide human services within Garfield County. Similar government agencies are also eligible. Our funds cannot be granted to for-profit corporations or to individuals. See Board of County Commissioners Resolution No. 2013-44 (Rec. No. 837990) for further information.

Preliminary Guidance

The grant process is competitive. Receipt of funds in a prior year is not a guarantee of receiving funds, or the same amount of funds, in the current year.

**Review the entire application and all instructions prior to beginning work on it.**

Contact us at any point while completing your application at [vmerc@garfield-county.com](mailto:vmerc@garfield-county.com). We will do our best to answer your questions.

Review your application completely before submitting it.

The HSC complies with all applicable state and federal laws and does not discriminate in any manner.

Sincerely,

GARFIELD COUNTY  
HUMAN SERVICES COMMISSION

# INSTRUCTIONS

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## **HUMAN SERVICES COMMISSION 2022 GRANT APPLICATION INSTRUCTIONS**

### **HUMAN SERVICES FUNDING**

*[A] PORTION OF THE NET SALES TAX REVENUES... SHALL BE APPROPRIATED EACH YEAR TO PURCHASE AND FUND SERVICES FROM QUALIFIED NON-PROFIT HUMAN SERVICES AGENCIES AND SIMILAR GOVERNMENTAL AGENCIES OPERATING WITHIN AND PROVIDING SERVICES WITHIN GARFIELD COUNTY. HUMAN SERVICES AGENCIES SHALL BE DEFINED TO INCLUDE BUT NOT BE LIMITED TO AGENCIES WHICH PROVIDE SERVICES DEEMED NECESSARY FOR THE HEALTH, SAFETY, AND WELFARE OF GARFIELD COUNTY AND ITS RESIDENTS. SOURCE: BOARD OF COUNTY COMMISSIONERS RESOLUTION NO. 96-54*

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<b>Applications Available:</b>	<b>July 9, 2021</b>
<b>Applications Due at County Manager's Office (CMO):</b>	<b>August 13, 2021, 5:00 p.m.</b>
<b>Grants Allocation Committee Recommendation (no later than):</b>	<b>September 17, 2021*</b>
<b>Human Services Commission Recommendation (no later than):</b>	<b>October 22, 2021*</b>
<b>County Commissioners Final Action (no later than):</b>	<b>November 15, 2021*</b>
<b>Fully Executed Grant Agreements (recipients only)<sup>1</sup> due at CMO:</b>	<b>January 21, 2022, 5:00 p.m.</b>

*\*The Grants Allocation Committee, HSC, and BOCC reserve the right to take whatever time is necessary to make their determinations.*

*<sup>1</sup>Funds will be distributed as soon as practicable after receipt of fully executed grant agreements in the County Manager's Office, generally within 30 days.*

# INSTRUCTIONS

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- 1) Applications MUST BE RECEIVED by the HSC Grants Allocation Committee prior to **5:00 p.m. on August 13, 2021** at the following address:

**Via Regular Mail, FedEx, or Hand-Delivery:**

**HSC Grants Allocation Committee  
County Manager's Office  
108 8th Street, Suite 101  
Glenwood Springs, CO 81601**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

- 2) Please provide one (1) original application and six (6) additional, complete copies of your application. Please clearly identify the original.
- 3) **Submit your original application and six copies in one envelope and clearly indicate on the exterior of the envelope the entity submitting the application.**
- 4) **Email a copy of your application to [vmerc@garfield-county.com](mailto:vmerc@garfield-county.com)**
- 5) No cover letters or tables of contents will be accepted. Cover letters and tables of contents submitted with applications will be discarded and not considered.
- 6) **No double-sided printing will be accepted.**
- 7) Applications that are bound and those that use dividers or tabs that prevent the HSC from easily photocopying or handling the applications will be rejected. Do not bind applications or use dividers or tabs.
- 8) This application consists of these instructions, (1) the Summary Form, (2) the Community Services Checklist, (3) the Selection Criteria Questions, and (4) Attachments.
- 9) The final application submitted to the HSC must include:
  - Completed and signed Summary Form
  - Use of Funds Summary (250 words or less)
  - Completed Services Checklist (1 page)
  - Responses to Selection Criteria Questions (3 pages)
  - Attachments in proper order
- 10) The Garfield County Board of Commissioners is the sole decision-maker for grants awarded through the HSC. The Grants Allocation Committee reviews applications and makes its recommendations to the HSC, which in turn makes its recommendations to the Commissioners.
- 11) All materials or statements in whatever form (written, oral, or otherwise) issued by the HSC in conjunction with the 2022 Grant Cycle are limited to the Cycle.

## INSTRUCTIONS

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- 12) The Grants Allocation Committee is responsible for all activities regarding the distribution of funds through the 2022 Grant Cycle and may solicit information from any source as needed in conducting its work.
  
- 13) The Grants Allocation Committee reserves the right to issue or not to issue supplemental statements regarding these Instructions or any aspect of the grant program on an as-needed basis, and to perform any and all due diligence that may be required in the discharge of its obligations. Applicants may be required to provide additional information or to participate in pre-award interviews, as needed.

# SUMMARY FORM

## APPLICANT INFORMATION

<b>Organization:</b>
Is your organization a local chapter of a national entity: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Mailing Address:</b>
<b>Contact Name and Title:</b>
Are you the primary contact for this grant: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Email:</b>
<b>Telephone:</b>
<b>FEIN:</b>
<b>Service Areas. Indicate all communities served by your organization:</b>
<input type="checkbox"/> Carbondale <input type="checkbox"/> Glenwood Springs <input type="checkbox"/> New Castle <input type="checkbox"/> Parachute / Battlement Mesa
<input type="checkbox"/> Silt <input type="checkbox"/> Rifle <input type="checkbox"/> Unincorporated Garfield County <input type="checkbox"/> Other

## GRANT REQUEST AND FINANCIAL INFORMATION

<b>Grant Amount Requested for 2022:</b>
<b>Total of All Current Cash Reserves:</b>
<b>Total Approved Budget for fiscal 2021 (current budget year):</b>
<b>Total Actual Operating Expenses for fiscal 2020 (prior budget year):</b>
<b>Total Income from All Sources for fiscal 2020 (prior budget year):</b>
<b>Percentage of fiscal 2020 Total Income from HSC funding, if any:</b>

## USE OF FUNDS SUMMARY

In a separate document, provide a brief description by answering the three questions below in a total word count of 250 words or less:

- What does your organization do/
- How will grant funds be used?
- How will you measure success?
- **Please specify word count on Use of Funds Summary document.**

# SUMMARY FORM

## APPLICATION CHECKLIST

Submit this application with the following required documents in the following order:

- Summary Form (2 pages)
- Use of Funds Summary (max 250 words)
- Completed Community Services Checklist (1 page)
- Response to Selection Criteria questions (narrative, on your own paper)  
(maximum 3 pages, 12-point font, all margins (top, bottom, left and right) one inch)

### ATTACHMENTS

- Copy of IRS determination letter as to 501(c)(3) status
- Colorado Secretary of State Certificate as nonprofit corporation in good standing
- List of current board of directors and officers
- List of all major contributors (\$5,000 and above) and amounts contributed, highest to lowest
- Year-end financial statements for fiscal year most recently ended
- Approved budget for current fiscal year

By signing below, the Applicant hereby certifies and warrants that any and all statements and representations, including all sources and uses of funds made in this Grant Application, are true and correct and may be relied upon by the HSC.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(From applicant organization) (mm/dd/yyyy)

Printed Name and Title:

\_\_\_\_\_

**Official form of the HSC. Do not alter or change this form in any manner. Failure to use official forms or use of altered forms will result in return of applications without notice.**

# COMMUNITY SERVICES CHECKLIST

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Indicate the community service(s) your organization provides.

***Please choose, in ranked order, up to three (3) areas in which your organization provides services to the community. Please number your responses from 1 to 3, with number 1 being your primary service. Please limit your responses to three.***

## **Meeting Basic Needs, Achieving Self-Sufficiency and Education**

- Meeting basic needs of the indigent and working poor for food, shelter and medical care
- Meeting basic needs of the indigent and working poor for employment, training services and education.
- Helping families achieve self-sufficiency through information and referrals.
- Helping families achieve self-sufficiency by providing affordable childcare.
- Providing literacy education to adults and families in the community.

## **Promoting Healthy Family Relationships**

- Protecting abused, neglected and exploited children, seniors and disabled adults.
- Teaching skills to care for children and youth.
- Providing medical, educational, social and emotional treatment interventions necessary to the well being and continued development of children, youth and families.
- Teaching youth and families in conflict to manage differences, to maintain realistic and positive expectations of one another, and to live together.
- Helping youth (prior out-of-home placement) acquire independent living skills.

## **Serving Seniors**

- Providing activities, educational experiences for seniors (healthy, active lifestyles).
- Providing information to families about caring for their elders.
- Providing transportation to help seniors maintain healthy lifestyles and independence.
- Offering services that help seniors live in their homes safely and independently.
- Offering services that help seniors with advocacy in long-term care institutions.
- Providing supplemental nutrition programs to enrich the health and well being of seniors.

## **Legal Services**

- Providing equal access and legal services to low-income residents of the community.
- Providing assistance, translations and referrals on immigration issues.

## **Disabilities, Rehabilitation**

- Providing services to children and adults with physical and developmental disabilities.

## **Victim/Survivor Services**

- Providing services to victims of domestic violence and/or sexual assault.

## **Public Health, Medical Services, Mental Health Services, Safety**

- Improving health outcomes, e.g., child immunization rates, communicable disease, low birth weights, preventable birth defects, chronic diseases, etc.
- Providing medical and/or mental health services to low income/underinsured individuals.
- Providing emergency mental health and/or substance abuse services.
- Providing emergency and long-term services to intervene in juvenile criminal behaviors.

## **Other Services**

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# SELECTION CRITERIA

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**Selection Criteria.** All applicants must respond to the following questions in no more than three (3) pages. The three-page limit applies only to your answers to these questions, not to the Summary Form, Use of Funds Summary, Community Services Checklist, or Attachments. Twelve-point font or greater and one-inch margins (top, bottom, left and right) required. No double-sided printing.

In a separate document, please answer every question, restating in full the question you are answering. Number all questions. Number all pages. Do not reduce the font size of the questions below 12-point font.

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## General Questions

1. Which human services needs within Garfield County does your organization serve?
2. Please describe your community agency partnerships and summarize the purpose of those partnerships (e.g., increased capacity in terms of number served; increased ability to provide more comprehensive services, etc.).
3. Please identify known organizations that provide the same or similar services to yours within the same service area. Explain how the services you provide are unique; or, why there is a need in our community for this potential duplication of services.
4. Briefly describe/summarize the key positions in your organization and provide a brief summary of required qualifications for any new staff who are hired into those positions for the purpose of this grant.
5. Please describe how volunteer resources are utilized within your organization. What role(s) do they play, and what is their level of involvement?

## Service Recipients and Metrics

6. Quantify the service level you provide to the citizens of Garfield County. How many Garfield County clients were served in your last full fiscal year in the program(s) for which you are requesting funds? What are the projections for the current year and for (2023)?
7. What are the emerging issues and trends affecting your clientele or service delivery? How will this change your approach to service provision and/or delivery, if at all?
8. Attach a Logic Model that highlights desired goals and outcomes to be achieved with Garfield County Funds in the coming year. **If your organization has not yet developed a logic model for this funding cycle, please use the attached template.**

## Funding and Leveraging

9. Describe your income stream(s), including fundraising efforts. If you are the local chapter of a national entity, explain how much funding it provides.
10. Has your organization had a deficit budget within the last 3 years? If so, how did you fund the deficit? What plans have you made to eliminate future deficits? Does your organization have a fund balance/reserve that is equal to or greater than 6 months of operating expenses? If so, how do you plan to use this reserve?