

Adams County Collaborative Management Program (ACCMP) Flexible Funding Request Policy

Effective Date: August 18, 2025

Revised Date: March 2025

Approved By: ACCMP Executive Committee, Infrastructure Subcommittee

Form Link: <https://forms.office.com/g/6vHfHBeQ9W>

I. Purpose and Principles

The ACCMP Flexible Funding Program is designed to provide **short-term, supplemental support** for families with children and youth (ages 0-21) in Adams County. The purpose of these funds is to:

- **Mitigate risk factors** for adverse outcomes (e.g., prevent homelessness, ensure access to basic needs).
- **Increase protective factors** that promote resiliency (e.g., provide stability, support educational or health needs).

This funding is **not an emergency assistance program** or a substitute for public benefits or long-term financial support. Instead, it serves as a **last-resort resource** when no other viable funding is available.

II. Eligibility and Accessibility

Eligible Recipients

- Families with children or youth ages **0-21 residing in Adams County**.
- Must be **connected to an ACCMP member agency** who submits the referral form.
- Must have **an identified need** aligned with the purpose of flex funding.

Ineligible Expenses

To ensure funds are used effectively, ACCMP **does not cover**:

- **Credit card payments**
- **Ongoing or recurring expenses** (e.g., ongoing childcare, utilities, transportation costs)
- Expenses covered by other funding sources (requests for cost-sharing will be reviewed)
- **Debt clearing for old apartment balances** (e.g., paying off a prior eviction or broken lease) when old balance does not ensure that the family will secure stable housing, and the family is without a sustainability plan for continued proactive housing solutions

- **Legal & application fees** (citizenship applications, applications for housing, court associated fines, background checks)
- **Entertainment, luxury items, or subscription services**

Housing Assistance Policy

ACCMP's flexible funding is **not a housing assistance program**. Requests for **rental assistance, security deposits, or housing-related debt payments** must be pursued through appropriate housing assistance programs before seeking ACCMP flexible funds. ACCMP flex funds may be attributed to past due rent arrears up to \$1000. Applicants must demonstrate that they have applied for and been denied assistance from relevant community resources before requesting ACCMP flex funds. This includes, but is not limited to:

- Emergency rental assistance programs
- State and local housing assistance grants
- Nonprofit housing stabilization programs (e.g., Almost Home, Catholic Charities, local housing authorities)
- Tenant support and mediation services

Requests for financial assistance must include documentation showing that alternative funding sources have been explored and are either unavailable, insufficient, or inappropriate for the family's specific needs. For families in need of housing assistance, ACCMP will provide **referrals to organizations specializing in housing support**, including emergency rental assistance, eviction prevention, and long-term housing stabilization services. ACCMP is not responsible for securing housing resources but will assist families in identifying the appropriate agencies to meet their needs.

Payer of Last Resort Requirement

Applicants must demonstrate that **all reasonable alternative funding sources have been explored first**. Acceptable verification methods include:

- **Agency Referral Statement** (verifying need and outlining alternative funding attempts within the funding request form).
- **For Housing-Specific Requests** (submit documentation in compliance with Housing Assistance Policy compliance with Housing Assistance Policy and completed housing-related questions in funding request form)

III. Funding Process and Review

Funding Tiers and Review Process

To balance accessibility with accountability, funding requests will follow a **tiered review system**:

Request Amount	Approval Process	Documentation Required
Under \$1,000	ACCMP Administrator Review	Completed Referral Form and potential follow-up questions/documentation
Over \$1,000	Requires Executive Committee Approval	Completed Referral Form and potential follow-up questions/documentation

Routine requests will be reviewed within five (5) business days by ACCMP Administrator or Executive Committee.

Emergency Requests: Requests flagged as **critical (risk of immediate harm)** will be reviewed within **2 business days** whenever possible.

Request Submission Process

1. **ACCMP Member Agency Completes Online Funding Form** (**PLEASE NOTE:** This request is not to be shared directly with or completed by families in need, participants, or clients)
2. **Minimal Verification Required:** Self-Attestation, Referral Letter, or Case Plan.
3. **ACCMP Administrator Reviews and Approves Requests** (under \$1,000) or **forwards larger requests to the Executive Committee; three (3) votes needed to approve.** Committee members who are requestors must abstain from voting.
4. Additional communication or information may be needed between the Requestor, family/caregiver(s), and service provider. The ACCMP Administrator will notify the Requestor if additional information is needed. **The Requestor is responsible for facilitating** this unless otherwise directed, and is expected to respond promptly to ensure the process is completed as quickly as possible for the family benefitting from the funds. Failure to provide the additional information within 10 business days will close the request.
5. **Funds are Disbursed via Purchase Card or Check** (never directly to clients).
 - a. To process check requests, we need an invoice (or official documentation) with the payee's name, address, phone, email, and requested amount, along with a current W-9 form. If the address on the W-9 doesn't match the billing address or where the funds will be sent, a Vendor Form may also be required.
 - b. You can find a blank W-9 form here: [W-9 Form](#)
6. **Families Participate in a Brief Follow-Up Check-In** to ensure funds addressed the need within 90 days and to meet ongoing data review ensuring fairness & equity to ensure funds are distributed equitably across demographics.

Appeal Process

If the request is declined by the ACCMP Administrator, the requestor and ACCMP Administrator will discuss issues relevant to the request. Should there be disagreement, the Executive Committee will review the request and make a final determination.

Additional Flex Fund Guidelines

- **Cost-sharing allowed:** Cost-sharing with other funding sources is permitted.
- **Scholarships and sliding fees:** Must be applied for before requesting Flex Fund resources, and professionals should access informal community supports where possible.
- **Funding limits:** Up to \$2,000 per family/caregiver per fiscal year. Special consideration for amounts above \$2,000 in extraordinary cases.
- **Incentives:** Limited to \$50 per person in gift cards.
- **Approval/denial** based on documentation, last resort requests, and available funds.
- **Expenditure tracking:** ACCMP Administrator tracks expenses and provides bi-monthly reports to the IOG.
- **CMP Statute - Colorado Revised Statutes (C.R.S.):**
 - 24-1.9-104(3)(a) "...The incentives shall be used to provide services to children and families who would benefit from integrated multi-agency services, as such population is defined by the memorandum of understanding..."
 - 24-1.9-102 (h) "...any state general fund money appropriated to the program to be used to provide services to children and families who would benefit from integrated multi-agency services..." (referring to the reinvestment of money saved)

For Questions or Assistance:

Contact McKenna Hynes, ACCMP Administrator | Email: accmp@adamscountyco.gov

ACCMP Flexible Funding Program Request Form

Providing short-term, supplemental support for families with children and youth (ages 0-21) in Adams County.

Client Information:

- Name of Parent/Guardian:
- Name of Child(ren)/Youth:
- Age(s):
- Address:
- Phone Number:
- Email Address:

Referral Information:

- Referral Agency/Organization:
- Referral Contact Name:
- Referral Contact Phone/Email:
- Date of Referral:

Reason for Request:

Please provide a brief description of the family's current situation and how the requested funds will address the need. Be sure to reference any risk factors (e.g., homelessness, lack of basic needs) or protective factors (e.g., stability, educational/health needs) that this funding would address.

Requested Funding Amount: \$_____

Urgency of Need

*Requests flagged as critical (e.g., risk of immediate harm) by selecting **Yes** will be reviewed within 48 hours whenever possible.*

Please Note: Flexible funding is **not** an emergency funding source. All requests must go through the required approval process. Dispensation of approved funds may take anywhere from several days to several weeks. We will do our best to ensure referrals are reviewed frequently and attended to in a timely manner.

Yes / No

Requested Funding Support:

Check all that apply and provide brief details:

- **Basic Needs (food, clothing, utilities, etc.)**
Details:
- **Housing Assistance (rent, mortgage, etc.) (add branching to below)**
Details:
- **Educational Support (tutoring, school supplies, etc.)**
Details:
- **Health/Medical Support (medications, medical equipment, etc.)**
Details:
- **Transportation Assistance**
Details:
- **Other (please specify):**
Details:

Housing-specific Questions:

Housing Assistance Request

1. Has the family applied for any of the following housing assistance programs? (Check all that apply)

- Emergency rental assistance programs (e.g., local, state)
- State and local housing assistance grants
- Nonprofit housing stabilization programs (e.g., Almost Home, Catholic Charities, local housing authorities)
- Tenant support and mediation services
- Other (please specify):

2. What was the outcome of the family's application(s)?

- Approved
- Denied
- Pending
- Have Not Applied

3. If the application(s) were denied or the assistance was insufficient, documentation that shows the application(s) and the denial/insufficient response.

4. If the family has not applied for the programs listed above, please explain why these resources were not pursued or were not appropriate for the family's situation.

Additional Information:

Does the family have access to community resources or support networks?

- Yes, the family is actively involved in community programs or support systems (Receives public benefits, other formal/informal financial support, family, nonprofits, school resources)
- No, the family has limited or no community support.
- **Please describe any community involvement or support the family currently has:**

PACK Meeting Trigger Questions:

- Is the family already involved with PACK? y/n (excludes from additional referrals requested) add branching
- Does the family need support from multiple systems (e.g., housing, education, health, social services)? y/n
- Are there multiple urgent needs that require coordination across different agencies? y/n
- Does the family have limited community or agency involvement that could benefit from more collaborative support? y/n

If the answer is yes to any of these, a [PACK Referral](#) may be appropriate.

Is the family already involved with PACK?

Yes

No

Maybe

Additional Information:

- **Other funding sources explored (if any):** ACCMP Flexible Funding Program is intended as a last-resort resource for families and is not a substitute for emergency assistance, public benefits, or long-term financial support. Applicants must demonstrate that **all reasonable alternative funding sources have been explored first.**
Please list and explain why those options are unavailable or insufficient.
- **Other relevant information or needs (if applicable):**
- **Housing Assistance Only:** Please provide any relevant documentation (e.g., denial letters, proof of application) that demonstrates the family has explored alternative housing assistance resources and that those options were unavailable, insufficient, or inappropriate for the family's needs via secure email to mhynes2@adamscountyco.gov

Signature & Acknowledgment:

By submitting this request, I acknowledge that the ACCMP Flexible Funding Program is intended as a last-resort resource for families and is not a substitute for emergency assistance, public benefits, or long-term financial support. I understand that the request will be reviewed for eligibility and available funding.

- **Signature of ACCMP Member Agency Referral Contact:**
- ***Dated with timestamp from submission***

For Internal Use Only:

- **Date Received:**
- **Eligibility Verified By:**
- **Approved Amount:**
- **Date of Approval:**
- **90 day follow-up date:**
- **Comments/Additional Notes:**