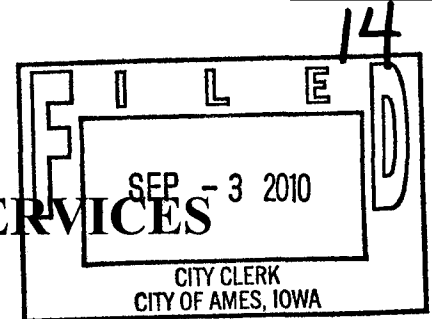


CONTRACT FOR HUMAN SERVICES



THIS AGREEMENT, made and entered into the 1st day of July, 2010, by and between the **CITY OF AMES, IOWA**, a municipal corporation organized and existing pursuant to the laws of the State of Iowa (hereinafter sometimes called "City") and **Foster Grandparent Program** (a nonprofit corporation organized and existing pursuant to the laws of the State of Iowa and hereinafter called "Provider");

WITNESSETH THAT:

WHEREAS, the City of Ames has, by its City Council acting in open and regular session, determined that certain services and facilities to be provided to the City of Ames and its citizens by Provider, such services and facilities being hereinafter described and set out, should be purchased in accordance with the terms of a written agreement as hereinafter set out, in accordance with all applicable Federal, State, and Local laws or regulations;

NOW, THEREFORE, the parties hereto have agreed and do agree as follows:

I PURPOSE

The purpose of this Agreement is to procure for the City of Ames and its citizens certain services and facilities as hereinafter described and set out; to establish the methods, procedures, terms and conditions governing payment by the City of Ames for such services; and, to establish other duties, responsibilities, terms and conditions mutually undertaken and agreed to by the parties hereto in consideration of the services to be performed and monies paid.

II SCOPE OF SERVICES

Provider shall provide the services and facilities to the City of Ames and its citizens as set out in the Provider's 2010/2011 ASSET proposal, and service components provided in Attachment B. This description shall be made a part of this Agreement. The programs or services must conform to the standardized definitions used by the Analysis of Social Services Evaluation Team (ASSET), and unit costs must be consistent between all ASSET funders.

The City will be contracting for services, not to exceed the following amounts:

| SERVICE | AMOUNT |
|----------------------------|---------|
| Foster Grandparent Program | \$3,150 |

III METHOD OF PAYMENT

A. All payments to be made by the City of Ames pursuant to this Agreement shall be reimbursement for actual costs incurred by Provider in providing services required by Section II above.

B. The City will disburse payment monthly on requisition of Provider. The initial disbursement may, if Provider so requests, be an advance on projected and estimated costs for the month to follow. If disbursements are made as an advance on estimated and projected costs, no subsequent disbursements shall be made until the provider submits complete and accurate documentation of actual costs for the previous disbursement period.

C. Requisitions for disbursement shall be made in such form and in accordance with such procedures as the Director of Finance for the City shall prescribe. Said form shall include but not be limited to an itemization of the nature and amount of costs for which reimbursement is requested, and must be filled out completely.

D. The maximum total amount payable by the City of Ames under this agreement is \$3,150 as detailed in the SCOPE OF SERVICES (Part II of this contract), and no greater amount shall be paid.

E. All unobligated amounts disbursed to the Provider shall be repaid to the City as of the effective date of termination of this agreement. The Provider shall repay to the City any disbursed funds for which documentation of actual expenses is not provided.

F. The Provider shall requisition for funds on a monthly basis. If Provider wishes to request disbursement of funds on other than a monthly basis, the Provider must request in writing that an alternate disbursement period be adopted and approved by the Director of Finance for the City. Failure to request reimbursement in a timely manner shall be grounds for termination of this agreement.

IV FINANCIAL ACCOUNTING AND ADMINISTRATION

A. All monies disbursed under this Agreement shall be accounted for by the accrual method of accounting.

B. Monies disbursed to Provider by the City will be deposited by Provider in an account under the Provider's name, with a bank located in Story County, Iowa. All checks drawn on the said account shall bear a memorandum line on which the drawer shall note the nature of the costs for which the check is drawn in payment, and the program(s) of service.

C. All costs for which reimbursement is claimed shall be supported by documentation evidencing in proper detail the nature and propriety of the charges. The City-provided reimbursement form shall be completed and include the service name, the unit cost claimed for each service, and the client code where required. A client code shall be required for any service in which the individual has entered the program through a third party referral, intake process, personal application, or emergency response. Exceptions shall include one-time educational sessions, confidential telephone counseling, or where the identity and residency of a person cannot be reasonably determined. The Provider may assign whatever client code it deems appropriate, as long as it can be used to verify the client's Ames or Story County residency and participation in City-subsidized programs of service.

and/or sliding fee scale. The reimbursement form shall also contain any reimbursement being received from any other source for services rendered to an Ames resident for whom the City is also being charged.

All checks or other accounting documents pertaining in whole or in part to this Agreement shall be clearly identified as such and readily accessible for examination and audit by the City or its authorized representative.

D. All records shall be maintained in accordance with procedures and requirements established by the City Finance Director, and the City Finance Director may, prior to any disbursement under this Agreement, conduct a pre-audit of record keeping and financial accounting procedures of the Provider for the purpose of determining changes and modifications necessary with respect to accounting for funds made available hereunder. All records and documents required by this Agreement shall be maintained for a period of three (3) years following final disbursement by the City.

E. At such time and in such form as the City may require, there shall be furnished to the City such statements, records, reports, data, and information as the City may require with respect to the use made of monies disbursed hereunder.

F. At any time during normal business hours, and as often as the City may deem necessary, there shall be made available to the City for examination all records with respect to all matters covered by this Agreement and Provider will permit the City to audit, examine, and make excerpts or transcripts from such records.

G. Monies provided under this agreement shall not be used as matching funds for a grant to fund activities in any county other than Story County.

V DURATION

This Agreement shall be in full force and effect from and after July 1, 2010, until June 30, 2011. The City Council may terminate this Agreement by giving written notice to the Provider at least sixty (60) days before the effective date of such termination. From and after the effective date of termination, no further disbursement under this Agreement shall be made by the City. Any money disbursed to the Provider and unencumbered or unspent as of the effective date of termination, shall be repaid to the City.

VI HIPAA

The City and Provider are committed to complying with any applicable HIPAA Privacy Provisions. Providers operating under HIPAA guidelines will be required to have a Personal Health Information (PHI) release for each client which authorizes release of such information to the City. A copy of such agreement shall be provided to the City on request. A business associate agreement will be executed between the City and the provider regarding how PHI information will be provided to and used by the City.

**VII
DISCRIMINATION PROHIBITED**

In accordance with Chapter 14 of the Municipal Code, no person shall, on the grounds of age, race, color, creed, religion, national origin, disability, sexual orientation, or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this Agreement.

IN WITNESS WHEREOF the parties hereto have, by their authorized representatives, set their hand and seal as of the date first above written.

CITY OF AMES, IOWA

ATTEST:

BY _____
Ann Campbell, Mayor

Diane Voss, City Clerk

Foster Grandparent Program

Organization Address (*please print*):

BY _____
Authorized Representative

Print Name:

Phone Number:

ATTACHMENT B

Please state the name of Service and all Program components for that Service which the agency intends to charge against the City funds during 2010/11. State unit cost and projected number of units requested under this contract. Attach additional sheets, if necessary.

| 1. NAME OF SERVICE: | UNITS | COST |
|---|-------------|--------------|
| Program (name) <i>Mid Iowa Foster Grandparent Program</i> | <i>53.5</i> | <i>58.86</i> |
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |

| 2. NAME OF SERVICE: | UNITS | COST |
|---------------------|-------|------|
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |

| 3. NAME OF SERVICE: | UNITS | COST |
|---------------------|-------|------|
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |

| 4. NAME OF SERVICE: | UNITS | COST |
|---------------------|-------|------|
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |
| Program (name) | | |