

**COUNCIL ACTION FORM**

**SUBJECT:** REVISION TO ASSET POLICIES AND PROCEDURES

**BACKGROUND:**

Nearly 30 years ago the City, Story County, United Way, ISU's Government of the Student Body and the Iowa Department of Human Services (DHS) created the Analysis of Social Services Evaluation Team, or ASSET, to jointly review and make recommendations on human services funding. Each year, ASSET Administrative Team and ASSET volunteers review the Policies and Procedures. As a result of the 2013 review and discussions with DHS, a change is being recommended to Section III, Team Structure.

**In the spring of 2013, DHS staff indicated that they no longer desired to appoint volunteers to ASSET, since they do not provide any funding directly to the services. DHS does provide funding to assist with ASSET administrative expenses and has stated that it would continue to do so.** After considerable discussions by the ASSET Administrative Team, the change was recommended to the ASSET volunteers at the August 2013 ASSET meeting, and the volunteers approved the change. ASSET's funders are now being asked to approve the change as well.

**Going forward, Section III(A) will require the City, County, United Way and GSB to appoint five volunteers as voting team members. This change does not reduce the number of volunteers, but does remove the need for DHS to find volunteers for ASSET.** DHS has agreed to continue participating in ASSET Administrative Team meetings, as it is valuable to all parties to have their input and expertise. Current DHS volunteers have accepted assignment to be volunteers for the City, County and United Way.

**ALTERNATIVES:**

1. Approve the changes to Section III of the ASSET Policies and Procedures described above, dated July 2013.
2. Do not approve these changes.

**MANAGER'S RECOMMENDED ACTION:**

ASSET's Administrative Team and volunteers have thoroughly discussed the impacts of the reduction of DHS involvement in the ASSET process and feel comfortable with DHS's continued support and participation with the ASSET Administrative Team. DHS has been a valuable partner to ASSET since its inception in the 1980s. Therefore, it is the recommendation of the City Manager that City Council approve Alternative #1 as described above.

# ASSET

## POLICIES & PROCEDURES

July 2013

**Sponsoring Organizations:**

**City of Ames  
Story County  
United Way of Story County  
State of Iowa (Local DHS Office)  
ISU Government of the Student Body**

## TABLE OF CONTENTS

I.	Purpose .....	3
II.	Sponsoring Organizations .....	3
III.	Team Structure .....	3
IV.	Tenure of Members .....	3
V.	Officers .....	4
VI.	ASSET Operation .....	4
VII.	Administrative Team Operation .....	5
VIII.	Agency Panel Representatives .....	5
IX.	Committees .....	6
X.	Duties and Responsibilities of ASSET .....	6
XI.	Agency Participation .....	6
XII.	Funding Process .....	7
XIII.	Planning Process .....	8
XIV.	Changes in Service .....	8
XV.	Funding Appeal Process .....	9
XVI.	Amendments to Policies/procedures .....	9
Addendum A – Decategorization Cluster/Early Childhood Iowa Area Statement .....		10
Addendum B - Application for ASSET Agency Participation .....		11
Addendum C – Service Codes .....		14
Addendum D - Notification of New/Expanded Service .....		16
Addendum E – Conflict of Interest .....		17

# **POLICIES AND PROCEDURES FOR ASSET**

By agreement among sponsoring organizations (Funders), a team shall be authorized by all sponsors but separate from any sponsor. The name of this process is "Analysis of Social Services Evaluation Team" or "ASSET."

## **I. PURPOSE**

- A. To promote coordination of human services planning and funding among the sponsoring organizations.
- B. To assess the human services needs in Story County and evaluate the capabilities of agencies to provide the programs that meet those needs.
- C. To provide funding recommendations to the governing bodies of the sponsoring organizations.

## **II. SPONSORING ORGANIZATIONS**

- A. Ames City Council (City)
- B. Story County Board of Supervisors (County)
- C. United Way of Story County (UWSC)
- D. ISU Government of the Student Body (GSB)
- E. State of Iowa through local office of Department of Human Services (DHS)

## **III. TEAM STRUCTURE (subject to change and pending approval by ASSET funders)**

- A. The City, County, UWSC, and GSB ~~and DHS~~ shall each appoint ~~four (4)~~ five (5) volunteers as voting members of the team (Volunteers).
- B. The City, County, UWSC, GSB, and DHS shall each appoint one staff person. The staff appointees shall be non-voting members for the purpose of ASSET business (Staff).
- C. One Agency Panel Representative (APR) for each panel, elected by the Human Services Council, from ASSET funded agencies, shall be non-voting members of ASSET.
- D. The Administrative Assistant shall be a contract position paid jointly by the Funders through a 28E Agreement and shall be a non-voting participant.

## **IV. TENURE OF MEMBERS**

- A. The terms of Volunteers shall be three (3) years. ASSET recognizes that GSB appointees may not be able to serve three-year terms. The APR's shall serve for three years.

- B. The terms of Staff shall be continuous until terminated by the appointing Funder.
- C. An un-expired term of a Volunteer shall be filled by the Funder that appointed that Volunteer.
- D. No Volunteer may serve more than two (2) consecutive full terms, except the Past Chair, Chair or Chair Elect may serve longer in order to fulfill the duties of their offices.
- E. If a Volunteer is appointed to fill the remainder of an unexpired term, the newly appointed Volunteer is eligible to serve a maximum of seven consecutive years unless conditions delineated in paragraph D above apply.
- F. If a Volunteer accumulates three consecutive unexcused absences in any one ASSET year (April through March), or otherwise fails to fulfill his/her responsibilities, the Volunteers may, by a simple majority vote of quorum, request that a Funder appoint a replacement Volunteer. An unexcused absence is defined as when a Volunteer does not notify an Administrative Team member, or the Administrative Assistant about being absent. Notifying the Administrative Assistant is the preferred method.

## **V. OFFICERS**

- A. Officers shall be Chair, Chair-Elect, Past Chair, and Treasurer, each of whom shall be elected for a one-year term by a quorum of the Volunteers at the April meeting each year.
- B. Staff and APR members are ineligible to hold an office.
- C. A Chair may not hold that office for more than two consecutive one-year terms.
- D. A vacancy in any office shall be filled by a majority vote of a quorum of the Volunteers for the unexpired portion of the term, except for the position of past chair, which would remain vacant should that volunteer leave the ASSET process.
- E. The ASSET Chair is authorized to sign contracts and agreements on behalf of ASSET with respect to operations of the ASSET board. The Chair-Elect may sign if the Chair is unavailable.

## **VI. ASSET OPERATIONS**

- A. Regular meetings of ASSET shall be held in accordance with Chapter 21 of the Code of Iowa. If circumstances warrant it, a meeting of ASSET may be cancelled by the Administrative Team. An announcement of meeting cancellation will be posted and notice sent to members and participating agencies as soon as possible under the circumstances.
- B. Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order. However, technical or non-substantive departures from these rules shall not invalidate any action taken at a meeting.
- C. Agendas will be posted at Ames City Hall, the ASSET website (<http://www.storycountyasset.org>) and at other public locations, at least three days

prior to the meeting, and notification mailed electronically to each ASSET member and participating Agency.

- D. A quorum shall consist of one-half plus one of the currently appointed volunteers. A majority vote of the quorum present shall constitute a decision of ASSET. In the event a quorum is not present, ASSET business may be conducted by a simple majority vote of those present, except for funding recommendations or changes to the Policies and Procedures, or anything that requires Funder approval, if at least one voting member from each funder is represented.
- E. The Chair may vote on all business that comes before ASSET and shall be included as part of the quorum.
- F. Special meetings may be called by the Chair or by petition of one-fourth of the Volunteers with not less than five days written notice to the Volunteers, Staff, and APR's, by email or regular mail.
- G. Minutes of ASSET meetings shall be recorded and distributed to Staff, Volunteers, Agency Panel Representatives, and Agencies, by posting on the ASSET website (<http://www.storycountyasset.org>). Minutes shall be made public in accordance with the Iowa Open Records law.

## **VII. ADMINISTRATIVE TEAM OPERATIONS**

- A. Staff members, the Chair, the immediate past Chair, the Chair-Elect, and the Treasurer, shall serve as an Administrative Team.
- B. The Administrative Team will meet prior to regular ASSET meetings. If there are no significant pending actions, an Administrative Team meeting may be cancelled by the Chair or Chair Elect.
- C. All members of the Administrative Team shall be voting members on Administrative Team business, including staff members.
- D. A quorum shall consist of more than half of the existing Administrative Team members. A quorum shall include at least one Volunteer. A majority vote of the quorum present shall constitute a decision of the Administrative Team.
- E. Minutes of the Administrative Team and ASSET shall be recorded and distributed to all Staff, Volunteers, APR's, and Agencies, by posting on the ASSET website (<http://www.storycountyasset.org>). Minutes shall be made public in accordance with the Iowa Open Records law.

## **VIII. AGENCY PANEL REPRESENTATIVES (APR)**

- A. One APR shall represent each panel.
- B. The role of the Agency Panel Representative (APR) shall be as follows:
  - 1. The APR's shall be non-voting members of ASSET who shall provide information and perspective to ASSET based on their specific knowledge of the service area they represent.
  - 2. The APR's shall be totally integrated into ASSET, but shall not serve on the

committees that review the agencies and recommend funding.

## **IX. COMMITTEES**

- A. Staff and committees shall have substantial responsibility for the operation of ASSET and for assisting the Volunteers. Committees may be established as follows:
  - 1. The Administrative Team may form committees to identify issues, perform studies, and bring recommendations to ASSET.
  - 2. ASSET may request committees to identify issues, perform studies, and bring recommendations to ASSET. Committee members may be appointed by the ASSET Chair.
  - 3. A Funder may request formation of a committee and make recommendations to ASSET with respect to membership on such committee. The ASSET Chair may appoint the committee members.

## **X. DUTIES AND RESPONSIBILITIES OF ASSET**

- A. To make annual allocation recommendations to the Funders for services provided by participating agencies. The recommendations shall be consistent with instructions and priorities received from each Funder;
- B. To set a timetable each year for the funding recommendation process;
- C. To organize hearings for agency presentations regarding their proposed budgets and program plans;
- D. To review services and code definitions as assigned to agencies for use in the budget and billing process;
- E. To meet with the Funders at least twice yearly. At these meetings each Funder has one vote. A majority of Funders constitutes quorum;
- F. To give timely reports on funding recommendation decisions to the Funders and to the agencies;
- G. To develop and maintain an index of services offered in Story County; (This index will be located in the ASSET Reference Manual for Volunteers and Agencies.)
- H. To perform any specific task that the Funders might request of ASSET.

## **XI. AGENCY PARTICIPATION**

- A. **ELIGIBILITY.** Agencies seeking funding eligibility must be serving clients within the geographic area of Story County and shall meet the criteria outlined in the Application.
- B. Agencies and services will be reviewed annually by ASSET, through the budget process.

- C. Agencies shall annually provide financial reports in accordance with Generally Accepted Accounting Practices (GAAP). These reports shall be submitted within six months after the close of the Agency's fiscal year. Reports will meet the following guidelines:
1. *Agencies with an annual budget below \$100,000 must, at least, submit six (6) hard copies, or one electronic copy of IRS Form 990 and a balance sheet prepared externally and independently, to the ASSET Administrative Assistant.*
  2. *Agencies with an annual budget of \$100,000 or more must submit six (6) hard copies, or one electronic copy, of their full audits, and six hard copies, or an electronic copy, of their IRS Form 990's to the ASSET Administrative Assistant.*
- D. Agencies seeking eligibility to apply for funding through the ASSET process should fill out the application form called "Application for ASSET Agency Participation", shown as Appendix B to this document, and present verification of the stated criteria and all required attachments. All application documents shall be submitted to the Admin Team.
- E. The ASSET Administrative Team shall insure that the forms are complete and make recommendations to the Volunteers. The Volunteers will then approve or disapprove the recommendation.
- F. A written notification shall be sent to the Agency, stating its acceptance or the reason why it was not accepted.
- G. Approval of an applicant Agency does not guarantee a subsequent dollar allocation.
- H. Any Agency may request to be placed on the ASSET or Administrative Team agenda by contacting the Administrative Assistant.

## **XII. FUNDING PROCESS**

- A. Each Agency requesting funding shall be assigned to one or more panel(s) by service area(s).
- B. Each Volunteer shall be assigned to only one panel and shall review the services within that panel.
- C. The Administrative Team shall prepare the appropriate budget and reporting forms for the agencies to complete and make the forms available via the ASSET website.
- D. Agencies must submit completed budget and reporting forms for all approved services to ASSET by the date stated in the yearly ASSET calendar.
- E. The Administrative Team shall conduct an Agency training session on the date stated in the yearly ASSET calendar.
- F. Volunteers shall conduct Liaison visits to individual agencies as scheduled on the ASSET calendar.



- G. Hearings for agencies shall be conducted each year as scheduled on the ASSET calendar.
- H. Recommendations for allocations shall be made by ASSET to the Funders after the hearings and panel work sessions are completed.
- I. Information regarding the funding and rationale shall be provided to the agencies and their governing bodies after Funders' approval.
- J. If any Agency does not provide the required information, or provides information that is inadequate, incorrect, or not timely, ASSET shall make a report to the Funders that procedures were not followed and may recommend that funding be reduced, sequestered, or not allocated at all.
- K. After completion of the funding process, the Volunteers shall refer information on unfunded or under funded services, if any, to the Early Childhood Iowa Area Board, Decategorization Board, United Way of Story County Grant Program, and any other potential funders of those services.

### **XIII. PLANNING PROCESS**

Asset shall provide a community forum to work constructively and cooperatively in addressing human services concerns. This may be achieved by, but is not limited to:

- A. Participating in studies and developing strategies that enhance the delivery of human services within the county;
- B. Collecting and evaluating facts that provide valid data for decisions on program needs, and effectiveness of current delivery;
- C. Evaluate the need for new or modified services and/or duplication of services.

### **XIV. CHANGES IN SERVICES**

- A. Any new or existing ASSET Agency, providing services to Story County clients, that wishes to add new or expanded services, must report the changes to the ASSET Administrative Team. -Changes that should be reported include increases in service beyond the normal expected growth, new or different services that have an impact on staffing, or services that result in new clientele.
- B. Agencies will report new and expanded services to the ASSET Administrative Team on the "Notification of New or Expanded Service" form, shown as Addendum D to this document. The need for new or expanded services shall be identified and aligned with the Funder's priorities and the priority areas from the most recent Story County community assessment. The Administrative Team will review the information and determine if the service(s) meets criteria to be included in the ASSET funding process. The Administrative Team will inform the ASSET Board. This review and informing of ASSET is not a commitment of funding. If ASSET asks for additional information, a committee of Volunteers may be appointed to gather more information and report its findings to ASSET for further review.
- C. If an Agency is reducing or dropping a service, a letter should be submitted to the ASSET Administrative Team within thirty days of the Agency board's vote to drop or

reduce a service.

- D. Service changes may occur any time during the funding year. If funding through ASSET is being considered, the ASSET Administrative Team should be notified of a new program by the date stated in the ASSET calendar.

**XV. FUNDING APPEAL PROCESS. An Agency wishing to make an appeal may do so by following the individual Funders appeal process.**

**XVI. AMENDMENTS TO POLICIES AND PROCEDURES**

- A. These Policies and Procedures shall be reviewed annually prior to May 1.
- B. Amendments to the Policies and Procedures may be proposed by a Volunteer, a Staff member, or a Funder.
- C. A proposed amendment shall require a majority vote of quorum to recommend such amendment to the Funders.

**ADDENDUM A**  
**STORY COUNTY DECATEGORIZATION / EARLY CHILDHOOD IOWA AREA BOARDS**

The Story County Decategorization Board and the BooSt Together for Children (Boone and Story Counties) Early Childhood Iowa (ECI) Area Board will provide ASSET with quarterly reports to update funders and community stakeholders.

## ADDENDUM B – APPLICATION FOR ASSET AGENCY PARTICIPATION

### CRITERIA FOR FUNDING ELIGIBILITY

Financial support through ASSET is open to **not-for-profit human service agencies** that are serving clients within the geographic area of Story County and who meet the basic eligibility criteria. The Application for ASSET Agency Participation form that follows must be completed.

**Approval of an applicant Agency does not guarantee a subsequent dollar allocation.** The allocation recommendation will be made on a program-by-program basis during the annual allocation process. To be considered for financial support, agencies must comply with the following requirements and provide supporting documents to demonstrate compliance:

1. The Agency must be a non-profit corporation or chartered as a local unit of a non-profit corporation that has an IRS section 501(c)(3) status.
2. The Agency must have articles of incorporation, bylaws, or other documents, which clearly define its purposes and function.
3. The Agency must have an Equal Opportunity Policy that has been approved by its Board of Directors.
4. The Agency must have been incorporated and actively conducting business for at least one year at the time of the application.
5. The Agency must maintain, in its budget and programs, a demarcation between any religious programs and other programs so that ASSET does not financially support programs designed for religious purposes.
6. The Agency must demonstrate need and community support for the proposed service through letters of support, needs assessments, or other documentation.
7. The Agency shall be governed by a Board of Directors or Advisory Board whose members serve without compensation and that approves and oversees the implementation of the budget and policies of the Agency. It is recommended that the Board of Directors have representation from Story County.
8. Agencies that offer the following services shall not be eligible for funding from ASSET Funders:
  - a. Agencies that are primarily political in nature.
  - b. Agencies that provide services limited to the members of a particular religious group.
  - c. Agencies that exist solely for the presentation of cultural, artistic, or recreational programs.
  - d. Basic educational program services considered the mandated responsibility of the public education system.

To request consideration as an ASSET service provider, send six sets of the request, including the documentation listed above, to: ASSET, P. O. Box 1881, Ames, IA 50010

## A. Agency General Information

1. Legal name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Executive director: \_\_\_\_\_

3. Date of incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

*Please attach letter of determination of tax-exempt status from Internal Revenue Service.*

4. Tax Identification Number: \_\_\_\_\_ Your Fiscal Year: \_\_\_\_\_

5. Is organization affiliated with a national and/or state organization? \_\_\_\_\_ If so, name of national and/or state organization \_\_\_\_\_

Explain nature of affiliation and describe national and/or state organization's control over local administration and activities \_\_\_\_\_

Explain benefits of affiliation \_\_\_\_\_

6. What is your Agency mission statement? \_\_\_\_\_

### 7. Governing Arrangements

*Please attach a list of members of the governing body including names, professional affiliation, addresses, places of business.*

How are members and composition of the governing body selected? \_\_\_\_\_

What is the governance role of the Board of Directors? \_\_\_\_\_

How do you ensure Story County representation? \_\_\_\_\_

### 8. Membership

Does the organization have a membership program? \_\_\_\_\_

If so: Membership categories and dues \_\_\_\_\_

Membership benefits \_\_\_\_\_

## B. Agency Service Information

1. Geographic area served: \_\_\_\_\_

2. Types of services: \_\_\_\_\_

3. What are the characteristics and demographics of the population served? \_\_\_\_\_

Do you offer a sliding fee scale for your services? \_\_\_\_\_

4. List other agencies (both non-profit and for-profit) in Story County that provide similar services, if any: \_\_\_\_\_  
\_\_\_\_\_
5. List agencies (both non-profit and for-profit) in Story County with whom you collaborate: \_\_\_\_\_  
\_\_\_\_\_
6. List agencies (both non-profit and for-profit) in Story County with whom you share referrals: \_\_\_\_\_  
\_\_\_\_\_

**C. Agency Accreditation and Licensing**

Is the organization accredited? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

For what length of time? \_\_\_\_\_

Describe organization and staff licensing and certification requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Financial/Legal Information**

- Please attach 6 copies of current budget and budget for coming fiscal year, including all sources of income.
- Please attach statement of assets and liabilities and statement of income and expenses. List all sources of funds for this budget.
- Agencies shall annually provide financial reports in accordance with Generally Accepted Accounting Practices (GAAP) as follows:
  1. *Agencies with an annual budget below \$100,000 must, at least, submit six (6) hard copies, or one electronic copy of IRS Form 990 and a balance sheet prepared externally and independently, to the ASSET Administrative Assistant.*
  2. *Agencies with an annual budget of \$100,000 or more must submit six (6) hard copies, or one electronic copy, of their full audits, and six hard copies, or an electronic copy of their IRS Form 990's to the ASSET Administrative Assistant.*

These reports shall be submitted within six months after the close of the Agency's fiscal year.

**E. ASSET Information**

1. Please list or attach a complete description of the service(s) that you provide that you will be asking for funding from ASSET. \_\_\_\_\_  
\_\_\_\_\_
2. Using the enclosed Service Code List, please tell us which service code(s) your service(s) fits into. \_\_\_\_\_

## **ADDENDUM C - SERVICE CODES**

(Complete descriptions of each service code are in the ASSET Reference Manual)

### **1. HEALTH SERVICES**

#### **1.1 Health and Safety Services**

1.1a Community Clinics: Unit of Service: 1 Clinic Hour

1.1b In Home Nursing: Unit of Service: 1 Visit

1.1c In Home Hospice: Unit of Service: 1 day (24 hour)

1.1d Blood Services: Unit of Service: 1 Pint of Blood

1.1e Substance Abuse or Co-occurring Disorder Treatment (Out Patient): Unit of Service: 1 Client Hour

#### **1.2 Mental Health Services**

1.2a Preliminary Diagnostic Evaluation: Unit of Service: 1 Client Hour

1.2b primary Treatment and Health Maintenance (Out Patient): Unit of Service: 1 Client Hour

1.2c Residential Treatment – Adults Unit of Service: 1 24 hour Day

1.2d Residential Treatment – Children Unit of Service: 1 24 hour Day

1.2e Peer Assessment and Screening Unit of Service: 1 Client Hour

#### **1.3 Services for Mentally and/or Physically Impaired**

1.3a Supported Community Living Services Unit of Service: 1 hour or 1 24-hour day

1.3b Special Recreation Unit of Service: 1 participant/per hour

1.3c Community Support Services Unit of Service: 1 Staff Hour

1.3d Work Activity Center Unit of Service: 6-1/2 Hour Day

1.3e Home and Community Based Services Unit of Service: 1 Hour

1.3f Residential Care/Mentally Retarded Unit of Service: 1 24-hour Day

1.3g Employment Assistance for Physically or Mentally Disabled Unit of Service: One Staff Hour

1.3h Alternative Family Living Unit of Service: One Month (administration fee, based on family stipend and client income)

1.3i Individual and Family Support Services Unit of Service: 1 Service or 1 support

1.3j Day Habilitation Services Unit of Service: One-Half Day

1.3k Pre-Vocational Services Unit of Service: One-Half Day

1.3l Enclave Services Unit of Service: One Client Hour

1.3m Direct Support Paraprofessional Unit of Service: One course term

1.3n Peer Support Unit of Service: Four client contacts per month

#### **1.4 General Health Support Services**

1.4a Day Care – Adults Unit of Service: 1 client day

1.4b In-Home Health Monitoring Unit of Service: 1 person monitored per month

1.4c Homemaker/Home Health Assistance Unit of Service: 1 Hour

1.4d Home Delivered Meals Unit of Service: 1 Meal

1.4e Congregate Meals Unit of Service: 1 Meal

### **2. BASIC NEEDS SERVICES**

#### **2.1 Emergency Services**

2.1a Emergency Assistance for Basic Material Needs Unit of Service: 1 Client Contact

2.1b Battering Relief Unit of Service: 1 Staff Hour

2.1c Rape Relief Unit of Service: 1 Staff Hour

2.1d Child Protection Services Unit of Service: 1 Client Contact

2.1e Crisis Intervention Unit of Service: 1 Contact

2.1f Court Watch Unit of Service: 1 Staff Hour

2.1g Third Party Supervision Unit of Service: 1 Client Contact

2.1h Emergency Shelter Unit of Service: one 24 hour period of shelter and food

## **2.2 Public Safety and Legal Services**

2.2a Correctional Services Unit of Service: 1 Client Hour

2.2b Dispute Mediation Services Unit of Service: 1 Client Hour

2.2c Legal Aid – Civil Unit of Service: 1 Staff Hour

## **2.3 General Support Services for Individuals and Families in Need**

2.3a Clothing, Furnishing, and Other Assistance Unit of Service: 1 Client Contact

2.3b Employment Assistance for Adults Unit of Service: 1 Client Contact

2.3c Disaster Services Unit of Service: 1 Staff Hour

2.3d Transportation Unit of Service: One way trip

2.3e Budget/Credit Counseling Unit of Service: One Client Contact

2.3f Respite Care Unit of Service: 1 client hour of service

2.3g Health and Safety Education Unit of Service: 1 person certified

## **3. YOUTH AND CHILDREN SERVICES**

### **3.1 Child Care**

3.1a Day Care – Infant Unit of Service: 1 Full Day

3.1b Day Care – Children Unit of Service: 1 Full Day

3.1c Day Care - School Age Unit of Service: 1 partial day

3.1d Preschool Unit of Service: 1 day

3.1e Meal Service for Family Day Care Homes Unit of Service: Cost per Meal

3.1f Childcare Service Coordination Unit of Service: 1 Client Contact

3.1g Childcare Resource Development Unit of Service: 1 Staff Hour

3.1h Childcare for Mildly Ill Children Unit of Service: 1 Partial Day

### **3.2 Social Adjustment and Developmental Services**

3.2a Youth Development and Social Adjustment Unit of Service: 1 Client Contact/Day

3.2b Day Camp Unit of Service: 1 Client Contact/Day

3.2c Employment Assistance for Youth Unit of Service: 1 Staff Hour

3.2d Out of School Program Unit of Service: 1 partial day (3 hours)

## **4. PREVENTION AND/OR SUPPORT SERVICES**

### **4.1 Family Life Services**

4.1a Family Development/Education Unit of Service: 1 Client Hour

4.1b Foster Family Homes Unit of Service: 1 Staff Hour

4.1c Separated Families Unit of Service: 1 Client Contact

4.1d Adoption Services Unit of Service: 1 Hour of Client Contact or 1 Family Study

### **4.2 Support Services**

4.2a Information and Referral Unit of Service: 1 Call

4.2b Volunteer Management Unit of Service: 1 Staff Hour

4.2c Service Coordination Unit of Service: 1 Client Hour

4.2d Activity and Resource Center Unit of Service: 1 Client Contact

### **4.3 Prevention and Awareness Services**

4.3a Public Education and Awareness Unit of Service: 1 Staff Hour

4.3b Advocacy for Social Development Unit of Service: 1 Staff Hour

4.3c Resource Development Unit of Service: 1 Staff Hour

4.3d Consultation Service Unit of Service: 1 Staff Hour

4.3e Informal Education for Self-Improvement and Self-Enrichment Unit of Service: 1 Client Contact



## ADDENDUM D – NOTIFICATION OF NEW OR EXPANDED SERVICE

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

PROGRAM/SERVICE: \_\_\_\_\_ SERVICE CODE \_\_\_\_\_

Provide a brief description of the new or expanded service and population to be served.

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Please describe how the need for this service was identified.

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Describe how this new or expanded service meets the Funder priorities.

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Is there new clientele to be served? If yes, how many?

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How will outcomes be measured?

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Do you anticipate that ASSET funds will be requested for this service? \_\_\_\_\_

If yes, how would ASSET funds be used to support the service? (scholarships/staff/direct service, etc)

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Is this service funded through a time-limited grant? \_\_\_\_\_

If yes, what is the length of the grant? \_\_\_\_\_

Does this grant require a local cash match? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

## **ADDENDUM E – CONFLICT OF INTEREST**

Organization: Story County Analysis of Social Services Evaluation Team (ASSET)

Policy: Conflict of Interest Policy

Date Adopted: 4/10/03

Date Revised:

Story County ASSET and its voting members/staff persons, hereinafter referred to as “board” and “board members(s)”, agree to the following conflict of interest policy hereinafter referred to as “policy”, as adopted and revised as indicated above:

1. The policy will be adopted yearly at the first regularly scheduled board meeting following the start of the fiscal year. Each board member is to review and sign the policy at the first board meeting prior to voting on any matters before the board (if applicable).
2. A new voting board member/staff person will be required to review and sign the policy prior to voting as a board member (if applicable) at the beginning of their term and/or the first meeting of the fiscal year.
3. It is the duty of a voting board member/staff person to disclose a conflict of interest to the full board when a conflict arises. Disclosure may be made at any time to the ASSET Administrative Team; hereinafter referred to as “the Team”, who shall then notify the full Board. A record of the conflict of interest shall be made at the first regularly scheduled board meeting following disclosure.
4. A conflict of interest is defined in chapter 68B, Iowa Code. The Iowa Code defines conflict of interest as that which evidences an advantage or pecuniary benefit for the member and/or their immediate family not available to others similarly situated. A violation for a conflict of interest is punishable by both civil and criminal penalties in the State of Iowa.
5. A “potential” conflict of interest is defined herein. A potential conflict of interest is when a voting board member/staff person has reason to believe there may be a conflict of interest. This potential conflict shall be disclosed in the same manner as a conflict. If, in the opinion of the Team, the circumstances meet the definition of a conflict of interest the matter shall then be disclosed to the full board and a record shall be made at the next regular meeting.
6. A voting board member/staff person with a conflict of interest shall not vote or use their personal influence with any board member on the matter in conflict.

I agree by my signature below that I have read the above Story County ASSET Conflict of Interest Policy and understand it and will abide by the terms and conditions as stated herein.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_