



SCOTT COUNTY HEALTH DEPARTMENT  
Administrative Center  
600 W. 4<sup>th</sup> Street  
Davenport, Iowa 52801-1030  
Office: (563) 326-8618 Fax: (563)326-8774  
[www.scottcountyiowa.com/health](http://www.scottcountyiowa.com/health)



March 9, 2009

To: Dee F. Bruemmer, County Administrator  
From: Lawrence E. Barker, Health Director

RE: Scott County Application for Substance Abuse Funding FY2010

The Iowa Department of Public Health has released the request for bid for the FY2010 County Substance Abuse Prevention Services Grant. Dollars received from this grant may be used to operate substance abuse programming involving education, prevention, referral, or post-treatment services. Grants of up to \$10,000 are available and must be matched three to one by county dollars. This is a grant that the county has participated in for a number of years, subcontracting with CADS (Center for Alcohol & Drug Services, Inc.) to provide services.

Based on the proposed budget for FY2010 for services through CADS, Scott County is eligible to apply for the full amount of \$10,000. If received, this funding would be used by CADS to provide prevention and aftercare services. I have enclosed the application for these grant funds for consideration and ask that this be placed on the March 19, 2009 Committee of the Whole Agenda.

IOWA DEPARTMENT OF PUBLIC HEALTH  
 County Substance Abuse Prevention Services  
 Request for Bid - Fiscal Year 2010  
 Cover Page

**Applicant:** Scott County Board of Supervisors

**IRS #:** 42-6004465

**County Board of Supervisor Address:** Scott County Administrative Center      **Telephone** 563-326-8618  
600 West 4<sup>th</sup> Street      **Fax** 563-326-8774  
Davenport, IA 52801

**Name of County Board Supervisor:** James V. Hancock

**E-mail:** board@scottcountyiowa.com

**Program/Financial Director Name:** Lawrence E. Barker

**E-mail:** health@scottcountyiowa.com

**Telephone:** 563-326-8618

<b>Total Funds Requested</b>	\$10,000.00 <small>(Whole dollar amount only- maximum of \$10,000)</small>
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- Conditions** I hereby affirm and certify that:
1. The information in this application is accurate to the best of my knowledge.
  2. Under no circumstances will any personnel, employee or independent contractor of the contractor, be paid by the programs applied for in this grant application or by any other programs administered by the contractor to an extent that would translate to a full-time equivalency of greater than 1.0. Furthermore, no time will be "double-charged".
  3. The organization has the resources to meet the goals and objectives included in this application for the amount of funds applied for.
  4. If a contract is awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions from the Iowa Department of Public Health.
  5. I have read and understand the applicable Scope of Work.

\_\_\_\_\_  
**County Board Supervisor signature and date**

James V. Hancock  
**County Board Supervisor name (print or type)**

**IOWA DEPARTMENT OF PUBLIC HEALTH  
County Substance Abuse Prevention Services  
Request for Bid - Fiscal Year 2010  
Scope of Services**

Name of Applicant County:       Scott County Board of Supervisors      

Geographic Area    Scott County, Iowa

Target Population    Youth, adults, and families who reside in Scott County, Iowa

Description of Work or Services

The proposed services associated with this application will be provided through a subcontract with the Center for Alcohol & Drug Services, Inc. (CENTER). The CENTER provides substance abuse prevention services for males and females, adults and youth, on and offsite at multiple locations, during varied times and days within Scott County. Prevention recipients are primarily youth and are engaged through schools, juvenile court, youth serving agencies, parents, and peers. Caucasian and African-American youth comprise approximately 95% of the population served. Youth identified as "at risk" by schools, juvenile court, parents, and others are acknowledged as a priority.

The CENTER's Prevention staff provides an array of services to individuals and groups. These services include information, education, healthy alternatives, problem identification and referral, environmental strategies, and community collaboration. These services are delivered in classrooms in each of the four school districts in Scott County. In addition, more than 25 groups are held for youth considered high risk, children of substance abusing parents, and students who take the pledge to remain drug free. The CENTER also works in collaboration with many community coalitions and workgroups offering insight into substance abuse issues which impact our community. The prevention of alcohol and/or drug abuse is recognized as the most effective means of reducing or eliminating the human and material costs associated with chemical dependency. Consistent with this philosophy, the CENTER provides services through information, early intervention, skills building, referrals, and developing collaborative community support. The prevention facility is situated within a few blocks of several schools to aid accessibility for youth. It is a ground floor, handicap accessible location in an area populated by a sizeable number of single-parent, low-income families. It is also a high crime area. In consideration of these factors, the risk potential for substance use and abuse on the part of youth and adults is high.

Experience and Ability to Provide Services

Describe the county experience and ability in providing substance abuse prevention services. If subcontracted, Attachments B-2 and B-3 are required.

See Attachment B-2.

IOWA DEPARTMENT OF PUBLIC HEALTH  
County Substance Abuse Prevention Services  
Request for Bid - Fiscal Year 2010  
Scope of Services

If a Subcontractor is utilized, describe their experience and ability to provide substance abuse prevention services

The CENTER is the primary provider of substance abuse services in Scott County, Iowa, serving more than 2,200 clients each year in treatment, and more than 4,000 youth and families with a wide array of prevention and education services. The organization has twenty-nine years of experience providing substance abuse prevention and treatment services; a central office and management structure that oversees funding from multiple private and public sources; and a host of collaborative initiatives in the Quad City area and the State of Iowa.

The CENTER has an excellent reputation in the community, at the State and federal levels as well as a solid working relationship within Scott County. In addition, well established relationships are maintained with the Scott County Health Department, schools, social service agencies, the courts (including Drug Court and Family Drug Court); human service organizations, hospitals, working coalitions, and the Department of Human Services.

Subcontractor Organization:

Name: Center for Alcohol & Drug Services, Inc.

Dollar Amount: \$10,000.00

Address: 1523 S. Fairmount Street, Davenport, IA 52802

Contact Person: Carolyn K. Ross, Executive Director

Telephone number: (563) 322-2667

E-mail address: cross@cad-s-ia.com

**NOTE:** A statement from each subcontractor must be attached documenting that the county funds requested for services do not overlap or supplant any other funding from IDPH.

(Use one page per subcontractor in order to submit as a single application.) The Department has the right to disallow a subcontractor.

**County Grant Sub-Contractor State/Federal Funding Streams**

COUNTY: Scott County, Iowa  
insert name of county

Grant Name	Funding Source (state or federal)	Type/s of services provided
Comprehensive Prevention	State of Iowa Department of Public Health	Information dissemination; Education; Alternatives; Environmental; Problem identification and referral; Community based process
Alcohol and Substance Abuse Prevention	United States Department of Defense	Prevention education and referral services to enlisted and civilian employees of the Rock Island Arsenal

**IOWA DEPARTMENT OF PUBLIC HEALTH  
County Substance Abuse Prevention Services  
Request for Bid - Fiscal Year 2010  
Budget**

COUNTY: SCOTT COUNTY BOARD OF SUPERVISORS

EXPENSE BUDGET – Line Item	IDPH Budget	Match√	Total Project Budget
<u>Direct Costs</u>	////////	////////	////////
a. Salaries & Benefits <input checked="" type="checkbox"/>			
b. Contracted Services †	\$10,000	\$30,000	\$40,000
c. Equipment (>\$5,000)			
d. Other Operating Expenses ★			
<b>TOTAL DIRECT</b>			
<u>Indirect</u> ( %)			
<b>TOTAL EXPENDITURES</b>	\$10,000**	\$30,000√	\$40,000

Complete Salaries & Benefits Detail page (Attachment C-2); dollar amounts must match.

† Attachments B-2 and B-3 required.

★ Project brief breakdown of anticipated expenditures.

\*\* Whole dollar amount only; must match dollar amount requested on Cover Page. A maximum of \$10,000 may be requested.

√ Identify source of funds and provide a brief narrative of other state and federal funds, in kind, and "other" revenue.

**Budget Justification/Narrative:**

The requested amount of \$10,000 will be used exclusively for wages and benefits for Certified Prevention Specialists providing services identified in this application. The Prevention Department provides an array of services to individuals and groups in Scott County. These services include information, skill building, consultation and early intervention services. These services are delivered in classrooms within Scott County schools, to more than 25 support groups for high risk youth, to juvenile court referrals and parents, and to families referred from local schools under Student Assistance contracts. The CENTER works with the Scott County Drug Free Community Project setting up family resource centers to prevent drug abuse and establish a website which will act as a resource to help strengthen families. Services are provided to a wide range of other health and human services providers, employees, community groups and other youth serving agencies.



March 6, 2009

I, Carolyn K. Ross, certify that funds provided by the IOWA DEPARTMENT OF PUBLIC HEALTH, County Substance Abuse Program administered by Scott County, will under no circumstances pay for any personnel, employee or independent contractor of the contractor; be paid by the programs applied for in this grant application or by any other programs administered by the contractor to an extent that would translate to a full-time equivalency of greater than 1.0.

Additionally, the county funds requested in support of services do not overlap or supplant any other funding from the Iowa Department of Public Health.

Sincerely,

Carolyn K. Ross  
Executive Director

**ADULT**

Assessment

Outpatient

Methadone

Inpatient

Detoxification

Short Term  
Residential

Special Services  
For Women

Continuing Care

**ADOLESCENT**

Assessment

Outreach

Outpatient

Continuing Care

**COMMUNITY**

Prevention

Education

Outreach



**STATE OF IOWA  
SUBSTITUTE W 9 / VENDOR UPDATE FORM**

In order for the State of Iowa to process payment of the amount that is due, and to comply with Internal Revenue Service regulations on reporting such payments, we must receive the information being requested on this form. Failure to provide this information will result in the withholding of payment. *(Please print or type all entries except for signature)*

**BOX A**

Are you / your business: YES NO

Individual [I] \_\_\_\_\_

or Sole Proprietorship [S] \_\_\_\_\_

If the answer to both was no, please complete Box B.

If you answered yes to either item, please provide your Social Security number:

\_\_\_\_\_

AND

Complete the Name and Address Below:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**BOX B**

Is your business: YES NO

Corporation [C] \_\_\_\_\_

Partnership [P] \_\_\_\_\_

Estate or Trust [E] \_\_\_\_\_

Public Service Corp [U] \_\_\_\_\_

Government [G]  \_\_\_\_\_

Other [O] \_\_\_\_\_

Please explain \_\_\_\_\_

Please provide your Federal Employer Identification number:

42-6004465

AND

Complete the Name and Address Below:

Firm: Scott County Board of Supervisors

Doing Business As: \_\_\_\_\_

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

600 W. 4th Street

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

City: Davenport State: IA Postal Code: 52801

**CERTIFICATION MUST BE SIGNED BY VENDOR**

Certification - Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature: *SEHAWG* Date: 3/9/2009

**FOR OFFICE USE ONLY (Refer to Procedure 270.450 for more details)**

From: \_\_\_\_\_

Dept. \_\_\_\_\_

Contact \_\_\_\_\_

Added for Purchasing

Yes  No

Add

Change  
(Include vendor code and changes only)

Delete

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_