



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)



**Public Health**  
Prevent. Promote. Protect.

April 13, 2015

To: Dee F. Bruemmer, County Administrator  
From: Edward Rivers, Health Director

RE: Scott County Application for Substance Abuse Funding FY2016

The Iowa Department of Public Health has released the request for bid for the FY2016 County Substance Abuse Prevention Services Grant. Dollars received from this grant may be used to provide 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 FY2016 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 services. I have enclosed the application for these grant funds for consideration and ask that this be placed on the April 21, 2015 Committee of the Whole Agenda.



## Application

### 111864 - County Substance Abuse Programs FY2016 Application Guidance

115585 - Iowa Department of Public Health County Substance Abuse Programs  
Substance Abuse Prevention & Treatment

Status: Editing

Submitted Date:

### Applicant Information

#### Project Officer

AnA User Id AMY.THORESON@IOWAID  
 First Name\* Amy Thoreson  
First Name Middle Name Last Name

Title:  
 Email:\* amy.thoreson@scottcountyiowa.com  
 Address:\* Scott County Health Department  
 600 W. 4th Street

City\* Davenport Iowa 52801  
City State/Province Postal Code/Zip  
 Phone:\* 563-326-8618 8833  
Phone Ext.

Program Area  
 of Interest\* Environmental Health Services  
 Fax: 563-326-8774

#### Organization Information

Organization  
 Name:\* Scott County Board of Supervisors

Organization  
 Type:\* County Government

Tax ID: 42-600446500

DUNS: 05-081-2361

Organization  
 Website:  
 Address:

City Iowa  
City State/Province Postal Code/Zip  
 Phone:  
 Ext.

Fax:

### Cover Sheet-General Information

#### Authorized Official

Name\* Tom Sunderbruch

Title\* Chair

Organization\* Scott County Board of Supervisors  
If you are an individual, please provide your First and Last Name.

Address\* Scott County Administrative Center  
 600 W. 4th Street

City/State/Zip\* Davenport Iowa 52801  
City State Zip

**Telephone Number\*** 563-326-8618  
**E-Mail\*** health@scottcountyiowa.com

**Fiscal Officer/Agent**

*Please enter the "Fiscal Officer" for your Organization.*

*If you are an individual, please provide your First and Last Name.*

**Name\*** Teri Arnold  
**Title** Administrative Office Assistant  
**Organization** Scott County Health Department  
**Address** Scott County Administrative Center  
600 W. 4th Street  
**City/State/Zip** Davenport Iowa 52801  
City State Zip

**Telephone Number** 563-326-8618  
**E-Mail** health@scottcountyiowa.com

**County(ies) Participating, Involved, or Affected by this Proposal\*** Scott County

**Congressional District(s) Involved or Affected by this Proposal\*** 2nd - Rep David Loebsack (D)  
Congressional Map

**Iowa Senate District(s) Involved or Affected by this Proposal\*** 45, 46, 47, 49  
District Map

**Iowa House District(s) Involved or Affected by this Proposal\*** 89, 90, 92, 93, 94, 97  
District Map

## Contact Information

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*Provide the legal name of the eligible applicant. (examples include: XYZ County DBA XYZ County Board of Health, XYZ Community Action Organization, etc.) Please contact the fiscal officer of the applicant organization if you are unsure of the legal name registered with the Federal Internal Revenue Services (IRS).*

**Legal Name of Eligible Applicant\*** Scott County Board of Supervisors

**Applicant Mailing Address:\*** 600 W. 4th Street

**Applicant Street Address:\*** 600 W. 4th Street

**Applicant City:\*** Davenport

**Applicant State:\*** Iowa

**Applicant Zip Code:\*** 52801

**Applicant's Federal Tax ID Number:\*** 42-6004465

**Applicant's Phone Number:\*** 563-326-8618

**Applicant's Fax Number** 563-326-8774

*Include the name of the Executive Director or Chief Executive Officer of the Applicant Organization. If the Applicant is a Board of Health/Board of Supervisors, include the name of the Board's authorized signatory.*

**Executive Director/CEO Name\*** Edward Rivers

*Select Title.*

**Title:\*** Board Authorized Signatory

## ***Business Structure***

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*Identify the legal structure of the applicant. If the applicant is not a governmental organization, the applicant must be registered with the Iowa Secretary of State's office to do business in Iowa or agrees to register if awarded a contract.*

**Legal Business Structure of Applicant.\*** Government- County

*Identify the state of incorporation or registration of the applicant.*

**State of Incorporation\*** Iowa

## ***Organization History***

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*Provide a brief history of the agency.*

**History\*** Scott County was established by an act of the territorial legislature of Wisconsin in December 1837. In 1874, the membership of the Board of Supervisors increased to its present five officials.

In 1978, County Home Rule broadened the powers of the Board of Supervisors to lead the 160,000 people of Scott County. In 1979 an administrative form of government was adopted, and the Board of Supervisors hired a county administrator.

*Include the agency's mission statement.*

**Mission Statement\*** Scott County is dedicated to protecting, strengthening and enriching our community by delivering quality services and providing leadership with PRIDE.

*Include the agency's vision statement.*

**Vision Statement\*** Scott County Iowa:  
Leader in Government  
PRIDE in Service  
Community of Choice

## ***Table of Organization***

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*Attach a current table of organization.*

## Disclosure of Litigation

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Answer "no" or "yes" as to whether the applicant has any pending or threatened litigation, administrative or regulatory proceedings or similar matters which could affect the applicant's ability to perform required services.

Is there any litigation, administrative, or regulatory proceedings pending or threatened against your agency or subcontractor?\*

No

If "yes", list and summarize any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the applicant's ability to perform required services.

## Disclosure of Contract Default

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Has your agency or a subcontractor defaulted on a contract?	Contract or subcontract	Contact person	Telephone	Brief description of incident
No				

## Disclosure of Terminated Contract

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Has your agency or subcontractor terminated a contract?	Identify if it was contract or subcontract	Contact person	Telephone Number of Contact Person	Email Address of Contact Person	Brief description of incident
No					

## Disclosure of Contract Termination

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Has your agency or a subcontractor had a contract	Identify if it was a contract or	Contact Person	Telephone Number of	Email Address of Contact Person	Brief Description of

terminated?

subcontract

Contact

Incident

No

## ***Audited financial statement***

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### **1. Does the agency currently hold a contract with IDPH?**

Check "yes" or "no" regarding whether the applicant agency currently holds a contract with IDPH.

\* Yes

### **2. Has the agency submitted audit reports (or operating statement if non-profit organization) to IDPH for the preceding three year period?**

\* Yes  
If "yes", no additional information is needed. Any applicant agency that currently holds a contract with IDPH and has previously submitted a current audit report need not submit a copy with this application. If "no", go to #3.

### **3. Does the agency need to submit an audited financial statement with this application?**

\* No  
If the agency responds "no" to either #1 or #2, then yes, the agency must provide an audited financial statement for the preceding three year period with this application.

## ***Audited Financial Statement Attachment***

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**Audited Financial  
Statement or Operating  
Statement (if non-profit) -  
Year 1**

**Audited Financial  
Statement or Operating  
Statement (if non-profit) -  
Year 2**

**Audited Financial  
Statement or Operating  
Statement (if non-profit) -  
Year 3**

## ***Application Certification and Conditions***

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The information contained in the Application Forms is accurate, to the best of my knowledge.

\* Yes

The individual named as the Authorized Official in the Cover Sheet General Information Form of this application will serve as the Project Director or Contract Administration for an awarded contract and is authorized to legally obligate the organization.

\* Yes

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".

\* Yes

The organization has the resources to meet the goals and objectives included in this application for the amount of funds applied for.

\* Yes

If a contract is awarded, based on my authority, the organization is committed to fulfilling the contract conditions from the Iowa Department of Public Health.

\* Yes

If a contract is awarded, it is the contractor's sole responsibility to ensure appropriate individual(s) have registered within IowaGrants.gov and are granted access to the Grant Tracking site at www.IowaGrants.gov. The contractor acknowledges that all assigned individuals will have full rights (add, modify, and delete) for all Grant Tracking components including contractual forms, reporting forms, and claims submission.

\* Yes

If a contract is awarded, I designate the following individual as the Grantee Contact with full responsibility for assignment of appropriate individuals to this grant in IowaGrants.gov

\* Amy Thoreson

I have read and understood the applicable Scope of Work for this Funding Opportunity.

\* Yes

*The BOH or BOS Authorized Signatory must complete this form and sign it by typing in their name.*

**Signature\*** Edward Rivers

*Select your title.*

**Title of Signatory\*** Board Authorized Signatory

*Insert the date the Board Authorized Signatory completed and signed this form. Click 'Save' at the top of the page.*

**Date form completed and signed\*** 04/23/2015

*Optional: This area is provided for the uploading of Transmittal Letter or other communication to IDPH as applicable to this application. IDPH reserves the right to make the determination of the applicability of the communications at its sole discretion.*

**Attachment**

## Personnel

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### Personnel 1

<b>Title/Position Description*</b>	County Program Administrator
<b>First Name*</b>	Edward
<b>Last Name*</b>	Rivers
<b>Email Address*</b>	health@scottcountyiowa.com
<b>Role and Responsibilities*</b>	Provide oversight of contract and subcontract activities.
<b>Experience and education*</b>	Provides oversight to 15 contracts with the Iowa Department of Public Health administered by the Scott County Health Department. Has been Director of Scott County Health Department since August of 2010, previously working for 20 years in North Carolina Environmental Health. Holds a Master of Public Health Degree.
<b>Credentials License #</b>	

**Key Personnel  
Resume****Personnel 2**

**Title/Position Description\*** County Program Coordinator

**First Name\*** Amy

**Last Name\*** Thoreson

**Email Address\*** health@scottcountyiowa.com

**Role and Responsibilities\*** Provides oversight and assistance to subcontractor regarding application development and reporting requirements.

**Experience and education\*** Provides oversight and assistance to Scott County Health Department staff regarding application development and reporting requirements associated with Department's 15 contracts with the Iowa Department of Public Health. Has been with Scott County Health Department since February of 1999 serving in multiple roles. Has been Deputy Director since March of 2008. Holds a Master of Public Health Degree.

**Credentials License #****Key Personnel  
Resume****Personnel 3**

**Title/Position Description\*** Subcontractor Contract Administrator

**First Name\*** Joseph

**Last Name\*** Cowley

**Email Address\*** jcowley@cads-ia.com

**Role and Responsibilities\*** Responsible for day to day activities associated with the contract as well as contract reporting.

**Experience and education\*** Joseph Cowley (PhD) has worked at the Center for Alcohol & Drug Services, Inc. since 1995 serving in the role of Supervisor for Adolescent services from 1995 to 2000, Director of Clinical Operations from 2000 to 2008, and as administrator since 2008. In these roles, Dr. Cowley has been actively involved in grant administration and implementation. He holds a PhD in Theocentric Counseling and a Master's Degree in Pastoral Care. He is a Nationally Certified Addictions Prevention Specialist.

**Credentials License #****Key Personnel  
Resume****Service Area**

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*Identify the proposed service area.*

**Applicant's Proposed Service Area\*** Scott County, Iowa

**Project Workplan Goals**

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**Project Workplan Goals 1**

**Goal\*** Goal 1 Inform residents of Scott County of Alcohol, Tobacco, and Other Drug issues thus increasing the perception of harm related to use and misuse.



## Project Workplan Goals 2

**Goal\*** Goal 2 To educate and support Scott County youth and their families who are at high risk of substance use.

## Objectives

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### Objectives 1

**Goal\*** Goal 1 Inform residents of Scott County of Alcohol, Tobacco, and Other Drug issues thus increasing the perception of harm related to use and misuse.

**SMART Objective(s)\*** (1.1) By June 30, 2016, attend at least two community meetings/school events in each of Scott County's four school districts.

**Rationale/Measure for Objective\*** 32% of lowans aged 18-24 reported binge drinking in the past 30 days (BRFSS 2008)

7% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days. (IYS 2012)

According to the 2012 IYS, 18% of 11th graders used alcohol in the past 30 days and 28% used alcohol.

18.8% of lowans reported being a current smoker, 24.3% were between the ages of 18-24 (BRFSS 2008)

### Objectives 2

**Goal\*** Goal 1 Inform residents of Scott County of Alcohol, Tobacco, and Other Drug issues thus increasing the perception of harm related to use and misuse.

**SMART Objective(s)\*** (1.2) By June 30, 2016, attend at least 5 community health fairs and conduct presentations to a minimum of 100 people with 75% of 100 participants increasing or maintaining their perception of harm related to use and misuse of ATOD. (75 out of 100)

**Rationale/Measure for Objective\*** 32% of lowans aged 18-24 reported binge drinking in the past 30 days (BRFSS 2008)

7% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days. (IYS 2012)

According to the 2012 IYS, 18% of 11th graders used alcohol in the past 30 days and 28% used alcohol.

18.8% of lowans reported being a current smoker, 24.3% were between the ages of 18-24 (BRFSS 2008)

### Objectives 3

**Goal\*** Goal 2 To educate and support Scott County youth and their families who are at high risk of substance use.

**SMART Objective(s)\*** (2.1) By June 30, 2016, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of Alcohol, Tobacco, and Other Drugs (ATOD). (38 out of 50)

**Rationale/Measure for Objective\*** 32% of lowans aged 18-24 reported binge drinking in the past 30 days (BRFSS 2008)  
18.8% of lowans reported being a current smoker, 24.3% were between the ages of 18-24 (BRFSS 2008)

32% of lowans aged 18-24 reported binge drinking in the past 30 days (BRFSS 2008)  
7% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days. (IYS 2012)

According to the 2012 IYS, 18% of 11th graders used alcohol in the past 30 days and 28% used alcohol.

## Activities

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### Activities 1

<b>SMART Objective*</b>	(1.1) By June 30, 2016, attend at least two community meetings/school events in each of Scott County's four school districts.
<b>Activity planned to achieve this objective*</b>	(1.1a) Participate in health fairs and present at PTA/PTO meetings, as requested by schools, to provide information on ATOD issues.
<b>Area(s)/County(s) Served*</b>	Scott County, Iowa
<b>Responsible Staff *</b>	Subcontract Agency Program Administrator
<b>Timeline *</b>	Ongoing
<b>Completion Date*</b>	June 30, 2016

### Activities 2

<b>SMART Objective*</b>	(1.1) By June 30, 2016, attend at least two community meetings/school events in each of Scott County's four school districts.
<b>Activity planned to achieve this objective*</b>	(1.1b) Through school events (school registration, parent meetings, or open house), staff will inform the public on science-based or community-based prevention programs.
<b>Area(s)/County(s) Served*</b>	Scott County, Iowa
<b>Responsible Staff *</b>	Subcontract Agency Program Administrator
<b>Timeline *</b>	Ongoing
<b>Completion Date*</b>	June 30, 2016

### Activities 3

<b>SMART Objective*</b>	(1.2) By June 30, 2016, attend at least 5 community health fairs and conduct presentations to a minimum of 100 people with 75% of 100 participants increasing or maintaining their perception of harm related to use and misuse of ATOD. (75 out of 100)
<b>Activity planned to achieve this objective*</b>	(1.2a) Participate in community health fairs as requested for local employers, agencies and businesses to provide information on ATOD issues.
<b>Area(s)/County(s) Served*</b>	Scott County, Iowa
<b>Responsible Staff *</b>	Subcontract Agency Program Administrator
<b>Timeline *</b>	Ongoing
<b>Completion Date*</b>	June 30, 2016

### Activities 4

<b>SMART Objective*</b>	(1.2) By June 30, 2016, attend at least 5 community health fairs and conduct presentations to a minimum of 100 people with 75% of 100 participants increasing or maintaining their perception of harm related to use and misuse of ATOD. (75 out of 100)
<b>Activity planned to achieve this objective*</b>	(1.2b) Conduct one-time presentations to community groups such as city councils, board of health, county planning councils, business associations, and service clubs about substance abuse and the potential risk and consequences.
<b>Area(s)/County(s) Served*</b>	Scott County, Iowa
<b>Responsible Staff *</b>	Subcontract Agency Program Administrator
<b>Timeline *</b>	Ongoing
<b>Completion Date*</b>	June 30, 2016

### Activities 5

<b>SMART Objective*</b>	(1.2) By June 30, 2016, attend at least 5 community health fairs and conduct presentations to a minimum of 100 people with 75% of 100 participants increasing or maintaining their
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perception of harm related to use and misuse of ATOD. (75 out of 100)

**Activity planned to achieve this objective\*** (1.2c) Through community meetings, staff will inform the public on science-based or community-based prevention programs.

**Area(s)/County(s) Served\*** Scott County, Iowa

**Responsible Staff \*** Subcontract Agency Program Administrator

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2016

#### Activities 6

**SMART Objective\*** (2.1) By June 30, 2016, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of Alcohol, Tobacco, and Other Drugs (ATOD). (38 out of 50)

**Activity planned to achieve this objective\*** (2.1a) Co-facilitate at least 10 skill-building sessions regarding prevention of high risk behaviors with representatives of other community agencies such as but not limited to Scott County Juvenile Court Services and Family Resources Youth Alternative Program.

**Area(s)/County(s) Served\*** Scott County, Iowa

**Responsible Staff \*** Subcontract Agency Program Administrator

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2016

#### Activities 7

**SMART Objective\*** (2.1) By June 30, 2016, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of Alcohol, Tobacco, and Other Drugs (ATOD). (38 out of 50)

**Activity planned to achieve this objective\*** (2.1b) Meet weekly with at-risk youth at an Alternative High School, serving three of the four school districts, to conduct the evidence based curriculum, Reconnecting Youth.

**Area(s)/County(s) Served\*** Scott County, Iowa

**Responsible Staff \*** Subcontract Agency Program Administrator

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2016

#### Activities 8

**SMART Objective\*** (2.1) By June 30, 2016, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of Alcohol, Tobacco, and Other Drugs (ATOD). (38 out of 50)

**Activity planned to achieve this objective\*** (2.1c) Meet monthly with indicated population in Scott County Detention to facilitate Reconnecting Youth curriculum.

**Area(s)/County(s) Served\*** Scott County, Iowa

**Responsible Staff \*** Subcontract Agency Program Administrator

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2016

#### Activities 9

**SMART Objective\*** (2.1) By June 30, 2016, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of Alcohol, Tobacco, and Other Drugs (ATOD). (38 out of 50)

**Activity planned to achieve this objective\*** (2.1d) Conduct pre/post tests at the end of each 8 week cycle.

**Area(s)/County(s) Served\*** Scott County, Iowa

**Responsible Staff \*** Subcontract Agency Program Administrator  
**Timeline \*** Ongoing  
**Completion Date\*** June 30, 2016

## ***Subcontract Plan Component***

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### **Subcontract Plan Component 1**

**Are subcontracts over \$2,000 proposed?\*** Yes

**Subcontractor Identified?** Yes

**Scope of Work to be performed through a subcontract** Center for Alcohol & Drug Services, Inc. will provides substance abuse prevention services for males and females, adults and youth, on and off-site at multiple locations, during varied times and days.

**Anticipated Dollar Amount for each subcontract** \$40,000.00

**Name of subcontractor** Center for Alcohol & Drug Services, Inc.

**Subcontractor Street Address** 1523 S. Fairmount Street

**Subcontractor Address: City, State, Zip Code** Davenport

**Subcontractor Address-State.** Iowa

**Subcontractor Address-Zip.** 52802

**Subcontractor qualifications** CADS 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.

**Service Area the Subcontractor will serve** Scott County, Iowa

**Draft Subcontract** Draft FY16 CADS County Substance Abuse Subcontract.doc

## ***Minority Impact Statement***

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### **Question # 1**

**1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. \*** No

**If YES, describe the positive impact expected from this project**

Indicate the group(s) positively impacted.

**Question # 2**

**2. The proposed grant project programs or policies could have a disproportionate or unique NEGATIVE IMPACT on minority persons. \***

No

If YES, describe the negative impact expected from this project.

If YES, present the rationale for the existence of the proposed program or policy.

If YES, provide evidence of consultation with representatives of the minority groups impacted.

Indicate the group(s) negatively impacted.

**Question # 3**

**3. The proposed grant project programs or policies are NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT on minority persons. \***

Yes

If YES, present the rationale for determining no impact.

The evidence based curriculum, Reconnecting Youth, used for programming with at-risk youth was not found to significantly impact either positively or negatively any minority. No adverse effects, concerns, or unintended consequences were identified by Reconnecting Youth.

**Certification**

**I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.\***

Yes

**Name of Person Submitting Certification. \***

Edward Rivers

**Title of Person  
Submitting  
Certification\*** Director

## Grant Funds

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Budget Category	Grant Funds Total	Match Amount	Total
Salaries/Fringe	\$0.00	\$0.00	\$0.00
Subcontract	\$10,000.00	\$30,000.00	\$40,000.00
Equipment	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Indirect or Administrative Costs	\$0.00	\$0.00	\$0.00
Totals	\$10,000.00	\$30,000.00	\$40,000.00


## Budget Justification

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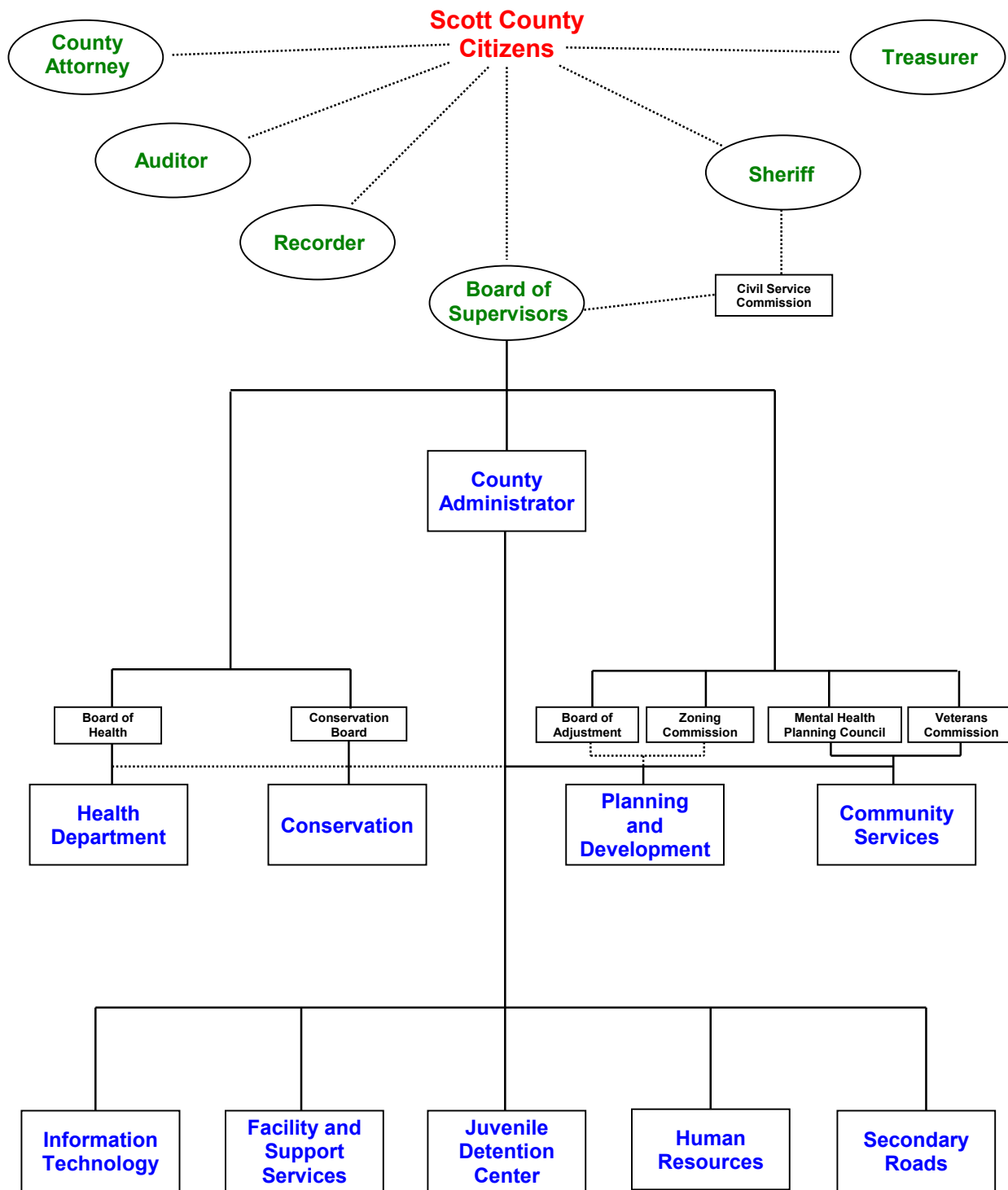
Budget Category	Details	Grant Funds	Match
B. Subcontract	Delivery of all programmatic services provided with grant and match funds. Match funds are county dollars	\$10,000.00	\$30,000.00
		\$10,000.00	\$30,000.00
		\$10,000.00	\$30,000.00

## Indirect or Administrative Costs

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Federally Approved Indirect Cost or Administrative Cost or Not Applicable (N/A)	Rate	Grant Funds	Details	Federally Approved Indirect Cost Rate Agreement
N/A	0%	\$0.00		 Add

# Scott County Government Organizational Chart



————— Direct supervision  
 ..... Advisory relationship

**BOARD OF SUPERVISORS**

Administrative Center  
600 West 4<sup>th</sup> Street  
Davenport, Iowa 52801  
Office: 563-326-8749  
Fax: 563-328-3285  
E-mail: board@scottcountyiowa.com  
[www.scottcountyiowa.com](http://www.scottcountyiowa.com)



**CONTRACT #:** 64048-38A-CADS16

**PROJECT TITLE:** County Substance Abuse Prevention Services

**PROJECT PERIOD:** July 1, 2015 through June 30, 2016

**CONTRACT AMOUNT:** \$40,000

**CONTRACT PERIOD:** July 1, 2015 through June 30, 2016

**FUNDING SOURCE:**

COUNTY: \$30,000.00  
STATE: \$10,000.00

**CONTRACT ADMINISTRATOR INFORMATION:**

NAME/TITLE: Joseph P. Cowley, President/CEO  
PHONE: 563-332-8974  
FAX: 563-336-8826  
E-MAIL: [jcowley@cad-s-ia.com](mailto:jcowley@cad-s-ia.com)

**CONTRACTOR:** Center for Alcohol & Drug Services, Inc.  
1523 S. Fairmount  
Davenport, IA 52802

The Contractor agrees to perform the work and to provide the services described in the Special Conditions for the consideration stated herein and all other contract provisions for the County Substance Abuse Prevention funding. The duties, rights and obligations of the parties to this contract shall be governed by the Contract Documents, which include the Special Conditions, Iowa Department of Public Health General Conditions, Iowa Department of Public Health Request for Bid and Scott County’s Application.

The Contractor has reviewed and agrees to the General Conditions effective May 1, 2014 as posted on the Iowa Department of Public Health’s Web site under *Funding Opportunities*: [www.idph.state.ia.us](http://www.idph.state.ia.us) or as available by contacting Teri Arnold at (563) 326-8618 ext. 8809. The contractor specifies no changes have been made to the Special Conditions or Iowa Department of Public Health General Conditions.

The parties hereto have executed this contract on the day and year last specified below.

**For and on behalf of the County:**

**For and on behalf of the Contractor:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Tom Sunderbruch, Chair  
Scott County Board of Supervisors

Joseph P. Cowley, President/CEO  
Center for Alcohol & Drug Services, Inc.

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

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



## Special Conditions for Contract # 64048-38A-CADS15

### Article I- Identification of Parties:

This contract is entered into by and between the Scott County Board of Supervisors hereinafter referred to as the COUNTY and the Center for Alcohol & Drug Services, Inc. hereinafter referred to as the CONTRACTOR. The CONTRACTOR is a licensed and accredited substance abuse agency located in Scott, County, Iowa. The Iowa Department of Public Health is referred to as the STATE.

### Article II - Designation of Authorized County Official:

Tom Sunderbruch, Chairman of the Scott County Board of Supervisors, is the Authorized County Official for this contract. Any changes in the terms, conditions, or amounts specified in this contract must be approved by the Authorized County Official. Negotiations concerning this contract should be referred to Edward Rivers at (563) 326-8618.

### Article III - Designation of Contract Administrator:

Joseph P. Cowley has been designated by the CONTRACTOR to act as the Contract Administrator. This individual is responsible for financial and administrative matters of this contract. Negotiations concerning this contract should be referred to Joseph P. Cowley at (563) 332-8974.

### Article IV-Key Personnel for Project Implementation

The following individual(s) shall be considered key personnel for purposes of fulfilling work and services of this contract:

#### County Personnel

Name	Title	E-mail address
Tom Sunderbruch	Chairman	<a href="mailto:board@scottcountyiowa.com">board@scottcountyiowa.com</a>
Edward Rivers	Health Director	<a href="mailto:health@scottcountyiowa.com">health@scottcountyiowa.com</a>
Amy Thoreson	Deputy Health Director	<a href="mailto:amy.thoreson@scottcountyiowa.com">amy.thoreson@scottcountyiowa.com</a>
Teri Arnold	Administrative Office Assistant/Fiscal Officer	<a href="mailto:teri.arnold@scottcountyiowa.com">teri.arnold@scottcountyiowa.com</a>

#### Contractor Personnel

Name	Title	E-mail address
Joseph P. Cowley	President/CEO	<a href="mailto:jcowley@cads-ia.com">jcowley@cads-ia.com</a>
Janet Rector	Director of Quality Services	<a href="mailto:jrector@cads-ia.com">jrector@cads-ia.com</a>
Kurt Streicher	Vice-President/CFO	<a href="mailto:kstreicher@cads-ia.com">kstreicher@cads-ia.com</a>

The Contractor shall notify the COUNTY within ten (10) days of any change of Contract Administrator or Key Personnel.

### Article V - Statement of Contract Purpose:

To provide substance abuse prevention services in Scott County not currently being funded by any other state or federal funds.

**Article VI - Description of Work and Services:**

In compliance with the COUNTY and STATE approved work/action plan for FY2016 (Attachment 1), the CONTRACTOR shall provide substance abuse prevention and related services that are not currently funded by any other state or federal funds and that will include only:

- Substance Abuse Education Services;
- Substance Abuse Prevention Services;
- Substance Abuse Referral Services; and/or
- Substance Abuse Post-treatment Services.

**NOTE:** These funds may not be used for out of state travel. These funds may not be used for promotional items, t-shirts, banners, subscriptions, dues or certification costs. No meals for project participants other than light refreshments such as non-alcoholic beverages, vegetables, crackers/chips, etc.

**Article VII – Performance Measure**

- 1.) 3% of the contractual amount shall be withheld from payment if the CONTRACTOR does not meet its submitted FY2016 work/action plan goals as submitted and approved.

AND

- 2.) 3% of the contractual amount shall be withheld from payment if the CONTRACTOR does not submit FY2016 Year End Report and final reimbursement by July 22, 2016.

A total of 6% of the contractual total will be withheld and deducted from the final payment. NOTE: the CONTRACTOR may be required to refund monies in order to comply with the performance measure.

**Article VIII - Reports:**

The CONTRACTOR shall prepare and submit the following reports to the COUNTY on forms provided by the COUNTY:

<b>Report</b>	<b>Date Due</b>
Semi Annual Progress Report	January 15, 2016
Quarterly Expenditure Workbook	July-September 2015 expenses due October 30, 2015 October-December 2015 expenses due January 29, 2016 January-March 2016 expenses due April 1, 2016 April-June 2016 (Final) expenses due July 22, 2016
Year End Report	July 22, 2016

\* All reports should be signed by key personnel using non-black ink.

Reports shall be sent to:

Scott County Health Department  
600 West 4<sup>th</sup> Street  
Davenport, Iowa 52801-1030

E-mail: [health@scottcountyiowa.com](mailto:health@scottcountyiowa.com)

**Article IX - Budget:**

Category	STATE Budget	COUNTY Budget
Salary/Benefits	\$10,000.00	\$30,000.00

The CONTRACTOR shall receive written approval from the COUNTY prior to spending the final three (3) percent of total funds awarded.

**Article X - Payments:**

1. The COUNTY provides contractual payments on the basis of reimbursement of actual expenses in accordance with Iowa Code 8A.514.
2. The COUNTY will not reimburse travel amounts in excess of limits established by Iowa Department of Administrative Services.
  - a. Instate maximum allowable amounts for food are \$8.00/breakfast, \$12.00/lunch and \$23.00/dinner; lodging maximum \$83 plus taxes per night and mileage maximum of \$0.39 per mile.
  - b. These funds may not be used for Out of State travel.
3. It is mutually understood and agreed upon that the CONTRACTOR will ensure:
  - a. Invoices are submitted to the COUNTY for expenses incurred during each quarter only, as per contract language;
  - b. Expenses are submitted to the COUNTY for review/approval **each quarter** (also applies if \$0 expended); and
  - c. Quarterly expenses forwarded to the COUNTY reflect only actual expense incurred and shall be reported in approved budget line items as shown in **Article IX**.
4. Final payment may be withheld until all contractually required reports have been received and accepted by the COUNTY. At the end of the contract period, unobligated STATE contract amount funds shall revert to the STATE and unobligated COUNTY amount funds shall revert to the COUNTY.

**Article XI – Additional Conditions**

1. As a condition of the contract, the CONTRACTOR shall assure linkage with the local board of health. The CONTRACTOR will assure that the local board of health has been actively engaged in planning for, and evaluation of, services. It will also maintain effective linkages with the local board of health, including timely and effective communications and ongoing collaboration.
2. Federal and State funds made available under this contract shall be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such Federal and State funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

3. The disbursement of funds under this contract is contingent upon the continued availability of COUNTY and STATE funds.
4. Any use of the STATE'S name, logo, or other identifier must have prior written approval from the STATE.
5. All Description of Work or Services revisions must be approved by the COUNTY prior to implementation. Requests for Description of Work or Services revisions must be received by the COUNTY on or before March 10, 2015.
6. CONTRACTOR shall allow COUNTY, STATE, and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers, and records of the CONTRACTOR pertinent to this contract.
7. The parties to this agreement shall attempt to mediate disputes which arise under this agreement by engaging in mediation with a mutually-agreed upon mediator. Each party shall bear 50% of the costs of such mediation. In the event the parties are unable to reach agreement, the parties shall submit their dispute to binding arbitration by a board of arbitration as provided for in Iowa Code section 679A.19.
8. Scott County shall be named as an additional insured under the comprehensive liability policy maintained by CADS and providing minimum coverage of \$1 million. A copy of the certificate of insurance shall be on file in the Office of the County Administrator.
9. CADS shall hold harmless from and indemnify Scott County against all claims, suits, actions, costs, attorney fees, expenses, damages, judgments, or decrees, incurred by any reason of any person or persons or property being damaged or injured by CADS or any agent or employee of CADS.
10. CADS shall comply with all applicable laws and regulations pertaining to its operation, and shall not discriminate in providing services on the basis of race, color, creed, national origin, sex, handicapping conditions or religious affiliation.
11. None of the funds provided through this Contract shall be used for any partisan political activity nor shall they be used to further the election of any candidate for political office.

## Description of Work and Services

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

Description of Work or Services (Specific Action Plan including Goals):

The proposed services associated with this application will be provided through a subcontract with the Center for Alcohol & Drug Services, Inc. (CADS). CADS provides substance abuse prevention services for males and females, adults and youth, on and off-site at multiple locations, during varied times and days within Scott County.

**Goal: Inform residents of Scott County regarding Alcohol, Tobacco, and Other Drug issues thus increasing the perception of harm related to use and misuse.**

<b>Objective</b>	<b>Activities</b>
By June 30, 2015, 75% of 500 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of ATOD. (375 out of 500)	<ol style="list-style-type: none"> <li>1. Participate in community health fairs as requested for local employers, agencies, businesses, and schools to provide information on ATOD issues.</li> <li>2. Through community meetings and school events (school registration, parent meetings, or open house) staff will inform the public on science-based or community-based prevention programs.</li> <li>3. Conduct one-time presentations to community groups such as city councils, board of health, county planning councils, business associations, service clubs, and PTA/PTO groups about the substance abuse and the potential risk and consequences.</li> </ol>

**Goal: To educate and support Scott County youth and their families who are high risk of substance use.**

<b>Objective</b>	<b>Activities</b>
By June 30, 2015, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to use and misuse of ATOD. (38 out of 50)	<ol style="list-style-type: none"> <li>1. Co-facilitate skill-building sessions regarding prevention of high risk behaviors with representatives of other community agencies such as but not limited to Scott County Juvenile Court Services and Family Resources Youth Alternative Program.</li> <li>2. Meet weekly with at-risk youth at least quarterly to conduct the evidence based curriculum, <i>Too Good for Drugs</i>.</li> <li>3. Conduct pre/post-tests at the end of each 8 week cycle.</li> </ol>

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES  
THAT THIS RESOLUTION HAS BEEN FORMALLY  
APPROVED BY THE BOARD OF SUPERVISORS ON  
\_\_\_\_\_  
DATE  
\_\_\_\_\_  
SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 23, 2015

APPROVAL OF COUNTY APPLICATION FOR SUBSTANCE ABUSE FUNDING

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

- Section 1. That the County Application for Substance Abuse Funding for State Reimbursement for the period of July 1, 2015 – June 30, 2016, is hereby approved. The application is to be submitted to the Iowa Department of Public Health requesting \$10,000 in state funds to match local substance abuse prevention funding.
- Section 2. That the Director of the Health Department is designated as the Board of Supervisors' Board Authorized Signatory within the IowaGrants.gov electronic grant management system and is authorized to sign the application and contract award.
- Section 3. That, if accepted, the Board approves receipt of such funding.
- Section 4. This resolution shall take effect immediately.