



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



Public Health
Prevent. Promote. Protect.

April 11, 2016

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

RE: Scott County Application for Substance Abuse Funding FY2017

The Iowa Department of Public Health has released the request for bid for the FY2017 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 FY2017 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 19, 2016 Committee of the Whole Agenda.



Application

Application Details

[Go to Application Forms](#)

157224 - County Substance Abuse Programs FY17

160921 - 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
Title:
Email: amy.thoreson@scottcountyiowa.com
Address: Scott County Health Department
600 W. 4th Street
City: Davenport Iowa 52801
Phone: 563-326-8618
Program Area of Interest: Environmental Health Services
Fax: 563-326-8774

Organization Information

Organization Name: Scott County Board of Supervisors
Organization Type: County Government
DUNS: 05-081-2361
Organization Website Address:

Cover Sheet-General Information

Authorized Official

Name: Jim Hancock
Title: Chair
Organization: Scott County Board of Supervisors
Address: Scott County Administrative Center
600 W. 4th Street
City/State/Zip: Davenport Iowa 52801
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		

Business Organization Form - Contact Information

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 Organization Form - Business Structure

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
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Identify the state of incorporation or registration of the applicant.

State of Incorporation*	Iowa
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Business Organization Form - Organization History

Provide a brief history of the agency.

History*	<p>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.</p> <p>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.</p>
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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.
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Include the agency's vision statement.

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

Business Organization Form - Table of Organization

Attach a current table of organization.

Table of Organization* [Organizational Chart.pdf](#)

Business Organization Form - Disclosure of Litigation

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.

Business Organization Form - Disclosure of Contract Default

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

Business Organization Form - Disclosure of Terminated Contract

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					

Business Organization Form - Disclosure of Contract Termination

Has your agency or a subcontractor had a contract terminated?	Identify if it was a contract or subcontract	Contact Person	Telephone Number of Contact	Email Address of Contact Person	Brief Description of Incident
No					

Business Organization Form - Audited financial statement

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.

Business Organization Form - Audited Financial Statement Attachment

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

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* 04/21/2016

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

Key Personnel

Key Personnel 1

Title/Position Description* County Program Administrator

First Name* Edward

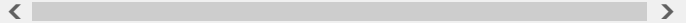
Last Name* Rivers

Email Address* health@scottcountyiowa.com

Role and Responsibilities* Provide oversight of contract and subcontract activities.

Experience and education*

Provides oversight to 17 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.



Credentials License #

Key Personnel Resume

Key Personnel 2

Title/Position Description*

County Program Coordinator

First Name*

Amy

Last Name*

Thoreson

Email Address*

health@scottcountyia.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 17 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

Key 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

Identify the proposed service area.

Applicant's Proposed Service Area*

Scott County, Iowa

Project Workplan Goals

Project Workplan Goals 1

Goal*

Goal 1 To increase perception of harm related to use and misuse of alcohol. Baseline measure: 71% of all grades perceived moderate to great risk, Iowa Youth Survey 2014,C9.

Project Workplan Goals 2

Goal*

Goal 2 To reduce 30 day use of marijuana. Baseline measure: 6% of Scott County students in grades 6,8 and 11 report marijuana use in the past 30 days, Iowa Youth Survey 2014, B16.

Objectives

Objectives 1

Goal*

Goal 1 To increase perception of harm related to use and misuse of alcohol. Baseline measure: 71% of all grades perceived moderate to great risk, Iowa Youth Survey 2014,C9.

SMART Objective(s)*

Rationale/Measure for Objective*	<p>By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.</p> <p>37% of Iowans 18-24 years old reported binge drinking in the past 30 days (BRFSS 2014).</p> <p>14% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days (IYS 2014, B17).</p> <p>11% of all grades used alcohol in the past 30 days with 25% of 11th graders admitting to alcohol use in the past 30 days. (IYS 2014, B16)</p>
Objectives 2	
Goal*	Goal 2 To reduce 30 day use of marijuana. Baseline measure: 6% of Scott County students in grades 6,8 and 11 report marijuana use in the past 30 days, Iowa Youth Survey 2014, B16.
SMART Objective(s)*	Conduct the curriculum Reconnecting Youth to high risk and indicated populations. By June 30, 2017, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.
Rationale/Measure for Objective*	62% of Scott County students in grades 6, 8, and 11 report great to moderate risk to self from smoking marijuana more than once per week(IYS2014,C11). 32% of Scott County students in grade 11 report they would be more popular or a lot more popular if they smoked marijuana(IYS2014,D3).



Activities

Activities 1

SMART Objective*	By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.1a)Present at PTA/PTO meetings, as requested by schools, to provide information on alcohol issues.
Area(s)/County(s) Served*	Scott County, Iowa
Responsible Staff *	Subcontract Agency Program Administrator
Timeline *	Ongoing
Completion Date*	June 30, 2017

Activities 2

SMART Objective*	By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(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.
Area(s)/County(s) Served*	Scott County, Iowa
Responsible Staff *	Subcontract Agency Program Administrator
Timeline *	Ongoing
Completion Date*	June 30, 2017

Activities 3

SMART Objective*	By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.1c) Participate in community health fairs, as requested, for local employers, agencies and businesses to provide information on alcohol issues.
Area(s)/County(s) Served*	Scott County, Iowa
Responsible Staff *	Subcontract Agency Program Administrator
Timeline *	Ongoing
Completion Date*	June 30, 2017

Activities 4

SMART Objective*	By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.1d) 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.
Area(s)/County(s) Served*	Scott County, Iowa
Responsible Staff *	Subcontract Agency Program Administrator
Timeline *	Ongoing
Completion Date*	June 30, 2017

Activities 5

SMART Objective* By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

Activity planned to achieve this objective* (1.1e) Through community meetings, staff will inform the public on science-based or community-based prevention programs.

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

Responsible Staff * Subcontract Agency Program Administrator

Timeline * Ongoing

Completion Date* June 30, 2017

Activities 6

SMART Objective* Conduct the curriculum Reconnecting Youth to high risk and indicated populations. By June 30, 2017, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.

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, 2017

Activities 7

SMART Objective* Conduct the curriculum Reconnecting Youth to high risk and indicated populations. By June 30, 2017, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.

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, 2017

Activities 8

SMART Objective* Conduct the curriculum Reconnecting Youth to high risk and indicated populations. By June 30, 2017, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.

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, 2017

Activities 9

SMART Objective* Conduct the curriculum Reconnecting Youth to high risk and indicated populations. By June 30, 2017, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.

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, 2017

Subcontract Plan Component

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 provide 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 [FY17 CADS County Substance Abuse Subcontract Draft.pdf](#)

Minority Impact Statement

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/Board Authorized Signatory


Grant Funds

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

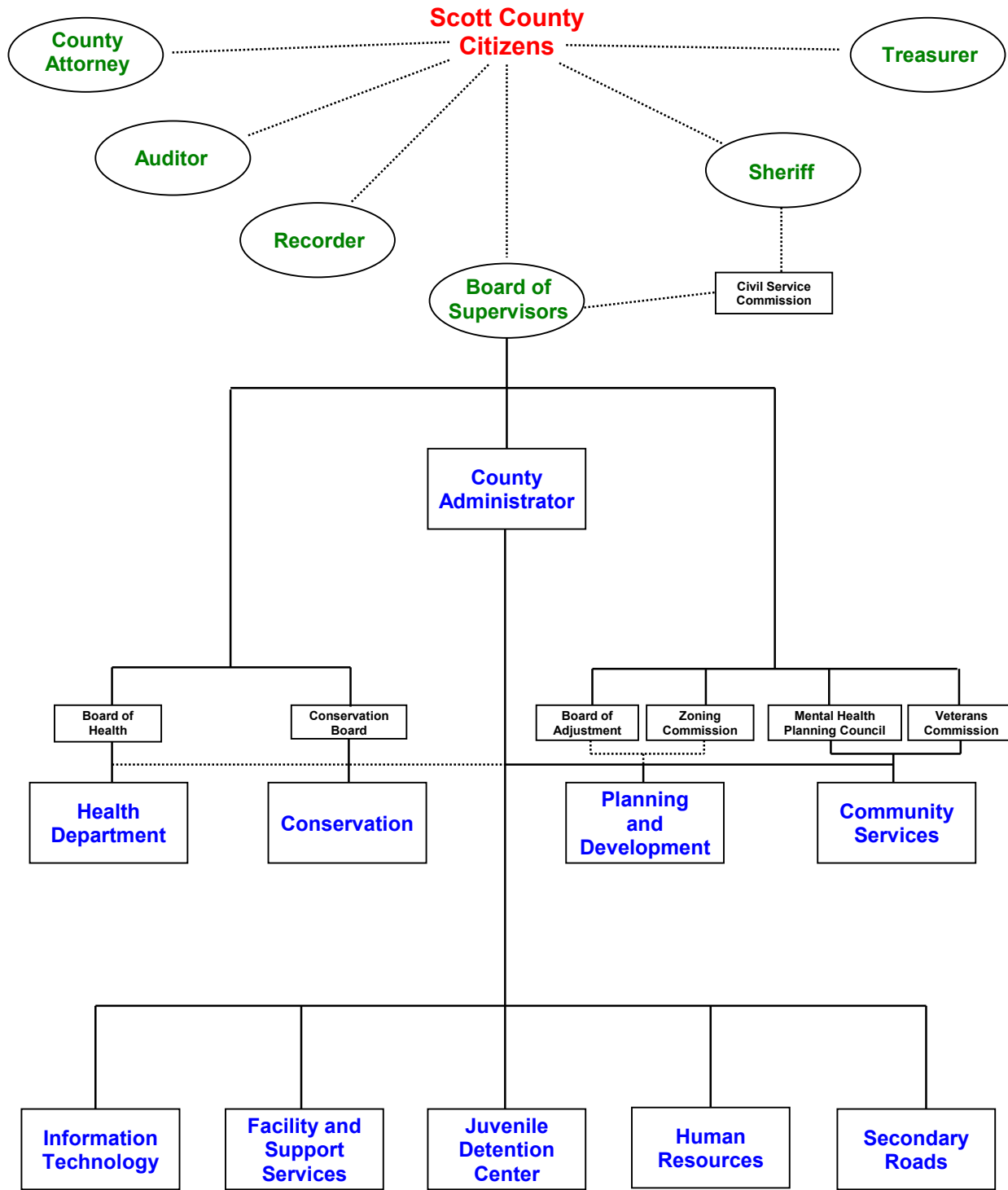
Budget Justification

Budget Category	Details	Grant Funds	Match
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Alexandra Rodriguez, Prevention Specialist (.165 FTE)	\$2,087.15	\$3,211.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Camille Cooper, Prevention Specialist (.165 FTE)	\$2,087.15	\$3,211.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Kennon Neal, Program Manager (.12 FTE)	\$0.00	\$5,928.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Anton Taylor, Prevention Specialist (.188 FTE)	\$3,738.55	\$3,973.48
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Mary DeWilde, Prevention Specialist (.125 FTE)	\$2,087.15	\$1,926.60
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Janet Rector, Director of Quality (.10 FTE)	\$0.00	\$7,558.20
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARYFRINGE: Stephanie McBride, Office Assistant (.15 FTE)	\$0.00	\$4,191.72
		\$10,000.00	\$30,000.00
		\$10,000.00	\$30,000.00

Indirect or Administrative Costs

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 4th Street
Davenport, Iowa 52801
Office: 563-326-8749
Fax: 563-328-3285
E-mail: board@scottcountyiowa.com
www.scottcountyiowa.com



CONTRACT #: 64048-38A-CADS17

PROJECT TITLE: County Substance Abuse Prevention Services

PROJECT PERIOD: July 1, 2016 through June 30, 2017

CONTRACT AMOUNT: \$40,000

CONTRACT PERIOD: July 1, 2016 through June 30, 2017

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

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 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: _____
Jim Hancock, Chair
Scott County Board of Supervisors

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

Date: _____

Date: _____

Special Conditions for Contract # 64048-38A-CADS17

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:

Jim Hancock, 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
Jim Hancock	Chairman	board@scottcountyiowa.com
Edward Rivers	Health Director	health@scottcountyiowa.com
Amy Thoreson	Deputy Health Director	amy.thoreson@scottcountyiowa.com
Teri Arnold	Administrative Office Assistant/Fiscal Officer	teri.arnold@scottcountyiowa.com

Contractor Personnel

Name	Title	E-mail address
Joseph P. Cowley	President/CEO	jcowley@cads-ia.com
Janet Rector	Director of Quality Services	jrector@cads-ia.com
Kurt Streicher	Vice-President/CFO	kstreicher@cads-ia.com

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 FY2017 (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, out-of-state speakers, promotional items, t-shirts, banners, incentives, 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 FY2017 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 FY2017 Year End Report and final reimbursement by July 21, 2017.

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:

Report	Date Due
Semi-Annual Progress Report	January 20, 2017
Quarterly Expenditure Workbook	July-September 2016 expenses due November 1, 2016
	October-December 2016 expenses due January 31, 2017
	January-March 2017 expenses due May 2, 2017
	April-June 2017 (Final) expenses due July 21, 2017
Year End Report	July 21, 2017

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

Reports shall be sent to:

Scott County Health Department
600 West 4th Street

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 17, 2017.
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 1: To increase perception of harm related to use and misuse of alcohol. Baseline measure: 71% of all grades perceived moderate to great risk, Iowa Youth Survey 2014, C9.

Objective 1	Activities
By June 30, 2017, conduct presentations to a minimum of 500 people with 75% of 500 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.	<ul style="list-style-type: none"> a. Present at PTA/PTO meetings, as requested by schools, to provide information on alcohol issues. b. Through school events (school registration, parent meetings, or open house), staff will inform the public on science-based or community-based prevention programs. c. Participate in community health fairs as requested for local employers, agencies and businesses to provide information on alcohol issues. d. 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. e. Through community meetings, staff will inform the public on science-based or community-based prevention programs.

Goal 2: To reduce 30 day use of marijuana. Baseline measure 6% of Scott County students in grades 6,8 and 11 report marijuana use in the past 30 days, Iowa Youth Survey 2014, B16.

Objective 2	Activities
Conduct the curriculum Reconnecting Youth to high risk and indicated populations. By June 30, 2017, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.	<ul style="list-style-type: none"> a. 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. b. 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. c. Meet monthly with indicated population in Scott County Detention to facilitate Reconnecting Youth curriculum. d. Conduct pre/post tests at the end of each 8 week cycle.

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 21, 2016

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, 2016 – June 30, 2017, 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.