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## Scott County Health Department

600 W. 4th Street | Davenport, IA 52801-1030 | P. 563-326-8618 | F. 563-326-8774  
health@scottcountyiowa.com | www.scottcountyiowa.com/health

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March 28, 2017

To: Mahesh Sharma, County Administrator  
From: Edward Rivers, Health Director

RE: Scott County Application for Substance Abuse Funding FY2018

The Iowa Department of Public Health has released the request for bid for the FY2018 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 FY2018 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 4, 2017 Committee of the Whole Agenda.



## Application

### 199367 - County Substance Abuse Programs FY18

199647 - Iowa Department of Public Health County Substance Abuse Programs  
Substance Abuse Prevention & Treatment

Status: Editing Submitted Date:

### Applicant Information

<b>Project Officer</b>			<b>Organization Information</b>		
AnA User Id	AMY.THORESON@IOWAID		<b>Organization Name:</b> *	Scott County Board of Supervisors	
<b>First Name</b> *	Amy	Thoreson	<b>Organization Type:</b> *	County Government	
	<small>First Name</small>	<small>Middle Name</small>	<b>DUNS:</b>	05-081-2361	
<b>Title:</b>			<b>Organization Website:</b>		
<b>Email:</b> *	amy.thoreson@scottcountyiowa.com		<b>Address:</b>		
<b>Address:</b> *	Scott County Health Department 600 W. 4th Street				
<b>City</b> *	Davenport	Iowa	52801		
	<small>City</small>	<small>State/Province</small>	<small>Postal Code/Zip</small>		
<b>Phone:</b> *	563-326-8618		8833	Iowa	
	<small>Phone</small>		<small>Ext.</small>	<small>City</small>	<small>State/Province</small>
<b>Program Area of Interest</b> *	Environmental Health Services		<b>Phone:</b>		
<b>Fax:</b>	563-326-8774		<b>Fax:</b>		
				<small>Ext.</small>	<small>Postal Code/Zip</small>

### Cover Sheet-General Information

#### Authorized Official

**Name**\* Carol Earnhardt

**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

## Business Organization Form - 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

*Provide the legal address of the eligible applicant. This is the address associated with the Federal Tax ID Number.*

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

**Applicant City:\*** Davenport

**Applicant State:\*** Iowa

**Applicant Zip Code:\*** 52801

**Applicant's Last 4 digits of Federal Tax ID Number:\*** 4465  
Enter only the last 4 digits of your Federal Tax ID Number

**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

### Alternate Mailing Address for Warrant/Payment, as applicable

*This section is optional and will be used by IDPH if the applicant is awarded a contract. As applicable, applicant may enter an alternate address (if different from legal address above) for IDPH to mail warrants/payments for provision of services.*

**Attention to:**

**Insert alternate address, as applicable:** Street or PO Box

City:

State:

Zip Code:

### ***Business Organization Form - 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

### ***Business Organization Form - 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.



This field is limited to 5,000 characters.

*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.

This field is limited to 500 characters.

*Include the agency's vision statement.*

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

This field is limited to 500 characters.

### ***Business Organization Form - Table of Organization***

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*Attach a current table of organization.*

**Table of Organization\*** Organizational Chart.pdf

### ***Business Organization Form - 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.

### ***Business Organization Form - 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				

### ***Business Organization Form - 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					

### ***Business Organization Form - Disclosure of Contract Termination***

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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***

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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.

## ***Business Organization Form - 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

**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](http://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.*

04/07/2017

**Date form completed and signed\***

*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**

**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 18 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 #****Personnel Resume****Personnel 2**

**Title/Position Description\*** County Program Coordinator  
**First Name\*** Amy  
**Last Name\*** Thoreson  
**Email Address\*** amy.thoreson@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 18 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 #****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 #****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 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

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### 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)\*** By June 30, 2018, conduct presentations to a minimum of 250 parents or school personnel with 75% of 250 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

**Rationale/Measure for Objective\*** 37% of Iowans 18-24 years old reported binge drinking in the past 30 days (BRFSS 2014).

14% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days (IYS 2014, B17).

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)

### Objectives 2

**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)\*** By June 30, 2018, conduct presentations to a minimum of 300 community members with 75% of 300 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

**Rationale/Measure for Objective\*** 37% of Iowans 18-24 years old reported binge drinking in the past 30 days (BRFSS 2014).

14% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days (IYS 2014, B17).

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)

### Objectives 3

**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 Aggression Replacement Training-ART (OJJDP Model Program) to high risk and indicated populations. By June 30, 2018, 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).

#### Objectives 4

**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 skill building sessions with youth at high risk and indicated populations. By June 30, 2018, 75% of 100 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

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### Activities 1

**SMART Objective\*** By June 30, 2018, conduct presentations to a minimum of 250 parents or school personnel with 75% of 250 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, 2018

### Activities 2

**SMART Objective\*** By June 30, 2018, conduct presentations to a minimum of 250 parents or school personnel with 75% of 250 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, 2018

### Activities 3

**SMART Objective\*** By June 30, 2018, conduct presentations to a minimum of 300 community members with 75% of 300 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

**Activity planned to achieve this objective\*** (1.2a) 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, 2018

### Activities 4

**SMART Objective\***

By June 30, 2018, conduct presentations to a minimum of 300 community members with 75% of 300 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

**Activity planned to achieve this objective\*** (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.

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

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

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2018

#### Activities 5

**SMART Objective\*** By June 30, 2018, conduct presentations to a minimum of 300 community members with 75% of 300 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

**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, 2018

#### Activities 6

**SMART Objective\*** Conduct skill building sessions with youth at high risk and indicated populations. By June 30, 2018, 75% of 100 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\*** (2.2a) Co-facilitate at least 10 skill-building sessions regarding prevention of high risk behaviors and marijuana use 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, 2018

#### Activities 7

**SMART Objective\*** Conduct skill building sessions with youth at high risk and indicated populations. By June 30, 2018, 75% of 100 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\*** (2.2b) Meet monthly with indicated population in Scott County Detention to facilitate skill building sessions and educate on harm related to marijuana use.

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

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

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2018

#### Activities 8

**SMART Objective\*** Conduct the curriculum Aggression Replacement Training-ART (OJJDP Model Program) to high risk and indicated populations. By June 30, 2018, 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) Meet weekly with at-risk youth at an alternative high school, serving three of the four school districts, to conduct the model program, Aggression Replacement Training-ART.

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

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

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2018

**Activities 9**

**SMART Objective\*** Conduct the curriculum Aggression Replacement Training-ART (OJJDP Model Program) to high risk and indicated populations. By June 30, 2018, 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) 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, 2018

**Subcontracts Proposed**

**Are Subcontracts proposed for work and services of this project?\*** Yes

**Subcontract Plan****Subcontract Plan 1**

**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 St.

**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

**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***

<b>Budget Category</b>	<b>Details</b>	<b>Grant Funds</b>	<b>Match</b>
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Alexandra Rodriguez, Prevention Specialist, Annual Salary: (.15 FTE) Match: County tax dollars	\$2,369.00	\$2,028.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: TBD, Prevention Specialist, Salary: (.13 FTE) Match: County tax dollars	\$2,275.00	\$1,950.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Kennon Neal, Program Manager, Annual Salary: (.15 FTE) Match: County tax dollars	\$0.00	\$8,577.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Jason Otten, Prevention Specialist, Annual Salary: \$ (.1395 FTE rounded) Match: County tax dollars	\$3,081.00	\$2,325.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Adrianna Rubio, Prevention Specialist, Annual Salary: (.13 FTE) Match: County tax dollars	\$2,275.00	\$1,950.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Janet Rector, Director of Quality (.1145 FTE) Match: County tax dollars	\$0.00	\$8,890.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Stephanie McBride, Office Assistant (.15 FTE rounded) Match: County tax dollars	\$0.00	\$4,280.00
		\$10,000.00	\$30,000.00
		\$10,000.00	\$30,000.00

### ***Indirect or Administrative Costs***

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

### ***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

No

disproportionate or unique **NEGATIVE IMPACT** on minority persons. \*

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, Aggression Replacement Training-ART, 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

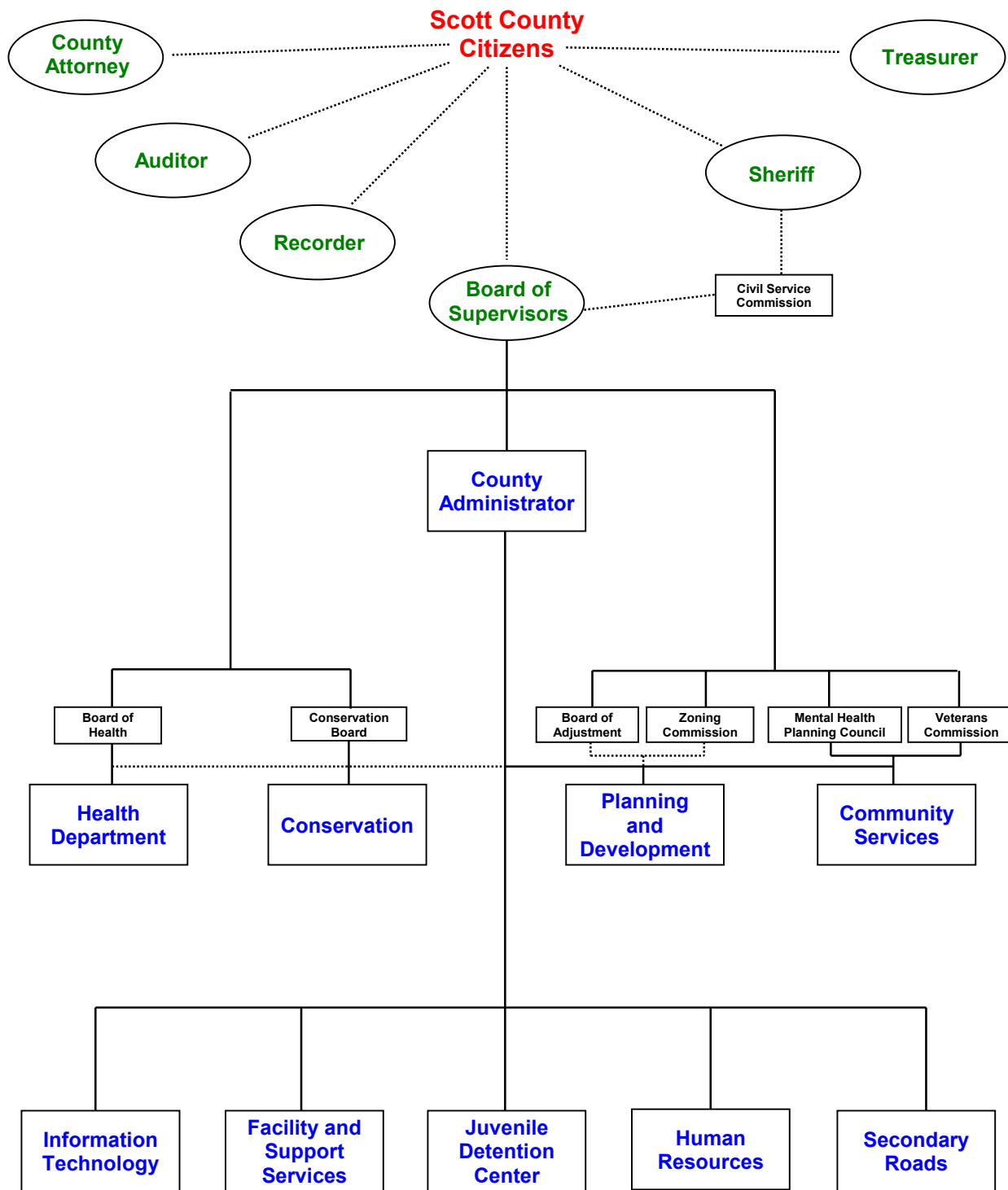
Name of Person Submitting Certification. \*

Edward Rivers

Title of Person Submitting Certification\*

Director/Board Authorized Signatory

# Scott County Government Organizational Chart



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

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 6, 2017

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, 2017 – June 30, 2018, 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.