

**TENTATIVE AGENDA**  
**SCOTT COUNTY BOARD OF SUPERVISORS**  
**May 13 - 17, 2019**

**Tuesday, May 14, 2019**

**Committee of the Whole - 8:00 am**  
**Board Room, 1st Floor, Administrative Center**

- \_\_\_ 1. Roll Call: Beck, Knobbe, Croken, Kinzer, Maxwell

**Presentation**

- \_\_\_ 2. Presentation by Visit Quad Cities.... 8:00 a.m.

**Facilities & Economic Development**

- \_\_\_ 3. Application for a Living Roadway Trust Fund grant. (Item 3)
- \_\_\_ 4. Purchase of one motorgrader for Secondary Roads. (Item 4)
- \_\_\_ 5. Third and final reading of an ordinance to amend Chapter 36 Tax Sale Certificate of the Scott County Iowa Code, by amending numerous sections. (Item 5)

**Human Resources**

- \_\_\_ 6. Staff appointments. (Item 6)

**Health & Community Services**

- \_\_\_ 7. Scott County Application for Substance Abuse Funding FY2020. (Item 7)

**Finance & Intergovernmental**

- \_\_\_ 8. Tax software contract amendment. (Item 8)
- \_\_\_ 9. Budget amendment of the FY19 County Budget. (Item 9)

**Other Items of Interest**

- \_\_\_ 10. Board appointment. (Item 10)

\_\_\_\_ 11. Adjourned.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_  
Ayes  
Nays

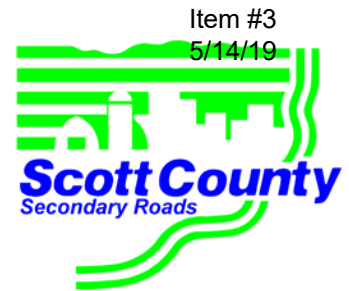
**Thursday, May 16, 2019**

**Regular Board Meeting - 5:00 pm  
Board Room, 1st Floor, Administrative Center**

**SCOTT COUNTY ENGINEER'S OFFICE**

950 E. Blackhawk Trail  
Eldridge IA 52748

(563) 326-8640  
FAX – (563) 328-4173  
E-MAIL - [engineer@scottcountyiowa.com](mailto:engineer@scottcountyiowa.com)  
WEB SITE - [www.scottcountyiowa.com](http://www.scottcountyiowa.com)



JON R. BURGSTRUM, P.E.  
County Engineer

ANGELA K. KERSTEN, P.E.  
Assistant County Engineer

TARA YOUNGERS  
Administrative Assistant

**MEMO**

TO: Mahesh Sharma  
County Administrator

FROM: Jon Burgstrum  
County Engineer

SUBJ: Submission of IRVM Grant Application

DATE: May 14, 2019

Discussion of a resolution approving the submission of a Grant Application to The Living Roadway Trust Fund. The IRVM Steering Committee has discussed the pros of a modern injection style spray unit with GPS speed control. The equipment would allow for greater accuracy and more efficient spraying. The committee feels that it would be beneficial to purchase a modern unit. We have looked at several models to get an idea of pricing and would like to submit an application to the Living Roadway Trust Fund for \$15,000. The cost of a truck mounted Spray unit is \$20,649.00. The maximum request for Living Roadway Trust Fund Grants is \$15,000. This would leave \$5,649.00 in matching funds or 27% of the purchase. If the grant is not received then we can apply again next fiscal year. The purchase will come out of the FY20 Budget.

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

May 16, 2019

APPROVAL OF APPLICATION FOR A LIVING ROADWAY TRUST FUND GRANT.

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

- Section 1. A Grant to the Living Roadway Trust Fund to be used for the purchase of a spray unit be approved
- Section 2. The County Engineer is authorized to submit such grant to the Iowa Department of Transportation for consideration.
- Section 3. This resolution shall take effect immediately.

**OFFICE OF THE SCOTT COUNTY FLEET MANAGER**

950 East Blackhawk Trail  
Eldridge, Iowa 52748

Office: (563) 328-4136  
Fax: (563) 328-4173  
www.scottcountyia.com



May 14, 2019

TO: Mahesh Sharma, County Administrator

FROM: Barbara Pardie, Fleet Manager

SUBJ: Approval of Purchase of One John Deere Model 770G for Secondary Roads with FY 2020 Funds

The Fleet Services Division has solicited bids for one short cab motorgrader with front wheel assist for Secondary Roads. This is a replacement purchase and replaces:

Year	Make	Model	Hours
2011	Caterpillar	140M2	7,100

Bid submitted is below:

Dealership	Location	Vehicle Bid	Price per vehicle	Trade In\Discounts	Total Purchase
Martin Equipment	Rock Island, IL	John Deere 770G	\$ 290,500	\$ 113,500	\$ 177,000

The low bid for the motorgrader was Martin Equipment of Illinois, Inc. at \$ 177,000. This purchase was budgeted for \$275,000 for FY20. It has come in under budget by \$ 98,000.

I will be in attendance at the next Committee of the Whole meeting to discuss this purchase and to answer any questions you or the Board may have.

CC: Jon Burgstrum  
Angie Kersten  
David Farmer  
Barb Schloemer

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES  
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\_\_\_\_\_  
DATE  
\_\_\_\_\_  
SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

May 16, 2019

A RESOLUTION APPROVING THE AWARD OF BID FOR THE PURCHASE OF ONE,  
SHORT CAB MOTORGRADER

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

- Section 1. That the bid for one 2019 John Deere Model 770G for Secondary Roads are approved and hereby awarded to Martin Equipment of Illinois Inc., Rock Island, IL, in the amount of \$ 177,000.
- Section 2. This resolution shall take effect immediately.

Prepared by: Scott County Administration, 600 West Fourth Street, Davenport Iowa

ORDINANCE NO. \_\_\_\_

AN ORDINANCE AMENDING CHAPTER 36 TAX SALE CERTIFICATE OF THE SCOTT COUNTY IOWA CODE, BY AMENDING NUMEROUS SECTIONS THERETO

BE IT ENACTED BY THE BOARD OF SUPERVISORS OF SCOTT COUNTY IOWA:

Section 1. That Chapter 36 of the Scott County Iowa Code, be and the same is hereby amended to read as follows:

**CHAPTER 36 TAX SALE CERTIFICATE**

SECTIONS:

- 36-1. PURPOSE
- 36-2. DEFINITIONS
- 36-3. PURCHASING DELINQUENT TAXES
- 36-4. PROCEDURE
- 36-5. VERIFIED STATEMENT
- 36-6. ASSIGNMENT OF TAX SALE CERTIFICATES
- 36-7. PURCHASE OF TAX SALE CERTIFICATES
- 36-8. INTENT TO REHABILITATE THE PROPERTY

SEC. 36-1. PURPOSE

The purpose of this ordinance is to allow the county and cities within the county the opportunity to utilize Iowa Code 446.19A, which states that the board of supervisors of a county may adopt an ordinance authorizing the county and each city in the county to bid on and purchase delinquent taxes and to assign tax sale certificates of an Abandoned Property or Vacant Lot.

SEC. 36-2. DEFINITIONS

For the purpose of this ordinance, the following terms shall be defined as follows:

- A. "Abandoned Property," as in Iowa Code 446.19A which states "Abandoned property" means a lot or parcel containing a building which is used or intended to be used for residential purposes and which has remained vacant and has been in violation of the housing code of the city in which the property is located or of the housing code applicable in the county in which the property is located if outside the limits of a city, for a period of six consecutive months.

- B. "Vacant Lot" means a lot or parcel located in a city or outside the limits of a city in a county that contains no buildings or structures and that is zoned to allow for residential structures.
- C. "Public Nuisance" as in Iowa Code 657A.1(7) which states "Public nuisance" means a building that is a menace to the public health, welfare, or safety, or that is structurally unsafe, unsanitary, or not provided with adequate safe egress, or that constitutes a fire hazard, or is otherwise dangerous to human life, or that in relation to the existing use constitutes a hazard to the public health, welfare, or safety by reason of inadequate maintenance, dilapidation, obsolescence, or abandonment.

#### SEC. 36-3. PURCHASING DELINQUENT TAXES

Pursuant to Iowa Code 446.19A, as amended by the 78th General Assembly, the county and each city in the county are hereby authorized to bid on and purchase delinquent taxes and to assign tax sale certificates of an Abandoned Property or Vacant Lot acquired under Iowa Code 446.19A.

#### SEC. 36-4. PROCEDURE

On the day of the regular tax sale or any continuance or adjournment of the tax sale, the county treasurer on behalf of the county or a city may bid for and purchase an Abandoned property, Vacant Lot or Public Nuisance property assessed as residential property or as commercial multifamily housing property a sum equal to the total amount due. The county or city shall not pay money for the purchase, but each of the tax levying and tax certifying bodies having interest in the taxes shall be charged with the total amount due the tax levying or tax certifying body as its just share of the purchase price.

#### SEC. 36-5. VERIFIED STATEMENT

Prior to the purchase, the county or city shall file with the county treasurer a verified statement that the parcel to be purchased is An Abandoned Property, Vacant Lot, or is likely to become, a Public Nuisance.

#### SEC. 36-6. ASSIGNMENT OF TAX SALE CERTIFICATES

After the date that a parcel is sold pursuant to Iowa Code section 446.18, 446.19A, 446.38 or 446.39, if the parcel assessed as residential property or as commercial multifamily housing property is identified as an Abandoned Property, Vacant Lot, or a Public Nuisance pursuant to a verified statement filed pursuant to section 5, a city or county may require the assignment of the tax sale certificate that had been issued for such parcel by paying the holder of such certificate the total amount due on the date the assignment of the certificate is made to the county or city and recorded with the county treasurer. If the certificate is not reassigned by the county or city, the county or city, whichever is applicable, is liable for the tax sale interest that was due the certificate holder pursuant to section 447.1, as of the date of reassignment.



SEC. 36-7. PURCHASE OF TAX SALE CERTIFICATES

The city or county may assign or reassign the tax sale certificate obtained pursuant to this ordinance. Persons who purchase certificates from the city or county pursuant to this ordinance are liable for the total amount due the certificate holder pursuant to section 447.1.

SEC. 36.8 INTENT TO REHABILITATE THE PROPERTY

All persons who purchase certificates from the city or county under this ordinance shall demonstrate the intent to rehabilitate the property for habitation if the property is not redeemed. In the alternative, the county or city may, if the title to the property has vested in the county or city under section 448.1, dispose of the property in accordance with section 331.361 or 364.7, as applicable.

SEVERABILITY CLAUSE. If any of the provisions of this ordinance are for any reason illegal or void, then the lawful provisions of this ordinance, which are separable from said unlawful provisions shall be and remain in full force and effect, the same as if the ordinance contained no illegal or void provisions.

REPEALER. All ordinances or parts of ordinances in conflict with the provisions of this ordinance are hereby repealed.

EFFECTIVE DATE. This ordinance shall be in full force and effective after its final passage and publication as by law provided.

First Consideration \_\_\_\_\_,  
Second Consideration \_\_\_\_\_,  
Third Consideration \_\_\_\_\_,

\_\_\_\_\_  
Tony Knobbe  
Chairman, Board of Supervisors

Attest: \_\_\_\_\_  
Roxanna Moritz  
County Auditor

Published on \_\_\_\_\_.

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

May 16, 2019

APPROVAL OF STAFF APPOINTMENTS

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

Section 1. The hiring of Trameka Woods for the position of part-time Detention Youth Counselor in the Juvenile Detention Center at the entry level rate.

Section 2. The hiring of Marshano Richardson for the position of part-time Detention Youth Counselor in the Juvenile Detention Center at the entry level rate.



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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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May 7, 2019

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

RE: Scott County Application for Substance Abuse Funding FY2020

The Iowa Department of Public Health has released the request for bid for the FY2020 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 FY2020 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 guidance for these grant funds. Please place this application on the May 14, 2019 Committee of the Whole Agenda.



**Application**

**305712 - FY20 County Substance Abuse Programs**

**308198 - 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  
**DUNS:** 05-081-2361  
**Organization Website Address:**

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

**Cover Sheet-General Information**

**Authorized Official**

**Name\*** Tony Knobbe  
**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 20,000 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:\*** County Table of Org.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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### ***Business Organization Form - Audited Financial Statement Attachment***

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## ***Business Organization Form - Disclosure of Financial Accountability***

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Have any irregularities of financial records been discovered to the applicant's accounts?	Identify each irregularity	Date of finding	Corrective action	Current status of resolution
No				

## ***Business Organization Form - Disclosure of Financial Accountability Contact Information***

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Contact Person:	Teri Arnold
Telephone Number of Contact:	563-326-8618
Email Address of Contact Person:	teri.arnold@scottcountyiowa.com

## ***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 certify that my agency is not suspended or debarred or otherwise excluded from participating in provision of services in the event application is approved.**

\* Yes

**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\*** 05/16/2019

*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 Public Health. Holds a Master of Public Health Degree.

**Credentials License #**

**Personnel Resume**

### Personnel 2

**Title/Position Description\*** County Project Director

**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\*** Jill

**Last Name\*** Westhoff

**Email Address\*** jill.westhoff@unitypoint.org

**Role and Responsibilities\*** Ms. Westhoff will serve as the fiscal agent for the grant and will submit all claims for this grant.

**Experience and Education\*** Ms. Westhoff has multiple years of experience in the accounting field and is the Director of Finance for CADS.

**Credentials License #****Personnel Resume****Personnel 4**

**Title/Position Description\*** Subcontractor Project Director

**First Name\*** Janet

**Last Name\*** Rector

**Email Address\*** janet.rector@unitypoint.org

**Role and Responsibilities\*** Oversight of the project ensuring all aspects of the program follow guidelines of RFP and work plan.

**Experience and Education\*** Ms. Rector has more than twenty-five years of experience as a counselor, prevention specialist, and supervisor in the field of substance abuse. BS in Health and Certified 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: 73% of all grades perceived moderate to great risk, Iowa Youth Survey 2016,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 2016, B41.

**Objectives**

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**Objectives 1**

**Goal\*** Goal 1 To increase perception of harm related to use and misuse of alcohol. Baseline measure: 73% of all grades perceived moderate to great risk, Iowa Youth Survey 2016,C9.

**SMART Objective(s)\*** By June 30, 2020, 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 2016).

15% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days (IYS 2016, B17).

10% of all grades used alcohol in the past 30 days with 24% of 11th graders admitting to alcohol use in the past 30 days. (IYS 2016, B16)

**Objectives 2**

<b>Goal*</b>	Goal 1 To increase perception of harm related to use and misuse of alcohol. Baseline measure: 73% of all grades perceived moderate to great risk, Iowa Youth Survey 2016,C9.
<b>SMART Objective(s)*</b>	By June 30, 2020, 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.
<b>Rationale/Measure for Objective*</b>	37% of Iowans 18-24 years old reported binge drinking in the past 30 days (BRFSS 2016).  15% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days (IYS 2016, B17).  10% of all grades used alcohol in the past 30 days with 24% of 11th graders admitting to alcohol use in the past 30 days. (IYS 2016, B16)

### Objectives 3

<b>Goal*</b>	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 2016, B41.
<b>SMART Objective(s)*</b>	Conduct the curriculum Aggression Replacement Training-ART (OJJDP Model Program) to high risk and indicated populations. By June 30, 2020, 75% of 50 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.
<b>Rationale/Measure for Objective*</b>	64% 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(IYS2016,C11). 34% of Scott County students in grade 11 report they would be more popular or a lot more popular if they smoked marijuana(IYS2016,D3).

### Objectives 4

<b>Goal*</b>	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 2016, B41.
<b>SMART Objective(s)*</b>	Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2020, 75% of 100 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.
<b>Rationale/Measure for Objective*</b>	64% 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(IYS2016,C11). 34% of Scott County students in grade 11 report they would be more popular or a lot more popular if they smoked marijuana(IYS2016,D3).

## Activities

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### Activities 1

<b>SMART Objective*</b>	By June 30, 2020, 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.
<b>Activity planned to achieve this objective*</b>	(1.1a) Present at school meetings, where parents are present, to provide information on alcohol 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, 2020

### Activities 2

<b>SMART Objective*</b>	By June 30, 2020, 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.
<b>Activity planned to achieve this objective*</b>	(1.1b) Through school events (school registration, conferences, sporting events, or open house), staff will inform the public on science-based or community-based prevention programs.
<b>Area(s)/County(s)</b>	Scott County, Iowa

**Served\*****Responsible Staff \*** Subcontract Agency Program Administrator**Timeline \*** Ongoing**Completion Date\*** June 30, 2020**Activities 3****SMART Objective\*** By June 30, 2020, 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, 2020**Activities 4****SMART Objective\*** By June 30, 2020, 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, businesses, social service agencies, 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, 2020**Activities 5****SMART Objective\*** By June 30, 2020, 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, 2020**Activities 6****SMART Objective\*** Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2020, 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) Conduct 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, 2020**Activities 7****SMART Objective\*** Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2020, 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 bi-weekly with indicated population within Scott County criminal justice system 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, 2020

**Activities 8**

**SMART Objective\*** Conduct the curriculum Aggression Replacement Training-ART (OJJDP Model Program) to high risk and indicated populations. By June 30, 2020, 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 with youth at an intermediate or high school in Scott County, not already engaged through IPN grant, 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, 2020

**Activities 9**

**SMART Objective\*** Conduct the curriculum Aggression Replacement Training-ART (OJJDP Model Program) to high risk and indicated populations. By June 30, 2020, 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 with each cycle of ART.

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

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

**Timeline \*** Ongoing

**Completion Date\*** June 30, 2020

## ***Subcontracts Proposed***

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

## ***Subcontract Plan***

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**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 1,400 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

Budget Category	Details	Grant Funds	Match
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Alexandra Rodriguez, Prevention Specialist, Annual Salary: \$45,946 (.08 FTE rounded) Match: County tax dollars	\$919.00	\$2,757.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Kennon Neal, Program Manager, Annual Salary: \$72,910 (.15 FTE rounded) Match: County tax dollars	\$2,789.00	\$8,367.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Jason Otten, Prevention Specialist, Annual Salary: \$49,321 (.08 FTE) Match: County tax dollars	\$986.00	\$2,959.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Adrianna Rubio, Prevention Specialist, Annual Salary: \$41,371 (.15 FTE rounded) Match: County tax dollars	\$1,603.00	\$4,809.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Janet Rector, Manager of Quality, Annual Salary: \$103,428 (.07 FTE) Match: County tax dollars	\$1,841.00	\$5,523.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Kimberly Cooper, Prevention Specialist, Annual Salary: \$49,645 (.15 FTE rounded) Match: County tax dollars	\$1,862.00	\$5,585.00
		\$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 Details Funds	Federally Approved Indirect Cost Rate Agreement
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 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, 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 Aggression Replacement Therapy-ART.

**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. \***

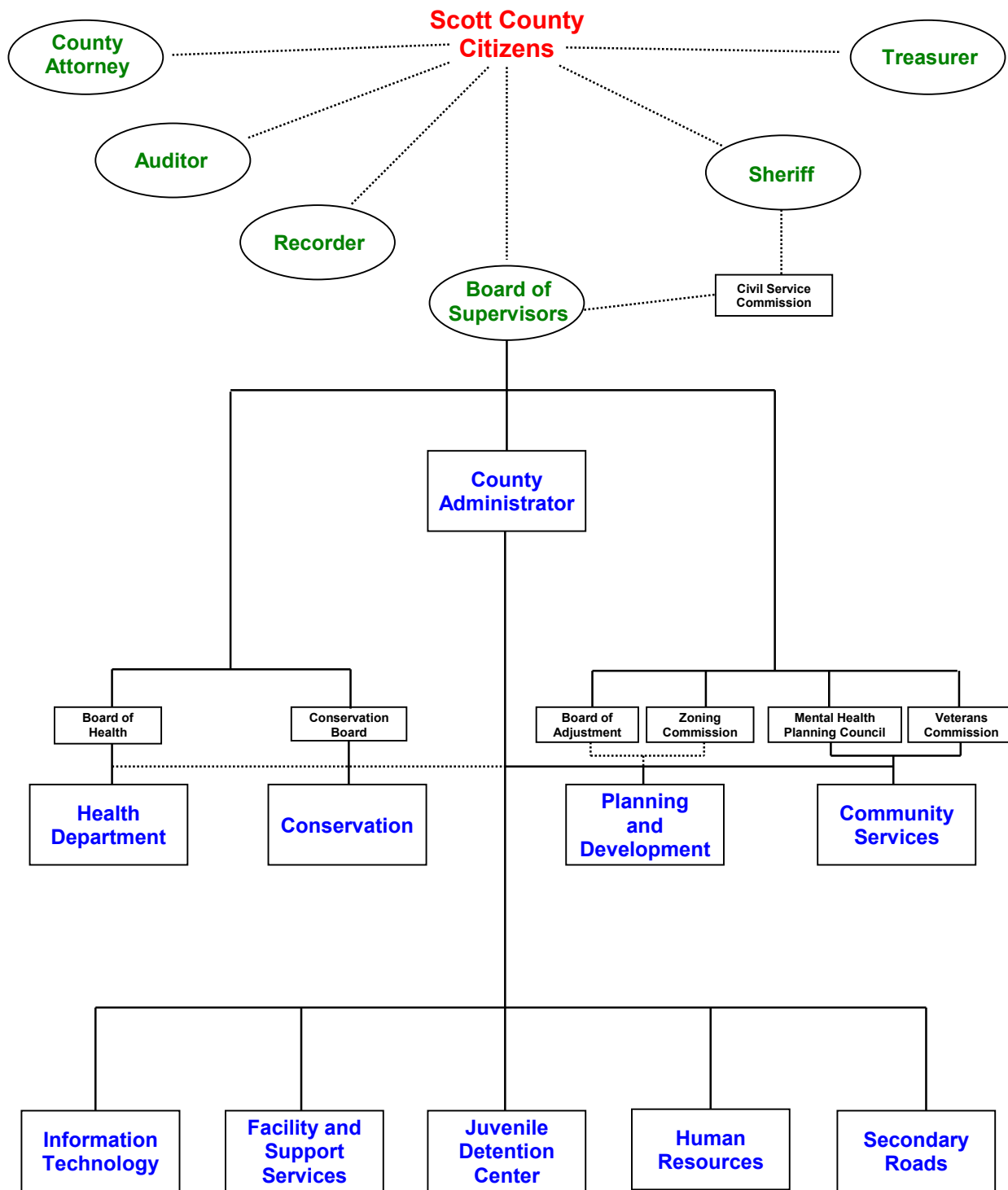
Edward Rivers

**Title of Person  
Submitting  
Certification\***

Director/Board Authorized Signatory



# Scott County Government Organizational Chart



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

**IOWA DEPARTMENT OF PUBLIC HEALTH**

**DIVISION OF BEHAVIORAL HEALTH**

**County Substance Abuse Programs**

**APPLICATION GUIDANCE STATE FISCAL YEAR 2020**

**PROJECT AND CONTRACT PERIOD: July 1, 2019 - June 30,  
2020**

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### SECTION 5 – ATTACHMENTS

Attachments are posted as separate documents in the Attachment section of this Funding Opportunity.

### SECTION 6 – LINKS

Reference documents are available by clicking on the link provided in the Website Links section of this Funding Opportunity.

## **SECTION 1 – GENERAL AND ADMINISTRATIVE ISSUES**

### **1.01 Purpose**

The purpose of this Application Guidance is to provide eligible applicants information on completion of the application for the County Substance Abuse Program. Services covered by this application include education, prevention, referral or post-treatment services.

### **1.02 Project and Contract Period**

Funding during the defined project period is dependent on approval of the Application, contractor performance during the fiscal year, compliance with general and special conditions of the contract, availability of project funds, program modifications, or any other grounds determined by the Department to be in the Department's best interest. The Department expects the contract period to be a one-year term from July 1, 2019 to June 30, 2020.

The issuance of this Application Guidance in no way constitutes a commitment by the Department to award a contract.

### **1.03 Eligible Applicants**

Applicants must meet each of the following eligibility requirements for consideration.

#### Eligible Applicants

Local Boards of Supervisors (BOS) are and will be the only entity eligible to apply for and serve as the contractor for the County Substance Abuse Program contract. BOS through Local Boards of Health (LBOH) have jurisdiction over public health matters in their designated geographic area. A Local Public Health Agency may not apply in response to this posting. All Iowa counties are eligible.

#### Electronic Communication Requirements

Applicant is required to maintain and provide to the Department, upon application, a current and valid email account for electronic communications with the Department.

Official email communication from the Department regarding this application will be issued from [iowa.grants@webgrantsmail.com](mailto:iowa.grants@webgrantsmail.com). Applicants are required to assure these communications are received and responded to accordingly.

### **1.04 Service Delivery Area**

Service Delivery area is the county represented by the eligible applicant.

### **1.05 Funding**

The source of funding is Sunday Sales-Liquor Fees Alcoholic Beverage Control, as per Iowa Code Chapter 123.36(7) and 123.143(1).

Applicants may apply for the allocated amount as designated per county for the contract period. A County Board of Supervisors (BOS) may apply for up to \$10,000 for the total one-year period for a county-operated substance abuse program.

Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on the availability of funding or any other grounds determined by the Department to be in the Department’s best interests.

Funding requirements include a 3:1 match (three parts county funds to one part Department funds). **No state or federal funds may be used as match.** County in-kind match may be utilized in compliance with 2 CFR 215.23 “Uniform administrative requirements for grants and agreements....” (See LINKS section of the Funding Opportunity). The reported match must be used for the substance abuse program.

**1.06 Schedule of Important Dates**

The table below lists critical dates in the application and contract award process. Contractors are encouraged to review the entire Application Guidance for detailed information about events, dates, times and sites.

EVENT	DATE
<b>Application Guidance and Supporting Documents Issued</b>	April 19, 2019
<b>Technical Assistance</b>	During Posting period of the Funding Opportunity
<b>Application Due Date</b>	May 16, 2019

**A. Application Guidance Issued and Availability of Forms**

The Department will post the Application Guidance under Grant Opportunities quick link at [www.iowaGrants.gov](http://www.iowaGrants.gov) on the date referenced in the Schedule of Important Dates table above. The Application Guidance will remain posted through the Application Due date.

It is the applicant’s sole responsibility to review all attachments for this Funding Opportunity and complete and submit all Funding Opportunity application forms prior to the stated due date and time.

**B. Written Questions and Responses**

Formal written questions and responses will not be conducted with this Application process. Refer to Section 1.07 below to seek technical assistance on these applications.

**C. Applications Due**

Applications must be submitted by (or before) 4:00 p.m. (local Iowa time) on **May 16, 2019** in the Electronic Grant Management System at [www.iowaGrants.gov](http://www.iowaGrants.gov). Attempted submission of a completed application after stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an application is

attempted after the stated date and time, the applicant will receive a notice stating “The Funding Opportunity is closed”.

Applications submitted to the Department in any manner other than through Electronic Grant Management System of the IowaGrants website (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Department and a rejection notice will be sent to the applicant. Any information submitted separately from the application will not be considered in the review process.

**The date and time system of the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of an application.**

**The due date and time requirements for submission of the application within Electronic Grant Management System of IowaGrants Web site are mandatory requirements and will not be subject to waiver as a minor deficiency.**

Submission Confirmation Screen: After an applicant submits an application, a confirmation screen containing an Application ID number will appear on your computer screen.

It is the applicant’s sole responsibility to complete all Funding Opportunity Forms and submit the application in sufficient time.

### **1.07 Technical Assistance**

Technical assistance is available during the posting period of these instructions and is strongly encouraged for completion of the Application. Contractors are encouraged to contact Janet Nelson at [Janet.Nelson@IDPH.iowa.gov](mailto:Janet.Nelson@IDPH.iowa.gov) with questions about the Application prior to submission **by the required deadline.**

### **1.08 IDPH IowaGrants.gov Assistance**

For assistance regarding IowaGrants, please contact the IDPH IowaGrants Helpdesk at [iowagrants.helpdesk@idph.iowa.gov](mailto:iowagrants.helpdesk@idph.iowa.gov) or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

### **1.09 Application Creation**

The application will consist of multiple required forms (refer to Section 2.03) available within the Electronic Grant Management system at [www.IowaGrants.gov](http://www.IowaGrants.gov).

Each individual within the applicant organization who desires access to the application must be registered in IowaGrants.Gov and linked to the County Board of Supervisor Organization. For registration guidance, refer to ‘New User Registration Instructions for *IowaGrants.gov*’ document as posted under The Attachments section of this Funding Opportunity.

**The first user to initiate an application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that application.** This primary user can add additional registered users as Grantee Contacts within their represented BOS organization to the Funding Opportunity for completion/edit/review of forms and submission of the application. If

multiple users are editing the same form within an application at the same time, the last saved version will override any changes made by other users.

The IowaGrants.gov system will permit multiple registered users of the applicant organization to create separate applications for the same Funding Opportunity, thereby creating multiple applications for the same Funding Opportunity. The applicant is responsible for ensuring only one entire application is completed and submitted for the county represented in response to this Application Guidance.

### **1.10 Withdrawal of Applications**

An application created in IowaGrants.gov cannot be deleted. An application may be withdrawn by request of an applicant at any time prior to the due date and time. An applicant desiring to withdraw an application shall submit notification including the application ID, title of the application, and the applicant organization name via email to IDPH IowaGrants HelpDesk at [iowagrants.helpdesk@idph.iowa.gov](mailto:iowagrants.helpdesk@idph.iowa.gov).

After this funding opportunity closes, the Department may withdraw applications that have not been submitted.

### **1.11 Resubmission of Withdrawn Applications**

A withdrawn application may be resubmitted by an applicant at any time prior to the stated due date and time for the submission of applications.

To access a withdrawn application:

- Registered Users login to [www.IowaGrants.gov](http://www.IowaGrants.gov) as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the application that you want to copy by marking it under the 'Copy' column (Note: all applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

The application that was copied will be open in this funding opportunity. Be sure to **re-title the** application if necessary by going into the General Information form and editing it. Continue to complete the application forms and submit following the guidance provided in sections in section 2 of this Application Guidance.

Withdrawn applications for this Application Guidance posting must be submitted by the due date and time provided in section 1.06.

### **1.12 Costs of Application Preparation**

All costs of preparing the application are the sole responsibility of the applicant. The Department is not responsible for any costs incurred by the applicant which are related to the preparation or

submission of the application.

### **1.13 Rejection of Applications/Cancellation of Application Guidance**

The Department reserves the right to reject, in whole or in part, any or all applications, or to abandon the need for such services, and to cancel this Application Guidance if it is in the best interests of the Department. Any application may be rejected outright and not evaluated for any of the following reasons:

1. The applicant is not an eligible applicant as defined in section 1.03.
2. An application is submitted in any other manner than the Electronic Grant Management System at [www.iowaGrants.gov](http://www.iowaGrants.gov).

### **1.14 Restrictions on Gifts and Activities**

Iowa Code Chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

In addition, Iowa Code Chapter 722 provides that it is a felony offense to bribe a public official.

### **1.15 Use of Subcontractors**

The applicant is permitted to subcontract for the performance of services identified in the Application under the contract. Subcontracts must adhere to the provisions of Section 5 of the Iowa Department of Public Health [General Conditions Effective July 1, 2016](#) as posted on the Department's website under Funding Opportunities. Planned use of subcontractors by an applicant must be clearly explained in the application. This information must include:

1. The name and address of the subcontractor if known;
2. The scope of work to be performed by each subcontractor;
3. Subcontractor qualifications; and
4. The estimated dollar amount of each subcontract.

Current individual employees of the State of Iowa may not act as subcontractors under this contract.

The applicant is fully responsible for all work performed by subcontractors. No subcontract into which the applicant enters into with respect to performance under the contract will, in any way, relieve the applicant of any responsibility for performance of its duties.

### **1.16 Information from Other Sources**

The Department reserves the right to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and subcontractors, and the applicant's capability and performance under other Department contracts, other state contracts and contracts with private entities. The Department may use any of this information in evaluating an applicant's application.

### **1.17 Litigation or Investigation Disclosure**

The applicant shall disclose any pending or threatened litigation, administrative, or regulatory



proceedings or similar matters which could affect the ability of the applicant to perform the required services. Failure to disclose such matters at the time of application within the Business Organization Form (Refer to Section 2.03 of this Application Guidance) may result in rejection of the application or termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Department.

### **1.18 Financial Accountability**

The applicant shall maintain sufficient financial accountability and records. The applicant shall disclose each irregularity of accounts maintained by the applicant discovered by the applicant's accounting firm, the applicant, or any other third party. Failure to disclose such matters, including the circumstances and disposition of the irregularities, at the time of application within the Business Organization Form (Refer to Section 2.03 of this Application Guidance) may result in rejection of the application or termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Department.

### **1.19 Waivers and Variances**

The Department reserves the right to waive or permit cure of non-material variances in the application's form and content providing such action is in the best interest of the Department. In the event the Department waives or permits cure of nonmaterial variances, such waiver or cure will not modify the program requirements or excuse the applicant from full compliance with program specifications or other contract requirements if the applicant is awarded the contract. The determination of materiality is in the sole discretion of the Department.

### **1.20 Disposition of Applications**

All application submissions become the property of the Department.

If the Department awards funds to an applicant, the contents of all applications will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code Chapter 22 or other provision of law.

### **1.21 Public Records**

All information submitted by an applicant will be treated as public information following the Application review process.

### **1.22 Copyrights**

By submitting an application, the applicant agrees that the Department may release the application for the purpose of facilitating the evaluation of the application or to respond to requests for public records. By submitting the application, the applicant consents to such release and warrants and represents that such release will not violate the rights of any third party. The Department shall have the right to use ideas or adaptations of ideas that are presented in the applications. In the event the applicant copyrights its application, the department may reject the application as noncompliant.

### **1.23 Amendments to the Application Guidance**

The Department reserves the right to amend the Application Guidance at any time. In the event the Department decides to amend, add to, or delete any part of this Application Guidance, a written amendment will be posted at [www.iowaGrants.gov](http://www.iowaGrants.gov) under this Funding Opportunity Title. The applicant is advised to check this website periodically for amendments to this Application Guidance. In the event an amendment occurs after the Funding Opportunity is closed, the Department will email the written amendment to the individuals identified in the submitted application as the Project Officer (Registered Applicant) and the Authorized Official listed in the Cover Sheet- General Information Form.

#### **1.24 Appeal of Rejection Decision**

The applicant's receipt of a rejection letter constitutes receipt of notification of the adverse decision per 641 Iowa Administrative Code Chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten business days of receipt of notification of the adverse decision. Appeals shall be submitted in writing, to John McMullen, Service Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the proposal were not followed. In the event of an appeal, the Department will continue working with the successful applicant pending the outcome of the appeal.

#### **1.25 Definition of Contract**

The full execution of a written contract by both parties shall constitute the making of a contract for services and no applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the applicant and the Department.

#### **1.26 Construction of Application Guidance**

This Application Guidance shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements. Any and all litigation or actions commenced in connection with this application guidance shall be brought in the appropriate Iowa forum.

## SECTION 2 – APPLICATION CONTENT

### 2.01 Scope and Description of Services

#### Background

The Iowa Department of Public Health invites annual applications from counties specifically to support substance abuse programs such as education, prevention, referral or post-treatment services. These services are to be identified and supported by the county with a 3:1 match (three parts county support to one part Department). A Board of Supervisors (BOS) may apply for up to \$10,000 for the total one-year period for a county-operated substance abuse program.

#### Goals and Objectives of the program

The applicant will identify at least 1 goal if requesting less than \$5,000 and at least 2 goals for applicants requesting more than \$5,000. Measurable objectives and other relevant details will be proposed in the work plan.

#### Description of Work and Services

The Applicant's substance abuse program may expand or enhance:

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

Funding requirements include a 3:1 match (three parts county funds to one part Department funds). **No state or federal funds may be used as match.** County in-kind match may be utilized in compliance with 2 CFR 215.23 "Uniform administrative requirements for grants and agreements..." (See LINKS section of the Funding Opportunity). The reported match must be used for the substance abuse program. A work plan detailing the goals, objectives, and additional relevant details will be submitted via the lowagrants components.

#### Staffing or Personnel Requirements

Staffing must be sufficient to implement the project as described in this guidance. The applicant must identify at least a project director who will be designated by the Contractor to have the authority to manage the resulting contract and the legal responsibility to assure compliance with all contract conditions. The identified Project Director will receive key communications from the Department and will be responsible for keeping the Contractor and all Authorized Agencies informed of any relevant contract issues.

#### Required Reporting

The Department requires periodic reporting of compliance with proposed action plan, provision of services, and incurred expenses by successful applicants. Successful applicants will be awarded a contract to be managed within an Electronic Grant Management system within

[www.iowaGrants.gov](http://www.iowaGrants.gov). The required reports and related information will be submitted within the Grant Tracking system. The reports and submission requirements are subject to change at the sole discretion of the Department.

Anticipated reports include:

- Semi-annual progress report- this report will include details about progress towards fulfilling activities detailed in the action plan, etc.
- Year End report- this report will include details about the contractor fulfilling activities detailed in the action plan over the contract period, etc.
- Quarterly claim (and support documentation, if applicable).

## **Performance Measures**

The Department anticipates the following performance measures to be included in a successful applicant's contract.

- Contractors shall meet the 2020 Work Plan goals and objectives as submitted via IowaGrants and approved by the Department.

A disincentive totaling five percent (5%) of the contractual amount shall be withheld from the second quarterly claim (due February 13, 2020). Confirmation of completion will be verified by IDPH staff review of the final report in IowaGrants (due August 6, 2020). The monies will be released upon confirmation that goals and objectives were met.

The Contractor shall submit any documentation required for the performance measure into the progress reports component of the grant site within IowaGrants.gov.

## **2.02 Application Instructions**

In compliance with the minimum requirements and scope, applicants must complete each form listed below in section 2.03 for this Funding Opportunity.

Each user will complete the registration process, if not already registered. Follow the steps outlined in the 'New User Registration Instructions for IowaGrants.gov' as posted under the Attachment section of the Funding Opportunity. New Users should allow a few days for the registration to be processed.

Refer to Section 1.09 for instructions on Application Creation.

Note: The IowaGrants.gov system will permit multiple users within the Applicant Organization to register and begin creation of an application for each funding opportunity. The applicant is responsible for ensuring **only one entire application is completed and submitted for the same service area.**

For general instructions on completing applications in IowaGrants.gov, refer to the 'IDPH Application Instruction Guidance' as posted under the Attachment section of the Funding

Opportunity.

### **Copy Previous Application:**

Applicants that have previously completed an application in IowaGrants can copy it. Below are the general steps for copying an application, also refer to the 'IDPH Application Instruction Guidance' (starting on page 18) as posted under the Attachment section of the Funding Opportunity.

To copy an application:

- Registered Users login to [www.iowaGrants.gov](http://www.iowaGrants.gov) as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the application that you want to copy by marking it under the 'Copy' column (Note: all applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

The application that was copied will be open in this funding opportunity. Be sure to **re-title the** application if necessary by going into the General Information form and editing it. Continue to complete the application forms and submit the application prior to the due date.

The registered applicant must be representing the **eligible County Board of Supervisors**. After clicking 'Save'; the applicant can re-open this form and add other users registered with the represented organization in IowaGrants.gov as 'Additional Contacts'.

The saved General Information Form appears as the first form in your application and can be edited at any time prior to submitting the application.

### **2.03 Application Forms:**

Applicants must complete each application form listed below following the instructions within Electronic Grant Management System at [www.lowagrants.gov](http://www.lowagrants.gov). Each required field of each Application Form must be completed or the system will not allow the form to be saved. Once an application form is completed, the applicant must mark it as complete. All forms must be marked as complete or IowaGrants.gov system will not permit the application to be submitted. Follow the instructions for each field within the Form. A summary of each Form's contents is listed below.

**Cover Sheet - General Information:** This form requires the applicant to identify the Authorized Official, the Fiscal Contact, and additional required information.

**Business Organization:** This form requires information about the applicant organization, including legal name, address, alternate mailing address for warrant/payments, business structure, history, table of organization, any pending or threatened litigation or investigation which may affect the Applicant's ability to perform the required services (refer to Application Guidance Section 1.17), as well as identification of the applicant's accounting firm and reporting any irregularities discovered in

any of the accounts maintained by the applicant (refer to Application Guidance Section 1.18), and disclosure of history of contract default or terminations.

**Application Certification and Conditions BOS:** This form provides for the certification and assurance of the Applicant's intent and commitment to provide the services included in the application if an award is issued. This form will also identify the individual designated as the Grantee Contact with full responsibility for assignment of individuals to a resulting grant site in IowaGrants. This form contains upload fields for transmittal letters and other applicable communications.

The Certification and Conditions Form is **required** to be completed, electronically signed and dated by the BOS authorized signatory.

- o Iowa Code Section 554D.103 defines an electronic signature as “an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.” An applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An applicant's submission of an application indicates the applicant's agreement to conduct this transaction by electronic means.

**Personnel:** This form requires specific information about the project personnel related to providing the services described in this Application Guidance. Specifically applicants will identify the title/position, name, role and responsibilities, experience and education, and credential or license # as applicable for each person with time dedicated to this project.

At a minimum, applicants must identify the following personnel:

- Project Director
- BOS staff contact person
- (If different from above) Staff or subcontractor responsible for implementation of work plan

**Project Work Plan Form:** This form requires applicant to identify the details for implementing the work and services as described in this Application Guidance. Applicants shall demonstrate within their work plan their capability to implement the minimum requirements as described in section 2. Within this form, the applicant will identify the proposed service area and provide specific and detailed plans for the applicant's proposed project including goals, objectives, activities planned, measures, rationale, responsible person(s) and timeframes. The applicant will identify at least 1 goal if requesting less than \$5,000 and at least 2 goals for applicants requesting more than \$5,000.

**IDPH Subcontract Plan:** This form requires specific information about applicant's proposed plan for subcontracts. Applicant shall identify if subcontracts are proposed, and if so, the applicant shall include the scope of work of subcontracted services; anticipated amount for each proposed subcontract; the name, contact information, experience of subcontractor (if known at the time of application); and the delivery area(s) to be served through the subcontract.

**Standard Line Item Budget With Match:** This form requires the applicant to demonstrate a budget adequate to support the work of the application. Applicants may not exceed the available funding amounts identified in section 1.05. Funding requirements include a 3:1 match (three parts county funds to one part Department funds). **No state or federal funds may be used as match.** County in-kind match may be utilized in compliance with 2 CFR 215.23 “Uniform administrative requirements for grants and agreements....” (See LINKS section of the Funding Opportunity). The reported match must be used for the substance abuse program.

### **Line Item Budget:**

Applicants will demonstrate a budget adequate to support the work of the application based on the specific line item categories outlined below. A budget justification narrative shall describe how the budget was calculated and justify the expenses detailed.

### Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

1. Salary and Fringe Benefits

The applicant shall include all staff salary and fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff position title, the annual salary and annual fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds.

2. Subcontract

If services performed for any activities outlined in this Application Guidance are to be subcontracted, the applicant must detail the anticipated subcontract expenses in this category. Refer to Section 1.15 of this Application Guidance and Section 5 of the IDPH General Conditions for subcontract provisions and requirements.

3. Equipment

**Equipment may not be purchased with these funds.**

4. Other

This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities (if not included in Administrative or Indirect Costs), training, information technology-related expense, travel\*, etc. and should reflect any major activities required to accomplish the action plan or work plan. This category also includes any items not meeting the above definition for equipment.

*\*The Department will not reimburse the Contractor travel amounts in excess of limits established by Iowa Department of Administrative Services.*

*Current in-state travel maximum allowable reimbursement amounts:*

- *Food for in-state travel : \$12.00/breakfast, \$15.00/lunch and \$29.00/dinner*
- *Lodging: \$98.00 plus taxes per night*
- *Mileage: \$0.39 per mile*

*Out of state travel is not an allowable expense.*

### **Indirect or Administrative Costs**

Applicants may charge an indirect rate in accordance with their federally approved Indirect

Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). If the applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the application. The Department reserves the right to negotiate the application of the Indirect Rate per individual contract.

Only in the absence of a federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments), Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The total budget may not exceed total available funds. Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.

The applicant shall maintain documentation to support the administrative cost allocation. The Department reserves the right to request the documentation at any time.

### **Unallowable Costs**

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

**Minority Impact Statement:** This form collects information about the potential impact of the project's proposed programs or policies on minority groups.



## SECTION 3 – EVALUATION PROCESS AND CRITERIA

### SECTION 3 – EVALUATION PROCESS

#### 3.01 Review Process

Once Applications are submitted in the Electronic Grant Management System according to the instructions outlined in Section 1, they are considered final and will be ready for official Department review.

All Applications will be reviewed for content and completeness by the assigned Department Program Consultant using the Review Tool as posted under the Attachment section of the Funding Opportunity. The Department Program Consultant may begin conducting review of the Applications immediately following the submission (which may be prior to the due date when the Funding Opportunity has closed).

If submitted applications do not meet Department requirements, the application forms that need to be corrected will be returned to the contractor via negotiation from within the Electronic Grant Management System. The email notification of the required form correction will be issued from [iowa.grants@webgrantsmail.com](mailto:iowa.grants@webgrantsmail.com). The Applicant will be expected to make corrections to the form by the deadline provided by accessing the returned application, making required corrections/edits to the form(s), marking as complete, and submitting the corrected application.

**It is strongly encouraged that applicants take advantage of the technical assistance available from the Department Program Consultant PRIOR to the Application deadline. Contracts will not be issued until the entire Application is approved by the Department.**

#### 3.02 Review Tool

Each application will be reviewed using the review tool included as an attachment to this funding opportunity.

## **SECTION 4 – CONTRACT**

### **4.01 Contract Issuance**

Upon Department Program Consultant approval of all application forms, the successful applicant(s) will receive a contract document via email from the Department. The successful applicant has ten (10) working days from the date of receipt in which to negotiate and sign a contract with the Department. If a contract has not been executed within ten (10) working days of applicant's receipt, the Department reserves the right to cancel the award and to begin negotiations with another entity or applicant deemed appropriate by the Department. The Department may, at its sole discretion, extend the time period for negotiations of the contract.

### **4.02 Conditions**

Any contract awarded by the Department shall include specific contract provisions and the Iowa Department of Public Health General Conditions Effective July 1, 2016 as posted on the Department's website under Funding Opportunities <http://idph.iowa.gov/finance/funding-opportunities/general-conditions>. Refer to the Draft Contract Template Attachment under this Funding Opportunity. The Draft Contract Template included is for reference only and is subject to change at the sole discretion of the Department.

The contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the Application Guidance and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the application. All costs associated with complying with these requirements should be included in the application. If the contract exceeds \$ 500,000, or if the contract together with other contracts awarded to the Contractor by the Department exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code Chapter 8F.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

### **4.03 Incorporation of Documents**

The Application Guidance, any amendments, and the application submitted in response to the Funding Opportunity form a part of the contract. The parties are obligated to perform all services described in the application unless the contract specifically directs otherwise.

### **4.04 Contractual payments**

The Department provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514.

## **SECTION 5 – ATTACHMENTS**

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

- A- FY20 County Substance Abuse Program
- B- New User Registration Instructions for IowaGrants.gov
- C- IDPH Application Instruction Guidance
- D- FY20 County Substance Abuse Program DRAFT Contract Template
- E- FY20 County Substance Abuse Program Application DRAFT Review Tool

## **SECTION 6 – LINKS**

The following reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

IDPH General Conditions

<http://idph.iowa.gov/finance/funding-opportunities/general-conditions>

Federal Regulations 215.23 on In-Kind Match

<https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A110/2cfr215-0.pdf>

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

May 16, 2019

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, 2019 – June 30, 2020, 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.

**INFORMATION TECHNOLOGY**

400 West Fourth Street  
Davenport, Iowa 52801-1104

Ph: (563) 328-4100 Fax: (563) 326-8669  
www.scottcountyiowa.com



May 7, 2019

To: Mahesh Sharma, County Administrator

From: Mike Fennelly, County Treasurer  
Barb Vance, Treasurer's Office Operations Manager  
Matt Hirst, Information Technology Director

Subject: Tax Software Contract Amendment

Scott County has requested and received an Amendment to Subscription Agreement for a contract extension from Tyler Technologies to Incode, the property tax management application, currently used by the County Treasurer's Office.

Incode was originally purchased and installed in 2003. The project was a successful conversion from an in-house developed ZIM application that had served as the tax management system for many years prior.

Incode Tax Version X, has been on the market since 2010 and has been the line of business tax application in the Treasurer's Office since 2013. Incode is currently used in in more than half of Iowa Counties.

The Scott County Treasurer's Office currently collects \$321 million in property taxes for approximately 70,000 parcels annually. Incode is designed to handle this workload. Incode Version X is built around current versions of Microsoft .NET and SQL technology.

It is recommended that the Board authorize the County Treasurer to sign the Amendment to Subscription Agreement from Tyler Technologies for InCode Tax in the amount of \$70,056 annually for five (5) years.

The cost for the subscription for Incode Tax has been \$66,720 annually for the previous five (5) years..

NOTE: Subscription licensing pays for software use each year as opposed to a one time up front cost.

Enc



### Amendment to Subscription Agreement

This Amendment is made between Tyler Technologies, Inc., with offices at 5519 53<sup>rd</sup> Street, Lubbock, Texas 79414 ("Tyler") and Scott County, with offices at 400 West Fourth Street, Davenport, IA 52801 ("Client").

WHEREAS, Client and Tyler are parties to the contract numbered 2012-0065 dated November 14, 2012 governing Client's access to the software and services ("Software") described therein; and

WHEREAS, the term of the agreement expires April 30, 2019;

NOW THEREFORE, in consideration of the foregoing and of the mutual covenants and promises set forth in the agreement, Tyler and Client agree as follows:

1. The term of the agreement is hereby renewed for a five (5) year term commencing on May 1, 2019 and expiring on April 30, 2024 ("Term"). Upon expiration of the initial term, this Amendment will renew automatically for additional one (1) year renewal terms at our then-current SaaS Fees unless terminated in writing by either party at least sixty (60) days prior to the end of the then-current renewal term.
2. Tyler shall invoice Client \$70,056.00 for the first year's annual subscription fee in advance of the Term renewal date, and in each year through the end of the Term.
3. The subscription fees are based on the number of users described in the agreement, and the Software may be accessed by no more than this number. Additional user subscriptions may be added during the Term at the same pricing as that for the current subscriptions, prorated for the remainder of the Term in effect at the time the additional user subscriptions are added.
4. This is a Subscription On-Premise Renewal inclusive of Property Tax Management.
5. All terms and conditions not herein amended shall remain in full force and effect.

IN WITNESS WHEREOF, a duly authorized representative of each party has executed this Amendment as of the date(s) set forth below.

Tyler Technologies, Inc.  
Local Government Division

Scott County

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

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

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

May 16, 2019

APPROVING TAX SOFTWARE CONTRACT AMENDMENT

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

Section 1. The authority of the County Treasurer to sign a five (5) year contract extension with Tyler Technologies in an amount not to exceed \$70,056 annually for Incode Tax software subscription agreement is hereby approved.

Section 2. This resolution shall take effect immediately.

**OFFICE OF THE COUNTY ADMINISTRATOR**

600 West Fourth Street  
Davenport, Iowa 52801-1003

Office: (563) 326-8702  
Fax: (563) 328-3285  
www.scottcountyiowa.com



Item #9  
5/14/19

May 6, 2019

TO: Mahesh Sharma, County Administrator

FROM: David Farmer, CPA, Director of Budget and Administrative Services

RE: FY19 Budget Amendment

On May 16, 2019, the County will present its official public hearing on the 2019 Budget Amendment. This budget amendment is the County's annual estimate of expenditures and transfers that were adjusted or calculated since the budget was approved in February 2019. The Budget Amendment was presented in the County's two official newspapers on May 1, 2019. The amendment is scheduled to be approved May 16, 2019. Attached is the resolution. Further details were discussed at the April 30, 2019 Committee of the Whole.



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

May 16, 2019

APPROVING A BUDGET AMENDMENT TO THE FY19 COUNTY BUDGET

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

Section 1. A budget amendment to the current FY19 County Budget as presented by the County Administrator is hereby approved as follows:

<u>SERVICE AREA</u>	<u>FY19 AMENDMENT AMOUNT</u>
Public Safety and Legal Services	\$665,692
Physical Health and Social Services	\$30,079
Mental Health, ID & DD	\$0
County Environment and Education	(\$3,539)
Roads and Transportation	\$384,447
Government Services to Residents	\$41,477
Administration	\$349,747
Nonprogram Current	\$0
Debt Service	\$6,600,000
Capital Projects	\$3,339,141
Operating Transfers Out	\$43,141

Section 2. This resolution shall take effect immediately.

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

May 16, 2019

APPROVAL OF APPOINTMENT OF MAHESH SHARMA TO THE  
QUAD CITIES FIRST BOARD

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

Section 1. That the appointment of Mahesh Sharma to the Quad Cities First  
for a two (2) year term expiring on June 30, 2021 is hereby approved.

Section 2. This resolution shall take effect immediately.