



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

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

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

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

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

Attach a current table of organization.

Table of Organization:* County Table of Org.pdf

Business Organization Form - Disclosure of Litigation

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

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

No

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

Business Organization Form - Disclosure of Contract Default

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

Business Organization Form - Disclosure of Terminated Contract

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

Business Organization Form - Disclosure of Contract Termination

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

Business Organization Form - Audited financial statement

Business Organization Form - Audited Financial Statement Attachment

Business Organization Form - Disclosure of Financial Accountability

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

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

Application Certification and Conditions

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. 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

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**

Identify the proposed service area.

Applicant's Proposed Service Area* Scott County, Iowa

Project Workplan Goals

Project Workplan Goals 1

Goal* Goal 1 To increase perception of harm related to use and misuse of alcohol. Baseline measure: 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

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

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 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 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

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.
SMART Objective(s)*	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.
Rationale/Measure for Objective*	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

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.
SMART Objective(s)*	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.
Rationale/Measure for Objective*	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

Activities 1

SMART Objective*	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.
Activity planned to achieve this objective*	(1.1a) Present at school meetings, where parents are present, 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 2

SMART Objective*	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.
Activity planned to achieve this objective*	(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.
Area(s)/County(s)	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

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 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

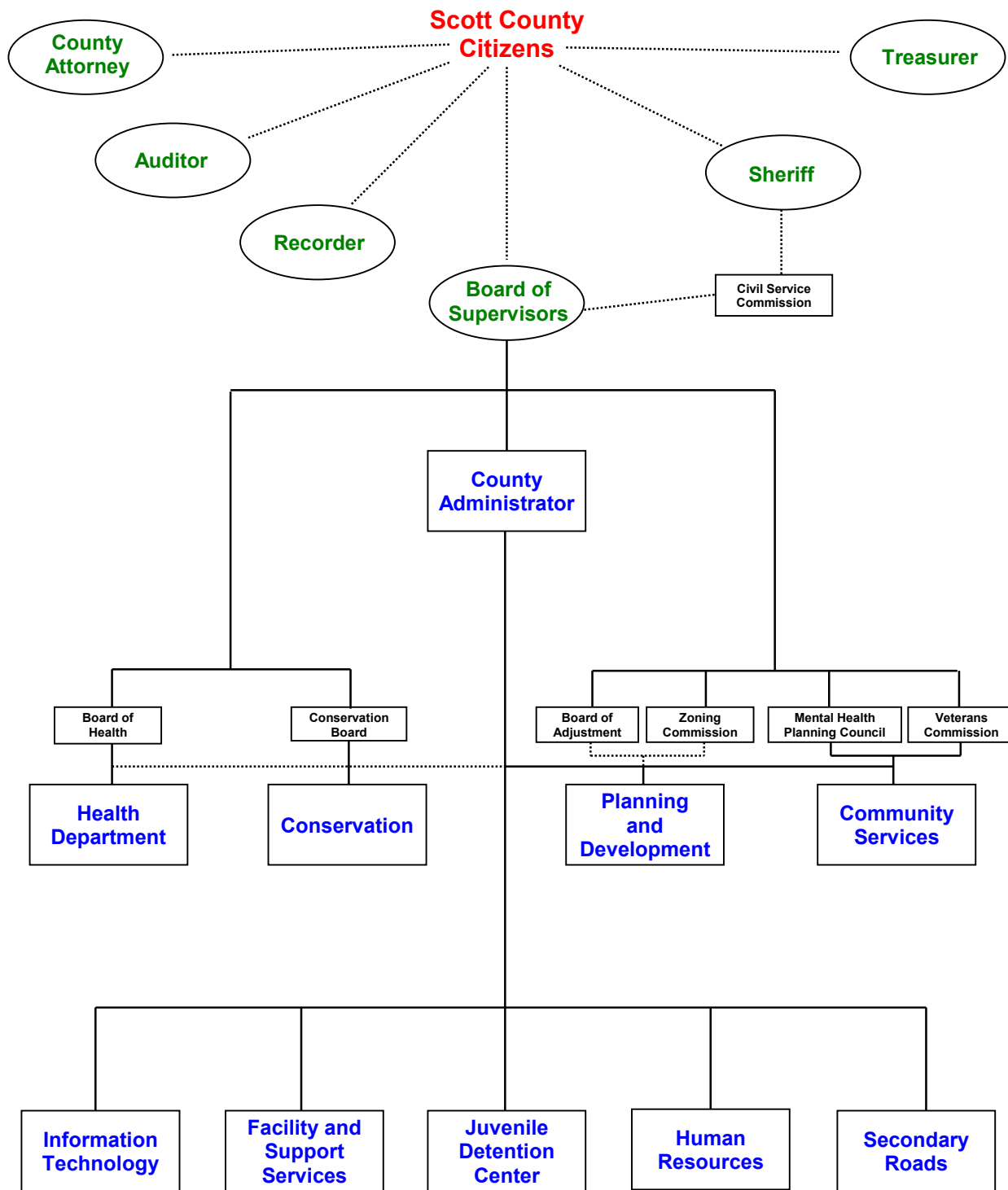
**Name of Person
Submitting
Certification. ***

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**

Table of Contents

SECTION 1 – GENERAL AND ADMINISTRATIVE ISSUES

- 1.01 Purpose
- 1.02 Project and Contract Period
- 1.03 Eligible Applicants
- 1.04 Service Delivery Area
- 1.05 Funding
- 1.06 Schedule of Important Dates
- 1.07 Technical Assistance
- 1.08 IDPH IowaGrants.gov Assistance
- 1.09 Application Creation
- 1.10 Withdrawal of Application
- 1.11 Resubmission of Application
- 1.12 Costs of Application Preparation
- 1.13 Rejection of Applications/Cancellation of Application Guidance
- 1.14 Restrictions on Gifts and Activities
- 1.15 Use of Subcontractors
- 1.16 Information from Other Sources
- 1.17 Litigation or Investigation Disclosure
- 1.18 Financial Accountability
- 1.19 Waivers and Variances
- 1.20 Disposition of Applications
- 1.21 Public Records
- 1.22 Copyrights
- 1.23 Amendments to the Application Guidance
- 1.24 Appeal of Rejection Decision
- 1.25 Definition of Contract
- 1.26 Construction of Application Guidance

SECTION 2 – APPLICATION COMPONENTS

- 2.01 Scope and Description of Services
- 2.02 Application Instructions
- 2.03 Application Forms

SECTION 3 – REVIEW PROCESS AND CRITERIA

- 3.01 Review Process
- 3.02 Review Tool

SECTION 4 – CONTRACT

- 4.01 Contract Issuance
- 4.02 Contract Conditions
- 4.03 Incorporation of Documents
- 4.04 Contractual Payments

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. 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
Application Guidance and Supporting Documents Issued	April 19, 2019
Technical Assistance	During Posting period of the Funding Opportunity
Application Due Date	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 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. 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 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 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.

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.

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 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.

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 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. 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 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. 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. 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.