

SCOTT COUNTY BOARD OF SUPERVISORS
COMMITTEE OF THE WHOLE/BOARD MEETING



AGENDA

THURSDAY, MAY 28, 2020 @ 5:00 P.M.

BOARD ROOM 1ST FLOOR ADMINISTRATIVE CENTER

****CALL-IN INFORMATION: 1-408-418-9388**

Access code 624-879-587

PUBLIC NOTICE is hereby given that the Scott County Board of Supervisors meeting will be held by electronic telephone conference with the call originating from the Scott County Administrative Center with MINIMAL public access in an effort to mitigate the spread of COVID-19. The public will be allowed into the Scott County Administrative Center Board Room at 4:45 P.M. **The public may join the meeting by phone by 1-408-418-9388 and entering the access code 624-879-587. Please place your phone on mute until you are called upon from the Chairman. The electronic meeting is allowed by Iowa Code Section 21.8(1)(b) as it is necessary to provide direction from the Board for several time-sensitive issues listed on the agenda.

Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Pledge of Allegiance

Approval of Minutes:

May 14, 2020 Committee of the Whole and Board Meeting combined including closed session.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Public Hearing:

Public Hearing relative to an amendment to Scott County's current FY20 Budget. (See item #8)

Open Public Hearing

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Close Public Hearing

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Facilities & Economic Development:

1. Approval of plans, specifications and letting date.

_____ 1. Resolution approving the plans, specifications, and letting date for Hot Mix Asphalt (HMA) Resurfacing Project L-421-73-82 on 290th St. in Butler Township.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

2. Zoning Ordinance amendment.

_____ 2. Second and final reading of an ordinance to amend a portion of Section 6-28B SIGN AND BILLBOARD REGULATIONS of the Zoning Ordinance for unincorporated Scott County.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Human Resources:

3. Staff appointments.

_____ 3. Resolution approving staff appointment.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Health and Community Services:

4. Scott County Application for Substance Abuse Funding FY2021.

_____ 4. Resolution approving County application for Substance Abuse Funding for State Reimbursement for the period of July 1, 2020 to June 30, 2021.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

5. Eastern Iowa Mental Health- Disability Services Region's 28E Agreement.

_____ 5. Resolution approving the amended 28E Agreement regarding Eastern Iowa Mental Health/Disability Services Region.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

6. General Assistance Policy Changes for FY21

_____ 6. Resolution approving updates and changes to the General Policy 37 – Scott County General Assistance Guidelines.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Finance & Intergovernmental:

7. Full Body Security Screening System.

_____ 7. Resolution approving the award of bid for a Full Body Security Screening System and a three-year extended warranty from Command Sourcing, Inc. for the Sheriff's Office in the total amount of \$168,000.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

8. Budget Amendment.

_____ 8. Resolution approving a budget amendment to the current FY20 County Budget.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

9. Board appointment-Visit Quad Cities.

_____ 9. Resolution approving the appointment of Chairman Tony Knobbe to the Visit Quad Cities Board of Directors.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

10. Beer/Liquor License

_____ 10. Motion approving a 6 month beer/liquor license for Dixon Memorial Park and cigarette/tobacco permits for Express Lane Gas & Food Mart #79, Locust Mart and Perfect Value Liquor Mart.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

11. Approval of accounts payable.

_____ 11. Resolution approving warrants in the amount of \$864,819.51.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

Other Items of Interest:

12. Employee Recognition during the COVID-19 pandemic.

_____ 12. Resolution recognizing and thanking all Scott County Employees for their contributions during the COVID-19 pandemic.

Moved by _____ Second by _____ Roll Call: Knobbe, Croken, Kinzer, Maxwell, Beck

13. Financial update related to COVID-19 from David Farmer, Budget & Administrative Services Director.

14. Other items

_____ Adjourned

Moved by _____ Second by _____

SCOTT COUNTY ENGINEER'S OFFICE

950 E. Blackhawk Trail
Eldridge, Iowa 52748

(563) 326-8640
FAX – (563) 328-4173
E-MAIL - engineer@scottcountyiowa.com
WEB SITE - www.scottcountyiowa.com



ANGELA K. KERSTEN, P.E.
County Engineer

ELLIOTT R. PENNOCK, E.I.T.
Assistant County Engineer

TARA YOUNGERS
Senior Administrative Assistant

MEMO

TO: Mahesh Sharma
County Administrator

FROM: Angie Kersten, P.E.
County Engineer

SUBJ: Approval of Plans, Specifications, and Letting Date

DATE: May 19, 2020

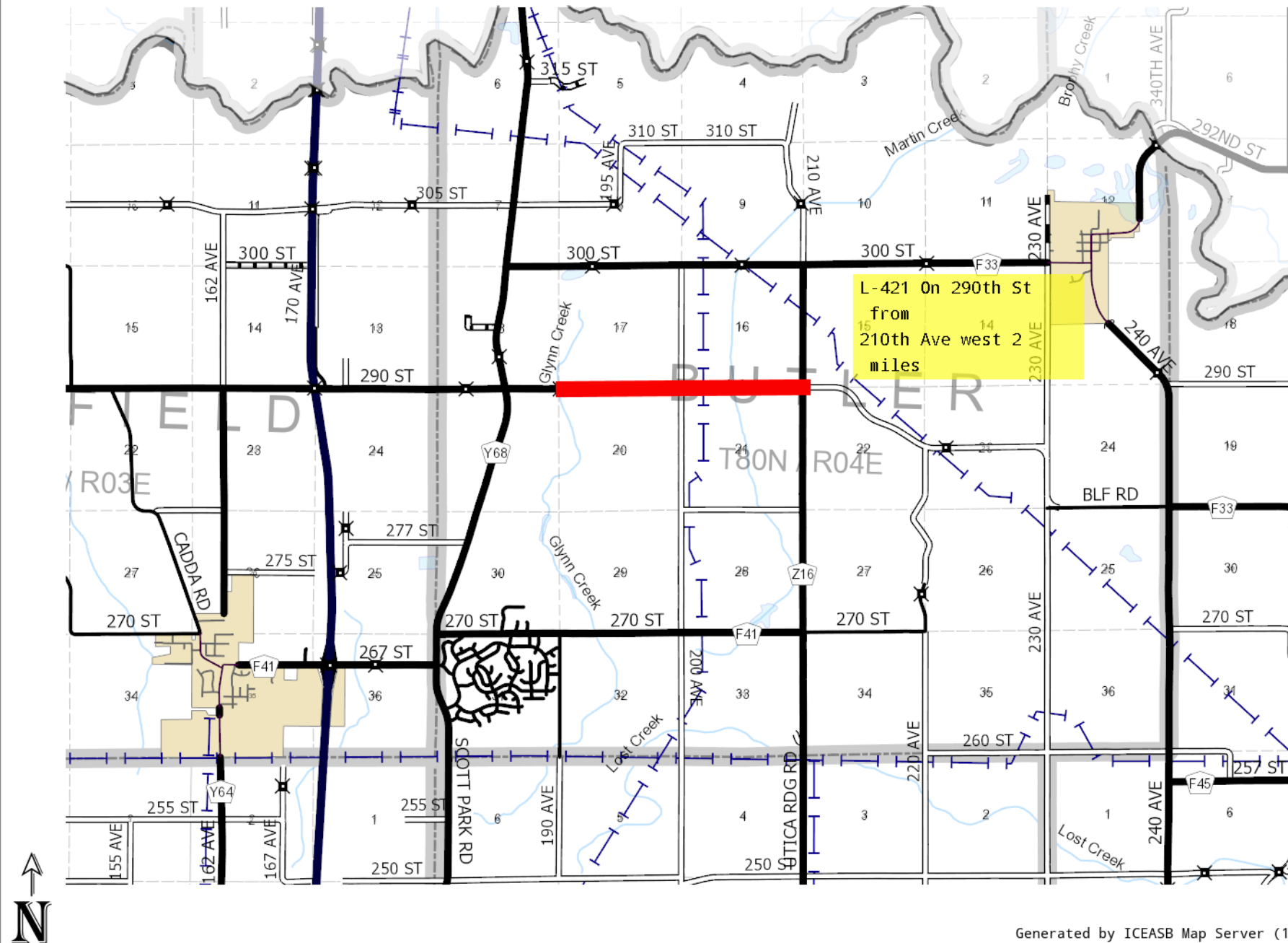
This resolution is to approve the plans, specifications, and letting date for a Hot Mix Asphalt (HMA) Resurfacing project. Project L-421--73-82 is on 290th Street from 210th Avenue west ~2 miles.

The letting date will be set for June 26, 2020, at 10:00 a.m. This project is in our FY 2021 Budget and Program. Included with this memo is a location map.

HMA Resurfacing on 290th Street

Scott - ICEASB Easy Map

3:44 PM, Mon, May 18, 2020



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 28, 2020

APPROVAL OF THE PLANS, SPECIFICATIONS, AND LETTING DATE FOR

HMA RESURFACING PROJECT L-421--73-82

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

Section 1. That the plans, specifications, and letting

date be approved for HMA Resurfacing Project

L-421--73-82 and the letting be set for

June 26, 2020 at 10:00 A.M.

Section 2. That this resolution shall take effect

immediately.

Prepared by: Scott County Planning and Development, 600 West Fourth Street, Davenport Iowa

SCOTT COUNTY ORDINANCE NO. 20-_____

AN ORDINANCE TO AMEND A PORTION OF SECTION 6-28.B. SIGN AND BILLBOARD REGULATIONS OF THE ZONING ORDINANCE FOR UNINCORPORATED SCOTT COUNTY

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

Section 1. Amend Section 6-28.B. SIGN AND BILLBOARD REGULATIONS of the Zoning Ordinance for Unincorporated Scott County by adding:

(14) On Premise Accessory Signs that exceed high or area regulations. Any proposed accessory sign which exceeds the height or size limits identified above shall be reviewed in accordance with the provisions and criteria for a Special Use Permit established in Section 6-30.

Section 2. The County Auditor is directed to record this ordinance in the County Recorder's Office.

Section 3. Severability Clause. If any of the provisions of this Ordinance are for any reason illegal or void, then the lawful provisions of the Ordinance, which are separate 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.

Section 4. Repealer. All ordinances or part of ordinances in conflict with the provisions of the Ordinance are hereby repealed.

Section 5. Effective Date. This Ordinance shall be in full force and effect after its final passage and publication as by law provided.

Approved this _____ day of _____ 2020.

Tony Knobbe, Chair
Scott County Board of Supervisors

Roxanna Moritz, County Auditor

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 28, 2020

APPROVAL OF STAFF APPOINTMENTS

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

Section 1. The hiring of Heather Fielder for the position of Assistant Attorney in the County Attorney's Office at the entry level rate.



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 18, 2020

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

RE: Scott County Application for Substance Abuse Funding FY2021

The Iowa Department of Public Health has released the request for bid for the FY2021 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 FY2021 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 28, 2020 Committee of the Whole Agenda.



IOWA DEPARTMENT OF PUBLIC HEALTH

DIVISION OF BEHAVIORAL HEALTH

County Substance Abuse Programs

APPLICATION GUIDANCE STATE FISCAL YEAR 2021

Project and Contract Period: July 1, 2020 - June 30, 2021

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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.

The Department is actively working to strengthen our capacity to address health inequities in Iowa. Health equity is defined as the attainment of the highest possible level of health for all people by achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health. This program promotes health equity by providing substance misuse prevention services and education to all residents in the county by adhering to Culturally and Linguistically Appropriate Service Standards (CLAS) (Refer to Section 6 - Links).

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, 2020 to June 30, 2021.

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	May 1, 2020
Technical Assistance	During Posting period of the Funding Opportunity
Application Due Date	May 29, 2020

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 29, 2020** 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.gov 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.gov 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 the Electronic Grant Management System of IowaGrants.gov website 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.gov, please contact the IDPH IowaGrants.gov 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.gov 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, 2019](#) 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 one goal if requesting less than \$5,000 and at least two 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.

All services must adhere to Culturally and Linguistically Appropriate Service Standards (CLAS) (Refer to Section 6 - Links) by providing appropriate content and language (including reading level and translation) that are equitable to reach all populations.

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 IowaGrants.gov 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 2021 Work Plan goals and objectives as submitted through the application via iowaGrants.gov 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 12, 2021). Confirmation of completion will be verified by IDPH staff review of the final report in iowaGrants.gov (due August 2, 2021). 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.iowaGrants.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.gov. 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
- (If different from above) Staff or subcontractor responsible for implementation of work plan
- Fiscal contact person

Project Work Plan Form: This form requires the 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 objectives will be written in [SMART](#) (Specific, Measurable, Achievable, Relevant, Time-Bound) format. The applicant will identify at least one goal if requesting less than \$5,000 and at least two goals for applicants requesting more than \$5,000. For each goal, there should be one objective and no more than five high impact activities for each objective.

IDPH Subcontract Plan: This form requires specific information about the 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 person’s name 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: Applicants need to have adequate policies and procedures in place for fiscal oversight. All grant spending needs to align with the applicant budget approved by the Department, as well as support the approved grant services. Grant spending should be allowable and reasonable in order to be good stewards of the funding.

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs. (2CFR 200.404)

The following list is not exhaustive and is subject to change.

NOTE: These funds may not be used for:

- Any salary in excess of Level 1 of the federal senior executive service pay scale
- Directly funding or expanding direct provision of substance misuse treatment programs
- Fentanyl test strips
- Food and beverages
- Incentives (cash incentives or gifts for program participation) or gift cards
- Implementing or expansion of drug "take back" programs or other drug disposal programs (e.g. drop boxes or disposal bags)
- Land or construction of building or improvements thereon
- Marijuana or any marijuana product
- Naloxone
- Out of state travel unless stated or approved by the Department
- Paraphernalia, concealment or other items to support concealment-type activities (e.g. mock rooms)
- Promotional or giveaway items such as t-shirts, magnets, pencils/pens, toys, banners, etc.
- Providing financial assistance to any entity other than a public or nonprofit entity
- Providing individuals with hypodermic needles or syringes
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Services that support mental health promotion and mental disorder prevention strategies
- Subscriptions, dues, or certification costs unless approved by the Department
- Vehicle rentals

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, 2019 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- FY21 County Substance Abuse Program
- B- New User Registration Instructions for IowaGrants.gov
- C- IDPH Application Instruction Guidance
- D- FY21 County Substance Abuse Program DRAFT Contract Template
- E- FY21 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.

1. Culturally and Linguistically Appropriate Service Standards
<http://thinkculturalhealth.hhs.gov/clas/>
2. IDPH General Conditions
<http://idph.iowa.gov/finance/funding-opportunities/general-conditions>
3. Federal Regulations 215.23 on In-Kind Match
<http://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A110/2cfr215-0.pdf>
4. SMART Objective Format
<http://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html>



Application

345968 - FY21 RFA for County Substance Abuse Programs

355107 - 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* Public Health Quality Improvement

Fax: 563-326-8774

Organization Information

Organization Name:* Scott County Board of Supervisors

Organization Type:* County Government

DUNS: 05-081-2361

Organization Website:

Address:

Iowa
City State/Province Postal Code/Zip

Phone:

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 - 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* 05/28/2020

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* Lindsey

Last Name* Tiffenback

Email Address* lindsey.tiffenback@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. Tiffenback has 8 years? experience in healthcare leadership in revenue cycle and

quality, and is the Director of Support Services & Quality.

Credentials License #

Personnel Resume

Personnel 5

Title/Position Description* Chairman of Scott County Board of Supervisors

First Name* Tony

Last Name* Knobbe

Email Address* health@scottcountyiowa.com

Role and Responsibilities* Review and approve County Substance Abuse grant application, contract and subcontract. Delegate project oversight and administration to Health Department staff.

Experience and Education* Mr. Knobbe has served on the Scott County Board of Supervisors since January 2017. He has been the Chairman of the Board since January 2018. He graduated from Iowa State University in 1982, with a B.S. in Agricultural Business. He worked for 33 years in banking, retiring in 2015 as Market President and Business Banking Manager for Wells Fargo Bank in the Quad Cities.

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: 77% of all grades perceived moderate (16%) to great risk (61%), Iowa Youth Survey 2018,C9.

Project Workplan Goals 2

Goal* Goal 2 To reduce 30 day use of marijuana. Baseline measure: 5% of Scott County students in grades 6,8 and 11 report marijuana use in the past 30 days, Iowa Youth Survey 2018, B40.

Objectives

Objectives 1

Goal* Goal 1 To increase perception of harm related to use and misuse of alcohol. Baseline measure: 77% of all grades perceived moderate (16%) to great risk (61%), Iowa Youth Survey 2018,C9.

SMART Objective(s)* By June 30, 2021, conduct presentations to a minimum of 550 individuals/community members with 75% of 550 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

Rationale/Measure for Objective* 34.1% of Iowans 18-24 years old reported binge drinking in the past 30 days (BRFSS 2018).

5% of Scott County 11th graders reported at least 1 binge drinking episode in the past 30 days (IYS 2018, B17).

9% of all grades used alcohol in the past 30 days with 21% of 11th graders admitting to alcohol use in the past 30 days. (IYS 2018, B16)

Objectives 2

Goal*	Goal 2 To reduce 30 day use of marijuana. Baseline measure: 5% of Scott County students in grades 6,8 and 11 report marijuana use in the past 30 days, Iowa Youth Survey 2018, B40.
SMART Objective(s)*	Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2021, 75% of 150 participants surveyed on pre-post tests will have increased or maintained their perception of harm related to marijuana use.
Rationale/Measure for Objective*	21% of Scott County 11th grade students perceive no risk if smoking marijuana more than once a week (IYS 2018, C11).
	25% (4% higher than state average) of Scott County students in grade 11 reported they have used marijuana (IYS 2018, B39).

Activities

Activities 1

SMART Objective*	By June 30, 2021, conduct presentations to a minimum of 550 individuals/community members with 75% of 550 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.a) 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, 2021

Activities 2

SMART Objective*	By June 30, 2021, conduct presentations to a minimum of 550 individuals/community members with 75% of 550 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.b) 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) Served*	Scott County, Iowa
Responsible Staff *	Subcontract Agency Program Administrator
Timeline *	Ongoing
Completion Date*	June 30, 2021

Activities 3

SMART Objective*	By June 30, 2021, conduct presentations to a minimum of 550 individuals/community members with 75% of 550 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.c) 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, 2021

Activities 4

SMART Objective*	By June 30, 2021, conduct presentations to a minimum of 550 individuals/community members with 75% of 550 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.
Activity planned to achieve this objective*	(1.d) 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, 2021

Activities 5

SMART Objective*

By June 30, 2021, conduct presentations to a minimum of 550 individuals/community members with 75% of 550 participants increasing or maintaining their perception of harm related to use and misuse of alcohol.

**Activity planned to
achieve this objective***

(1.e) Through community meetings (school administrators, business professionals, Town halls, etc.), 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, 2021

Activities 6

SMART Objective*

Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2021, 75% of 150 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.a) 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, 2021

Activities 7

SMART Objective*

Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2021, 75% of 150 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.b) 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, 2021

Activities 8

SMART Objective*

Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2021, 75% of 150 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.c) 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, Family Resources and other youth serving organizations.

**Area(s)/County(s)
Served***

Scott County, Iowa

Responsible Staff *

Subcontract Agency Program Administrator

Timeline *

Ongoing

Completion Date*

June 30, 2021

Activities 9

SMART Objective*

Conduct skill building sessions with youth of high risk and indicated populations. By June 30, 2021, 75% of 150 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.d) Meet bi-weekly with indicated population within Scott County 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, 2021

Subcontracts Proposed

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

Subcontract Plan

Subcontract Plan 1

Subcontractor Identified?* Yes

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

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

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

Subcontractor Street Address 1523 S. Fairmount St.

Subcontractor Address: City, State, Zip Code Davenport

Subcontractor Address-State. Iowa

Subcontractor Address-Zip. 52802

Subcontractor qualifications CADS is the primary provider of substance abuse services in Scott County, Iowa, serving more than 2,200 clients each year in treatment, and more than 4,000 youth and families with a wide array of prevention and education services.

Service Area the Subcontractor will serve Scott County, Iowa

Grant Funds

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

Budget Justification

Budget Category	Details	Grant Funds	Match
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Alexandra Rodriguez, Prevention Specialist, Annual Salary: \$39,950 (.07 FTE rounded) Match: County tax dollars	\$699.00	\$2,097.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Kennon Neal, Program Manager, Annual Salary: \$62,430 (.25 FTE rounded) Match: County tax dollars	\$3,949.00	\$11,846.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Jason Otten, Prevention Specialist, Annual Salary: \$43,299 (.24 FTE) Match: County tax dollars	\$2,598.00	\$7,794.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Erin Marshall, Prevention Specialist, Annual Salary: \$43,513 (.10 FTE rounded) Match: County tax dollars	\$1,088.00	\$3,264.00
B. Subcontract	Center for Alcohol & Drug Services, Inc. SALARY/FRINGE: Lindsey Tiffenback, Director, Support Services & Quality, Annual Salary: \$96,056 (.07 FTE) Match: County tax dollars	\$1,666.00	\$4,999.00
		\$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 Funds	Details	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

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 28, 2020

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, 2020 – June 30, 2021, 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.

Community Services Department
600 W. 4th St.
Davenport, Iowa 52801



(563) 326-8723 Fax (563) 326-8730

May 28, 2020

TO: Mahesh Sharma, County Administrator

FROM: Lori A. Elam, CEO Eastern Iowa MHDS Region

RE: Amended 28E Agreement for Eastern Iowa MH/DS Region

The Governing Board of the Eastern Iowa MH/DS Region approved the amended 28E Agreement on 5/18/2020. The amended agreement was required in part by the Department of Human Services as the Children's Behavioral Health service language from HF690 needed to be added.

In addition, the Governing Board approved a few other changes: having an "alternate" Governing Board member appointed from each county, adding dispute resolution language and adding "Transfer" dollars in the Finance section.

The amended agreement does require an appointment of an "alternate" Governing Board member to attend meetings if the appointed Board member is unable.

The amended 28E Agreement will be filed with the state once all five counties have approved it.

EASTERN IOWA MH REGION 28E AGREEMENT

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INTERGOVERNMENTAL (28E) AGREEMENT

FOR

EASTERN IOWA MENTAL HEALTH-DISABILITY SERVICES REGION

The article of agreement is entered into this ____ day of _____, 2020, by Cedar County, Clinton County, Jackson County, Muscatine County and Scott County; collectively hereinafter referred to as “member counties”; as indicated by the actions of each having adopted this Agreement by resolution of their respective governing bodies, and hereby join together to create the Eastern Iowa Mental Health-Disability Services Region, hereinafter “Region”, to serve as a separate legal entity pursuant to Iowa Code Chapter 28E and Iowa Code Section 331.388 et seq., and any amendments thereto.

In consideration of the mutual covenants and agreements hereinafter set forth, the member parties agree as follows:

SECTION 1: IDENTITY OF THE PARTIES

The undersigned counties are political subdivisions and constitute “public agencies” as defined in Iowa Code section 28E.2. The member counties are Cedar County, Clinton County, Jackson County, Muscatine County and Scott County. County membership may, however, change from time to time as provided in this Agreement and the current member counties at any time shall be referred to as the “member counties” in this Agreement.

SECTION 2: PURPOSE AND GOALS

The member counties entered into this 28E Agreement to create a mental health and disability service regional administrative entity as described in the Iowa Code §331.388 et seq. to provide local access to mental health and disability services for adults and behavioral health services for children and to engage in any other related activity in which an Iowa 28E organization may lawfully be engaged.

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SECTION 3: TERM AND TERMINATION

3.0 Term

This Agreement shall be effective upon the ratification of all member counties and this Agreement is filed with the Iowa Secretary of State.

3.1 Termination

The term of this Agreement shall be perpetual, unless terminated by:

- a) a repeal or amendment of the Iowa Code sections that result in the elimination of a statutory requirement for mental health services to be provided through a regional format; **or**
- b) a majority of the member counties after providing notice no later than November 15th that the county's governing body has passed a resolution indicating its intent to withdraw from the Region.

Dissolution of Region

In the event the Agreement is terminated as provided in Section 3.1, the Governing Board shall begin dissolving the Region effective for the succeeding June 30th.

Distribution of Assets

In the event this Agreement is terminated and the Region is dissolved, all property of the Region shall be delivered, assigned and conveyed to the member counties pro rata based on the population of each member county. If member counties provide notice of their intent to withdraw from the Region any asset division will be made pursuant to Section 5.4 of this agreement.

SECTION 4: GOVERNANCE

4.0 Governing Board of Directors The Governing Board of Directors shall contain the following Directors, County-Appointed and Committee-Appointed:

- a) Each member county shall appoint one of its supervisors to serve as a Director on the Governing Board as well as an "alternate" who would fill in during an absence. The Director shall serve at the pleasure of the County Board Chair appointing the Director. The Directors appointed in this section will be referred to as "County-Appointed" Directors.

EASTERN IOWA MH REGION 28E AGREEMENT

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- b) At least one adult person who utilizes mental health and disability services, or is an actively involved relative of such a person, shall serve as a “Committee-Appointed” Director. The person shall be appointed by the Region’s Adult Advisory Committee described in Section 4.6, with such appointment to become effective upon confirmation by the Governing Board. This Director shall serve a two (2) year term, if interested re-appointed, serving a maximum of three (3) terms.
- c) At least one individual representing adult service providers in the Region shall serve as a Committee-Appointed Director. The person shall be appointed by the Region’s Adult Advisory Committee described in Section 4.6, with such appointment to become effective upon confirmation by the Governing Board. This Director shall serve as an ex-officio, non-voting Director. This Director shall serve a two (2) year term, if interested re-appointed, serving a maximum of three (3) terms.
- d) At least one individual representing children’s behavioral health service providers in the Region shall serve as a Committee-Appointed Director, as he/she shall be designated by the Region’s Children’s Advisory Committee described in Section 4.6. This appointment will be effective upon confirmation by the Governing Board. This Director shall serve as an ex-officio, non-voting Director. This Director shall serve a two (2) year term, if interested re-appointed, serving a maximum of three (3) terms.
- e) One individual representing the education system in the Region shall serve as a Committee-Appointed Director. This Director shall be designated by the Region’s Children’s Advisory Committee described in Section 4.6, with such appointment effective upon confirmation by the Governing Board. This Director shall serve a two (2) year term, if interested re-appointed, serving a maximum of three (3) terms.
- f) One person, who is a parent of a child who utilizes children’s behavioral health services or an actively involved relative of such child in the Region, shall serve as a Committee-Appointed Director. This Director shall be designated by the Region’s Children’s Advisory Committee described in Section 4.6, with such appointment effective upon confirmation by the Governing Board. This Director shall serve a two (2) year term, and if interested re-appointed, serving a maximum of three (3) terms.

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4.1 Director Vacancies

- a) County-Appointed Directors: If a vacancy occurs during the term of a County-Appointed Director, the vacancy shall be filled within thirty (30) days of its occurrence by the county board chair having the right of appointment.
- b) Advisory Committees-Appointed Directors: If a vacancy occurs during the term of a Committee-Appointed Director due to death, change in status warranting appointment, or resignation, the vacancy shall be filled within thirty (30) days of its occurrence by the committee having the right of appointment. Such appointment to fill a vacancy shall become effective upon the confirmation of the Governing Board and shall be for the remaining term of the Director being replaced.

4.2 Voting Procedures for Governing Board Members A quorum must be present in order for the Governing Board to take action. A quorum shall be two thirds of all Directors. The Governing Board shall take action by approval from the majority of the Directors present. The Regional Governing Board will use a “weighted” vote process at the board meetings. The County Appointed Directors (Board of Supervisors) will have (3) three votes each and the Committee Appointed Directors will have (1) one vote each on all matters that come before the Governing Board. Voting shall be done by roll call vote. Proxy voting is prohibited, however, a Governing Board Director or designated Alternate (described in section 4.0 (a)) may attend via electronic means and be considered present for purposes of quorum and voting.

Electronic meetings must follow Iowa Code Chapter 21.8:

- 1. A Governmental body may conduct a meeting by electronic means only in circumstances where such a meeting in person is impossible or impractical and only if the governmental body complies with all of the following:
 - a. The governmental body provides public access to the conversation of the meeting to the extent reasonably possible.
 - b. The governmental body complies with section 21.4 of Iowa Code. For the purposes of this paragraph, the place of the meeting is the place from which the communication originates or where public access is provided to the conversation.
 - c. Minutes are kept of the meeting. The minutes shall include a statement explaining why a meeting in person was impossible or impractical.

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2. A meeting conducted in compliance with this section shall not be considered in violation of this chapter.
3. A meeting by electronic means may be conducted without complying with paragraph “a” of subsection 1 if conducted in accordance with all of the requirements for a closed session contained in Iowa Code section 21.5.

4.3 Board Officers. At the first meeting of each calendar year, the Governing Board shall elect a Chair, Vice-Chair and Secretary to serve in the new calendar year. Board Officers shall only be County-Appointed Directors.

- a) The Chair shall preside at the Board’s meetings, preserve order and enforce this Agreement. The Chair shall perform such other duties as are usually exercised by the Chair of a Governing Board or as specifically authorized by this 28E Agreement, any bylaws or the Management Plan.
- b) The Vice-Chair shall preside and act in the capacity of the Chair in the absence of the Chair.
- c) The Secretary shall ensure that a complete and accurate record of the Governing Board’s actions (minutes of all Governing Board meetings) and proceedings are kept. In the absence of the Chair and Vice-Chair, the Secretary shall act in their capacity.

4.5 Powers of the Governing Board. Except as otherwise provided in this Agreement, the Region shall be under the direction and control of the Governing Board and the Chief Executive Officer (CEO). The Governing Board shall serve as the Regional Administrative Entity, as defined in Iowa Code Section 331.388(4). The Governing Board shall have all of the following powers:

- a) Any powers and authority granted to the Region by Iowa Code Chapter 28E or Iowa Code §331.388 et seq. to do and perform any acts authorized by the Code of Iowa, under, through or by means of its officers, agents and employees, or by contracts with any person or entity;
- b) To appoint, supervise and remove the Chief Executive Officer (CEO) upon the vote of the super majority of Governing Board Directors;
- c) To contract with any public or private entity to provide all necessary services;
- d) To authorize the acquisition, holding, disposal of, and leasing such real and personal property it deems necessary to fulfill the purposes of this Agreement;
- e) To receive and allocate funds from each member county as set forth in this Agreement;

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- f) To accept, receive and administer grants or other funds or gifts for the purposes of carrying out the functions of this agreement; and to review and approve the expenditures of all funds budgeted;
- g) To approve the Annual Service and Budget Plan for the following fiscal year beginning July 1 as well as the Annual Report (summary of previous fiscal year) and any other reports required by the Department of Human Services (DHS);
- h) To establish a system of accounting and budgeting, and a system for receiving payments;
- i) To retain legal counsel, accountants and other professional individuals needed in order to fulfill the purposes of this Agreement;
- j) To sue and be sued;
- k) To make and enforce bylaws or rules and regulations for the management and operation of the Region's business and affairs;
- l) To consult with representatives of Federal, State and local agencies and departments, and their officers and employees, and to contract with such agencies and departments;
- m) Act as oversight and hear any appeals of decisions made by the Region's Management Team;
- n) To establish the times and places for business meetings pursuant to Iowa Code Chapter 21 the agenda shall be posted in the building of the location of the meeting. Other counties may post in the same way they post agendas for their board meetings for informational purposes. All meetings will be governed by Roberts Rules of Order, Revised unless otherwise provided; and
- o) To exercise any other power or do any other legal act necessary to discharge its obligations and fulfill the purposes of this Agreement.

The Governing Board may delegate any of these powers to staff of the Region or staff of member counties serving the region as the board deems necessary. The board may adopt such policies, rules, regulations and actions consistent with law or this Agreement.

4.6 Committees Members of any committee of the Region shall be appointed by the Region's Governing Board. Committee members shall serve at the pleasure of the Governing Board.

- a) The Adult Advisory Committee shall be appointed by the Eastern Iowa MHDS Governing Board, shall have a minimum of five (5) members, one person from each county. A Director from the Governing Board shall also serve on the committee. The committee members shall include individuals who utilize services or actively involved relatives of such individuals and service providers. The committee shall include the Management Team as ex officio non-

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voting members. The advisory committee shall advise the Governing Board as requested and shall also make designations to the Governing Board as described above.

b) The Children's Advisory Committee, as confirmed by the Governing Board, shall have up to nine (9) members. The committee members shall be: parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of juvenile court, a pediatrician, a child care provider, a local law enforcement representative and regional Governing Board members. The committee shall include the Management Team as ex officio non-voting members. The Child Advisory committee shall advise the Governing Board as requested and shall also make designations to the Governing Board as described above. A quorum shall be five (5) voting members.

c) The Governing Board may take action to create additional committees for various other purposes it deems appropriate and to determine the extent and purpose of said committees.

d) All meetings shall comply with Iowa Code Chapter 21 and Section 4.5(n) of this agreement.

4.7 Methods for Dispute Resolution

In the event an internal dispute arises amongst or between the Governing Board, the Chief Executive Officer or any of the member counties, which cannot be resolved, the following dispute resolution shall be used:

- a) A Peer Dispute process will be undertaken in the event of an internal dispute.
- b) If after the Peer Dispute resolution process, the dispute remains unresolved, Mediation shall be conducted pursuant to Chapter 679C of the Iowa Code. If the dispute still remains unresolved, arbitration shall be conducted pursuant to Chapter 679A of the Iowa Code.

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5. MEMBERS

5.0 Specification, Requirements, Obligations, Expectations of Member Counties

The member counties agree to the following:

- a) To respond to reasonable requests to make local records available to the Region for the purposes of this Agreement;
- b) To attend an annual “All Member County Boards of Supervisors” meeting, preferably to be held during the second quarter of the fiscal year;
- c) To provide sufficient office space for the performance of regional duties;
- d) To support the effective collaboration of other county functions related to the provision of contracted services;
- e) To provide county staff as agreed to between the member county and the Governing Board for the effective provision of regional services; and
- f) To budget for and contribute “Transfer” funds as required in the Region’s budget and by this Agreement.
- g) To contribute funds as required by this Agreement at the time of entry into the Eastern Iowa MHDS Region.
- h) Each member county will levy what is recommended by the Governing Board or as directed by the Department of Management/Department of Human Services. Failure to levy what is recommended would be considered a voluntary withdrawal from the Region.

5.1 Decisions that Require an Individual Member Votes

The Governing Board shall not have authority to, and they covenant and agree that they shall not do, or cause the Region to do, any of the following acts without the prior consent of the Boards of Supervisors of a majority of the member counties:

- a) Permit any new member counties;
- b) Remove any member county (other than a voluntary withdrawal of a county as provided below);
- c) Terminate or amend this Agreement; or
- d) Dissolve the Eastern Iowa MHDS Region.

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5.2 Member Voting Procedure

Any question related to the issues listed in Section 5.1 may be presented to the member counties by resolution of the Governing Board by first adopting a recommendation on the issue and then submitting it to the individual member counties. A separate explanation of the reasons for the recommendation may be included. Each member county desiring to vote upon the proposal shall do so by resolution of its Board of Supervisors and return of the same to the Region's Governing Board Chair a certified copy of the resolution stating the county's vote within thirty (30) days of the date that the county received a copy of the proposal. Any member county not voting upon the proposal within this time frame shall be considered to have approved the proposal. If the proposal receives approval by majority of the member votes, it shall become effective immediately unless otherwise specified by resolution.

5.3 Additional Member Counties

If a county wishes to become a member county of the Region after the effective date, the county must make a written request to the Region's Governing Board. Such request will then be addressed through the Member Voting Procedure set forth in Section 5.2. If a new county's request is approved through such procedure, such new membership will not become effective until:

- a) the county provides a signature page to this Agreement and a resolution from its Board of Supervisors that it agrees to abide by the terms of this Agreement as set out herein and possess legal power and authority to do so; and
- b) if the new written county's request has been properly approved and it has submitted the documentation in Section 5.3(a) prior to November 15th, then such membership shall become effective on the first day of the next fiscal year. If all of these requirements are not met until after November 15, the membership shall become effective one year from the first day of the next fiscal year. The timing requirements in this subsection may be waived by the Governing Board for cause, including in the event the Region is required by law or by the Iowa Department of Human Services to accept a new member county.

5.4 Member County Withdrawal / Removal

- a) Member County Withdrawal

Any member county, by resolution of its Board of Supervisors, may withdraw from the Region by giving written notice to the Governing Board of the Region no later than November 15 prior to

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the end of the fiscal year the withdrawal will be effective. Withdrawal shall not relieve the withdrawing member county of the obligation to pay its share of the expenses of the Region incurred during the fiscal year in which the withdrawal occurs and any other past due amounts. Services shall continue to be provided to the withdrawing member county until the date of withdrawal. Upon withdrawal, member counties shall not be entitled to any repayment for funds, services or property provided to the Region.

b) Member County Removal

If the Governing Board feels it is in the best interest of the Region for a member county to be removed from the Region, the Governing Board will pass a resolution to that effect and proceed under the Member Voting Procedure set forth in Section 5.2. Upon removal, a member county shall not be entitled to any repayment for funds, including "Transfer" funds, services or property provided to the Region.

6. STAFF

6.0 Selection Process for Chief Executive Officer

The Governing Board shall appoint an individual to serve "at will" as the region's mental health and disability services administrator, known as the Chief Executive Officer (CEO). The CEO shall serve at the pleasure of the Governing Board. The CEO shall be considered a shared employee of the Region/County, for employment purposes the CEO shall be considered an employee of the county employer of record. The CEO shall be the primary point of contact for the region. The CEO may perform duties for the member county as outlined in an agreement between the region and the county employer of record. Compensation will be determined based on a split between regional duties and county duties.

6.1 Performance Evaluation of Chief Executive Officer

The Governing Board shall conduct annual evaluations of the Chief Executive Officer (CEO). The Governing Board may conduct additional evaluations of the Chief Executive Officer at any time, if it is deemed necessary. All evaluations shall be summarized in writing. In the event the CEO resigns, retires or otherwise has his or her employment terminated, the Governing Board shall, in consultation with the county employer of record and CEO Shared Duties Agreement, appoint an acting CEO which may be a member county Disability Coordinator.

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6.2 General Functions and Responsibilities of Staff

- a) The Chief Executive Officer will be responsible for duties including but not limited to the primary contact for the region to the Department of Human Services (DHS), submit required reports to DHS, sign various reports and plans after Governing Board approval, oversee contracts entered into by the Governing Board, prepare agendas and minutes of the Governing Board and the Regional Adult and Children's Advisory Committees, as well as other duties as directed by the Governing Board.
- b) The Chief Executive Officer may employ or contract with persons or entities (including contracting with member counties for member county employees to provide services to the Region) to perform services to meet the needs of the Region. However, the terms of all employment or contracts shall be approved by the Governing Board.
- c) The Management Team shall consist of Coordinators of Disability Services (as defined in Iowa Code Section 331.390(3)b) of each member county whose duties shall include activities such as assisting the Chief Executive Officer, reviewing exceptions to policies, ensuring that timely data is collected and submitted to the CEO for inclusion in reports, reporting accurate financial data, developing and submitting annual county budgets, coordinating and recommending the regional budget, monitoring of revenues and expenditures, assuring evidence based practices are used, and making recommendations for agenda items before the Governing Board and Regional Advisory Committees. The Management Team shall also consist of one or more Coordinators of Children's Behavioral Health Services.
- d) The Region may contract for services for functions and responsibilities including but not limited to:
 - 1) Communications;
 - 2) Strategic Plan Development;
 - 3) Risk Management;
 - 4) Annual audit;
 - 5) Provider Network- development, contracting, quality and performance;
 - 6) Quality Assurance; and
 - 7) Information Technology
 - 8) HIPAA

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7. REGION FINANCES

7.0 Management & Expenditure of Funding

- a) The Governing Board through its budget adoption authorizes expenditures of funds at the county and regional level. The regional funds are used to fund crisis services, administrative services, new service programs, revenue shortfalls anticipated through the budget process by a member county and any other expenditure deemed appropriate by the Governing Board. Each member county will prepare individual county budgets to determine their county's projected service, required fund balance and revenue levels. The individual county budgets should reflect "transfer" dollars to the fiscal agent fund in order to fund crisis services and administrative services. The Governing Board has the discretion to transfer funds to where they are needed. A member county identifying a revenue shortfall, shall request additional funding from the fiscal agent fund. The Management Team will review the individual county budgets and identify any additional funding reallocations, shortfalls and fund balance levels. If the State of Iowa allocates additional funding to the Regions, the monies will go into the fiscal agent fund for regional services, unless the Department of Human Services (DHS) has previously directed the use for a specific service/need.

b) Administrative Funding and Resources:

Administrative costs and crisis services shall be a component of the Region's budget. Such costs shall be paid through the process described in Section 7.0(a) and any funds or resources for administrative costs of the Region shall be collected through this same process.

c) Use of Savings for Reinvestment

The Region shall comply with Chapters 12B and 12C of the Iowa Code for deposit and investment of Region funds. Through the Region's budgeting process, it shall strive to use surplus funds for the development of additional services.

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7.1 Process for Annual Independent Audit

Accounts of the Region shall be audited annually by a certified public accountant certified in the state of Iowa, as selected by the Governing Board.

8. SCOPE & AMENDMENTS

8.0 Amendments

The Governing Board is authorized to make non-substantive amendments to this Agreement with a two-thirds vote of board members present. All other amendments to this Agreement shall be conducted through the member approval process described in Section 5.3 and in compliance with Iowa Code Chapter 28E, which includes filing all amendments with the Iowa Secretary of State.

8.1 Entire Agreement

This Agreement represents the entire 28E Agreement of the Region.

8.2 Invalidity

If any one or more provisions of this Agreement are declared unconstitutional or contrary to law, the validity of the remainder hereof shall not be affected.

8.3 No Waiver

The waiver by any party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

EASTERN IOWA MH REGION 28E AGREEMENT

DRAFT

SIGNATURE PAGE

IN WITNESS WHEREOF, _____ COUNTY EXECUTES THIS 28E AGREEMENT, CREATING
EASTERN IOWA MENTAL HEALTH-DISABILITY SERVICES REGION

EFFECTIVE _____:

BY: _____
(print name)
_____ Board of Supervisors, Chairperson

ATTEST: _____
(print name)
_____ County Auditor

ACKNOWLEDGMENT BY NOTARY

STATE OF IOWA)
)ss.
_____ COUNTY)

On this _____ day of _____, 2020, before me the undersigned, a Notary Public in and for said County and State, personally appeared _____ and _____, to me personally known, who, being duly sworn, did say that they are the Chairperson of the Board of Supervisors and County Auditor of _____ County, Iowa respectively; that the seal affixed hereto is the seal of said County; that said instrument was signed and sealed on behalf of the said _____ County, Iowa, by authority of its Board of Supervisors and that said _____ and _____ as such officers, acknowledge the execution of said instrument to be the voluntary act and deed of said County, it and by them voluntarily executed.

Notary Public In and For Said County
And State of Iowa

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 28, 2020

APPROVING THE AMENDED 28E AGREEMENT REGARDING EASTERN IOWA MENTAL HEALTH/DISABILITY SERVICES REGION

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

Section 1. That the amended 28E agreement between Scott County, Cedar County, Clinton County, Jackson County, and Muscatine County now has the Children's Behavioral Health Service language: adding voting members to the Governing Board and creation of a Children's Advisory Committee, as well as allowing an "alternate" Board member,

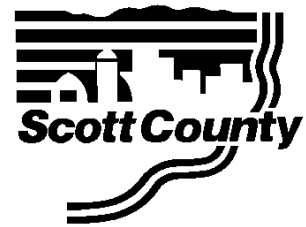
Section 2. And that the voting procedures have been updated, "Transfer" funds are addressed under Region Finances, and dispute resolution language is added,

Section 3. And that the changes in the amended 28E Agreement is hereby accepted and approved.

Section 4. This resolution shall take effect immediately.

Community Services Department600 W. 4th St.

Davenport, Iowa 52801

Item #6
5/28/2020**(563) 326-8723****Fax (563) 326-8730**

May 18, 2020

TO: Mahesh Sharma, County Administrator

FROM: Lori A. Elam, Community Services Director

RE: General Assistance Policy Changes for FY21

It has been several years since the General Assistance policies were reviewed. I have met with staff to discuss possible revisions and issues.

In the first few sections of the policy, clarification was made in terms of definitions, eligibility, ineligibility, and program requirements.

Previously, the policy allowed for on-going assistance but that has really changed over the years due to other agencies developing programs and expanded Medicaid/Market Place insurance coverage. I am recommending the "Ongoing Assistance" language be deleted from the policies. The policies would still provide assistance for medical and prescriptions through the contract that the Community Services Department has with Community Health Care (CHC). The staff are very good at referring individuals to other programs as the county is always the payer of last resort. The policy updates would still allow the county to assist with rent, utilities, clothing, and special needs- such as transportation.

Currently, the General Assistance policies offer financial assistance for burials and cremations. In FY19, the county paid for 61 cremations and 47 burials for a total of \$191,945. Every year the amount paid varies as does the actual number of burials and cremations. See chart below:

<u>Year:</u>	<u>Number of Burials/Cremations:</u>	<u>Total Expenditures:</u>
FY19	108	\$ 191,945
FY18	124	\$ 210,597
FY17	101	\$ 159,513
FY16	89	\$ 157,155
FY15	77	\$ 163,032
FY14	80	\$ 166,301
FY13	65	\$ 116,292

There are times when the county does not pay the full amount of the burial or cremation as the deceased individual has money in his/her bank account or has a small life insurance policy. Those funds are deducted from what the county would pay.

In conversations with local funeral homes, there has been a request made to remove the option of having a service at a location other than funeral home, with the family paying an additional \$415. Having a service, outside of the funeral home, is expensive in terms of additional funeral home staff needed, equipment, and travel.

When talking with other counties about General Assistance policies, we have found that more counties are offering “cremation only” as an option for citizens requesting funeral financial assistance. At last count there were 36 counties who offered cremation only as an option. In Scott County we are seeing an increase in cremation requests.

The financial difference is significant: burial cost is \$2,780 plus another \$230 if an oversized casket and vault are needed. The overall total amount paid by the county for a burial is \$3,010 (if an oversized casket and vault are needed). The family would be responsible for an additional \$250 for the oversized casket. Scott County pays a flat fee of \$1,600 for a cremation.

The difference between burial and cremation can be anywhere from \$1,180 to \$1,410. If the Board would approve “cremation only” as the funeral assistance offered, it could result in a budget reduction of approximately \$140,000 to \$150,000. The county would still need to purchase a plot or two during the year for individuals who have passed and the funeral home is unable to find any relatives to sign off on the cremation.

I have attached the pages of the revised General Assistance Guidelines. I will be available at the Committee of the Whole for questions.

SCOTT COUNTY
GENERAL ASSISTANCE POLICY

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XXXVII. SCOTT COUNTY GENERAL ASSISTANCE GUIDELINES

General Assistance is available through the Community Services Department to families and individuals who are poor or in need, when such persons are not supported by their own means, relatives, or other public or private resources, in accordance with the policies specified below. General Assistance shall be administered promptly, humanely and equitably so as to assist in providing decent and healthful living to poor and needy persons within the scope of monies appropriated.

The General Assistance Program shall:

- A. Provide aid to meet the needs of persons who are poor as defined in the Iowa code ("individuals who have no property, exempt or otherwise, and are unable, because of physical or mental disabilities, to earn a living by labor").
- B. Provide aid to meet the needs of persons who are not currently eligible for any federal/state public assistance and who meet the eligibility standards specified below.
- C. Meet the needs of eligible persons in emergency situations for a period not to exceed 30 days.
- D. General Assistance may be provided: 1.) on a time limited basis to persons who do not have any income or whose regular income is below the TANF levels or 2.) on a one-time only basis in emergency situations to persons who have some income for up to a maximum of 30 days.

SECTION I. GENERAL PROGRAM POLICIES

- A. All eligibility requirements (Section III) and program requirements (Section IV) must be met before assistance will be approved. Ineligibility circumstances (Section II) are applicable. All assistance specific requirements of Section VIII or Section IX are met.
- B. The verification of any statement or declaration provided in relation to a General Assistance application or re-application may be required by the Case Aide.
- C. General Assistance may be provided for the duration of verified needs in accordance with eligibility and assistance standards set forth in these policies.
- D. General Assistance will be granted only from the date of application. No payment of back bills is allowable, other than currently due utility bills in an emergency situation.
- E. General Assistance shall be granted through vendor payment. No cash payments will be made to applicants.
- F. Vendors must agree to accept a county voucher as full payment of the item of assistance purchased.
- G. No vendor payments will be made to relatives of the applicant.
- H. Non citizens are eligible for General Assistance only as identified in Section V.
- I. A Veteran will defined as stated in Iowa Code Chapter 35.1.

- I. Individuals/families who are currently receiving assistance from federal/state financial assistance programs are typically not eligible for General Assistance. Emergency one-time only assistance may be granted under certain circumstances specified in these policies.
- J. Applicants must fully and truthfully report all information related to eligibility for assistance and level of assistance. Applicants are required to immediately report any changes in circumstances. Applicants or recipients shall cooperate and provide all information necessary to determine eligibility, need for assistance and level of assistance.
- K. The applicant must be a current legal resident of Scott County. A resident is defined as at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The applicant must also have a valid picture ID. Any person who arrives in Scott County and enters a residential/acute care living/academic arrangement upon arrival will generally not be considered a resident. Any person applying for assistance must show proof of residency in Scott County. Examples of this would include proof of rent paid in Scott County for at least the past thirty (30) days, documentation from local homeless/domestic violence shelters indicating stay of 30 days or longer and/or a hotel/motel receipt for 30 days.
- L. The assistance requested is provided for under these policies.
- M. All other available funding outside of this system has been fully accessed by the applicant prior to requesting General Assistance.
- ~~N. Legal settlement shall be determined at the time of application.~~
 - ~~a. If legal settlement is with another Iowa county, Scott County reserves the right to seek reimbursement of assistance granted from the county of legal settlement.~~
 - ~~b. If General Assistance is provided by another Iowa county to a resident of that county with legal settlement in Scott County, reimbursement may be made to that county of residence for assistance granted as applicable under that county's General Assistance Guidelines.~~

SECTION II. INELIGIBILITY

General Assistance shall be denied or discontinued under the following circumstances:

- A. Client is not eligible if resources and/or income are available to client to meet needs at the General Assistance standard.
- B. Client is not eligible for rental assistance if they have exhausted the time limited benefit in a twelve month period.
- C. Client refuses to rely on such resources and/or income.
- D. Applicant chooses to discontinue or withdraw application.
- E. There is a transfer of property or other assets within one (1) year with the intent to qualify for General Assistance or a refusal to complete and sign a Deed of Trust on client-owned property.
- F. Client refuses to cooperate in providing required information or refuses to meet program requirements as outlined in these policies.
- G. Client knowingly provides false information on an application for General Assistance, or provides false information to the Case Aide during the determination of the applicant's eligibility for assistance. The client will also be ineligible if they knowingly provide false information on doctor reports.
- H. Although a client will not be denied solely due to failure to repay a previous grant, the Director may determine he/she is ineligible when there has been no effort to repay a previous grant when he/she had the ability or means to do so.
- I. Client or client household, through action or inaction, has created an ineligibility for assistance or a reduced level of assistance from any federal/state financial assistance programs, which would, absent the client's action or inaction, provide financial assistance at or in excess of general assistance guidelines. Such action or inaction shall include receipt of the maximum allowable TANF benefits (60 months). Clients would also be ineligible for assistance if under a sanction due to fraudulent practices or felony charges with the Social Security Administration.
- J. The assistance requested is under the purview of another entity for funding and determination of need.
- K. Client lives in a residential setting as a part of participation in an organized program.
- L. Client has voluntarily become unavailable for full time employment. Example: Students are not eligible for general assistance.
- M. Client has created the need for assistance by use of income/resources for non-basic needs.
- N. Client has voluntarily left a subsidized living arrangement which would have provided the basic assistance need requested.
- O. Client who has voluntarily left gainful employment within a 45 days period prior to applying for General Assistance shall not be considered eligible until 45 days have elapsed, unless such leaving was the result of an inability to perform job duties as verified by a physician's statement.
- P. Client was denied Social Security/SSI/SSDI benefits by Administrative Law Judge (ALJ) level.

SECTION III.

ELIGIBILITY

Eligibility Determination

- A. Determination of eligibility will be made at the time of application/re-application and when a change in a recipient's circumstances indicates possible changes in eligibility or need.
- B. Eligibility periods shall generally be no longer than 30 days, unless otherwise specified in these guidelines.
- C. Eligibility and amount of assistance needed are determined through a joint process involving both Case Aide and client, focusing on:
 1. Comparison of the client's circumstances with the eligibility standards set forth in these policies, determination of the client's unmet needs and the appropriateness of General Assistance in meeting these needs.
 2. Development of a plan for self-support that fully utilizes client's available resources, excluding exempt property.

Financial Eligibility

Income

1. For the purpose of determining income, the total income of the household unit for the previous thirty (30) days will be considered. A household is defined as all persons of whatever age, whether or not related, who reside/stay/cohabitate "together" in the same household.
2. Household income: All income received by the client's household shall be considered, including but not limited to gross wages, retirement benefits, disability benefits, investment income, rental income, income from trust funds, gifts, loans, and any assistance received from public or private entities.
3. The first \$30 per month of household earned income will be disregarded.
4. All income must be reported. If income is not reported, the disregard above will not apply.
5. Emergency assistance, on a one-time only basis, may be granted to households whose income does not exceed 100% of the federal poverty guidelines.
- ~~6. Time limited assistance may be granted to households with no income or income that is below the level of assistance available through the TANF program.~~

Resources

1. Resources shall include liquid assets including but not limited to checking or savings accounts, cash on hand, stocks, bonds, IRA's or other investments. The total value of such assets shall be considered an available resource.

2. All real property shall be considered a resource other than as exempted below. All real property not excluded below will be counted as an available resource at net value. (Net value = value of property – remaining payments/mortgage.)
3. Resource Exemptions. The following are considered excluded resources and shall not be considered as available resources:
 - a. A homestead, equity in a family home or farm.
 - b. Household goods and personal effects.
 - c. An equity not to exceed \$2,500 in one motor vehicle. Equity is defined as the Blue Book price – remaining loan balance.
 - d. Life insurance which has no cash surrender value.
 - e. An equity not to exceed \$2,500 in one funeral contract or burial trust for each member of the household.
 - f. Tools of an actively pursued trade.

When the value of one or more of these items exceeds the specified amount, the excess must be counted as available resources; any resources not specifically exempt shall be counted as an available resource.

4. All resources, other than the excluded ones above, shall be considered available to meet basic needs and must be used for such. If resources are available to meet the request at the General Assistance standard, no eligibility exists. If resources are available to partially meet the need, they must be utilized prior to eligibility for assistance.
5. Lump sum payments. Persons who have received lump sum payments preceding the application for General Assistance will be assumed to have had sufficient resources to provide for basic needs at General Assistance standards for the period of months equal to expenditure of the lump sum benefits at 150% of the federal poverty level. The Case Aide may add expenditure of lump sum payments for medical expenses to the 150% of the poverty level to determine at which point eligibility for General Assistance will occur.

SECTION IV. PROGRAM REQUIREMENTS

Agreement to Reimburse

- A. All recipients of General Assistance ~~and their spouse~~ shall agree to reimburse for assistance granted. Recovery efforts shall not be initiated until the recipient is able, and must commence within two years after the recipient becomes able as stated in the Iowa Code. Ability to reimburse shall be considered to have occurred at such time as the recipient has on-going income at 150% of the federal poverty guidelines or has resources in excess of SSI guidelines.
- B. The homestead of General Assistance recipients shall be liable for such expenditures at the time of the recipient's death only if there is not a surviving spouse as stated in the Iowa Code.
- C. Applicants who have applied for federal benefits must sign an Interim Assistance Agreement with Scott County.

Ability to Handle On-Going Costs

- A. The applicant must demonstrate the ability to maintain the basic assistance need through their own resources following provision of the requested assistance.
- ~~B. The applicant must be eligible and apply for time limited assistance.~~
- C. Clients who have been receiving regular income but have not made regular payments toward rent and/or utilities shall have assistance denied unless special circumstances merit a Director's Exception.

SECTION V. SERVICES TO NON-CITIZENS

- A. Persons who are illegally in the United States are not eligible for General Assistance.
- B. Legally admitted aliens who are not admitted for permanent residence are not eligible for General Assistance.
- C. Legal immigrants are not eligible for General Assistance except for the following:
 - 1. Refugees admitted under Section 207 of the INA.
 - 2. Asylees admitted under Section 208 of the INA.
 - 3. Aliens whose deportation has been withheld under Section 243(h) of the INA.
 - 4. Veterans of the U.S. Armed Forces who were honorably discharged for reasons other than alienage, their spouses and dependent children.
 - 5. Active duty personnel of the U.S. Armed Forces, their spouses and dependent children.
 - 6. Legal permanent residents who have earned 40 quarters of coverage for social security purposes. Quarters worked after December 31, 1996, in which the alien received any federal means-tested public assistance shall not be considered to be a qualifying quarter.
 - 7. The Director may grant an exception to provide assistance on an emergency one-time basis.

SECTION VI. DIRECTOR'S EXCEPTION

The Director of the Community Services Department shall have the authority to approve assistance to an applicant who does not meet eligibility criteria in instances of extraordinary circumstances. Any such authorization provided through the Director's exception will be so noted on the Notice of Decision provided to the applicant.

- A. The client is above the income/resources eligibility limitations, but special circumstances warrant the granting of assistance for up to a 30-day period.
- B. The requested assistance exceeds the maximum expenditure permitted in a particular category, but special circumstances warrant the granting of assistance for up to a 30-day period.
- C. Other requirements of these policies may be exempted for up to a 60-day period.

SECTION VII. APPEALS

A. Right to a Hearing.

1. Applicants/recipients are entitled to a hearing on the following:
 - a. Denial of assistance.
 - b. Failure to determine applicant's eligibility, and if found eligible, grant assistance within five (5) working days of application, provided the client has met eligibility requirements.
 - c. Amount of assistance granted.
 - d. Discontinuance of assistance in whole or part.

B. Informing of Decision and a Right to Appeal.

1. Applicants/recipients shall be informed orally and in writing at the time of any decision relating to their application or level of assistance of:
 - a. The decision made, including a written notice of the basis of the decision.
 - b. Their right to an appeal and that a clear written communication to the department requesting a review of a decision shall constitute an appeal.
 - c. That they may be represented by themselves or a representative of their choice.
 - d. The availability of community legal services to assist them.

C. Appeal Request.

1. Any clear written communication to the department by or on behalf of an applicant/recipient requesting a review of a decision shall constitute a request for an appeal hearing if made within fifteen (15) days of the decision (date of notice of decision) for which the review is requested. The written communication shall specify the applicant's position as to why the Case Aide's decision merits review.
2. The request for an appeal hearing cannot be denied except where the applicant/recipient has abandoned or withdrawn the request in writing.
 - a. A request shall be considered withdrawn only upon receipt of a written statement before or on the day of the appeal hearing.
 - b. A request may be considered abandoned if neither the appellant nor representative appears at the agreed time and place for the appeal hearing.
 - c. If appellants inform the Case Aide that they are satisfied and no longer wish to pursue their request for an appeal hearing, they will be advised that a written withdrawal of the request must be made.
3. Requests for an appeal must be given to the client's Case Aide. If the Case Aide is unavailable, the request for an appeal shall be given to the Case Aide Supervisor.

D. Director's Review.

1. Appeals will be heard as soon as possible and always within five (5) working days unless a greater amount of time is required by the client. At that review, the Case Aide's decision will be reviewed with the client.
2. The decision of the Director shall be made in writing. It shall be made as promptly as possible and within five (5) working days of the hearing date.
3. If the Case Aide's decision is upheld, the appellant has an option of continuing the appeal process by requesting an appeal to the Board of Supervisors within twenty (20) days of the Director's decision (date of written decision).

E. Any clear written communication to the Department of Community Services by or on behalf of an applicant/recipient requesting a review of the Directors decision shall constitute a request for an appeal hearing to the Board of Supervisors, if made within twenty (20) days of the decision of the Director for which the review is requested. The written communication shall specify the applicant's position as to why the Director's decision merits review.

F. Board of Supervisors Hearing

Appeals to the Board will be heard within fifteen calendar days of the request for appeal to the Board.

1. Written notice of the hearing shall be given to the appellant at the time the appeal is given to the Community Services Department. The notice shall inform the appellant:
 - a. Of the date and place of the hearing and the appellant's right to change them if necessary.
 - b. Of the specific issues which are the subject of the hearing.
 - c. Of the manner in which the hearing should be conducted, including means by which adjournment may be requested and granted, and the right to present evidence and witnesses and to cross-examine adverse witnesses.
 - d. The right of the parties to be represented by legal counsel or another person of their choice and the right to bring pertinent information with them.
2. Appeals shall be heard by the Board of Supervisors at the regular Committee of the Whole sessions. ~~which occur every other Tuesday~~. Appeals must be received by the department before 5 p.m. Monday in order to be heard at the next week's Committee of the Whole meeting. In those instances where a client requires more time to prepare an appeal, the hearing may be moved to the next Committee of the Whole session if requested by the client.

G. The Community Services Department shall provide, at the appellant's request, all available pertinent information which the department intends to use at the hearing. This information may be granted to the appellant's representative also if the appellant so requests.

H. Conduct of Hearing-rights of parties:

1. The Board of Supervisors shall preside. An opening statement describing the nature of the proceeding, the issues and the manner in which the hearing will be conducted shall be made by the Board Chair.

2. All parties have a right to be represented by legal counsel or a person of their choice to testify and to bring pertinent information with them.
3. Technical rules of evidence shall not apply, but evidence must be relevant and material.
4. Appellants and their representatives (at appellants' request) shall have the right to examine the case record.
5. The Board's findings shall be based solely upon evidence openly presented at the hearing. The written decision of the Board shall include a statement of the basis and legal or policy authority upon which the decision is based.
6. General Assistance hearings before the Board shall be tape-recorded. In the event of appeal of the Board's decision, the tape or a transcript shall be made available by the County at the request of a participating party. The hearing recording shall be maintained in the General Assistance office for at least two (2) years following the decision.

I. Decision of Board

1. The decision shall be made in writing by the Board. It shall be issued as promptly as possible and within five (5) working days of the hearing date.
2. A copy of the decision shall be mailed to each of the parties involved, including representatives of the Community Services Department.

J. Decision without Board Hearing.

1. Appellants have the option to request that their appeal be decided by the Board without a hearing. In such cases, opportunity shall be afforded each party to submit written evidence and review and comment on evidence submitted by the other party.
2. If at any stage of an appeal, it clearly appears to the Board that the department's action is contrary to law, Board rule or policy, the Board may issue a decision directing specific actions for the benefit of the appellant.
3. When the appellant has emergency needs resulting from a departmental decision, the Board may issue an immediate decision directing action for the benefit of the appellant.

SECTION VIII. EMERGENCY: ONE TIME ASSISTANCE

Emergency assistance may be granted on a one-time only basis (up to 30 days) to individuals who have some income, but because of circumstances, not attributable to that individual, are unable to meet their basic needs.

~~Emergency assistance is not available for consistent and/or regular use.~~

Emergency assistance is available to provide financial assistance with shelter, ~~food~~, utilities, transportation, clothing, ~~furniture, appliances~~, burial, medical, and dental. ~~and eyeglasses.~~

The individual circumstances will be taken into account in evaluating the need for General Assistance. Income and resources will be reviewed by the Case Aide.

Income and/or resources, which are available, must be used to meet the need.

Income shall not exceed 100% of poverty.

A Director's exception may be available for extenuating circumstances.

TYPES OF ASSISTANCE

Medical (including prescriptions)

- A. It is the policy that necessary medical needs of eligible persons shall be provided through Scott County's contract with Community Health Care, Inc.
- B. This program does not cover elective medical services.
- C. Applicants eligible through the Department of Human Services (DHS) for Title XIX (Medicaid) ~~or Iowa Health and Wellness Program (IHWP)~~ must apply for and utilize such assistance. In instances where medically needy eligibility exists, the amount of the spenddown may be considered in determining eligibility under these guidelines.
- D. The Community Services Department determines financial eligibility for assistance. The medical need and appropriate treatment is determined by Community Health Care. Persons determined financially eligible for medical assistance must follow all requirements of Community Health Care for receipt of assistance.
- E. Community Services will work closely with Community Health Care to assure that clients receive prompt attention.
- F. Any applicant, who has not followed Community Health Care direction in opening a medical record, will be ineligible for any additional medical assistance until they have complied with Community Health Care patient requirements as well as followed through with the DHS medical assistance application requirements.

Financial Eligibility: Income and resources of the applicant, applicant spouse, and dependent children shall be considered.

Dental

- A. It is the policy that necessary dental needs of eligible persons shall be provided through Scott County's contract with Community Health Care, Inc.
 - 1. Assistance with dental work/extractions shall be available to alleviate pain only.
 - 2. Assistance with denture repair.
 - 3. No elective services are covered.
- B. Community Health Care may determine that the dental service needed cannot be performed by their agency. In such instances, Community Health Care, in consultation with the Case Aide may make a referral to another appropriate provider.

Financial Eligibility: Income and resources of the applicant, applicant spouse, and dependent children shall be considered.

Eyeglasses

~~A. Financial assistance with refraction and eyeglasses shall be available.~~

~~Level of Assistance: Not exceeding \$87.00 for single vision lenses, \$99.00 for bifocals, and \$105.00 for trifocals.~~

~~Financial Eligibility: Income and resources of the applicant, applicant spouse, and dependent children shall be considered.~~

Shelter Assistance

Rental Assistance/Mortgage Assistance

- A. If the applicant is residing in a homeless shelter, they must provide a letter indicating the time period they have been there.
- B. Assistance may be available to provide shelter in a residential rental arrangement.
- C. Assistance may be available to provide shelter in a residential mortgage arrangement.
- D. All rental arrangements must be agreed to by the landlord. Applicants will be required to bring in a copy of the rental lease. All mortgage assistance arrangements must be agreed to by the mortgage holder.
- E. Assistance shall be granted for the amount of interest of the monthly mortgage payment, not to exceed the levels of assistance.
- F. Clients applying for mortgage assistance will be required to sign a Deed of Trust granting Scott County a lien on the property for any assistance so received.

Level of Assistance:

Assistance may be provided up to \$500, but at no time shall exceed the actual rental or mortgage cost.

Program Requirements: All program requirements must be met.

Financial Eligibility: Income and resources of the applicant's household shall be considered.

Utilities

- A. Utilities include gas, propane, electric, and water.
- B. Assistance will not be granted unless such assistance and other resources of the applicant are such that the utility provider will agree to continued or reinstated service.
- C. The applicant must be residing full time in the residence for which utility assistance is requested.
- D. The utility bill must be in the name of the applicant.
- E. The applicant must have made a minimum of three payments within a six month period on a gas/electric/propane/**water** bill. ~~The applicant must have paid at least one water bill in full within a six month period.~~

Level of Assistance: Assistance granted not to exceed the following:

Single Household	\$ 90.00
Two Person Household	\$170.00
Three or/+ Household	\$240.00

Program Requirements: All program requirements must be met.

Financial Eligibility: Income and resources of the applicant's household shall be considered.

Clothing

- A. Requests for assistance with clothing will be referred to area agencies. Only in special instances shall financial assistance with purchase be granted:
- B. Special instances may include the following:
 - 1. Special work clothing not available through area agencies.
 - 2. Clothing needed for protection from weather or decency, which is not available at area agencies, due to size or special needs.

Levels of Assistance: Assistance granted shall not exceed \$100.00

Program Requirements: All program requirements must be met.

Financial Eligibility: Income and resources of the applicant's household shall be considered.

Food

- ~~A. Requests for food will be referred to local food pantries or to local meal sites.~~
- ~~B. All applicants must apply for and use the Department of Human Services food assistance program.~~
- ~~C. Financial assistance will be granted only instances in which needed items are not available from local food pantries or meal sites.~~
- ~~D. Able-bodied adults without children living in the household will be ineligible to receive financial assistance through a food voucher and will be referred to local food pantries and/or meal sites.~~

~~— **Levels of Assistance:** Financial assistance with food may be provided through a food voucher, in amounts not to exceed the following.~~

Single Household	\$19.00/week
Two Person Household	\$26.00/week
Three+ Household	\$48.00/week

~~— **Program Requirements:** All program requirements must be met.~~

~~— **Financial Eligibility:** Income and resources of the applicant's household shall be considered.~~

Special Needs

Direct Assistance may include financial assistance with ~~laundry needs~~, transportation, personal care items, household cleaning supplies, ~~furniture and appliances~~ as described below and not to exceed the assistance levels below.

- ~~1. Laundry needs. Financial assistance, not to exceed \$20.00, may be provided for use of laundry facilities.~~
2. Transportation. Financial assistance may be provided for needs as listed below. Transportation shall be provided through the use of public transportation unless the Case Aide determines that such is not possible. In such instances, the Case Aide may issue assistance for gasoline or for payment of a friend or relative in amounts not to exceed the cost of gasoline to reach and return from the needed service. The driver must have a valid driver's license and car insurance.
 - a. Transportation to medical/dental/mental health care.
 - b. Transportation to return to legal residence (including necessary meals and lodging).
- ~~3. Personal care/household cleaning supplies. Financial assistance may be provided for purchase of personal hygiene and cleaning supplies in an amount not to exceed \$8.00 per month.~~
- ~~4. Furniture and appliances. Referrals shall be made to local area agencies, which provide such items. In situations in which an item is not available from local agencies and is required for safety, financial assistance may be made available for purchase of such an item in an~~

amount not to exceed \$100.00. Generally, such items would include a bed, a microwave, or a refrigerator.

5. ~~The applicant is eligible for financial assistance for laundry, personal care items or household cleaning supplies only when the county is providing rental assistance.~~

Burials

- A. All of the deceased assets must be applied toward burial expenses, including cash on hand and funds in checking and savings accounts, or savings certificates.
- B. Death benefits may be available from employment, railroad retirement, pension plans, VA benefits, life insurance policies, prepaid burial agreements or social security. The family of the deceased must apply for these benefits and apply them to costs of the burial. Any and all funds generated from memorials must be applied to the burial costs. If the family of the deceased discovers a death benefit, savings account or other resources after the funeral, they are expected to notify this office and the funeral home.
- C. Application.
1. If a county burial is indicated, a General Assistance application must be completed and signed by the surviving spouse or next of kin, if no spouse, within 72 hours (excluding holiday weekends) of the person's death.
 2. Income of the available spouse must be within General Assistance income standards unless an exception is granted. In applications for county burial, the financial ability of the surviving spouse, if applicable, must be considered.
 3. Ineligibility for county burial will result if there is the surviving spouse has income at or in excess of 300% of the federal poverty level. Ineligibility will also occur if the surviving spouse fails to contact the Case Aide or fails to disclose the financial information requested.
- D. Expenses allowed shall be as follows:
1. Up to \$1885 for funeral services expenses will be allowed for persons over one year of age. Up to \$1500 for funeral expenses will be allowed for a baby up to one year of age. The specific funeral services include transfer of deceased to funeral home, embalming, body preparation, abbreviated arrangement conference at the funeral home, funeral coach to cemetery, prepare and file the death certificate, prepare and place an obituary on the webpage of the funeral home, ~~and place minimum obituary in local newspaper~~, and prepare and file notification of death with Social Security Administration, ~~private viewing at funeral home not to exceed one hour for immediate family only and committal service only at the cemetery or chapel~~. If the family requests a chapel funeral service at the funeral home, they would be responsible to pay the funeral home \$415 for the use of the facilities and necessary staff. ~~A funeral service can take place at a church or other location, but the funeral home may not charge more than \$415.~~ Custom obituary charges, if incurred, are the responsibility of the family.
 2. Up to an additional \$195 (verifiable by invoice) shall be available for an appropriate casket. If an oversized casket is required, the county will pay an additional \$55 and the family will pay \$250 directly to the funeral home.

3. Up to \$650 for disposition of the body will be allowed. This benefit may be utilized for grave liners, gravesite opening/closing and any other interment costs. In the event an oversized vault is needed, the county will pay \$175. During the months of December, January, and February, an additional \$50.00 will be available to cover the cost of "thawing" a gravesite, if needed. Whenever possible, county owned plots are to be utilized for burial. Burial is limited to a 25-mile radius of Scott County. In rare instances when a Scott County approved burial requires out of town transportation of the body, mileage must be pre-approved by the Case Aide. Depending on the situation, the family may be asked to pay for transportation charges.
4. In all cases, the appropriate disposition benefit identified above represents payment in full for services provided and may not be supplemented by funeral directors.
5. Up to \$1600 will be allowed for cremation expenses. Services include transfer of the deceased to the funeral home, professional service fees, medical examiner's cremation permit fee, cremation fees, vehicle to crematory, abbreviated arrangement conference at the funeral home, ~~private viewing at the funeral home~~, minimal temporary container for ashes or place ashes into a container provided by the family, and release of ashes to family. The family will pay \$415 to the funeral home if they choose to have a ~~church or~~ chapel service.

Financial Eligibility: Income and resources of the applicant and spouse identified in Iowa Code shall be considered.

~~SECTION IX. ON-GOING AND TIME LIMITED ASSISTANCE~~

~~General Assistance provides on-going assistance with shelter, food, medical, utilities, personal care and household cleaning for persons who are waiting for social security disability benefits approval. A person would no longer be eligible for on-going assistance when they are denied at the Administrative Law Judge (ALJ) level. Once denied, as a courtesy, the county will pay rent for the following month after denial by an ALJ.~~

~~General Assistance will provide rental assistance for one (1) month only in a twelve (12) month period for persons who have no income, or income below the TANF guidelines, and no resources to meet basic needs.~~

~~TYPES OF ASSISTANCE~~

Medical (including prescriptions)

- ~~A. All necessary medical needs of eligible persons shall be provided through Scott County's contract with Community Health Care, Inc.~~
- ~~B. This program does not cover elective medical services.~~
- ~~C. Applicants eligible through the Department of Human Services for Title XIX (Medicaid) or Iowa Health and Wellness Program (IHWP) must apply for and utilize such assistance. In instances where a medically needy eligibility exists, the amount of the spenddown may be considered in determining eligibility under these guidelines.~~

- ~~D. The Community Services Department determines financial eligibility for assistance. The medical need and appropriate treatment is determined by Community Health Care. Persons determined financially eligible for medical assistance must follow all requirements of Community Health Care for receipt of assistance.~~
- ~~E. Community Services will work closely with Community Health Care to assure that clients receive prompt attention.~~
- ~~F. Any client who has not followed Community Health Care direction in opening a medical record will be ineligible for any additional medical assistance until they have complied with Community Health Care patient requirements.~~
- ~~G. At the caseworker's discretion, approval of medical assistance referrals to Community Health Care may be issued for up to ninety days if the following criteria are met:~~
- ~~1. There is a reasonable expectation that no change in circumstances will be occurring during the period of certification.~~
 - ~~2. No other assistance is being received through the General Assistance Program.~~
 - ~~3. There has been no work income to the client.~~
 - ~~4. The client understands that any change of circumstances during the period of certification must be reported to the Case Aide immediately.~~
 - ~~5. Client is waiting for approval from the Department of Human Services for insurance coverage.~~
- ~~*Financial Eligibility:* Income and resources of the applicant, applicant spouse, and dependent children shall be considered.~~

Shelter Assistance

~~— Rental Assistance/Mortgage Assistance~~

- ~~A. The applicant must be residing full time in the shelter arrangement during the period for which assistance is requested.~~
- ~~B. Assistance may be available to provide shelter in a residential rental arrangement.~~
- ~~C. Assistance may be available to provide shelter in a residential mortgage arrangement.~~
- ~~D. All rental arrangements must be agreed to by the landlord. Applicants will be required to bring in a copy of the rental lease. All mortgage assistance arrangements must be agreed to by the mortgage holder.~~
- ~~E. Assistance shall be granted for the amount of interest of the monthly mortgage payment, not to exceed the levels of assistance.~~
- ~~F. Clients applying for mortgage assistance will be required to sign a Deed of Trust granting Scott County a lien on the property for any assistance so received.~~

~~G. All rental arrangements must include all utilities as a responsibility of the landlord and the agreed upon rental assistance will be assumed to cover all costs of that arrangement.~~

~~H. The county will only pay a percentage of the rent on behalf of a client who is waiting for social security approval if they are living with a client who has utilized the one (1) month of rental assistance in the General Assistance program.~~

~~Level of Assistance: Assistance may be provided up to the levels identified below, but at no time shall exceed the actual rental or mortgage cost.~~

~~_____ Single Household _____ \$500~~

~~_____ Program Requirements: All program requirements must be met.~~

~~_____ Financial Eligibility: Income and resources of the applicant's household shall be considered.~~

~~_____ Utilities~~

~~_____ Utilities include gas, propane, electric, and water.~~

- ~~1. Assistance will not be granted unless such assistance and other resources of the applicant are such that the utility provider will agree to continued or reinstated service.~~
- ~~2. The applicant must be residing full time in the residence for which utility assistance is requested.~~
- ~~3. The utility bill must be in the name of the applicant.~~
- ~~4. If the applicant has had income during the period covered by the bill for which assistance is requested, there must be evidence of a minimum of three payments within a six month period by the applicant.~~

~~_____ Levels of Assistance: Assistance granted shall not exceed the following:~~

~~_____ Single Household _____ \$ 90.00~~
~~_____ Two Person Household _____ \$170.00~~
~~_____ Three or/+ Household _____ \$240.00~~

~~_____ Program Requirements: All program requirements must be met.~~

~~_____ Financial Eligibility: Income and resources of the applicant's household shall be considered.~~

~~Food~~

~~_____ Requests for food will be referred to local food pantries or to local meal sites.~~

- ~~1. All applicants must apply for and use the Department of Human Services food assistance program.~~
- ~~2. Financial assistance will be granted only instances in which needed items are not available from local food pantries or meal sites.~~

~~3. Able-bodied adults without children living in the household will be ineligible to receive financial assistance through a food voucher and will be referred to local food pantries and/or meal sites.~~

~~— Levels of Assistance: Financial assistance with food may be provided through a food voucher, in amounts not to exceed the following.~~

— Single Household	\$19.00/week
— Two Person Household	\$26.00/week
— Three or+ Household	\$48.00/week

~~— Program Requirements: All program requirements must be met.~~

~~— Financial Eligibility: Income and resources of the applicant's household shall be considered.~~

Special Needs

~~A. Direct Assistance may include financial assistance with laundry needs, transportation, personal care items, household cleaning supplies, furniture and appliances as described below and not to exceed the assistance levels below. Time limited direct assistance is available for persons capable of working (up to three (3) months along with rental assistance). Direct assistance is available on-going for persons waiting for Social Security approval.~~

~~1. Laundry needs. Financial assistance, not to exceed \$20.00 per month, may be provided for use of laundry facilities.~~

~~2. Transportation. Financial assistance may be provided for needs as listed below. Transportation shall be provided through the use of public transportation unless the Case Aide determines that such is not possible. In such instances, the Case Aide may issue assistance for gasoline in amounts not to exceed the cost of gasoline to reach and return from the needed service. The driver must have a valid driver's license and car insurance.~~

~~i. Transportation to medical/dental/mental health care.~~

~~ii. Transportation to return to legal residence (including necessary meals and lodging).~~

~~3. Personal care/household cleaning supplies. Financial assistance may be provided for purchase of personal hygiene/household cleaning supplies, in an amount not to exceed \$8.00 per month.~~

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 28, 2020

APPROVING UPDATES AND CHANGES TO
GENERAL POLICY 37- SCOTT COUNTY GENERAL ASSISTANCE GUIDELINES

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

- Section 1. The General Assistance policies are updated and clarified in terms of definitions, eligibility, and program requirements.
- Section 2. That the language for "On-Going" assistance is removed.
- Section 3. That the General Assistance Program will provide funding for cremation only, in the amount of \$1,600.
- Section 4. This resolution shall take effect July 1, 2020.

TIM LANE
Scott County Sheriff



Item #7
5/28/2020

SHAWN ROTH
Chief Deputy Sheriff

BRYCE SCHMIDT
Chief Deputy Sheriff

EMERGENCY 9-1-1
(563) 326-8625
(563) 326-8689 (FAX)

400 West 4th Street
Davenport, Iowa 52801-1104

www.scottcountyiowa.com/sheriff
sheriff@scottcountyiowa.com

Date: May 26, 2020

Memo To: Board of Supervisors

From: Major Bryce Schmidt

REF: **2020 Capital Budget for Dual-View Full Body Security Screening System**

Enclosed are the quotes for the Jail full body security screening system. This full body security screening system will be purchased with approved capital funds from the 2020 budget. We have chosen the Command Sourcing, Inc. full body scanner for \$138,000, and are requesting the extended three year warranty with Command Sourcing, Inc. for an additional \$10,000 per year, for a total of \$168,000 for the body scanner and a five year warranty.

The Command Sourcing body scanner quote for \$138,000 includes a two year warranty. Additional years of warranty at the time of purchase or within one year of purchase are \$10,000 per year. After one year of purchase, additional years of warranty are \$15,000 per year as opposed to \$10,000 per year. The additional purchase of three years of warranty at the time of purchase would be a savings of \$5,000 per year or a total of \$15,000 savings for all three additional warranty years.

Through the evaluation process of jail supervisors, the choice of Command Sourcing, Inc. was made. Of the three quotes, Command Sourcing, Inc. had what was thought to be the best product, pricing was competitive and service/troubleshooting can be done remotely through an internet program.

Please feel free to contact me with any questions. I will be in attendance of the next Board meeting, and will be happy to answer any questions then as well.



Quotation

Command Sourcing, Inc.

6100 Horseshoe Bar Rd, STE A #228
Loomis, CA 95650
www.commandsourcing.com
sales@commandsourcing.com

QUOTE NO. 512201
DATE May 12, 2020

BILL TO Scott Co Sheriffs Office
Attn: Accounts Payable
400 W 4th St
Davenport, IA 52801

SHIP TO Scott Co Sheriffs Office
Attn: Captain Bush
400 W 4th St
Davenport, IA 52801

Customer ID #	PO #	Contact Person	Contact Person Phone:	Payment Terms	Quote Valid Until
		Scott Woods	502-551-2277	Net 15	7/31/20

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	16HRCS	Smiths Detection B-Scan - Full Body High Resolution XRAY Includes: - Two Monitors, Operator Keyboard, Bar Code Scanner and Manual. - 24-month Standard Warranty	\$ 138,000.00	\$ 138,000.00
1.00	S&I	Shipping and On-site Installation	Included	\$ -
1.00	SIM	Scan and Image Management Software and Installation - Ability to track (via barcode or ID number) the number of times individuals are screened against annual thresholds. - Filters, storage and reporting capabilities. - Software updates included for life of the machine. - IT installation included including networking assistance.	Included	\$ -
1.00	BTRAIN	Initial Training Training session for operator training, radiation, and image evaluation training. (May not be in a consecutive days) - Operator session will be 6 to 8 hours and will be conducted by a trainer on-site. We will host (12) participants per training. - Image session will be 6 to 8 hours and will be conducted by a trainer on-site. We will host (12) participants per training. - Radiation session is online and we will allot (5) initial certifications.	Included	\$ -
0.00	WORKST	Sit Stand Workstation for Dual Monitors ***OPTIONAL*** Includes shipping but some assembly required	\$ 1,400.00	\$ -

Sales Tax: \$ -

Comments or Special Instructions:

Price inclusive of all services and packages and cannot be un/re-bundled. Taxes outside of California are assessed by the purchaser. 4% service charge on payment by Credit Card.
Return Policy: Command Sourcing must be notified prior to receipt of any returned items and a restocking fee may be assessed.

Total: \$ 138,000.00



Quotation

Command Sourcing, Inc.

6100 Horseshoe Bar Rd, STE A #228
Loomis, CA 95650
www.commandsourcing.com
sales@commandsourcing.com

QUOTE NO. 512202
DATE May 12, 2020

BILL TO Scott Co Sheriffs Office
Attn: Accounts Payable
400 W 4th St
Davenport, IA 52801

SHIP TO Scott Co Sheriffs Office
Attn: Captain Bush
400 W 4th St
Davenport, IA 52801

Customer ID #	PO #	Contact Person	Contact Person Phone:	Payment Terms	Quote Valid Until
		Scott Woods	502-551-2277	NET 365	7/31/20

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
3.00	XWARR	B-Scan On-Site Warranty with Preventive Maintenance - (per year) ***OPTIONAL*** - All labor, travel time and travel expenses - All replacement parts required - Unlimited access to 24/7 Technical Support - On-site Annual Preventative Maintenance and Radiation Leak Survey	\$ 10,000.00	\$ 30,000.00

Sales Tax: \$ -

Comments or Special Instructions:

This warranty extends warranty to 5-years if paid within 1 year of purchase. This may be cancelled to default to standard 2 year warranty within the year. Taxes outside of California are assessed by the purchaser. 4% service charge on payment by Credit Card. Return Policy: Command Sourcing must be notified prior to receipt of any returned items and a restocking fee may be assessed.

Total: \$ 30,000.00

(661)297-0280 Office / (661)333-3150 Mobile

Company:	Scott County Sheriff's Office	Quote #	QT Scott County IA CONPASS DV 12282018
POC/Phone:	Captain Stefanie Bush (563) 326-8750 x8566	Date:	12/28/2018
Address:	400 West 4th Street	RE:	CONPASS DV - NCPA Contract #12-07
City, State, Zip:	Davenport, Iowa 52801	Email:	stefanie.bush@scottcountyiowa.com

Part No.	Description	Qty	Sale Price	Amount
ADN CONPASS DV	CONPASS DV - Dual-View Full Body Security Screening System:	1	\$165,250.63	\$165,250.63
	Two (2) X-ray Generators w/ X-ray Shielding Cases			
	Two (2) Image Detectors w/Filtration Systems			
	Dosimeter for both X-ray generators			
	6 independent kV and mA scanning modes			
	Operators Interface Workstation			
	One (1) 24" Color Monitor and one (1) 19" Color Monitor			
	Movable Platform (660lb. Max) with safety Hand Rail			
	Imaging Field of View 82"H x 29" W			
	8GB RAM Memory			
	Two (2) each 1T Hard Drives			
	Local Storage of approximately 940,000 images			
	65,384 Gray Scale Levels			
	Operation Documents			
BarCode	Bar Code Scanner and Software if applicable	1	\$1,500.00	OPTION
DruGuard®	Automatic Narcotics Detection Software	1	\$10,000.00	Included
XSC	X-ray Shielding Cabin - 12 window configuration	1	\$10,000.00	OPTION
Install	Installation and Calibration	1	\$3,500.00	Included
Training	Operator and Administrator Training for up to 10 people	1	\$3,000.00	Included
Warranty	36-month warranty on parts and labor	1	Included	Included
Service Contract	2-year Service Contract to include Parts, Labor and Travel	1	\$20,000.00	OPTION
Shipping	Shipping (Davenport, IA)	1	\$2,500.00	Included
Quote Total				\$165,250.63

1. Scott County Sheriff must supply a dedicated 110VAC / 20AMP circuit at the installation locations.
2. These prices do not include sales tax if applicable.
3. Purchase Orders to be written to: ADANI Systems, Inc., 13614 Poplar Circle, Unit 203, Conroe, TX 77304.
4. Late fees may be applied to past due invoices.
5. Pricing, delivery, installation, training and warranty per ADANI Systems' NCPA contract #12-07.

*** This quotation supercedes all previous quotations and is valid for 90 days from date of issue, unless otherwise stated. ***

Payment Terms: Net 30 Days
SHIP DATE: 30 - 45 DAYS / ARO
TERMS OF DELIVERY: FOB Origin PrePay and ADD

TERMS AND CONDITIONS ARE ATTACHED

Quotation of
NUCTECH™ HT2100DV Body Scanner Inspection System
For
Scott County Sheriff's Office, Davenport, IA

Contact information

James V. Turco
National Sales Manager
(513) 447-5500

Barry Johnson
National Sales Director
(724) 464-9182

Address: 70 Blanchard Road, Burlington,
MA 01803

Address: 70 Blanchard Road, Burlington, MA
01803

Cell: 513 447 5500

Cell: 724 464 9182

Fax: 781 359 9701

Tel: 781 359 9700

Website: www.nuctech.com/en

Website: www.nuctech.com/en

E-mail: JTurco.NuctechUS@outlook.com

E-mail: jbjohnson1978@gmail.com

Quotation

Item No.	Equipment/Model	Qty.	Unit Price (USD)	Sub Total Price (USD)
1	Nuctech HT2100DV (Single Purchase Item)	1	\$130,000	\$130,000
2	2-Year Initial Warranty	1	Included	Included
3	Transportation, Insurance, Installation, Commissioning, Training, Technical Support	1	Included	Included

Total Price: \$130,000

Warranty: The includes all software upgrades, replacement of hardware or software that is not working properly, labor and yearly preventative maintenance visit.

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 28, 2020

APPROVAL OF THE BID OF \$138,000 FROM COMMAND SOURCING, INC. WITH
AN ADDITIONAL \$30,000 FOR A THREE YEAR EXTENDED WARRANTY FOR THE
SHERIFF'S OFFICE FULL BODY SECURITY SCREENING SYSTEM.

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

- Section 1. That the Board hereby approves the purchase of the Full Body
Security Screening System and three-year extended warranty from
Command Sourcing, Inc. for a total of \$168,000.
- 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



May 13, 2020

TO: Mahesh Sharma, County Administrator

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

RE: FY20 May Budget Amendment

On May 28, 2020, the County will present its official public hearing on the 2020 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 March 2020. The Budget Amendment was presented in the County's two official newspapers on May 13, 2020, posted on the county website May 11, 2020 and social media on May 12, 2020. The amendment is scheduled to be approved May 28, 2020.

This budget amendment reflects the changes in revenues and expenditures related to COVID-19 as well as normal operating estimates such as separation benefits and reallocation of contingency expenditures.

Following are the highlights of this amendment:

Public Safety & Legal Services, an increase of \$937,107, is requested to be amended for appropriation of grant utilization, contract estimates, extradition of prisoner's placement out of county, salary and benefit review; and separation benefits.

Department	Amount	Description
Attorney	\$66,960	Forfeited Assets; Separation Benefits
Health	\$130,870	Medical Examiner Fees; Grant Utilization; Separation Benefits
JDC	(\$91,100)	Service Contracts; Charge for Service Contracts; Salary and Benefit Review
Non-Departmental	\$133,000	Fleet Operations; Allocation of Contingency
Sheriff	\$697,377	Extradition of Prisoners; Groceries; Separation Benefits; Salary and Benefit Review

Physical Health & Social Services, an increase of \$1,213,155, is requested to be amended for burials, grant utilization, salary and benefit, and separation contingency expenditures.

Department	Amount	Description
Community Services	\$47,500	Burials; Salary and Benefit Review;
Health	\$15,655	Grant Utilization; Separation Benefits
Non Departmental	\$1,150,000	Non-Congregate Care Public Assistance; Allocation of Contingency

Mental Health, ID & DD an increase of \$434,526, is requested to be amended to provide for mental health service estimates, transfer to region, and contingency expenditures.

County Environment & Education, an increase of \$308,243 is requested for FEMA Flood Mitigation, contingency allocation; contract amendments, and salary and benefit review.

Department	Amount	Description
Conservation	\$67,740	Salary and Benefit Review; Separation Benefits
Non Departmental	\$230,000	FEMA Flood Mitigation Program; Contingency Allocation
Planning and Development	\$9,500	Salary and Benefit Review
Humane Society	\$1,003	Contract Amendment

Roads and Transportation, an increase of \$23,320, is requested to be amended for line item detail for estimate of project and operations progress, including roadway maintenance, separation benefits, and equipment operations.

Administration	\$7,160
Engineering	\$73,660
Bridges and Culverts	\$50,000
Roadway Maintenance	(\$53,000)
Snow and Ice Control	(\$87,500)
Traffic Controls	\$58,000
Road Clearing	\$75,000
Equipment Operation	(\$120,000)
Tools, Maintenance & Supplies	\$20,000

Government Services to Residents, an increase of \$242,469, is requested to be amended for department review of elections, contingency and separation benefit expenditures.

Department	Amount	Description
Auditor	\$103,920	Elections
Non-Departmental	\$100,000	Allocation of Contingency
Recorder	\$38,549	Overtime, Separation Benefits

Administration, a decrease of \$135,317, is requested to be amended reallocation of salary and benefits; liability claims / insurance, facility maintenance, postage and publications.

Department	Amount	Description
Attorney	\$100,000	Liability Insurance Estimates; Auto / Property Claims
Auditor	\$24,680	Salary and Benefit Review
Information Technology	\$23,000	Contractual Services; Salary and Benefit Review
FSS	\$56,500	Required Building Maintenance, Utilities Estimate; Postage
Non-Departmental	(\$345,497)	Reallocation of Salary and Benefit Review; Contingency Allocation
Human Resources	\$3,000	Salary and Benefit Review
Board of Supervisors	\$7,000	Salary and Benefit Review
Treasurer	(\$4,000)	Publications

Capital Projects, an decrease of \$455, is requested to be amended for FY 20 Capital Project estimate – Conservation projects, vehicles, and Secondary Roads capital projects.

Revenues have been amended by a decrease of \$1,182,367 to reflect the decreased revenues from the COVID-19 Pandemic.

Revenue	Amount	Description
Penalties, Interest & Costs on Taxes	(\$293,500)	COVID-19
Other County Taxes (LOST / Gaming)	(\$861,258)	COVID-19
Intergovernmental	\$1,166,763	COVID-19 (Non-congregate Care Public Assistance)

Licenses and Permits	(\$7,500)	Dept. Estimate
Charges for Services	(\$918,347)	Dept. Estimate
Use of Money & Property	(\$307,652)	Dept. Estimate
Miscellaneous	\$39,127	Dept. Estimate

Unassigned fund balance of the General Fund is projected to decrease by \$3,594,237, based on the re-estimates of budget levels, and the release of restricted equity for statutory programs. If every dollar of the approved budget was expended, the June 30, 2020 unassigned fund balance is estimated to be 12.63%. If general fund revenues end higher than projected, or the county expends less than budgeted then the percentage will end the year higher than the projected 12.63%. Generally, the county expends 96% of the final expenditures budget. Additionally, we will discuss reallocating the planned capital transfers to fund current year expenditures in June.

If you have any questions, I will be available at the combined Committee of the Whole / Board Meeting and Public Hearing for further information.

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 28, 2020

APPROVING A BUDGET AMENDMENT TO THE FY20 COUNTY BUDGET

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

Section 1. A budget amendment to the current FY20 County Budget as presented by the County Administrator is hereby approved as follows:

<u>SERVICE AREA</u>	<u>FY20 AMENDMENT AMOUNT</u>
Public Safety and Legal Services	\$937,107
Physical Health and Social Services	\$1,213,155
Mental Health, ID & DD	\$434,526
County Environment and Education	\$308,243
Roads and Transportation	\$23,320
Government Services to Residents	\$242,469
Administration	(\$135,317)
Capital Projects	(\$455)

Section 2. Public Notice was published in the county's legal newspapers on May 13, 2020, published on the county website on May 11, 2020, and published on the county social media on May 12, 2020.

Section 3. 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 28, 2020

APPROVAL OF APPOINTMENT OF TONY KNOBBE TO THE VISIT QUAD CITIES BOARD OF DIRECTORS

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

Section 1. That the appointment of Scott County Supervisor, Tony Knobbe, to the Visit Quad Cities Board of Directors for a three (3) year term expiring on June 30, 2023 is hereby approved.

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 28, 2020

APPROVAL OF WARRANTS IN THE AMOUNT OF \$864,819.51

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

- Section 1. The Scott County Board of Supervisors approves for payment all warrants numbered 305356 and 305366 through 305580 as submitted and prepared for payment by the County Auditor, in the total amount of \$864,819.51.
- 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

RESOLUTION

SCOTT COUNTY BOARD OF SUPERVISORS

May 28, 2020

Recognizing and thanking all Scott County Employees for their contributions during the COVID-19 pandemic

WHEREAS, the COVID-19 pandemic is unlike any we have seen in our lifetimes and is a continually evolving situation; and

WHEREAS, Scott County employees have worked from the office, the home or other locations in order to fulfill the important duties to serve the public and the Board appreciates the continued perseverance and dedication during these uncertain times; and

WHEREAS, the Scott County employees dedication to neighbors and community members is an inspiration, from those on the front lines providing essential services in an emergency, and keeping the public informed through press briefings, to those keeping our parks and buildings clean and safe, and protecting our data from cyber attacks, and

WHEREAS, the Scott County employees are serving as protectors, navigators, caregivers, and cheerleaders and the Board of Supervisors recognizes that each employee has a part in serving during this COVID-19 pandemic; and

WHEREAS, Scott County Employees have shown humility, kindness and strength throughout these challenging times and for that, the Board of Supervisors is honored to work with them.

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

- Section 1. That the Board of Supervisors does hereby proclaim their appreciation for each and every Scott County employee for their individual contributions during the COVID-19 pandemic.
- Section 2. That the Board of Supervisors expresses their gratitude to Scott County employees for making a difference in people's lives and providing services with P.R.I.D.E.
- Section 3. That the Board of Supervisors wishes all employees and their families to stay healthy, safe and strong.
- Section 4. This resolution shall take effect immediately.