

ASSET

REFERENCE MANUAL FOR VOLUNTEERS AND AGENCIES

June, 2010

**City of Ames
Story County
United Way of Story County
State of Iowa (Local D.H.S. Office)
ISU Government of the Student Body**

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DIVISION I

ASSET OVERVIEW

In 1985, the City of Ames, Iowa State University Government of the Student Body, the State of Iowa Local Department of Human Services, Story County, and United Way of Story County, herein referred to as Funders, joined together to deal with the complexities of human services funding. The Funders recognized that by joining together they could better serve the people of Story County and leverage the available individual funds that were systematically shrinking. The Funders agreed to a process that utilized Story County residents with a staff member from each of the Funders working together to provide funding recommendations that maximized support of the social services needs in Story County.

Under this agreement, each of the five Funders were to choose three volunteers that represented the respective Funders, and one staff member to sit as part of a team that "promotes the coordination of human services funding or allocation recommendations to any funding sponsor requesting such assistance." To that end, the Analysis of Social Services Evaluation Team (ASSET) was formed, and has dealt with the allocation recommendations ever since. The number of volunteers from each Funder was later increased to four due to the larger number of agencies participating in the ASSET process, as well as an increase in the number of services provided by the agencies.

In order to help promote a cooperative environment within which to deliberate the many factors of the allocation process, the Agencies were invited to send three non-voting panel representatives (APR) to meet with ASSET. In 1996 the service panels were restructured and a fourth panel was created. An additional panel representative from the Human Services Council was invited to participate on ASSET. These APR's are free to participate in most discussions and other ASSET activities. However, APR's do not participate in the panel work sessions where funding recommendations are debated and finalized.

ASSET collects and assembles standardized program and financial information, conducts annual visits with agencies, and holds annual hearings for review of agency budget requests. The chronological order of the ASSET process is as follows:

- A. Orienting new Volunteers by Funder Staff (on-going as needed)
- B. Training Agency staff (August)
- C. Conducting annual Volunteer visits with agencies (August – October)
- D. Returning Agency budget requests (September)
- E. Preparing and Submitting Liaison Reports (November)
- F. Posting Liaison Reports on ASSET web site (November - December)
- G, Reporting Funder priorities and available funding through the ASSET process (January)
- H. Conducting Agency hearings (January)
- I. Conducting Panel work sessions to develop allocation recommendations (January)
- J. Meeting of entire ASSET to discuss and approve recommendations (January)
- K. Submitting recommendations to Funders (January – February)

In order to make the process manageable, services are assigned to one of four panels: health services, basic needs services, youth and children's services, and prevention/support services. Each volunteer is assigned to one panel. Following the budget hearings, each panel reviews the budget requests for the services within its panel and formulates a funding recommendation. Following the panel work sessions, the entire ASSET group meets to decide on the final allocation recommendations.

ASSET meetings also deal with coordination of services, expansions of existing services, new services, and new agencies. As Funders have their own service priorities or client groups, some of their funds may have restrictions on them. These restrictions are intended to provide direction in the allocation process, and rarely preclude flexibility. These restrictions usually serve as guidelines rather than as constraints. ASSET will meet with Funders as specified in the Policies and Procedures.

The ASSET process provides ample opportunity to air concerns raised by agencies, staff, or volunteers. Constructive open discussions on social service needs within the County or agencies' budget requests are welcome during ASSET meetings. Volunteers shall not champion a specific service or allocation recommendation, and must sign a conflict of interest statement to that effect. (See Forms in Policies and Procedures) Through the ASSET process, the Volunteers develop an in-depth knowledge of the agencies' programs and funding requests in their panels, and have a general knowledge of all the agencies' programs and funding requests. At the ASSET meeting following the panel meetings, all the Volunteers vote on all allocation recommendation decisions. Although the ultimate goal is to reach consensus on community needs, in the end, a majority vote will decide the ASSET recommendations to the Funders. Recommendations should respond to Story County community needs and should be justified by the information gathered during the ASSET process.

The ASSET process strives to produce recommendations on social service funding allocations that are free from individual bias. The Funders have generally accepted and approved the ASSET allocation recommendations without alteration.

DIVISION II **GENERAL GUIDELINES**

A. THE ALLOCATION RECOMMENDATION PROCESS

The allocation recommendation process depends on the Volunteers to establish a plan for the use of UWSC, City of Ames, Story County, and GSB funds for the coming year. In this process, agencies request funds to operate their programs. Volunteers study proposals from agencies and recommend the amount of money to be allocated for specific programs.

All human service agencies receiving funding from one or more of the Funders, through the ASSET process, shall be reviewed annually by Volunteers of ASSET. The Volunteers can be assisted by additional reviewers appointed by the Funders or recruited by ASSET if necessary.

B. ASSIGNMENTS

Each agency requesting funding through the ASSET process shall be assigned to one of the four panels for functional service area(s). The agency may be assigned to more than one panel if the services offered by the agency fall into more than one service area, and in that case, may be visited by more than one liaison.

Each Volunteer will be assigned to a panel and to one or more agencies to be reviewed by that panel. Each Volunteer on the panel should study the materials submitted by all agencies and programs covered by that panel. Volunteers are also referred to as Liaisons.

C. DECISION-MAKING LATITUDE

Each panel has broad latitude in which to make recommendations: (1) increasing, decreasing or terminating allocations for specific programs and agencies; (2) identifying perceived issues in programs or management of an agency; (3) recommending that an agency be totally reviewed to determine if continued funding is warranted.

D. OPEN MEETINGS/RECORDS

Agencies submit complete budget, program, and personnel information to ASSET for review purposes only. Volunteers and staff are entrusted with this information in order to make program and liaison reports. **These materials are public records and ASSET meetings are open, public meetings.**

E. CONFLICT OF INTEREST

To encourage fair decisions affecting the agencies affiliated with ASSET, the following guidelines should be observed by Volunteers:

1. Volunteers or staff with an agency affiliation should not serve on the panel to which that agency is assigned. If this does occur, the Volunteer should request reassignment to another panel.
2. Agency affiliation is intended to include the following relationships: (1) past or present employment of the person or close relative by the agency; (2) current or periodic business between the person or a close relative and the agency; (3) present service by the person or his/her immediate family on the Board of

- Directors of the agency; (4) services of the agency given to the person or his/her immediate family.
3. Each person is expected to exercise good faith and prudent judgment in acknowledging and communicating a conflict of interest.
 4. ASSET's voting members and the staff agree to the Conflict of Interest policy and annually sign a form stating their adherence to the policy.

F. ANNUAL AGENCY HEARINGS

Each year agencies will be assigned a hearing time. At this time, the agency will make a short presentation to the entire ASSET board. Following the presentation, Volunteers and staff will have the opportunity to ask additional questions.

G. PANEL WORK SESSIONS

At the panel work session, each panel will discuss and agree on the allocation recommendations and special conditions or requirements for each service. The panel will consider information on the recommendations for each service. Decisions should be based on the Funder priorities and the knowledge and opinion developed throughout this entire process. Input of the Volunteers is critical at this point and they should not be reluctant to express it! The Volunteers should keep notes on the discussion about the Agencies that they visited, as they will have to write a summary paragraph that will be included in the transmittal letters to the Agencies.

H. UTILIZING OUTCOMES

It is the responsibility of the ASSET Volunteers to weigh the Outcome Measurements compared to the funding requested by the agency for the services. During the allocation process, the ASSET Volunteers will make a determination of the outcomes of the service compared to its cost.

I. ALLOCATION FORMAT

Overall, as allocation recommendations are made, the following points should be kept in mind:

1. Is the service critical to Story County residents?
2. Does the service meet Funder priorities?
3. Is the service duplicated by another agency?
4. If there is duplication, is duplication in this service area necessary?
5. If ASSET funding was reduced for this service, how would it impact the client and the community?
6. What would be the result of the loss of this service?
7. Does the program/service demonstrate a positive outcome for the residents of Story County?
8. Does this service provide the "best possible use" of ASSET funds?

Allocations to agencies can be made in the following ways:

1. Area of service allocation is an allocation to a specific service area of an agency. In addition to direct program service expenses, a service budget will include indirect management and general expenses attributable to the overall administration of the agency.
2. Purchase of service allocation specifying a minimum number of units of service, at an established rate, which a Funder will purchase for a maximum level of reimbursement for the year.

3. Grant or Supplementary allocations are special purpose allocations. These may include direct financial assistance to agencies with special needs; one-time only projects; first year allocation to a new program; additional funding to minimize the effects of reduced revenues from other sources; emergency property repair; etc.

J. APPROVAL OF RECOMMENDATIONS & APPEALS PROCESS

Each panel's recommendations for funding of services will be reviewed by the entire ASSET board, and a final recommendation for each Funder will be made and posted. Any appeals of recommendations shall go directly to the respective Funder. Each Funder has its own criteria under which it considers appeals. After appeals are considered, Staff will notify ASSET of the results.

K. POSTING OF ASSET RECOMMENDATIONS

All funding recommendations will be posted at Story County DHS, United Way of Story County, the Ames City Manager's Office, and the Story County Administration Building by the date stated on the yearly ASSET calendar. The recommendations will also be posted on the ASSET website.

L. SERVICE COORDINATION POLICY

It is ASSET's function not only to analyze human service funding requests and provide funding recommendations but also to act as a coordinating mechanism for Story County human services regardless of the original funding source. This coordinating role is to support the development of new or expanded services, as well as prevent the haphazard development of human services, which may be unnecessarily duplicative, inefficient, ineffective, and/or create an unproductive burden on the funding bodies and ultimately the people of Story County.

DIVISION III

VOLUNTEER (LIAISON) RESPONSIBILITIES

During August, September, and October, each Volunteer makes visits to his/her assigned agencies. Volunteers should plan to make at least one visit to each agency before the liaison reports are due (due dates are designated on the yearly ASSET calendar). If an agency has more than one Volunteer assigned, Volunteers should attempt to visit the Agency at one time. Volunteers will call the executive director or chief executive officer of the agency to make a mutually agreeable appointment for a meeting such as detailed below. Volunteers should also attend a meeting with the Board of Directors as detailed below. Volunteers may be asked to attend Administrative Team meetings at which their agencies may be appearing.

A. LEAD LIAISONS

Agencies having services on more than one panel shall have more than one Volunteer also. In order to make the process work more smoothly, a lead liaison shall be assigned. The lead liaison shall coordinate with other Volunteers assigned to the same agency to make sure all submittals done by the liaisons are completed in a timely manner and agreeable to all liaisons for that particular agency. The lead liaison will also be the person that an agency may contact if it wants to get information to all its liaisons. The lead liaison shall then forward the information on to the other liaisons in a timely manner.

B. AGENCY VISIT

The goal for Volunteers is to gather information about the agency and communicate that information to other Volunteers and staff. Time needed for the visit will be approximately 1-2 hours. The first half of the visit is guided by the agency executive director or CEO who should:

1. show the facility and how it is used for the program, if the agency operates such a facility;
2. introduce appropriate staff and briefly summarize their functions;
3. discuss general goals and objectives of the agency;
4. discuss problems of delivery of services, particularly if related to problems with the facility;
5. show where and how service records are maintained;
6. give a preliminary review of budget information;
7. review and discuss outcomes.

The ASSET Volunteers should be prepared to guide the second half of the visit by leading a discussion of the following items:

1. ASSET Criteria for Program Assessment (shown on the Application). This is a rather lengthy list and depending on the time available, all or parts of it may be discussed;
2. budget materials, handouts, etc. prepared by the agency;
3. strengths and weaknesses of the programs;
4. unmet needs and problems facing the agency;
5. type of people the agency should be reaching but is having difficulty doing, and what plans the agency has to resolve this problem;
6. prioritization of programs in case less funding is available to ASSET.

C. BOARD OF DIRECTORS MEETING

Visits to Board meetings will allow volunteers to assess the role of the Board in managing the agency, as well as give some insights into current problems the agency is facing. The volunteer will be there only as an observer and should not be requested to make a presentation.

D. SERVICE DELIVERY

If appropriate to the service, volunteers may wish to be present during the time of service delivery to become acquainted with some of the clientele and to get another perspective on the effectiveness of the agency's programs. This will not be appropriate in all agencies because of confidentiality or other reasons.

E. QUESTIONS FOR VOLUNTEERS TO USE DURING AGENCY VISITS

Volunteers should ask direct questions. It encourages direct answers. The goal is to gain information about the agency's services and budget, as well as the agency's strengths, weaknesses, and needs. Volunteers shall remain objective throughout the course of the interview. Sample questions are shown on the "Outline for Visits" form that is included in the Forms Section of this document.

F. LIAISON REPORTS

Following individual liaison visits to agencies, and before the assigned date, volunteers are to submit a brief (one-page) written assessment of each agency, called the Liaison Report. The form that will be used for the liaison report is included in the Forms Section of this Manual. These reports will focus on relative strengths and weaknesses the volunteer believes should come to the attention of the panel. They will be distributed to ASSET members and to the respective agencies. These assessments will be posted on the ASSET web site and should be reviewed before the hearings by all volunteers.

The following are some suggested specific subject areas that the Volunteer should address during the liaison visit. They are not intended to be questions of the agency representatives, but general subject areas that provide information on the capability of the agency to offer the service it is asking to be funded.

1. **Quantitative Need.** There should be documentation concerning the extent of the problem or need toward which the programs are directed in Story County, as well as the degree to which the agency serves the potential number of persons who might be seeking their services.
 - a) What is the purpose of this program/service?
 - b) What are the problems it tries to address?
 - c) What change is it designed to bring about?
 - d) What need is it addressing?
 - e) Why?
 - f) Is there documentation concerning the extent of the problem, or need, toward which the program is directed in the Story County area?
 - g) What is the magnitude of the need?
 - h) What is the extent to which this agency can address this need in the coming year?
 - i) Does another program/service also address this need?

2. **Priority of Need.** This is a ranking of importance, intensity, or severity of the type of problem or need this agency is attempting to address. Is this an appropriate use of ASSET funds?
 - a) What is the importance, urgency or severity of the type of problem or need this program/service is attempting to address?
 - b) Is this an appropriate use of ASSET funds?
 - c) Has the program emphasis shifted since its inception? Why or why not?

3. **Service Availability.** This is a measure of the degree to which the program may be available in relation to the needs of the clientele, and the relative proportion of people seeking services that the agency is able to serve. Geographic placement and building accessibility may also be considered if applicable.
 - a) Are facilities adequate to conduct the programming?
 - b) Are facilities effectively utilized and maintained to acceptable standards?
 - c) Are facilities handicapped-accessible?
 - d) Is the geographic location appropriate for the clientele?
 - e) Are hours of operation based on clients' schedules as much as possible?
 - f) Are occupancy costs appropriate to the service delivery?
 - g) What methods does this agency use to inform potential clients of the services offered?
 - h) Are there options for referral to other agencies or other programs within the same agency?

4. **Responsiveness to Need, Planning.** This is a reflection of the degree of change, which has been apparent in agency programming over a period of years, in response to changing community needs, client characteristics, or advances in the field of service. This is also a reflection of the degree to which the agency has long-range plans and objectives that reflect its purpose, and are used as a tool to achieve that purpose.
 - a) Does this program/service have established objectives that reflect its purpose?
 - b) Are these objectives used as a tool to evaluate progress toward achieving its outcomes?
 - c) Has this agency gone through a program planning process, which involved Volunteers and users of the service in determining the delivery of the program, its objectives and its outcomes?
 - d) Does the agency have an on-going process to examine internal and external (community) trends, to make forecasts and to systematically plan for future services?
 - e) What changes in service delivery have occurred in the past five years in response to changing conditions?
 - f) Has the agency prioritized its services?

5. **Program Emphasis.** This measure should indicate the degree to which the programs of the agency accomplish the stated purposes and objectives, the competency of the staff and/or volunteers to deliver the service, and the degree to which there exist unmet needs in the target population. Does the program tend to prevent, eliminate, reduce the problem; or to educate, rehabilitate, maintain the client? Is there duplication or cooperation among agencies offering similar programs?
 - a) What needs are they addressing?
 - b) Is the emphasis on a) education, b) rehabilitation, or c) maintenance of the client?
 - c) Do the programs of this agency tend to a) prevent, b) eliminate, or c) reduce the problem?

- d) Is there cooperation between this agency and other agencies delivering similar programs in the area?
 - e) Does this agency utilize volunteers in service delivery and support positions for its programs where possible?
 - f) Does the agency have procedures to monitor and evaluate the use of staff time in terms of its overall objectives?
 - g) What methods are used to determine the impact on clients and non-clients (both qualitatively and quantitatively)?
- 6. Program Outcomes.** Consider the extent to which the agency can document a positive impact of its programming on the people, problem, or community need which it addresses. Consider the amount of input gathered from users of the service. Are there measurable outcomes for each program of service?
- a) Does this agency have outcomes which are measurable, time-limited, and which are reviewed on a regular basis?
 - b) Do program strategies specify: outcomes to be achieved, time period for achievement, resources required, and the nature of the target population?
 - c) Does this agency have a system of records that gives necessary information to determine if desired impact of the programming is occurring?
- 7. Board Involvement.** This is designed to reflect the nature, and effectiveness of the volunteer leadership of the agency. This criterion looks at the degree of participation in the administration, policy determination, and the operational goal setting of the agency.
- a) Is there evidence that this agency's Board of Directors meets regularly, determines policy, and guides the overall direction of the agency?
 - b) Are this agency's Board of Directors and its standing committees representative of the community it serves?
 - c) Is there turnover of the people on the Board of Directors regularly?
 - d) Does the Board of Directors and/or agency director conduct, at least annually, a performance evaluation of each employee based on current job description and performance criteria?
- 8. Agency Administration.** This is a measure of the ability of staff and volunteers to maintain established schedules to deliver services, to avoid severe or chronic expenses in excess of revenues, and to demonstrate effective administration of the agency as a whole.
- a) Is the formal structure of the agency clearly outlined, together with lines of authority and patterns of relationship?
 - b) Does this agency have written personnel policies and job descriptions which are periodically reviewed and revised?
 - c) Are salaries adequate to attract and retain competent staff?
 - d) What is the staff turnover rate?
 - e) Is the agency staff responsible for executing Board policy and for internal administration of the agency?
 - f) Who formulates policy?
 - g) Who does routine implementation tasks?
 - h) Does the agency meet legal requirements including filing of annual state and federal tax status reports?
 - i) Does the agency have licenses for operation of programs that require licenses?

9. **Fiscal Management.** This is a specific feature of the general function of management, designed to reflect the degree to which the agency's budget is credible, projects accurate expenses and revenues for each program, and supports the goals, objectives and outcomes given by the agency. It also examines whether the projected unit cost is reasonable and appropriate for the program. If the agency's programs serve clients living outside of Story County, do the agency's financial records accurately reflect this?
- a) Does the agency prepare periodic financial reports, which conform to generally accepted accounting principles for non-profit organizations?
 - b) If the agency's total budget is over \$100,000, is there an annual audit?
 - c) Was last year's audit received in a timely manner?
 - d) Are financial reports prepared so that the agency can review the costs of its various service areas and use these reports as a management tool?
 - e) Does the Board regularly monitor the financial report?
 - f) Has this agency taken steps to maintain a fiscally solvent financial condition?
 - g) Does it have an adequate funding base to continue services?
 - h) What new approaches have been developed to generate funding for this agency?
 - i) What is the major source of funding?
 - j) Does the Board have a financial contingency plan?
 - k) Has this agency avoided chronic or severe expenses in excess of revenue for the last several years?
 - l) Have both revenue and expense totals been within 5% (plus or minus) of projected budgets for these years?
10. **Financial Development.** Does the agency utilize income-producing opportunities common to its field with effectiveness? Does the agency show an awareness of current economic conditions in human service funding and have a realistic course of action to deal with these conditions?
- a) Does this agency have a standing committee to recommend and implement resource development plans?
 - b) Is there a plan for securing alternative funding when time-limited resources expire, or provide for orderly phase-out of services no longer appropriate?
 - c) Does the agency effectively utilize income-producing opportunities common to its field of service?
 - d) Is the agency innovative in generating new sources of funding?
 - e) Is this agency aware of, and realistic about, current economic conditions in our community?

G. BUDGET REVIEW

Volunteers should review the ASSET budget forms submitted by agencies before the budget hearings so they understand the requests and can determine if there are questions that need to be raised with the agency during the hearings.

H. LIAISON PARAGRAPHS TO ACCOMPANY RECOMMENDATIONS

Volunteers will submit one or two paragraphs for each of their assigned agencies that communicates the principal reasons that decisions were reached regarding that agency's allocation recommendation for its services. These paragraphs will be incorporated into a formal transmittal letter informing each agency of overall decision factors, the recommended amount of funding for each service, and the individual decision factors (provided by the Volunteer). If there are multiple Volunteers assigned to an agency (in the case of those that have services reviewed by more than one panel), a Lead Liaison will be designated to coordinate submittal of the paragraph. Due dates for these paragraphs will be designated on the yearly ASSET calendar.

DIVISION IV BUDGET PREPARATION BY AGENCIES

A. AGENCY SUMMARY

Every agency shall prepare a summary of its agency as shown in the Forms section of this manual. This form shall be completed and submitted to the ASSET Administrative Assistant no later than the date the budgets are due each year. If an Agency Summary has previously been prepared and there are no changes, the Agency may notify the Administrative Assistant that the Summary on file is still current.

B. GENERAL INFORMATION ON BUDGET FORMS (ABF'S)

1. The Administrative Team will prepare appropriate budget request forms and make these forms available to be downloaded from the ASSET web site.
2. Completed forms should be submitted by agencies to ASSET no later than the date stated on the yearly ASSET calendar.
3. All budget forms will be printed from the documents submitted. Documents may be submitted electronically or by paper copies.
 - a) Electronic forms must be submitted on the form provided and formatted exactly as they appear on the printed copies of the form.
 - b) If paper copies are submitted, original documents are required. All paper copies shall be photo ready and printed on one side only.

DO NOT MAKE CHANGES TO THE FORMS! It is important that forms from all agencies are consistent and that the Agency name appear at the top of each page.

4. Please limit your information to the attached forms only, unless additional information is requested. Do not attach any of your own forms or use the backs of sheets. The ABF-6 is the only exception. If you have a similar balance sheet prepared by a financial professional, please label this sheet as "AFB-6" and include it in your packet. Make sure your information is accurate, as you will not be able to make changes after the budget has gone to the printer. If you have corrections to your budget after the budget book has gone to the printer, you will have until the date stated on the ASSET calendar to turn in corrections to the Administrative Assistant.
5. Services and service codes listed on ABF-5 must be precisely those services listed under your agency heading in the Index of Agencies/Services in the back of this manual. Do not add, substitute or delete. Arrange ABF-5's in numerical order by service code.
6. **One set of the forms** must be returned by the date and time specified on the yearly ASSET calendar. Forms filled out incorrectly will be returned for corrections, and amended forms must be returned to the Ames City Manager's Office or to the Administrative Assistant by the date specified on the yearly ASSET calendar. Please refer to the calendar throughout the year as a reminder of important dates and deadlines.

7. Agencies shall provide financial reports as follows:
 1. Agencies with an annual budget below \$100,000 must, at least, submit an electronic copy of IRS Form 990 and a balance sheet prepared externally and independently, to the ASSET Administrative Assistant.
 2. Agencies with an annual budget of \$100,000 or more must submit six (6) copies of their full audit and an electronic copy of their IRS Form 990 within six months of the end of their fiscal year to the ASSET Administrative Assistant.
 3. Six copies of your agency's strategic plan.
8. The ABF-7B form should be completed before the ABF-5 form as the information entered on the 7B form will then automatically be entered on the ABF-5 form.
9. The budget books will usually not be printed before the liaison visits by the Volunteers; however, the agency shall supply and discuss the budget information that was included in the budget forms during the liaison visit.

PREPARATION AND REVIEW OF INDIVIDUAL BUDGET FORMS

C. ABF-1

Completion of this form is self-explanatory. Select your Agency name on this form and it will auto-fill to all other forms.

Questions liaisons should be sure are answered.

1. What is the purpose of the agency?
2. Does it serve only Ames clients, all of Story County, or other clients living outside of Story County?
3. Who are the clients? (adults, children, adults and children, mentally/physically challenged, etc.)
4. How do clients access the agency's services? (referrals, walk-ins, etc) Are there economic guidelines?
5. Does the agency have a plan for the future, which addresses funding, client base, physical needs, and prioritization of programs to meet the agency's stated purpose, and contingency plan in the event of loss of funds?

D. ABF-2

This form is designed primarily for use of those agencies with direct services to clients and can be drawn from intake interviews or membership applications. Client statistics listed should reflect the total clients served by the agency. Any agency that is offering services to clients living outside of Story County shall be considered a multi-county agency. In the first column, state actual figures from the prior year. In the last column, enter the number of projected clients for the proposed fiscal year in each service. If agency programming is in the areas of advocacy or large informal education groups, we will accept percentage estimates based on population-at-large, or extrapolations of known participants. Please indicate methods used in this case. Numbers in Section 1 should match the numbers on the bottoms of ABF-5's for unduplicated participants. In completing Section 5, please use the federal poverty guidelines below to group

the clientele. **Please be sure that these are unduplicated clients.** Do not include ISU students on lines A & B in Section 4. Any agency that is offering services to clients living outside of Story County shall be considered a multi-county agency.

If agencies have clientele whose fees are paid by mandated or entitled governmental funds (e.g. Medicaid patients, MH/DD (Mental Health/Developmental Disabilities) clients, juvenile wards of court) enter the number of clients on line 6c.

Size of Family Unit	100% Poverty Level	150% Poverty Level	200% Poverty Level
1	\$10,830	\$16,245	\$21,660
2	\$14,570	\$21,855	\$29,140
3	\$18,310	\$27,465	\$36,620
4	\$22,050	\$33,075	\$44,100
5	\$25,790	\$38,685	\$51,580
6	\$29,530	\$44,295	\$59,060
7	\$33,270	\$49,905	\$66,540
8	\$37,010	\$55,515	\$74,020
For each additional person, add: \$3,740			

*Updated in 2010

Questions liaisons should be sure are answered.

1. Are more clients coming into (or waiting to come into) the agency's programs than are leaving? If so, can this be resolved in some way?
2. What percentage of the agency's clients are from Ames/Story County? How does this percentage relate to column (5) on ABF-7A?
3. If low-income clients are identified, does the agency have a sliding fee scale included in its materials?
4. If clientele is declining, has the board actively investigated the situation?
5. How are "unduplicated" clients determined?
6. Totals for ISU students should not be duplicated in the totals for lines a & b of section 4.

E. ABF-3

Please note that ABF-3 includes not only % of FTE, but also the % of the position applicable to Story County. Use generic groupings of employees who do similar duties/tasks where possible, however, all management and executive staff should be individually listed. List positions in the agency by title, not by name. For example, hourly staff positions may be grouped by position. Be certain that the amount for personnel at the bottom of the page matches line 21 on the ABF-7A. **One FTE equals 2,080 hours of staff time.** If the proposed information is unknown or unavailable, provide the most recent available actual salaries.

Questions liaisons should be sure are answered.

1. Are staffing levels projected to increase or decrease from the current year to the requested one? If yes, why? Specifically, what service will be affected? [NOTE: This information about service impact may have to be answered by contacting the agency. It is important that this be a very direct answer.]
2. Do salaries appear appropriate?
3. Are specific positions listed? (In other words, is ASSET being given a true picture of the "staff" of the entire agency?) Are management staff salaries listed individually?
4. Are salary increases consistent with the agency's plan for salary levels? Are they reasonable? Are administrative salaries consistent with actual service provider salaries? (This is a judgment call, but so is a great deal of what ASSET discusses.)

F. ABF-4

List each service offered by an agency that is not funded through the ASSET process. Include the annual service cost and sources of funding for each service (i.e., federal grant, state grant, etc.). This must be listed as Non-ASSET funded moneys in column (12) on the ABF-7B. This may include non-ASSET services in Story County if these funds are expanded for programs not also being funded by ASSET.

Questions liaisons should be sure are answered.

1. Is this service provided in Story County?
2. Is the service a “start up” service, which ASSET may be asked to fund in the future?
3. If another agency is providing a similar service to this (a duplicate service), do these costs seem reasonable when compared to the other service? Are there differences between the two services (# of clients, subsidized location, etc.), which could account for any significant unit cost differentials and mitigate them somewhat?
4. Do revenues and expenses here match the ABF-7B NON-ASSET FUNDED column?

G. ABF-5

NOTE: The ABF-7B should be completed first and the information from that form will be transferred automatically to this form.

This form should show the actual and proposed revenues and expenditures for each ASSET-funded service the agency delivers. One ABF-5 form is required for each service area. Use the “Service Names and Service Codes” as listed in the Budget Preparation Instruction Manual and ONLY those for which your agency has been previously approved (see listing in the back of this manual). The Program Name should be the name of the specific program offered by your agency. Revenue and expenditures for the service area should be verified amounts for the past two fiscal years, along with actual units of service provided, and cost per unit. For the current FY, use your closest projections of these numbers. **Past allocations from ASSET Funders must be actual contract amounts rather than request. These numbers must be the numbers as provided in your allocation letter and/or contract.** Any grant or other non-ASSET amount received from United Way of Story County should be entered in Other United Ways. Designations received from the United Way of Story County annual campaign should be entered in Self-Generated Revenues. The final column will indicate your proposed figures for next FY and should match the appropriate column on ABF-7B. In each column, revenues should equal expenditures unless you have had a revenue excess or loss for that service. For the % column, list the percentage of the total revenue or expense for each line item. **The total of all line items must equal 100%.**

Agencies that receive MH/DD moneys should show those amounts as Other Govt.Funds (Local).

The ABF-5 should contain only the Story County portion of the program, or the Story County percentage of a larger program.

This form will be reviewed by the Administrative Team, and any recommendations will be shared with the agency.

For expanded services: Show actual income and expenses for the past two years, exactly as shown on your ABF-5. Projected income and expenses for the next year should reflect the expanded service. Service statistics should also reflect the past two years’ actual and the proposed expansion.

For new service or services: Previous year's income, expense, and service statistics will be blank. Proposed column will show income, expenses, and service statistics for the new service.

Please check the correct box in the highlighted area at the top of the ABF-5 form. If the budget is a percentage of a multi-county budget, please enter that percentage in the second highlighted box. Non Story County portions of the services listed on the ABF-5 should be entered on the ABF-4 Please round all figures to the nearest dollar on all forms.

Questions liaisons should be sure are answered.

1. Is there an ABF-5 for each of the agency's services, and do the revenue and expense totals match those on the corresponding column on the ABF-7B?
2. Do the requests of ASSET funds on the ABF 5 match the ASSET requests on the corresponding ABF-7B? (This match is a must. Any discrepancy here needs to be resolved before the hearings.)
3. Are requested ASSET funds rising at a faster rate than the growth in funds from other sources? (This is especially important when non-Story County clients are served.)
4. Are fees keeping pace with increased costs, by rising at approximately the same rate as expenses?
5. Do unit costs, multiplied by the # of units, equal the total expense amounts? (They should. If they don't, unit costs or numbers of units are overstated or understated. This would need to be clarified.)
6. If another agency is providing a similar service to this (a duplicate service), do these costs seem reasonable when compared to the other service? Are there differences between the two services (# of clients, subsidized location, etc.), which could account for any significant unit cost differentials and mitigate them somewhat?

H. ABF-5(O)

If you have more than one service (more than one ABF-5), make a copy of the ABF-5(O) for each one before you start working on the first one.¹ If you have questions, feel free to contact the ASSET Administrative Assistant. When all copies have been made, move each ABF-5(O) so that it follows the ABF-5 it relates to.

Changing an Outcome: Simply state the new outcome that you will be tracking, or did track, in Column #1. Be sure to utilize the "Comment Section" to explain the need for the change or the reason for no longer reporting the old outcome.

How does ASSET utilize the Outcome information? The ASSET Administrative Team reviews the columns for content, not necessarily quality, or the outcome. The ASSET Volunteers and Staff will weigh the outcome measurements compared to the funding requested by the agency for the services. The ASSET Volunteers, in conjunction with the Funders, will make the final determination of the quality of outcome compared to the cost for services during the allocation process.

¹ The form is in Excel. a) At the bottom of the worksheet, on the tab called ABF-5(O), click your right mouse button. Select the Move or Copy option. This will bring up a dialog box with the options for moving a worksheet or creating a copy. Check the box at the bottom named "Create a copy", and in the "Before Sheet" box, select ABF-7A, select OK. b) You will then have a copy of the worksheet inserted before the ABF-7A. c) To rename this worksheet, right click on the tab and select rename. This will highlight the current name and you are able to type in whatever name you would like. Generally the name on the ABF-5 would be ideal.

Questions liaisons should be sure are answered.

1. Are objectives and goals clearly spelled out?
2. What are the conditions the program/service is trying to address?
3. If low-income clients are identified, does the program/service have a sliding fee scale included in its materials?
4. Is there a document or report that shows the magnitude of the needs for Story County? (waiting list, referral list, etc.)
5. How much of an impact is the agency/service making in dealing with the identified needs and is this measurable?
6. How are the Funders' priorities met with these programs?
7. Is this service meeting a community need?
8. Is there a plan to address barriers encountered?
9. Are the measurements verifiable?

I. ABF-6

The purpose of the balance sheet is to determine whether or not the agency appears financially sound. This form will be discussed further during training.

If an agency has a similar balance sheet prepared by a financial professional, it may be substituted for this form. Make certain the form is labeled ABF-6.

J. ABF-SLIDING FEE SCALE

ABF-SLIDING FEE SCALE: This will be a non-uniform page. If your agency has a sliding fee scale for client services, please submit a copy of the adopted sliding fee scale(s) used by your agency in the current FY for ASSET-funded services only. Label this submission in the upper right hand corner "ABF-SLIDING FEE SCALE." **Indicate the number of clients utilizing each step in the past year.** If your current year sliding fee scale will differ appreciably from the past year scale, please submit this also. This form should follow the ABF-6 in your budget packet.

K. ABF-7A & 7B

The following pages contain descriptions of Expense and Revenue categories to be used when completing the budget forms. Please review this material before completing the budget forms. Agencies offering services to clients living outside of Story County are considered to be multi-county agencies. Columns 1-4 on the ABF 7A should reflect the total agency budget. If Non-ASSET funded services are listed in column 12 on ABF-7B, they should be included in column 7 on ABF-7B as well. If this occurs, column 7 on ABF-7B will not match column 5 on ABF-7A. Column 5 on ABF-7A reflects ASSET-funded services only (the total of your ABF-5's). MH/DD moneys should be shown as Other Govt. Funds (Local). **List services in numerical order by service code.** Use zeros to fill in columns that are not being used. **Any grant or other non-ASSET amount received from United Way of Story County should be entered in Other United Ways. Designations received from the United Way of Story County annual campaign should be entered in Self-Generated Revenues.**

Proposed revenue and expenses on ABF-7A and ABF-7B should be for a budget that will maintain services at the present level with some normal growth increments. If you are anticipating an expanded service or a new service, you should inform the Administrative Team as established in the Policies and Procedures. Deadlines for this notification will be included on the ASSET calendar.

Budgetary figures on ABF-7A, column 4 should list the entire budget for your agency. This includes not only the budget funded in Story County for Story County service provision, but also the total budget for services funded and provided outside of Story County.

Both in-kind expenditures and revenues are to be shown, although there is not a separate line item entitled in-kind. These expenses and revenues should be assigned to the appropriate line item (i.e., telephone, occupancy).

Occupancy and other expenses that benefit more than one service or support function should be pro-rated on an equitable basis such as square footage of space utilized in conducting each of the functions.

Depreciation Expenses are used to accumulate replacement funds for equipment and buildings, whether you actually accumulate dollars or simply show a book value entry. Refer to your agency's accounting practices and/or auditor for further depreciation information.

Note: Columns 1 and 2 must show actual expenditures and revenues for the past 2 actual years. Column 3 should show adopted expenditures and revenues as closely as can be determined by the current FY.

Questions liaisons should be sure are answered.

1. Are there large increases or decreases in column (6) or between columns (3) and (4)? If so, explanations should be provided. This can be determined by looking at the previous ABF forms.
2. Is the agency maintaining a "healthy" balance (generally 5% - 10% of annual operating revenue or expenses)? [Total Expenses Line].
3. If a large balance exists, is it being accumulated for some purpose?
4. If no balance exists (or a very small one), how are emergencies handled?
5. Do ASSET funds appear to be subsidizing other groups? (This is especially important when services are provided to non-Story County and non-ISU student clientele.)

Checklist for ABF-7 forms

1. Use whole dollar amounts only. Do not use cents or decimals.
2. Make sure all columns add up correctly. If they don't, your entire budget could be wrong.
3. In each column, make sure your totals from Expenditures and Revenue Support are the same figure. The only way these two figures will not match is if you show a surplus or deficit. The difference between these two figures should be the same figure as your surplus or deficit.
4. Each line item under the Total All Services column (7) on ABF-7B should equal the line item under the proposed FY Request column (4) on ABF-7A.

5. Your service areas should total up to the same figure as Total All Services on the same line.

Example:	Total All Services	Day Care Infant	Day Care School Age
	300	150	150

6. The total for Total All Services column (7) on ABF-7B MUST equal the total for the proposed FY Request column (4) on the ABF-7A.
7. The last line in the Expenditures section on the ABF-7A and ABF-7B should show a difference (excess or deficit), if the total revenues and total expenditures do not match.
8. ABF-7B, columns 8-11, should directly correlate with the ABF-5's in terms of ASSET requested amounts, total revenues, and total expenses.

L. DESCRIPTION OF REVENUE & EXPENSE CATEGORIES ON BUDGET FORMS

1. Revenue

a. Self Generated Revenues

This account includes Contributions - Special Events, Sales to Public, or funds carried over from the previous year.

Contributions include only amounts for which the donor receives no direct private benefits. They are to be carefully distinguished from membership dues and service fees, which represent payment made in return for direct, private benefit.

This category is to be used to report all legacies and bequests. They should be reflected in the accounts of the organization at the time that the court has established an unassailable right to the gift and the proceeds are measurable in amount.

All contributions received directly from individual donors and organizations and not resulting from a federated fund raising campaign are to be included in this classification. All designated payments received from the United Way of Story County Annual Campaign are to be included in this classification.

Examples of sources of support: Individuals, Bequests of non-endowment type, Corporations and businesses, Contributions/solicitations conducted by agency itself, Foundations and trusts, Fraternal, civic, social, and other unrelated groups

b. Membership Dues - Individuals

This caption is to be reserved for amounts received by any organization for personal memberships that procure directly for the member substantial, private benefits commensurate in value with the amount of the dues. When the benefits are not of a value reasonably related to the fee charged, the payment should be reported under contributions.

c. Program Service Fees

This classification includes fee payments received for services furnished by the organization (i.e., medical and psychiatric therapy, day care). Whether an agency uses schedules of fees for different services or merely requests clients to pay what they feel they can afford, any payments solicited, suggested, or accepted as a contribution in return for an agency's professional services belong in this classification. Also included in this classification is income from third party payment such as Title XIX and insurance reimbursement.

d. Investment Income

A not-for-profit organization may earn income from a variety of investments, from securities held for long-term investment or from short-term investments of temporarily idle cash to real estate and patents acquired through bequests and left unchanged for a period of years. In form, investment income may include interest, dividends, rentals, royalties and even net earnings from activities. Do not include principal.

e. Private Sector Grants

This account group is reserved to reflect all support and revenue that an agency receives from any non-governmental grant. These grants are normally restricted to specific services.

f. State and Federal Funds

Grants, purchase of service, or other income from State or Federal funding.

g. Department of Human Services

This account is to be used for both 75% DHS match or 100% of cost provided by DHS.

h. Any Decategorization funds received.

i. Any Empowerment funds received.

j. Iowa State University

This account is to be used for support received from ISU including any in kind revenue from the university. It does not include support from G.S.B. (line 17).

k. Other Government Funds (Local)

This account is to be used for other cities/counties and any other anticipated government funding. MH/DD moneys should be shown here.

l. Other United Ways

This account is to be used for United Way funding other than from United Way of Story County, and grants or other non-ASSET funding from United Way of Story County.

m. Miscellaneous Revenue

This caption needs no explanation, but a word of caution may be appropriate. If the revenue of an agency has been properly classified, very little should usually remain to be shown as Miscellaneous.

n. Story County

This account is to be used for all dollars requested from Story County regardless of whether it is 25% match or what fund the revenue comes from.

o. County Local Option

This account is to be used for Story County local option funding. To be considered for local option funding, an agency must be providing services to citizens living in the unincorporated or rural areas of the County. Agencies will be asked to provide documentation to support this.

p. United Way of Story County

This account is for United Way of Story County request.

q. Government of Student Body

This account is to be used for GSB request.

r. City of Ames

This account is to be used for the request from the City of Ames regardless of source of funds.

s. Equals ASSET Funder subtotal,

t. Equals total of all funding sources.

2. Expenses

a. Salaries/Wages

This account includes all salary and wage expenses -- i.e., executive, professional, clerical, technician, maintenance, temporary help, and other staff either full or part-time. (It does not include consultants or others on a contract basis.)

b. Employee Benefits

This expense account group is reserved for amounts paid and accrued by an agency under its own or other (private) employee health and retirement benefit plans, including voluntary employee termination or retirement payments outside a formal plan, as well as for other types of benefits and allowances.

Examples: Life insurance premiums, Monthly travel allotments or allowances, Accident insurance premiums, Free day-care, Medical and hospital plan premiums, Employment termination expenses, Pension or retirement plan premiums

c. Payroll Taxes

Employers reserve this expense account group for the employer's share of Social Security taxes, Worker's Compensation Insurance premiums and other taxes payable under Federal, State or Local laws.

Examples: FICA (Employer's share), Unemployment Insurance, Disability Insurance Premiums, Worker's Compensation Insurance

d. Telephone and Fax

This expense account group is reserved for the cost of all telephone, fax, teleprocessing, and similar communication expenses.

e. Occupancy

This expense account group is reserved for all costs arising from an agency's occupancy and use of owned or leased land, buildings, and offices.

Examples: office rent, care of buildings and grounds, utilities, property taxes, building and grounds maintenance supplies

NOTE: Depreciation on buildings and equipment should be listed on line 40.

f. Supplies

This expense account group is reserved for the cost of materials, appliances, and other supplies used by an agency. (Supplies used for building maintenance are included in line 28.)

Examples: recreational, vocational, and craft supplies; food and beverages; laundry, linen, and housekeeping supplies; office supplies; paper, ink, and other printing and duplicating materials

g. Postage and Shipping

This expense account group is reserved for the cost of postage, parcel post, commercial trucking, and other delivery expenses such as shipping and shipping materials, incurred in the operation of an agency.

Examples: postage and parcel post, freight, messenger and delivery service

h. Repairs, Maintenance and Purchase of Expendable Equipment

This account includes the purchase of all equipment under \$1500 or an estimated useful life of less than one year. It also includes the cost to the agency of all rental, repairs, and maintenance of all equipment such as typewriters, dictating equipment, computers, equipment for maintaining the buildings and grounds, etc. used by the agency in conducting its service and/or support functions.²

Examples: cost of repairing and maintaining agency's own vehicles, repair or purchase of furniture under \$1500, recreational and education equipment under \$1500.

i. Equipment and Fixed Assets

This expense account includes the cost of all equipment and other assets acquired or used by an agency that has an estimated useful life beyond one year or a cost of more than \$1500. Items which when purchased in multiple groupings would exceed the \$1500 limitation must be treated in the same manner as fixed assets costing more than \$1500.

Example: Three desks at \$600 each, totaling \$1800, would have to be shown under this account.

² This category includes leases of equipment if the end result is not ownership.

j. Subscriptions, Reference Publications, and Books

This expense account group is reserved for the cost of subscriptions and reference material purchased by the reporting agency for use by its staff or for loan use by others but not for distribution. It includes cost of purchase of various publications essential to the agency and staff in conducting its service and/or support function.

k. Professional Fees and Contract Service

This expense account group is reserved for fees and charges of professional practitioners, technical consultants, or semi-professional technicians, who are not employees of the agency and are engaged as independent contractors for specified services on a fee or individual contract basis. (It does not include costs of janitorial or other building maintenance contracts.)

Examples: medical services purchased, psychiatric or psychological services purchased, auditing and accounting fees

l. Outside Printing and Art Work

This expense account group is reserved for the costs of printing charges of commercial artists and suppliers for plates, artwork, proofs, service brochure literature, photographs and other costs of leaflets, films and other informational material produced outside the reporting agency.

Examples: printing, artwork, photography, recording, making of films, media use charges

m. Local Transportation

This expense account group is reserved for the expenses of travel and transportation for staff or clients of the reporting agency within the perimeters of its regular service activity.

Examples: mileage reimbursement payments, agency vehicles-operating expense, or contracted bus service

n. Conferences, Conventions, Meetings, Major Trips

This expense account group is reserved for the expenses of conducting or of agency staff attendance at meetings related to an agency's activities and associated travel related thereto.

Examples: staff development and training, equipment rentals, annual meeting costs, related printing costs, business conferences, conference registration fees, meeting space, travel/lodging costs

o. Specific Assistance to Individuals

This expense account group is reserved for the costs to the reporting agency of specific materials, appliances, services and any other assistance rendered by individuals or agencies other than agency staff, purchased at the expense of the agency, for a particular client or patient.

Examples: medical fees, medicines, transportation, recreation service, hospital fees, testing fees, boarding payments-foster families

p. Organization Dues

This expense account group is reserved for the expenses for bona fide memberships in other organizations which provide, in turn, benefits such as regular services, publications, materials, etc. or have legitimate interest and activities in the promotion, provision or planning of human service programs.

This account includes National Parent Organization Dues/Support. This includes costs for allocations to agencies by Federated Fund-Raising Organizations and for dues, quota payments and other formula-based payments by an agency to its affiliate (the national affiliate) to sustain, aid, maintain, assist or support the service and support functions of that organization.

q. Insurance

This expense account group is reserved for all insurance paid by an agency.

Examples: liability insurance, property insurance, bonding insurance, vehicle insurance, malpractice insurance

The "W" Comp reference on this line needs to come off the ABF-7B.

r. Miscellaneous

This expense account group is reserved for the cost of expenses not reportable in any other account classification.

s. Extra line to be used if needed

t. Depreciation Expenses

This account is used to accumulate depreciation expenses for equipment and buildings, whether you actually accumulate dollars or simply show a book value entry.

M. MID-YEAR UPDATE

Agencies must complete the Mid-Year Update (sample in the Forms section of this manual), which provides updated information on the outcomes of the agency each year. The purpose of this report is to get a picture of where the agency is actually at with regard to its proposed outcomes.

1. The completed form is due to the Administrative Assistant by December 15.
2. This report shall include outcome reporting for the July 1 through November 15 time period prior to the December 15 date. The same questions should be considered as are listed for the ABF-5(O).
3. This information will be disseminated to the ASSET Volunteers to take into consideration during the funding allocation process in January.

DIVISION V
FORMS

LIAISON REPORT

AGENCY: _____ LIAISON: _____

1. Need for Program. Describe who the target population is and whether their numbers are increasing or decreasing. Indicate the source of this information. Also, indicate how the program/service is different and how it is similar to others and what would happen if the program/service ceased to exist. List the priorities established by ASSET Funders, which the programming addresses.

2. Program Strengths. Pick two to four factors that contribute most importantly to the program/service outcomes. Do not list everything that is satisfactory. We will assume that things not mentioned are okay. For each strength describe some supporting evidence.

3. Program Weaknesses. Select factors that detract most from the program/service achieving its outcomes. Present details as described above. Recommendations for reducing these weaknesses should follow the discussion of each weakness.

4. Financial Outlook. Current funding concerns should be described. In addition, the assessment of the program's plan to cope with shrinking resources should be given.

5. Internal Management Practices. Summarize your assessment of the management of the agency, and the role of the Board. If there are deficiencies, details should be provided. Conclude with recommendations when appropriate.

6. Agency Comments. Make note of any comments or suggestions the agency has for improving the ASSET process or forms.

GENERAL ASSESSMENT:

OUTLINE FOR AGENCY VISITS

1. Meet with Agency Executive Director or CEO
2. Attend a Board of Directors Meeting
3. Attend an event/meeting where the Agency's service is being delivered if appropriate
4. Suggested questions for Volunteers to use when meeting with Agency:
 - a. Board Members
 - i.a. How much impact do you feel you have had on the program?
 - ii. Do you feel that you are kept well informed about issues and prospects?
 - iii. What are major issues facing the agency as you see it?
 - iv. What aspects of the program would you like to see changed?
 - v. How do you perceive your role as a Board member?
 - vi. What are the agency's strengths?
 - vii. If funds are reduced by 20%, what course of action would you follow to address the shortfall?
 - b. Volunteers
 - i. How did you come to volunteer for this agency?
 - ii. Do you feel that you have received enough training to fulfill your responsibilities?
 - iii. Do you feel that you are being used as effectively as you could be?
 - iv. What could be changed to make the program more effective?
 - v. What are the agency's strengths?
 - c. Professional Staff
 - i. Tell me about your background: training, experience, how long you have been with the agency?
 - ii. What do you do in a typical day?
 - iii. How would you rate this program relative to similar programs you know about?
 - iv. What aspects of the program are most effective?
 - v. What parts of the program need to be improved?
 - d. Clients (If the opportunity is available.)
 - i. How did you come to be a part of this program?
 - ii. Is the program helping you?
 - iii. Is there something you would like to see changed? OR
 - iv. Is there something the staff could do so that you could get more out of the program?
 - v. Do you feel like your ideas are taken into account by the staff?
 - vi. What are the most valuable parts of this program?

MID-YEAR PROGRAM UPDATE

December, _____

Agency:

Service:

1. How do we know if a program or service is successful or having a positive outcome?

2. What difference is the service making for the CLIENT?

3. Has the program commenced?

4. What measurement tools are in place and have you implemented them?

5. What would happen to the CLIENT if the service went away?

6. List any anticipated improvements to increase the success of your outcomes.

AGENCY SUMMARY FOR ASSET

Agency Name: _____ Date: _____

A. RESPOND TO THE FOLLOWING QUESTIONS WITH THE ENTIRE AGENCY IN MIND.

1. What community services are addressed by the Agency's ASSET funded services, and how do you determine the community need?
2. Why is it appropriate to use ASSET funds for these services?
3. How do you locate individuals needing your services?
4. How is the agency responsive to changing community needs, client/participant needs and advances in the area of service, and how are you preparing for these changes?
5. What role does the agency Board of Directors play in the agency? (Advisory Board, decision-making, and/or policy setting capacity)
6. Explain the coordinating efforts with other organizations and agencies in providing these services.
7. What issues is the agency facing in continuing services and in meeting the demands for services?

B. FOR AGENCIES WITH MULTIPLE SERVICES, PLEASE ADD ON ADDITIONAL INFORMATION ON A PROGRAM BY PROGRAM BASIS. (Use no more than 1/3 page per program.)

PROGRAM NAME _____

1. How does this program prevent, eliminate or reduce problems in the community, OR, how does this program educate, rehabilitate or maintain a client/participant?

APPENDICES

A. SERVICE CODES

1. HEALTH SERVICES

1.1 Health and Safety Services

1.1a Community Clinics

Unit of Service: 1 Clinic Hour

Community Clinics Care is designed to provide health services to persons in need of preventive or health maintenance care. Services are provided outside the auspices of a hospital. Clinics may be single purpose, concerned with some particular health care need of the community, or multipurpose, attending to the primary health needs of a particular neighborhood.

1.1b In Home Nursing

Unit of Service: 1 Visit

In Home Nursing provides professional nursing services to assist individuals and families having medical needs which can be met in the home, thereby avoiding transfer to hospital or nursing home facilities. Services include injections, medication, vital signs monitoring, dressing changes and any other service ordered by a physician that can be safely and adequately performed in the home. Frequently, a nurse will identify a need for therapy to meet the needs of patients in their homes.

1.1c In Home Hospice

Unit of Service: 1 day (24 hour)

Hospice is a comprehensive service of care and support for the patient/family with a terminal illness continuing through the bereavement period.

1.1d Blood Services

Unit of Service: 1 Pint of Blood

Blood Services is designed to provide a safe, adequate, and economical blood supply available to all patients.

1.1e Substance Abuse or Co-occurring Disorder Treatment (Out Patient)

Unit of Service: 1 Client Hour

Treatment for substance abuse or co-occurring disorders (mental health and substance abuse) may include supervision and counseling in a structured setting; individual counseling, family counseling, and/or group therapy on an outpatient basis. Other services that may be provided include follow-up and detoxification, crisis intervention, vocational rehabilitation, and court liaison services.

1.2 Mental Health Services

1.2a Preliminary Diagnostic Evaluation

Unit of Service: 1 Client Hour

Preliminary Diagnostic Evaluation (Mandatory) is designed to identify conditions and indicators of mental health problems that require inpatient treatment. This service is required by law to prevent voluntary hospitalization. When significant problems are identified, recommendations and/or referrals for further treatment are made.

1.2b Primary Treatment and Health Maintenance (Out Patient)

Unit of Service: 1 Client Hour

Primary Treatment and Health Maintenance services provide immediate short-term episodic treatment for mental health problems that may or may not be life threatening. Routine treatment to prevent illness or maintain health is also provided. This broad category encompasses many disciplines including medical, mental health and other professionals in various settings including schools.

1.2c Residential Treatment - Adults

Unit of Service: 1 24 hour Day

Residential Treatment excludes services in licensed Intermediate Care Facilities. Purchased service includes diagnosis and treatment in a residential setting for adults who are emotionally, behaviorally, or physically handicapped, dysfunctional, or maladjusted.

1.2d Residential Treatment - Children

Unit of Service: 1 24 hour Day

Residential Treatment - Children is foster care provided to children in group facilities. These facilities care for children who are unable to live in an unstructured environment because of severe social, emotional or physical difficulties. These facilities provide a high degree of control over individual mobility and activity and a comprehensive array of services, primarily within the confines of the facility.

The service includes direct supervision of the child, assessment of the child and family to contribute to the development of the provider service plan and therapeutic intervention to meet the special problems of the child. Treatment may include individual, family and group therapy, milieu therapy and intensive training in activities of daily living.

1.2e Peer Assessment and Screening

Unit of Service: 1 Client Hour

A non-traditional mental health service for people age 60 or older; designed to support and enhance the emotional well-being of senior citizens who are experiencing difficult transitions in their lives. It is a service of prevention with the goal of preventing further mental and physical deterioration. The service is an alternative helping resource for seniors who are not likely to benefit from traditional mental health services.

1.3 Services for Mentally and/or Physically Impaired

1.3a Supported Community Living Services

Unit of Service: 1 hour or 1 24-hour day

Services provided to assist the individuals in maintaining suitable residential arrangement in the community. These include, but are not limited to, in-home activities (such as personal aides, attendants and other domestic assistance and supportive services), family support services, foster care services, group living services. These activities may be provided in a variety of settings ranging from minimum supervision to 24-hour care.

1.3b Special Recreation

Unit of Service: 1 participant/per hour

Special recreation for persons with physical, intellectual or developmental disabilities is designed to meet the leisure, social and fitness needs of these individuals who, because of their disability, benefit from specialized programming. Instruction and organization are designed to accommodate for a variety of ability levels.

1.3c Community Support Services

Unit of Service: 1 Staff Hour

Community assistance services, individual treatment services, social contact services and supervisory services. These services encourage and assist adults to obtain or more fully use community services, which prevents hospitalization and nurtures well being.

1.3d Work Activity Center

Unit of Service: 6-1/2 Hour Day

Work Activity Services are services usually provided at a facility planned and designed exclusively to provide therapeutic activities for disabled workers whose impairment is so severe as to make their productive capacity inconsequential. Therapeutic activities include self-care activity (such as activities where the focus is on teaching the basic skills of living) and any purposeful activity so long as production is not the main purpose.

1.3e Home and Community Based Services

Unit of Service: 1 Hour

Home and Community Based Services are provided through a provision of the Social Security Act which allows states to provide an array of home-and-community-based services to persons in their own homes who would otherwise require care in a medical institution. Services available include supported community living, respite care, supported employment, nursing, home health aide, personal emergency response system, and home and vehicle modification.

1.3f Residential Care/Mentally Retarded

Unit of Service: 1 24-hour Day

Residential Care services for the Mentally Retarded Waiver Services include the provision of accommodation, board, personal assistance, and other essential living activities provided to individuals who are mentally retarded. These services are provided in a facility for a period in excess of 24 hours. A facility in this service can care for only up to 5 individuals, unlike non-waiver services, where up to 12-15 individuals might reside in the same facility.

1.3g Employment Assistance for Physically or Mentally Disabled

Unit of Service: One Staff Hour

Individualized services associated with obtaining and maintaining competitive paid employment for individuals, including activities to obtain and maintain a job. Activities can be educational and vocational assessment, job development, skill development, job coaching, work-related transportation, and consultation. Job placements shall be made in integrated settings with the majority of co-workers being persons without disabilities.

1.3h Alternative Family Living

Unit of Service: One Month (administration fee, based on family stipend and client income)

The Alternative Family Living Service places identified individuals in a supportive family setting. This service also recruits, trains, and contracts with families who have agreed to provide these services to the individuals.

1.3i Individual and Family Support Services

Unit of Service: 1 Service or 1 Support

This service provides financial assistance to eligible families to enable a child with a developmental disability to secure necessary goods and services, to remain living in the family home, to function more independently, and to increase the child's integration into the community. Specific service needs and individual families identify supports.

1.3j Day Habilitation Services

Unit of Service: One-Half Day

Services to assist or support individuals in community integration and skill development or skill maintenance. Services must help or enhance an individual's intellectual functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility. May include training families in treatment and support methodologies or in the care and use of equipment.

1.3k Pre-Vocational Services

Unit of Service: One-Half Day

Services to prepare individuals for paid or unpaid employment. Includes teaching job readiness skills such as following directions, attending to tasks, task completion, problem solving, and safety and mobility training. Prevocational services are time limited based on the individual's goals and progress.

1.3l Enclave Services

Unit of Service: One Client Hour

Employment services associated with sustaining individuals in an employment team of no more than eight individuals with disabilities to work in an integrated, community-based job setting where the majority of co-workers are persons without disabilities.

1.3m Direct Support Paraprofessional

Unit of Service: One course term

A training program to prepare individuals with mental illness to work in the direct care arena of human services. The program includes coursework, internship opportunities, and peer support.

1.4 General Health Support Services

1.4a Day Care - Adults

Unit of Service: 1 client day

Adult Day Care is any organized service of supportive care available to adults who need a degree of supervision and/or assistance during some portion of a 24-hour day. These services may include rehabilitation, preventative or restorative services in addition to nutrition, personal care, and social/recreational activities. Day care is designed to enable the individual to continue to live independently and to prevent premature institutionalization. These services may also provide temporary relief for the primary care giver.

1.4b In-Home Health Monitoring

Unit of Service: 1 person monitored per month

In-Home Health monitoring offers services to frail adults who live in a home situation and are alone for most or all of the day. This service provides equipment that allows clients to summon medical assistance through a telephone line.

1.4c Homemaker/Home Health Assistance

Unit of Service: 1 Hour

Homemaker/Home Health Assistance provides services to families and individuals who are physically, mentally, or emotionally unable to fully care for themselves, but for whom the best living environment is still the home. Services include basic housekeeping assistance, food preparation, instruction in home management, and health services (like bathing, exercise, dressing changes, and related health services) that are provided under the direction of a nurse.

1.4d Home Delivered Meals

Unit of Service: 1 Meal

Home Delivered Meals provides meals on a daily or less frequent basis to aged and disabled persons who are unable to prepare meals in their own homes. Meals are delivered and served in the client's own home.

1.4e Congregate Meals

Unit of Service: 1 Meal

Congregate Meals is a nutrition service designed to provide meals on a daily or less frequent basis, to senior citizens aged 60 or older and their spouses. Meals are prepared at and/or delivered to central locations such as senior centers or housing units for the elderly and served to individuals together at the same time using a single facility, such as a central dining room.

2. BASIC NEEDS SERVICES

2.1 Emergency Services

2.1a Emergency Assistance for Basic Material Needs

Unit of Service: 1 Client Contact

This is an Emergency Assistance service designed to provide the minimum necessities of life on a limited, short-term basis to individuals and families, pending formulation of long-term solutions. It may also include the placement of a child who is a runaway or who is a danger to himself (herself) and others.

2.1b Battering Relief

Unit of Service: 1 Staff Hour

Battering Relief is designed to mobilize community resources to aid victims of domestic violence. An active role is frequently taken in getting victims to available services.

2.1c Rape Relief

Unit of Service: 1 Staff Hour

Rape Relief is designed to mobilize community resource to come to the aid and rescue of victims of rape.

- 2.3b Employment Assistance for Adults**
Unit of Service: 1 Client Contact
 This service is designed to optimize an individual's employment through an assessment of the individual and the employment opportunities in the community. These services are not designed for the physically or mentally handicapped worker.
- 2.3c Disaster Services**
Unit of Service: 1 Staff Hour
 Disaster Services is a service designed to maintain a preparedness to meet emergency needs of groups and individuals who are disaster victims. Services may include cooperation with government and other agencies in local and nation-wide disaster planning and operations.
- 2.3d Transportation**
Unit of Service: One way trip
 Transportation for persons to and from community facilities, within Story County and other locations. This service is available to all Story County residents.
- 2.3e Budget/Credit Counseling**
Unit of Service: One Client Contact
 Budget and Credit Counseling is a service designed to maximize the use of income for those persons who have problems of financial management.
- 2.3f Respite Care**
Unit of Service: 1 client hour of service
 Respite care is the temporary and periodic provision of services which relieve care-givers from the duties of giving continuous support and care to the dependent individual. Support services to an individual's family and/or primary care giver are also provided.
- 2.3g Health and Safety Education**
Unit of Service: 1 person certified
 Health and Safety Education certifies individuals to respond to emergency situations. A range of non-credit courses is offered which include first aid, CPR, water safety and other such instruction.

3. YOUTH AND CHILDREN SERVICES

3.1 Child Care

- 3.1a Day Care - Infant**
Unit of Service: 1 Full Day
 Day Care-Infant services designed to provide infants, 0-24 months, with optimal substitute parental care in a group setting during some portion of a 24-hour day. The service is designed to provide protection, care and developmental experiences.
- 3.1b Day Care - Children**
Unit of Service: 1 Full Day
 Day Care-Children are services designed to provide children, 24 months to 5 years, with optimal substitute parental care in a group setting during some portion of a 24-hour day. The service is designed to provide protection, care and developmental experiences.

3.2c Employment Assistance for Youth

Unit of Service: 1 Staff Hour

This service is designed to optimize employment opportunities for youth through an assessment of the individual and the employment opportunities in the community. Provides youth with on-the-job training.

3.2d Out of School Program

Unit of Service: 1 partial day (3 hours)

Out of School Program occurs on the school grounds at various times when school is not in session (i.e., before and after school, school breaks, snow days, summer vacation, etc.)

4. PREVENTION AND/OR SUPPORT SERVICES

4.1 Family Life Services

4.1a Family Development/Education

Unit of Service: 1 Client Hour

These services focus on needs relating to the social functioning of families and individuals and are designed to preserve and strengthen family life and to intervene in specific situations. Special attention is given to link persons to services that can lead families to economic self-sufficiency

and provide better parenting skills.

4.1b Foster Family Homes

Unit of Service: 1 Staff Hour

Foster Family Home is designed to provide a substitute family life experience in an agency-supervised home to children who need care for a temporary or extended period.

4.1c Separated Families

Unit of Service: 1 Client Contact

Separated families helps reunite families, locate separated persons, transmit messages to people affected by international conflicts, and provide services to individuals by assisting them in resettlement and adjustment.

4.1d Adoption Services

Unit of Service: 1 Hour of Client Contact or 1 Family Study

Adoption Services is designed to secure a permanent adoptive family for a child who cannot live with his/her birth family due to the termination of the birth parents' rights. This service is directed towards children who are legally available for adoption, the birth family, prospective adoptive family, and the adoptive family.

4.2 Support Services

4.2a Information and Referral

Unit of Service: 1 Call

This service is designed to identify client problems, provide information about available resources and eligibility. This classification is intended only for agencies which have information and referral as a major service thrust.

4.2b Volunteer Management

Unit of Service: 1 Staff Hour

Volunteer Management is designed to recruit, train, consult, mobilize and coordinate volunteer resources to promote the public good. This is a comprehensive volunteer utilization service designed to systematically match volunteer opportunities with the skills, talents, and desires of the volunteer. This service classification is meant only for agencies that have volunteer recruitment, placement and utilization as their major service thrust.

4.2c Service Coordination

Unit of Service: 1 Client Hour

Provides assistance to the individual in obtaining appropriate services. Coordinates the delivery of services and monitors to assure the continued appropriate provision of services. This is a comprehensive service that entails specific training with regard with community resources and coordination of multi-agency response to a problem or a need. This service does not refer to casual enabling services that are integral to many agencies.

4.2d Activity and Resource Center

Unit of Service: 1 Client Contact

An Activity and Resource Center is part of a community strategy to meet the needs of sub-populations. It is a community focal point where individuals come together for individual and group services and activities that reflect their experience and skills. The center links participants with resources offered outside the center.

4.3 Prevention and Awareness Services

4.3a Public Education and Awareness

Unit of Service: 1 Staff Hour

Public Education and Awareness is a service to provide information to the general public about a particular social problem or need. Community response is sought to mobilize people to seek solutions to the problem or need.

4.3b Advocacy for Social Development

Unit of Service: 1 Staff Hour

Advocacy is a service designed to support or defend a cause; to urge the case for social change; to assist individuals of a particular sub-group of our society with improving the quality of their lives. In addition, advocacy work includes empowering others to advocate for themselves by giving them the skills and tools with which they can achieve their goals. Sub groups of society could include: persons who are aging, people with disabilities, youth, people in poverty.

4.3c Resource Development

Unit of Service: 1 Staff Hour

Resource Development is designed to develop material resources to deliver human service services pertaining to a specialized need and to develop new services in response to current and future needs through organized action.

4.3d Consultation Service

Unit of Service: 1 Staff Hour

This service, which is directed toward the professional personnel, includes the provision of information, in-service or demonstration of instructional or therapeutic procedures and techniques for the professional personnel intended to focus on a specific situation or problem.

4.3e Informal Education for Self-Improvement and Self-Enrichment

Unit of Service: 1 Client Contact

Informal Education for Self-Improvement and Self-Enrichment is designed to provide opportunities for self-improvement, enjoyment and self-enrichment for those who wish to take advantage of them. Examples of courses offered are: various arts and crafts; games; athletics and physical fitness; gourmet cooking; gardening; photography; astrology; yoga and meditation; and aquatic instruction.

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 - H. Family Development/Education Pathways, FaDSS (4.1a)
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 - J. Service Coordination Mentoring & GRIP (3.2a) Approved 12/13/01 (changed from 4.2c in 2009)
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D. ASSET Glossary of Acronyms

ACCESS	- Assault Care Center Extending Shelter & Support
ACPC	- Ames Community Preschool Center
AmRdCr	- American Red Cross—Lincoln Way Chapter
APR	- Agency Panel Representatives
ARC	- The ARC of Story County
ASSET	- Analysis of Social Services Evaluation Team
BB/BB	- Big Brothers/Big Sisters of Central Iowa
BGC	- Boys and Girls Club
BSA	- Boy Scouts of American, Mid Iowa Council
CFR	- Community and Family Resources
CARF	- Committee on Accreditation of Rehabilitation Facilities
CCJ	- Center for Creative Justice
CCR	- Center for Child Care Resources
CDBG	- Community Development Block Grant
CEO	- Chief Executive Officer
CFIRE	- Camp Fire USA, Heart of Iowa Council
CHLDSV	- ChildServe
CLP	- Community Life Program
DHS	- Department of Human Services
ERP	- Emergency Residence Project
FEMA	- Federal Emergency Management Agency
FGP	- Mid Iowa Foster Grandparents Program
FIP	- Family Investment Program
GNEA	- Good Neighbor Emergency Assistance
GSA	- Girl Scouts of Greater Iowa
GSB	- Government of the Student Body
HCBS	- Home and Community Based Waiver Services
HSC	- Human Services Council
HSS	- Heartland Senior Services
HMWRD	- HOMEWARD and HOMEWARD Hospice
I & R	- Information and Referral
ICF/MR	- Intermediate Care Facility/Mentally Retarded
LASSC	- Legal Aid Society of Story County
LIHEAP	- Low Income Home Energy Assistance Program
LSI	- Lutheran Services in Iowa
MGMC	- Mary Greeley Medical Center
MH/DD	- Mental Health/Developmental Disabilities
MHI	- Mental Health Institute
MICA	- Mid-Iowa Community Action
MSL	- Mainstream Living Employment & Learning Center
NAMI	- National Alliance on Mental Illness - Central Iowa
RC	- The Richmond Center
RCF/MR	- Residential Care Facility/Mentally Retarded
RFP	- Request for Proposal
RSVP	- Central Iowa Retired and Senior Volunteer Program
SCL	- Supported Community Living Services
SSA	- State Supplemental Assistance
SSBG	- Social Services Block Grant

- SSI - Supplemental Security Income
- STCC - Story Time Child Care Center
- UCC - University Community Childcare
- UIHC - University of Iowa Hospitals and Clinics
- UWSC - United Way of Story County
- VA - Veteran's Administration
- VCSC - Volunteer Center of Story County
- WIC - Women, Infants, and Children's Program
- YWCA - YWCA Ames-ISU
- YSS - Youth & Shelter Services