STORY COUNTY **ASSET**
ANALYSIS OF SOCIAL SERVICES EVALUATION TEAM

ASSET NOTIFICATION OF NEW, EXPANDED, OR RETURNING SERVICE

Please note that submission of this form does not automatically result in a commitment of funding from ASSET.

Date:

Name of Agency:

Agency Contact – First and Last Name:

Agency Contact – Email Address: | **Agency Contact – Phone Number:**

Name of Service: | **ASSET Service Code #:**

Provide a brief description of the new, expanded, or returning service and population to be served:

Describe how the need for this service was identified. Cite sources such as the Story County Community Health Needs Assessment, community surveys, or other data and information:

Describe the specific ASSET Funder priorities this service will meet (may be more than one Funder and/or more than one priority):

Are there new clients/patients/community members to be served?

☐ No ☐ Yes

If "Yes": how many?

Is this service currently being provided by another agency? If so, please describe the rationale for duplication:

What outcomes will be measured? Describe the methodology(ies) used to measure service outcomes:

Explain how ASSET funds would be used to support the service? *Examples: staff, client scholarships*

Describe what other funding sources are used to support the service:

What is the total budget for this service?

What percentage of the total service budget requested would ASSET funds support?

If this service is funded through a grant, what is the amount and the duration of the grant?

If the service is funded through a grant, does the grant require a local cash match?

☐ **No** ☐ **Yes** ☐ **Not Applicable**

If "Yes": how much?

If there isn't funding through ASSET, what are the plans to provide and/or sustain this service?

The deadline for new and expanded service requests is Saturday, May 22, 2026 at 11:59 p.m.
Please submit this form by email to the ASSET Administrative Assistant at storycountyasset@gmail.com