ASSET

REFERENCE MANUAL FOR VOLUNTEERS AND AGENCIES

July 2020

www.storycountyasset.org

Sponsoring Organizations:

City of Ames
Story County
United Way of Story County
ISU Student Government

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DIVISION I
ASSET HISTORY

In 1985, the City of Ames, Iowa State University Government of the Student Body, the Iowa 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 human service needs in Story County. A new funder, Central Iowa Community Services mental health/disability services region, joined the ASSET process in 2014. The passing of state legislation in 2012 required counties to regionalize in order to share resources and provide services to individuals with mental health and other disabilities. Of the 30 agencies in the ASSET process at that time, 25% of them specifically provided mental health and disability services while the remaining agencies offered services to the larger community but also served individuals with mental health and other disabilities.

The Iowa Department of Human Services withdrew from the ASSET process effective July 1, 2016 due to the statewide restructuring of the Department of Human Services Regions. Central Iowa Community Services withdrew from the ASSET process effective July 1, 2020 as a result of statutory requirements to focus funding on the development of the children’s mental health system.

A new 28E Agreement states the current partners include City of Ames, Story County, United Way of Story County, and ISU Student Government.

Under the original 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 has increased over the years 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 and the departure of two Funders.

In order to help promote a cooperative environment within which to deliberate the many factors of the allocation process, the Agencies were invited to select non-voting panel representatives to meet with ASSET. In 1996 the service panels were restructured and a fourth panel was created. These representatives were free to participate in most discussions and other ASSET activities but did not participate in the panel work sessions where funding recommendations were discussed and voted on. In September 2019, the Human Services Council disbanded as a formal council, and the appointment of panel representatives ceased.

ASSET OVERVIEW

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. Reporting Funder priorities (August)
D. Conducting annual Volunteer visits with agencies (August–October)
E. Reviewing Agency budget requests (September)
F. Preparing and Submitting Liaison Reports (November)
G. Posting Liaison Reports on ASSET web site (November–December)
H. Reporting available funding through the ASSET process (December)
I. Conducting Agency hearings (January)
J. Conducting work sessions to develop allocation recommendations (January)
K. Meeting of entire ASSET to discuss and approve recommendations (January)
L. Submitting recommendations to Funders (January–February)

In order to make the process manageable, services are assigned to one of three focus areas: Education, Financial Stability, or Health. Each volunteer is assigned to one focus area work team. Following the budget hearings, each work team reviews the budget requests for the services within its focus area and formulates a funding recommendation. Following the 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, 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 regularly 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 human service needs within the 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 focus area and have a general knowledge of all the agencies' programs and funding requests. At the ASSET meeting following the work sessions, 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 human 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 ISU Student Government 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 services and programs. ASSET funding is not meant to cover the entire costs of any one program.

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 are assigned to one or more agency as a liaison. The volunteers can be assisted by additional reviewers appointed by the Funders or recruited by ASSET if support is needed.

B. ASSIGNMENTS

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

Each agency requesting funding through the ASSET process shall be assigned to one of the three focus areas for functional service area(s). The agency may be assigned to more than one focus area 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.

C. DECISION-MAKING LATITUDE

Each work team 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, management, or financial operations 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 under Iowa Code Sections 21 and 22**.

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 work team to which that agency is assigned. If this does occur, the Volunteer should request reassignment to another work team.
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. Each agency is expected to attend their hearing at the scheduled time. Due to the difficulty of rescheduling, switching of times will not be allowed. Agencies should plan no more than a 5-minute budget presentation followed by a 10-minute question and answer period. A maximum of three people will be allowed to present and introductions will only be made of those presenting. These time limits will be strictly adhered to. Agency presentations should only cover funding priorities, significant changes, new services, or other things that need further explanation.

G. PANEL WORK SESSIONS

At the work session, each work team will discuss and agree on the allocation recommendations and special conditions or requirements for each service. The work team 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!

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. Information to be used will include Clear Impact Scorecard, ASSET Budget Form 5O, Mid-Year Reports, Liaison Reports, and information shared during the hearings.

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.

J. APPROVAL OF RECOMMENDATIONS & APPEALS PROCESS

Each work team'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 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 LIAISIONS

Agencies having services in more than one focus area shall have more than one Volunteer. 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 and any concerns;
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 agency Board of Directors 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 website 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 reflects 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?
e) Does the Board regularly review the financial documents including review of the audit?

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 comparative 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 and audit?
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 to 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.

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 Assistant 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 the Administrative Assistant.
3. All budget forms will be printed from the electronic documents submitted. Documents must be submitted electronically.
    a) Electronic forms must be submitted on the form provided and formatted exactly as they appear on the printed copies of the form.
    b) DO NOT MAKE CHANGES TO THE FORMS! It is important that forms from all agencies are consistent and that the Agency name appears at the top of each page.
    c) Limit narrative to the space provided on the forms. Do not expand space on the form nor attach additional sheets.
4. Do not attach any of your own forms with the exception of the ABF-6 and sliding fee scales. If you have a similar balance sheet prepared by a financial professional, please name it "AFB-6" and include it in your submission. Make sure your information is accurate. 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. Selecting the correct service code on each ABF-5 will keep program names/services and unit of service consistent for everyone. Do not add, substitute, or delete. Arrange ABF-5's in numerical order by service code.
6. Agencies shall provide financial reports to the ASSET Administrative Assistant within six months of the end of their fiscal year. Failure to meet this requirement may delay ASSET funds being distributed by each Funder. Consequences for non-compliance will be handled by individual Funders.
    a) Agencies with an annual budget below $100,000 must submit an electronic copy of IRS Form 990 and a balance sheet prepared externally and independently. (ABF-6)
    b) Agencies with an annual budget of $100,000 or more must submit an electronic copy of their full comparative audit, IRS Form 990,

and a balance sheet prepared externally and independently. (ABF-6)

c) An electronic copy of your agency's strategic plan or an update.

7. 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.
8. Using the tabs at the bottom of the spreadsheet, or the links at the bottom of the Instruction sheet, complete the Budget (ABF) forms in sequential order, starting with ABF-1 and ending with ABF-7A. Information entered in some of the first forms will automatically fill in on other forms.
9. Information may only be entered in the boxes underlined by red or surrounded by a red border.
10. Some areas filled in on the sheets will not print. This is intentional.
11. Once you believe you are done, go to the Checklist tab to see if there are any error messages that might require your attention.

PREPARATION AND REVIEW OF INDIVIDUAL BUDGET FORMS

C. ABF-1

1. Select your Agency name from the pull-down menu on this form and it will auto-fill to all other forms.
2. Fill in your contact information.
3. Select the agency fiscal year from the pull-down menu. If your agency's fiscal year is not listed, you can type it in.
4. In the large box under 1), follow the on-sheet instruction to describe the agency and its mission.

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 a contingency plan in the event of loss of funds?

D. ABF-2

1. 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.
2. In each of the six client characteristic groups, fill in the number of unduplicated clients. "Unduplicated" means you are counting total

CLIENTS. This is NOT a count of the number of sessions, contact hours, other service statistics, or an estimate. This is a count of the total number of individuals receiving ASSET-funded services from your agency.

3. ISU students should not be double counted as Ames, Story County, or outside Story County residents.
4. Poverty level guidelines are shown below.
   To view the current Department of Health and Human Services Poverty Guidelines, click on the link below:

   https://www.healthcare.gov/glossary/federal-poverty-level-fpl/

5. The totals for all six groups must equal each other in a given fiscal year. For example, if there are 151 clients listed in the total for "Age Group," there should be 151 clients listed in the total for "Gender."

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. <u>ABF-3</u>

1. The ABF-3 includes not only % of FTE's, but also the % of the position applicable to Story County.
2. List the position titles of your agency's staff. List executive management titles individually. For other employees, group generically based on positions with similar tasks/duties.
3. Include the total annual case compensation for each position, including salary, bonuses, incentives, or other monetary compensation. Do not include cost of benefits such as insurance.
4. For each position or position group, note the percentage of that position's time that is allocated to programs in Story County.
5. Under "Volunteer Usage," #1, list the number of unduplicated volunteers used in the most recent actual year. Under #2, list the number of volunteer <u>hours</u> for the same year.
6. The amount for personnel at the bottom of the page should match line 21 on ABF-7A.

Note: 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 and executive 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

1. List any program offered by your agency that is not funded through the ASSET process. This should include all programs outside Story County and any programs in Story County that are not funded by ASSET.
2. Include the annual service cost and sources of funding for each service (e.g., federal grant, state grant, etc.).
3. The total revenue amount listed on this page should match the Total Revenue listed on ABF-7B under "Non-ASSET Funded Services."

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

1. This form should show the actual and proposed revenues and expenditures for each ASSET-funded service the agency delivers. Revenue and expenditures for the service area should be actual amounts for the past two fiscal years, along with actual units of service provided and cost per unit.
2. For the current FY, use your closest projections of these numbers.
3. For past allocations from ASSET Funders, the actual contract amounts must be entered in the Dollars Contracted column. These numbers must be the numbers as provided in your agreement and/or contract with each Funder. Agencies should enter the amount used in the Dollars Used column. These two figures may be the same if the agency utilized all allocated funds. For agencies that did not use all allocated funds, the

figures will be different. **If you have questions about any of these amounts, contact the appropriate Funder for further clarification.**

4. Any grant or other non-ASSET amount received from United Way of Story County should be entered in Other United Ways.
5. 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.
6. In each column, revenues should equal expenditures unless you have had a revenue excess or loss for that service.
7. The total of all line items must equal 100%.
8. Agencies that receive CICS MH/DS funds should show those amounts in the Other Gov't Funds (CICS) section.
9. The ABF-5 should contain only the Story County portion of the program or the Story County percentage of a larger program.
10. For new service or services which have been approved by ASSET: Previous year's income, expense, and service statistics will be blank. Proposed column will show income, expenses, and service statistics for the new service.
11. An ABF-5 shall be completed for each service. Each ABF-5 will correspond to a unique column on the ABF-7B, starting with column 9 and going up from there. For agencies with more than one service, complete the next ABF-5 in the worksheet tabs, and so on. Do not place data in any ABF-5's that will not be used. Information entered in the ABF-5's will be automatically placed into the ABF-7B. You will not be able to enter information directly into the ABF-7B.
12. FIRST select the service code from the drop down list. This will populate other fields with standardized information found in the Reference Manual. (program, service, unit of service)
13. To the right of "Source of Funds," the shaded area asks you to place an "X" in the box if this budget reflects a Story County only expenditure. If the budget reflects a multi-county program, list the percentage of the budget you have entered that you are requesting ASSET funds for. There must be something in one of these two boxes.
14. Complete the fields under Source of Funds, Expenses, and Service Statistics.
15. The Expenses Summary will automatically be filled in. The expanded Expenses area will not print, only the Expenses Summary.
16. Service Statistics must be filled out.
17. DO NOT DELETE ANY ABF-5 OR 5(O) PAGES, EVEN IF THEY ARE UNUSED.

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) (Page 2 of the ABF-5)

1. An ABF-5(O) must be completed for every ABF-5 submitted.
2. The program name will automatically be filled in from the ABF-5.
3. The reporting year is the most recent complete year of program information.
4. For Clients/ Units section, please answer all questions.
5. For Program/ Service Description, briefly describe the program.
6. For Impact Measurements, discuss the impact on clients and the community and how those measurements are determined. This may involve communication with clients, statistics, or other means. Be sure to identify how frequently such measurements are taken.
7. For Outcomes Achieved, identify the actual result of the program, who was affected by it and in what ways.
8. For Justification of this service, describe why the service is needed and continues to need funding from ASSET.
9. For Anticipated Challenges, please inform ASSET of upcoming changes or impacts you foresee affecting this service in the coming year.

How does ASSET utilize the Outcome information? The ASSET Administrative Team reviews the columns for content, not necessarily quality, of 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.

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

Attach an agency balance sheet with the budget submittal, identified as ABF-6.

J. ABF-SLIDING FEE SCALE

1. If your agency has sliding fee scales, you should insert them following the ABF6 or send them separately when you submit your budget forms.
2. The sliding fee scale should be the one used for the current fiscal year for ASSET-funded services only.
3. Label this submission in the upper right-hand corner "ABF-SLIDING FEE SCALE."
4. Indicate the number of clients utilizing each step in the past year.
5. If your current year sliding fee scale will differ appreciably from the past year scale, please submit this also.

K. ABF-7A

1. This sheet is the budget for the entire agency including ASSET-funded and non-ASSET-funded programs.
2. The Salaries/Wages portion of Expenditures for the current fiscal year is automatically generated from your ABF-3 total.

L. ABF-7B

1. This form will be automatically completed from the information filled in each ABF-5.
2. The only information that must be entered directly on this form is “Non-ASSET Funded Services.”

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 Page
Once you have completed filling in the ASSET budget forms, use the list on this page to identify any errors in your entries.

M. 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 option 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 (e.g., 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 ECI 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 ISU Student Government/ASSET (line 17).

k) **Other Government Funds (Local)**
This account is to be used for other cities/counties and any other anticipated government funding.

l) **Other Government Funds (CICS)**
CICS dollars fund only mental health and disability services.

m) **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.

n) **Miscellaneous Revenue**
This option 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.

o) **Story County**
This account is to be used for General Fund dollars requested from Story County.

p) **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.

q) **United Way of Story County**
This account is for United Way of Story County request.

r) **ISU Student Government**
This account is to be used for ISU Student Government request.

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

t) **Equals ASSET Funder subtotal**

u) **Equals total of all funding sources**

2. Expenses

a) **Salaries/Wages**
This account includes all salary and wage expenses—e.g., 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. This category includes leases of equipment if the end result is not ownership.

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.

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

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.

N. 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. 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 REPORT FOR OUTCOME PROGRESS

Reporting for: July 1, 2020 – November 30, 2020

Agency Name:

Program Name:

Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community)—please refer back to the corresponding ABF-5(O) and provide an update on program/service outcome from July 1 to date:**

2. **Measurement Used (How Often, Tools Used)—please refer back to the corresponding ABF-5(O) and provide an update on measurement used from July 1 to date:**

3. **Measurement Update (Please provide update on measurement data collected based on the ABF-5(O) from July 1 to date):**

4. **Outcomes Achieved (Result to Clients/Community)—please refer back to the corresponding ABF-5(O) and provide an update on the outcomes achieved from July 1 to date**:

5. **Encountered (please refer back to the corresponding ABF-5(O) and provide an update on the barriers encountered from July 1 to date):**

6. **Clients Served (please refer back to the corresponding ABF-5 Service Statistics and provide an update on number of clients served from July 1 to date):**

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

8. **Comments:**

APPENDICES

A. SERVICE CODES

For Descriptions, please see Appendix B

Service Code	Service Code Name	Unit of Service	Focus Area
1.01	Supported Employment for Mental Health or Developmentally Disabled	1 Staff Hour	Education
1.02	Advocacy for Social Development	1 Staff Hour	Education
1.03	Resource Development	1 Staff Hour	Education
1.04	Informal Education for Self-Improvement and Self-Enrichment	1 Client Contact	Education
1.05	Enclave Services	15 minutes	Education
1.06	Preschool	1 Day	Education
1.07	Youth Development and Social Adjustment	1 Client Contact / Day	Education
1.08	Employment Assistance for Youth	1 Staff Hour	Education
1.09	Out of School Program	1 Partial Day	Education
1.10	Family Development / Education	1 Client Hour	Education
1.11	Volunteer Management	1 Volunteer Hour	Education
1.12	Public Education and Awareness	1 Staff Hour	Education
2.01	Emergency Assistance for Basic Material Needs	1 Client Contact	Financial Stability
2.02	Day Care - Infant	1 Full Day	Financial Stability
2.03	Day Care - Children	1 Full Day	Financial Stability
2.04	Day Care - School Age	1 Partial Day	Financial Stability
2.05	Childcare for Mildly Ill Children	1 Partial Day	Financial Stability
2.06	Separated Families	1 Client Contact	Financial Stability
2.07	Transitional Living Services	1 day	Financial Stability

Service Code	Service Code Name	Unit of Service	Focus Area
2.08	Emergency Shelter	1 24 Hour Period of Shelter and Food	Financial Stability
2.09	Correctional Services	1 Client Hour	Financial Stability
2.10	Legal Aid - Civil	1 Staff Hour	Financial Stability
2.11	Clothing, Furnishing and Other Assistance	1 Client Contact	Financial Stability
2.12	Disaster Services	1 Staff Hour	Financial Stability
2.13	Transportation	One Way Trip	Financial Stability
2.14	Budget / Credit Counseling	1 Client Contact	Financial Stability
3.01	Community Clinics	1 Clinic Hour	Health
3.02	Day Care - Adults	1 client Day	Health
3.03	In-Home Health Monitoring	1 person monitored per month	Health
3.04	Homemaker / Home Health Assistance	1 Hour	Health
3.05	Home Delivered Meals	1 Meal	Health
3.06	Congregate Meals	1 Meal	Health
3.07	Domestic Abuse Crisis and Support	1 Staff Hour	Health
3.08	Sexual Abuse Crisis and Support	1 Staff Hour	Health
3.09	Crisis Intervention	1 Contact	Health
3.10	Court Watch	1 Staff Hour	Health
3.11	Respite Care	1 Client Hour of Service	Health
3.12	In Home Nursing	1 Visit	Health
3.13	Service Coordination	1 Client Hour	Health
3.14	Activity and Resource Center	1 Client Hour	Health
3.15	In Home Hospice	1 day (24 hour)	Health

Service Code	Service Code Name	Unit of Service	Focus Area
3.16	Substance Abuse or Co-occurring Disorder Treatment (Out Patient)	1 Client Hour	Health
3.17	Outpatient Treatment and Health Maintenance	1 Client Hour	Health
3.18	Supported Community Living Services	15 minutes or up to 1 24 Hour Day	Health
3.19	Special Recreation	1 participant per hour	Health
3.20	Day Habilitation Services	15 minutes or 1 Day	Health
3.21	Peer Support Services	1 Client Contact	Health

B. SERVICE CODE DESCRIPTIONS

New Service Code #	Service Code Name	Description
1.01	Supported Employment for Mental Health or Developmentally Disabled	Individualized services associated with obtaining and maintaining competitive paid employment for individuals. Activities can be educational and vocational assessment, job development, skill development, job coaching, work-related transportation, and consultation. Job placements shall be made in an integrated setting in the general workforce.
1.02	Advocacy for Social Development	Advocacy is a service designed to support or defend a cause and to assist individuals with improving the quality of their lives. In addition, advocacy work includes empowering others to advocate for themselves by teaching skills with which they can achieve their goals.
1.03	Resource Development	Resource Development is designed to develop material resources to deliver program service services pertaining to a specialized need.
1.04	Informal Education for Self-Improvement and Self-Enrichment	Informal Education provides opportunities for self-improvement, enjoyment and self-enrichment for those who wish to take advantage of them. Examples of courses offered are: arts activities; physical fitness; cooking; and gardening.
1.05	Enclave Services	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.
1.06	Preschool	Services provide educational experiences and activities and foster intellectual stimulation and development of children, ages 3 to 5. This service is provided in partnership with local school districts.
1.07	Youth Development and Social Adjustment	The service is designed to help improve self-worth and group interaction/participation.
1.08	Employment Assistance for Youth	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.
1.09	Out of School Program	Out of School Program occurs at various times when school is not in session (i.e., before and after school, school breaks, snow days, summer, etc.)
1.10	Family Development / Education	These services focus on needs relating to the social functioning of families and individuals and are designed to preserve and strengthen family life that can lead families to economic self-sufficiency and provide parenting skills.
1.11	Volunteer Management	Volunteer Management is designed to recruit, train, and coordinate volunteer resources to promote the public good. This service classification is meant only for agencies that have volunteer recruitment, placement and utilization as their major service thrust.
1.12	Education and Awareness	Education and Awareness is a service to provide information to the general public about a particular social issue or need. Community response is sought to mobilize people to seek solutions to the issue.
2.01	Emergency Assistance for Basic Material Needs	Emergency Assistance service is designed to provide the minimum necessities of life on a limited, short-term basis to individuals and families, pending formulation of long-term solutions. Examples of services include food vouchers, rent assistance, utility assistance and food pantry.
2.02	Day Care - Infant	Day Care-Infant services designed to provide infants, 0-24 months, with care in a group setting during some portion of a 24-hour day. The service is designed to provide supervision, care and developmental experiences.

New Service Code #	Service Code Name	Description
2.03	Day Care - Children	Day Care-Children are services designed to provide children, 24 months to 5 years, with care in a group setting during some portion of a 24-hour day. The service is designed to provide supervision, care and developmental experiences.
2.04	Day Care - School Age	School Age day care is a service designed to provide children with care in a group setting for a part of the day. It includes licensed and non-licensed services. Care may be offered before school, after school, or a combination of these options. Provision is usually made for a full-day service at such times during the school year when school is not in session.
2.05	Childcare for Mildly Ill Children	Services designed to provide children ages 6 months to 11 years with support and nursing oversight when mildly ill and are unable to participate in their typical well-child care arrangements or school.
2.06	Separated Families	Separated families unites military families to local resources and support services. This may include emergency communications, family follow-up and financial assistance.
2.07	Transitional Living Services	Transitional living services is designed to provide longer term housing (6-18 months) for youth, adults and/or families. Supervisions may be included based upon the population served.
2.08	Emergency Shelter	Emergency shelter is designed to provide safe, temporary housing for youth, adults and/or families while more permanent solutions are determined.
2.09	Correctional Services	Correctional services is to help individuals remain in the community by providing pre-trial release, probation services, and deferred prosecution supervision under the supervision and order of the court.
2.10	Legal Aid - Civil	Legal Aid - Civil provides legal assistance to persons with low-incomes in civil matters (e.g. Family Law, Bankruptcy, Landlord-Tenant Law).
2.11	Clothing, Furnishing and Other Assistance	This is a supportive service to provide clothing, home furnishings, and other assistance on a limited or one-time basis.
2.12	Disaster Services	Disaster Services is designed to maintain a preparedness to meet emergency needs of individuals who are victims of disaster. Services may include cooperation with governmental and local agencies in disaster planning and operations.
2.13	Transportation	Provide safe and reliable transportation to and from essential services, employment, education and other activities.
2.14	Budget / Credit Counseling	Budget and Credit Counseling is a service designed to maximize the use of income for individuals in need of financial management, to ensure shelter, food, medical care, clothing and education. Program services include Bill Payer and Representative Payee Program.
3.01	Community Clinics	Community Clinics are designed to provide health services to persons in need of preventive or health maintenance care. Services are provided outside the auspices of a hospital.
3.02	Day Care - Adults	Supportive care is available to adults who need supervision and/or assistance during some portion of a 24-hour day. These services may include rehabilitation, preventative services, nutrition, personal care, and social activities. Day care is designed to enable the individual to continue to live independently and may also provide temporary relief for the primary care giver.
3.03	In-Home Health Monitoring	In-Home Health monitoring offers services to adults who live in a home situation and are alone for most or all of the day.

New Service Code #	Service Code Name	Description
3.04	Homemaker / Home Health Assistance	Homemaker/Home Health Assistance provides services to individuals who need assistance with basic housekeeping, food preparation, and self-care. Services are provided under the direction of a nurse.
3.05	Home Delivered Meals	Nutritious meals are delivered to the client's home. This service is designed to enable individuals to continue living independently.
3.06	Congregate Meals	Congregate Meals is a nutrition service available to senior citizens aged 60 or older. Meals are at a central location.
3.07	Domestic Abuse Crisis and Support	Domestic Abuse Crisis and Support is designed to mobilize community resources to aid victims of domestic abuse.
3.08	Sexual Abuse Crisis and Support	Sexual Abuse Crisis and Support is designed to mobilize community resource to come to the aid and support of victims of sexual abuse.
3.09	Crisis Intervention	Crisis Intervention provides confidential services to persons in crisis by matching their needs with available community resources.
3.10	Court Watch	Court Watch is designed to gather information on the procedures and court orders in domestic violence and sexual assault cases. Advocates then relay this information to the victims of these crimes. Advocates are available for other court systems advocacy and liaison work as needed.
3.11	Respite Care	Respite care is the temporary and periodic provision of services which relieve care-givers from the duties of providing continuous support and care to a dependent individual.
3.12	In Home Nursing	In Home Nursing provides professional nursing services to assist individuals having medical needs which can be met in the home. 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.
3.13	Service Coordination	Assesses, coordinates and monitors service delivery to ensures client needs are met.
3.14	Activity and Resource Center	An Activity and Resource Center is where individuals come to engage in activities that reflect their experience and skills. The center staff may also link participants with resources offered outside the center.
3.15	In Home Hospice	Hospice is a comprehensive service of care and support for the patient/family with a terminal illness continuing through the bereavement period.
3.16	Substance Abuse or Co-occurring Disorder Treatment (Out Patient)	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.
3.17	Outpatient Treatment and Health Maintenance	Outpatient Treatment and Health Maintenance services provide immediate short-term episodic treatment for mental health needs. 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.
3.18	Supported Community Living Services	Services provided to assist individuals in maintaining suitable residential arrangement in the community. These include, but are not limited to, budgeting assistance, medication monitoring, self-care, cleaning, and shopping needs. These activities may be provided in a variety of settings ranging from minimum supervision up to 24-hour care.

New Service Code #	Service Code Name	Description
3.19	Special Recreation	Special recreation for persons with physical, intellectual or developmental disabilities designed to meet leisure, social and fitness needs of individuals. Instruction and organization are designed to accommodate a variety of ability levels.
3.20	Day Habilitation Services	Services to assist or support individuals in community integration with skill development or maintenance. Services must help or enhance an individual's intellectual functioning, physical and emotional health, language and communication skills, and behavior management.
3.21	Peer Support Services	Mental Health service is designed to provide advocacy and support as people recover from mental illness. Components of Peer Support Services include but are not limited to developing supportive relationships, teaching problem solving techniques and modeling effective coping techniques. Services are to be provided by trained peer support specialists.

C. INDEX OF AGENCIES/SERVICES

1. All Aboard for Kids
   A. Out of School Program (1.09)

2. American Red Cross/Lincoln Way Chapter
   A. Disaster Services (2.12)
   B. Health & Safety Education (2.3g) (*discontinued after 2013/14)*
   C. Separated Families (2.06)

3. Ames Community Preschool Center (ACPC)
   A. Day Care - Infant (2.02)
   B. Day Care - Children (2.03)
   C. Day Care - School Age (2.04)

4. ARC of Story County, The (ARC)
   A. Special Recreation (3.19)
   B. Respite Care (3.11)
   C. Advocacy for Social Development (1.02)

5. Assault Care Center Extending Shelter & Support (ACCESS)
   A. Emergency Shelter (2.08)
   B. Domestic Abuse Crisis and Support (3.07)
   C. Sexual Abuse Crisis and Support (3.08)
   E. Court Watch (3.10)
   F. Public Education and Awareness (1.12)

6. Boys & Girls Clubs of Story County
   A. Youth Development and Social Adjustment (1.07)

7. Boy Scouts of America, Mid-Iowa Council
   A. Youth Development and Social Adjustment (1.07)

8. Camp Fire USA, Heart of Iowa Council
   A. Day Care – School Age (2.04)
   B. Day Care – School Age (Scholarships) (2.04)
   C. Youth Development and Social Adjustment (1.07)

9. Center for Creative Justice (CCJ)
   A. Correctional Services (2.09)
   B. Dispute Mediation Services (2.2b) *(discontinued 2007)*
   C. Restorative Justice

10. Child*Serve*
   A. Day Care - Infant (2.02)
   B. Day Care - Children (2.03)
   C. Respite Care (3.11)
   D. Supported Community Living (3.18)
   E. Day Care - School Age (3.1c) *(not requested beginning 2012/13)*

11. Emergency Residence Project (ERP)
    A. Emergency Shelter (2.08)
    B. Transitional Living Services (2.07)
    C. Emergency Assistance for Basic Material Needs (2.01)
    D. Service Coordination (3.13)

12. Eyerly Ball Discontinued ASSET funding of June 30, 2020; move to Agencies No Longer Funded at the end of this section
    A. Primary Treatment and Health Maintenance (Outpatient) (Psych Eval) (3.17)
    B. Primary Treatment and Health Maintenance (Outpatient) (Med Mgmt) (3.17)
    C. Primary Treatment and Health Maintenance (Outpatient) (MH Eval) (3.17)
    D. Primary Treatment and Health Maintenance (Outpatient) (Therapy) (3.17)
    E. Primary Treatment and Health Maintenance (Outpatient) (Crisis) (3.17)
    F. Community Support Services (1.3c)
    G. Primary Treatment and Health Maintenance (Outpatient) (Group Therapy) (3.17)
    H. Public Education and Awareness (1.12)

13. Friendship Ark Homes As of June 30, 2019; move to Agencies No Longer Funded at the end of this section
    A. Day Habilitation Services (3.20)
    B. Supported Community Living (3.18)

14. Girl Scouts of Greater Iowa
    A. Youth Development and Social Adjustment (1.07)

15. Good Neighbor Emergency Assistance (GNEA)
    A. Emergency Assistance for Basic Material Needs (2.01)
    B. Emergency Assistance for Basic Material Needs (Food Voucher Program) (2.01)
    C. Employment Assistance for Adults (2.3b) *(discontinued in 2008)*

16. Heartland Senior Services (HSS)
    A. Day Care - Adults (3.02)
    B. Home Delivered Meals (3.05) (includes program for under 60 years old)
    C. Congregate Meals (3.06)
    D. Transportation (2.3d) *(discontinued 7/1/12)*
    E. Budget/ Credit Counseling (2.3e) *(TSA took Bill Payer as of 1/1/14)*
    F. Service Coordination (Friendly Visitor) (4.2c) *(combined with Outreach after 2014/15)*
    G. Service Coordination (Outreach) (3.13)
    H. Activity and Resource Center (3.14)
    I. Supplemental Food Program (2.01)

17. HIRTA
    A. Transportation (Story County) (2.13)
    B. Transportation (City) (2.13)
    C. Transportation (Iowa City) (2.13)

18. Iowa Able Foundation
    A. Budget/ Credit Counseling (2.14)

19. Legal Aid Society of Story County
    A. Legal Aid - Civil (2.10)

20. Lutheran Services in Iowa (LSI)
    A. Supported Community Living Services (hourly) (3.18)
    B. Crisis Intervention (3.09)
    C. Family Development/Education (1.10)
    D. Family Development/ Education (Parents as Teachers) (1.10)
    E. Respite (3.11)
    F. Foster Family Homes (4.1b)
    G. Volunteer Management (4.2b)
    H. Public Education and Awareness (4.3a) *(last funded 2009/10)*
    I. Primary Treatment and Health Maintenance (Outpatient)(1.2b)

21. Mainstream Living (MSL) As of June 30, 2019; move to Agencies No Longer Funded at the end of this section
    A. Employment Assistance for Physically or Mentally Disabled (1.01)
    B. Day Habilitation Services (3.20)
    C. Enclave Services (1.05)
    D. Supported Community Living Services (daily) (3.18)
    E. Supported Community Living Services (hourly) (3.18)
    F. Direct Support Paraprofessional (1.3m)
    G. Pre Vocational Services (1.3k)
    H. Home and Community Based Services (1.3e) *(not requested 2012/13)*

22. MGMC Home Health Services
    A. Community Clinics (3.01)
    B. In-Home Nursing (3.12)
    C. In-Home Hospice (3.15)
    D. In-Home Health Monitoring (3.03)
    E. Homemaker/Home Health Assistance (3.04)
    F. Home Delivered Meals (3.05)

23. Mid-Iowa Community Action (MICA)
    A. Community Clinics (Fluoride Varnish) (3.01)
    B. Community Clinics (Dental Clinic) (3.01)
    B. Emergency Assistance for Basic Material Needs (2.01)
    C. Family Development/ Education (1.10) *(program ended 6/30/20)*

24. National Alliance on Mental Illness – Central Iowa (NAMI)
    A. Emergency Assistance for Basic Material Needs (2.01) *(CICS only)*
    B. Public Education and Awareness (1.12)
    C. Advocacy for Social Development (Wellness Center) (1.02)
    D. Advocacy for Social Development (Family and Consumer Education) (1.02)
    E. Advocacy for Social Development (Family and Consumer Support) (1.02)

25. Raising Readers
    A. Prevention and Awareness Services (1.10)
    B. Advocacy for Social development (1.02)
    C. Resource Development (1.03)

26. Central Iowa Retired and Senior Volunteer Service (RSVP)
    A. Disaster Services (2.12)
    B. Transportation (2.13) (started in 2009)
    C. Volunteer Management (1.11)

27. Story Time Child Care Center (STCC)
    A. Day Care – Infant (2.02)
    B. Day Care - Children (2.03)
    C. Day Care - School Age (2.04)
    D. Day Care - Preschool (3.1d) *(discontinued after 2014/15)*

28. The Salvation Army – new in 13/14
    A. Emergency Assistance for Basic Material needs (Food Pantry) (2.01)
    B. Emergency Assistance for Basic Material needs (Rent/Utility Assistance) (2.01)
    C. Disaster Services (2.12)
    D. Budget/Credit Counseling (2.14) Representative Payee
    E. Budget/Credit Counseling (2.14) Bill Payer *(discontinued as of 3/1/20)*

29. University Community Childcare (UCC)
    A. Day Care - Infant (2.02)
    B. Day Care - Children (2.03)
    C. Day Care - School Age (2.04)
    D. Day Care - Preschool (1.06)
    E. Childcare for Mildly Ill Children (2.05)
    F. Childcare Nurse Consultant (4.3d*) (added in 2009; removed in 2010)*

30. Volunteer Center of Story County (VCSC)
    A. Volunteer Management (1.11)
    B. Advocacy for Social Development (1.02)

31. Youth & Shelter Services (YSS)
    A. Substance Abuse or Co-occurring Disorder Treatment (Outpatient) (3.16)
    B. Primary Treatment and Health Maintenance (Outpatient) (3.17)
    C. Emergency Shelter (2.08)
    D. Transitional Living Services (2.07)
    E. Clothing, Furnishing, and Other Assistance (2.11)
    F. Youth Development and Social Adjustment (Nevada) (1.07)
    G. Youth Development and Social Adjustment (GRIP Mentoring) (1.07)
    H. Youth Development and Social Adjustment (AMP) (1.07)
    I. Youth Development and Social Adjustment (Child Safety) (1.07) I think
1.12 is the correct code (Deb)
    J. Employment Assistance for Youth (1.08)
    K. Out of School Program (Kids Club) (1.09)
    L. Out of School Program (Summer Enrichment) (1.09)

M. Family Development/Education (1.10)
N. Public Education and Awareness (1.12)
O. Crisis Intervention (Rosedale Crisis Line) (3.09)
P. Service Coordination (3.13)
O. Third Party Supervision (2.1g) (New in 2011) *(last funded in 2011/12)*
P. Foster Family Homes (4.1b) *(not requested in 2013/14)*

32. YWCA Ames-ISU
A. Youth Development and Social Adjustment (1.07)
B. Advocacy for Social Development (Parent/Student Support) (1.02)
C. Advocacy for Social Development (Advocacy Against Discrimination) (1.02)
D. Informal Education for Self-Improvement and Self-Enrichment (1.04)

Agencies No Longer Funded:

Orchard Place *(funded last in 2013/14)*
A. Child Care Resource Development (3.1g)

Mid Iowa Foster Grandparent Program (*Agency no longer operating as of June 2013)*
A. Volunteer Management (4.2b)

Big Brothers Big Sisters of Central Iowa (*No longer in Story County as of 2013/14)*
A. Youth Development and Social Adjustment (3.2a)

Community and Family Resources (CFR) (*No longer being funded by ASSET agencies as of 2012/13)*
A. Substance Abuse or Co-occurring Disorder Treatment (Out Patient) (1.1e)
B. Public Education and Awareness (4.3a)

Center for Child Care Resources (CCR) (*Agency closed 6/30/11)*
A. Childcare Service Coordination (3.1f)
B. Childcare Resource Development (3.1g)

Visiting Nurse Services (VNS) *(Agency not continuing program after 6/30/16)*
A. Volunteer Management (4.2b)

Eyerly Ball Mental Health Services
Friendship Ark Homes
Mainstream Living

D. ASSET Glossary of Acronyms

ACCESS	- Assault Care Center Extending Shelter & Support
ACPC	- Ames Community Preschool Center
AmRdCr	- American Red Cross—Lincoln Way Chapter
ARC	- The ARC of Story County
ASSET	- Analysis of Social Services Evaluation Team
BGC	- Boys and Girls Clubs
BSA	- Boy Scouts of American, Mid Iowa Council
CARF	- Committee on Accreditation of Rehabilitation Facilities
CCJ	- Center for Creative Justice
CDBG	- Community Development Block Grant
CICS	- Central Iowa Community Services
CEO	- Chief Executive Officer
CFIRE	- Camp Fire USA, Heart of Iowa Council
CHLDSV	- Child*Serve*
DHS	- Department of Human Services
EB	- Eyerly Ball Community Mental Health Services
ERP	- Emergency Residence Project
FEMA	- Federal Emergency Management Agency
FIP	- Family Investment Program
GNEA	- Good Neighbor Emergency Assistance
GSA	- Girl Scouts of Greater Iowa
HCBS	- Home and Community Based Waiver Services
HIRTA	- Heart of Iowa Regional Transit Authority
HSC	- Human Services Council
HSS	- Heartland Senior Services
I & R	- Information and Referral
ICF/ID	- Intermediate Care Facility/Intellectual Disability
LASSC	- Legal Aid Society of Story County
LIHEAP	- Low Income Home Energy Assistance Program
LSI	- Lutheran Services in Iowa
MGMC	- Mary Greeley Medical Center Home Health
MH/DD	- Mental Health/Developmental Disabilities
MHI	- Mental Health Institute
MICA	- Mid-Iowa Community Action
MSL	- Mainstream Living Employment & Learning Center
NAMI-CI	- National Alliance on Mental Illness - Central Iowa
RCF/ID	- Residential Care Facility/ Intellectual Disability
RFP	- Request for Proposal
RR	- Raising Readers in Story County
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
TSA	- The Salvation Army
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