# ASSET

# REFERENCE MANUAL FOR VOLUNTEERS AND AGENCIES

**July 2021**

**[www.storycountyasset.org](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 address the complexities of human services funding. The Funders recognized that by partnering they could better serve the people of Story County and leverage the available funds that were systematically shrinking. The Funders agreed to a process that utilized Story County residents in conjunction 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.

Under the original agreement, each of the five Funders were to appoint three volunteers that represented the respective Funders, and one staff member to serve 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as an increase in the number of services provided by the agencies During the course of time, Funders have joined and withdrawn from the ASSET process. The Iowa Department of Human Services withdrew in July 2016 due to a statewide restructuring of the Department of Human Services Regions. In July 2020, Central Iowa Community Services withdrew from the ASSET process as a result of statutory requirements that focused funding on the development of the children's mental health system.

The current 28E Agreement includes the following partners: City of Ames, Story County, United Way of Story County, and ISU Student Government.

In order to help promote a cooperative environment to deliberate the many factors of the allocation process, the ASSET Agencies were invited to select non-voting panel representatives to meet regularly with the ASSET Board. These representatives were free to participate in most discussions and other ASSET activities with the exception of 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

The ASSET process includes the submission of 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/October)
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, acceptance of 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 communicate with agency staff members, 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, tie to Funders' priorities 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, nor should it represent the majority of an agency's budget.

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 programs funded through the ASSET process, funding priorities and why, 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 review program outcomes and use this data to help evaluate and consider 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, Liaison Reports, agency presentations to ASSET, 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 underlined 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

In the role as a Liaison for agencies, the goal for Volunteers is to gather the most current information and changes about the agency(ies) they are assigned to. This information gathering is done by using the Liaison Report form and communicating that information to other Volunteers and staff.

Any questions or concerns agencies have about the Volunteer's role as a Liaison this should be directed to the ASSET Administrative Team.

During the months of September through November Liaisons are to make visits to assigned agencies. Liaisons should plan to make at least one visit to each assigned agency before the liaison reports are due (due dates are designated on the yearly ASSET calendar). If an agency has more than one Liaison assigned, Liaisons are to follow the Lead Liaison process described below and attempt to visit the agency together. Liaisons should call the executive director or designee to schedule a mutually agreeable meeting time. Liaisons should also attend a meeting with the Board of Directors by scheduling this through the agency executive director or designee.

### A.    LEAD LIAISIONS

Agencies may have more than one Volunteer assigned as its liaison. In order to make the process work more smoothly when multiple liaisons are assigned to an agency, a lead liaison shall be assigned. The lead liaison shall coordinate with other liaisons 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

Time needed for this visit will be approximately 1-2 hours depending on the agency. Discussion should be guided by the Liaison Report Form and Liaisons should ask direct questions in order to be able to create a thorough and useful report. Liaisons shall also remain objective throughout the course of the visit.

### C.    BOARD OF DIRECTORS MEETING

Visits to agency Board of Directors meetings will allow Liaisons to assess the role of the Board in managing the agency, as well as give insights into current problems the agency may be facing. The Liaison will be there only as an observer and should not be expected to make a presentation.

### D.    LIAISON REPORTS

Following individual liaison visits to agencies, and before the assigned date, Liaisons are to submit a brief Liaison  Report. The form that will be used for the liaison report is included in this manual under Division V Forms and under the Forms and Resources tab on the ASSET website (www.storycountyasset.org).

Liaison reports are to be submitted to the ASSET Administrative Assistant (storycountyasset@gmail.com) by the due date listed on the yearly ASSET calendar.

Liaison Reports are public documents and will be distributed to  ASSET volunteers, staff, respective agencies and available upon request to the public. The Liaison Reports should be reviewed by all Volunteers prior to the hearings.

### E.    BUDGET REVIEW

Liaisons 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
## ASSET Budget Forms
### 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 ASSET 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 $250,000 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 $250,000 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 workbook, or the links at the bottom of the Instruction sheet, complete the ASSET Budget Forms (ABF's) in sequential order, starting with ABF-1 and ending with ABF-7B. 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. Do not delete any of the ABF's even if they are unused.
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.

## C.    PREPARATION AND REVIEW OF INDIVIDUAL BUDGET FORMS

### ABF-1  AGENCY SUMMARY

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.

### ABF-2  AGENCY CLIENT STATISTICS

1.   Information needs to be completed in both columns and should reflect client data for the entire agency.
2.  In the first column, state actual figures from the prior fiscal year. These should not be estimates.
3.  In the second column, enter the number of project clients for the proposed fiscal year.
4.  In both columns each of the client characteristic groups (Unduplicated Count of Program Clients; Age Group; Race/Ethnicity; Location of Residence; and Income Level), 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. For example, if there are 151 clients listed in the total of "Age Group: there should also be 151 clients listed in the total for "Race/Ethnicity".
5.  The client characteristics marked "Location of Residence", please note: ISU students should not be double counted as Ames, Story County, or outside Story County residents.
6.  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/

7.  The last Client Characteristics marked "Other" does not total.

### ABF-3  AGENCY STAFFING LEVELS, SALARIES & VOLUNTEERS

1.  The ABF-3 includes the percentage (%) of Full Time Equivalent (FTE). One FTE equals 2,080 hours annually of staff time. If the information for the Proposed FY is unknown or

unavailable, provide the most recent available actual salaries.

2.  List the position titles of your agency's staff. You may group positions with similar tasks/duties as follows:  CEO/VP Level; Supervisor Level; Direct Service; Administrative Supports.
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 hours for the same year.
6.  The amount for personnel at the bottom of the page should match line 22 on ABF-7A.

## ABF-4   NON-ASSET FUNDED SERVICES

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.  Name of Service should be listed in the first column, for example Counseling; Preschool; or Emergency Shelter (this should not be the funding source).
3.  List the Source of Funds for each service. (e.g., private donations, federal grant, state grant, etc.).
4.  The total Revenue amount listed on this page should match the Total Revenue listed on ABF-7B under "Non-ASSET Funded Services."
5.  In the last column plug in the percentage (%) of the resources applicable to Story County.

## ABF-5   ASSET FUNDED INDIVIDUAL PROGRAM BUDGETS

1.  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 workbook by clicking on the next ABF-5 tab, 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.
2.  **DO NOT DELETE ANY ABF-5 PAGES, EVEN IF THEY ARE UNUSED**.
3.  This form should show the Actual, Adopted and Proposed revenues and expenses for each ASSET-funded service the agency delivers. Revenue and expenses 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.
4.  For the Adopted FY, use the closest projections for these numbers.
5.  FIRST select the Service Code from the drop-down list at the top of the form on the right side. This will populate other fields with standardized information found in the Reference Manual, ASSET Services can be found in Appendix C – ASSET Service and Definition of Unit of Services.
6.  Just under the ASSET Service line, is "Program Name", which is what your organization uses for the program and must be typed in.
7.  Below the Service Code and 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. The ABF-5 should contain only the Story County portion of the program or the Story County percentage of a larger program.
8.  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. Please do not make estimates.**

9. Donor designations received from a United Way, including from United Way of Story County, should be entered in Self-Generated Revenues.

10. Agencies that receive Central IA Community Services (CICS) MH/DS funds should show those amounts in the Other Gov't Funds (CICS) section.

11. Any grant or other non-ASSET amount received from a United Way including United Way of Story County should be entered in Other United Ways.

12. In each column, revenues should equal expenses unless you have had a revenue excess or loss for that service.

13. For new service or services, which have been approved by ASSET, previous year's income, expense, and service statistics will be blank. Under the Proposed column will please include income, expenses, and service statistics for the new service.

14. Complete the fields under Source of Funds, Expenses, and Service Statistics.

15. Service Statistics must be completed. Units of Service is the number this program has actually provided (Actual) or the number estimated/proposed (Adopted/Propose). The Cost Per Unit is automatically calculated based on the expenses you include. Unduplicated Participants/Total should be the number of total served. Unduplicated Participants/Story County should reflect only the number served in the county. In some instances, these numbers would be the same if the program is only in Story County.

16. Issues/Factors Affecting the Budget: In this narrative section at the bottom of the ABF-5, describe any outside impacts or changes that might affect this service in the upcoming year. Also detail how your agency is planning to address these issues/factors.

17. To scroll quickly from one Tab to the Tab's marked ABF 7A/7B hit the Control Key (Ctrl) on your keyboard at the same time you click on the arrow at bottom near the tabs.

18. Effective 2021, the form ABF-5(0) has been removed from the ASSET budget forms. Instead, agencies are required to enter – or update - the following information in Scorecard **for each funded program.**
Click on the funded program name, beside the blue "P". Update:
**1.  What We Do –** Service description
**2.  Who We Serve –** In this section, please discuss your target population. Note if any eligible clients were turned away and, if so, please provide an explanation.
3.   **How We Impact –** This is the purpose description: Consider, what are the need(s) or issues the program is intended to address?
View the "Toolkit for Partner Agencies" ([https://www.uwstory.org/toolkit-partner-agencies](https://www.uwstory.org/toolkit-partner-agencies)) for detailed instructions on how to enter outcomes annually. Remember:
**4.  Outcomes –** Program data is required to be submitted by July 31 following the fiscal year. When submitting your annual ASSET budgets, please ensure that all data is entered and correct. If there are any notable increases or decreases, please use the "Story Behind the Curve" section under the performance measure to detail the reasons for these changes. If action is planned to effect the outcomes, please discuss this in the "Action Plan" section under the performance measure.

## ABF-6   STATEMENT OF AGENCY FINANCIAL POSITION (BALANCE SHEET) G

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

## ABF-SLIDING FEE SCALE

1. If your agency has sliding fee scales, please insert them following the ABF6 or send them separately when budget forms are submitted.
2. The sliding fee scale should be the one used for the Adopted 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.

## ABF-7A   ACTUAL, ADOPTED & PROPOSED AGENCY BUDGETS

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 Adopted fiscal year is automatically generated from your ABF-3 total. This cell is highlighted in grey.
3. Almost all of ABF 7A will need to be completed manually, although the totals, highlighted in grey, are automatically calculated.
4. For many agencies the "Proposed" column and the "Apply to Story County" column amounts may be the same. For larger agencies these will be different, because the agency's total budget is greater than the amount of Story County/ASSET funded programs.
5. The figures in the "Proposed" column must match the figures on ABF-7B, "Total All Services" marked column #7.

## ABF-7B   PROPOSED AGENCY & ASSET FUNDED PROGRAM BUDGETS

1. The majority of 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 on column #7 "Non- ASSET Funded Services." Since the totals for Revenue and Expenses are already calculated, you must double check to be sure the figures added here match with the totals automatically inserted for both revenue and expenses.

**Checklist Page**
After completing the ABF's, use the list on this page to identify any errors in entries.

## D.   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 donor **designations** received from a United Way, including United Way of Story County 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 funds received**
**h)     Any Decategorization funds received.**
**i)     Any Early Childhood Iowa (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 18).

**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 – Central Iowa Community Services (CICS)**

CICS dollars fund only mental health and disability services.

**m)     Other United Ways**

This account is to be used for United Way funding (grants, gifts) including United Way of Story County grants. Please **do not put** donor designations from United Way organizations here.

**n)     Miscellaneous Revenue**

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

**o) ASSET – Story County**

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

**p) ASSET – 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) ASSET – United Way of Story County**

This account is for United Way of Story County request.

**r) ASSET – ISU Student Government**

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

**s) ASSET – City of Ames**

This account is to be used for the request from the City of Ames. A subtotal will automatically be calculated for ASSET Funders Subtotal

**t) A total** will automatically be calculated for **Support & Revenue – All 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 10.

**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 27.)

*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/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 owned vehicles, repair or purchase of furniture under $1500, recreational and* **education equipment under $1500.**

**i) Equipment 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.**

**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 Artwork**

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 but would not include Workman's Comp or insurance considered as an employee benefit (health/dental).
*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, but a word of caution may be appropriate. If the expenses for the agency/program have been properly classified, very little should remain to be shown as Miscellaneous.

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.

## E. <u>MID-YEAR UPDATE</u>

Agencies must complete the Mid-Year Update, however there will no longer be a form to submit. Instead, the following information must be included through ClearImpact Scorecard:

*Narrative portions*
1) Service Delivery – Were you able to deliver your services as planned? Yes or No. If no, please elaborate on why not.
2) Outcomes Measurement Status: Have you been able to conduct planned data collection to date (ex/pre-tests, surveys, etc.)? If not, what is your plan of action to remedy this and what supports are needed?

*Numeric portions*
1) # of Story County clients served July 1-November 30
2) # of Story County clients turned away July 1-November 30

# DIVISION V

## FORMS

## LIAISON REPORT

AGENCY: _____ LIAISON: _____

**1. Agency Snapshot.**
    a) Provide an overview of significant agency changes since the last Liaison visit one year ago.

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**2. Agency Strengths.**
    a) What are two to four strengths that contribute most to the program/service outcomes?
    b) For each strength, list your observations and/or refer to supporting material provided to you during the Liaison visit.  (Do not list everything that is satisfactory. It will be assumed  that things not mentioned are okay).

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**3. Financial Outlook.**
   a) Are there current funding concerns and what are the agency's plans to address them?
   b) Are there any plans to expand or reduce service which would impact the need for ASSET funding?
   c) What new and/or additional ways is the agency diversifying revenue sources (i.e., grants, fund raising, raising program fees, etc.)?

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**4. Internal Management Practices.**
  a) **Role of Board of Directors**
    o How is the agency's Board of Directors selected to represent the community it serves?
    o Is there evidence that this agency's Board of Directors meets regularly, determines policy, and is equipped to provide effective oversight of the agency?
    o Is membership of the Board stable and is tenure guided by a particular process?

  b) **Agency Management**
    o How does the organizational structure support effective delivery of services and sound administration of the agency?
    o What is the staff turnover rate and how is it being addressed?
    o How does the agency ensure staff training and continuing education are provided?

**a)**

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**b)**

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**Agency Comments.**
  a) How does the agency's work align with the Funder priorities and the most recent community needs assessment?
  b) Does the agency have comments or suggestions for improving the ASSET process or forms including ClearImpact Scorecard? If so, please describe.

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**OTHER COMMENTS**

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Rev 6-14-2021

# APPENDICES

## A. SERVICE CODES

| Service Code | Service Code Name | Unit of Service | Focus Area | Status |
|---|---|---|---|---|
| 1.01 | Supported Employment for Mental Health or Developmentally Disabled | 1 Staff Hour | Education | Not Active |
| 1.02 | Advocacy for Social Development | 1 Staff Hour | Education | Active |
| 1.03 | Resource Development | 1 Staff Hour | Education | Not Active |
| 1.04 | Informal Education for Self-Improvement and Self-Enrichment | 1 Client Contact | Education | Not Active |
| 1.05 | Enclave Services | 15 minutes | Education | Not Active |
| 1.06 | Preschool | 1 Day | Education | Active |
| 1.07 | Youth Development and Social Adjustment | 1 Client Contact/Day | Education | Active |
| 1.08 | Employment Assistance for Youth | 1 Staff Hour | Education | Active |
| 1.09 | Out of School Program | 1 Partial Day | Education | Active |
| 1.10 | Family Development / Education | 1 Client Hour | Education | Active |
| 1.11 | Volunteer Management | 1 Volunteer Hour | Education | Active |
| 1.12 | Public Education and Awareness | 1 Staff Hour | Education | Active |
| 2.01 | Emergency Assistance for Basic Material Needs | 1 Client Contact | Financial Stability | Active |
| 2.02 | Day Care - Infant | 1 Full Day | Financial Stability | Active |
| 2.03 | Day Care - Children | 1 Full Day | Financial Stability | Active |
| 2.04 | Day Care - School Age | 1 Partial Day | Financial Stability | Active |
| 2.05 | Childcare for Mildly Ill Children | 1 Partial Day | Financial Stability | Not Active |
| 2.06 | Separated Families | 1 Client Contact | Financial Stability | Not Active |
| 2.07 | Transitional Living Services | 1 day | Financial Stability | Active |
| 2.08 | Emergency Shelter | 1 24-Hour Period of Shelter and Food | Financial Stability | Active |
| 2.09 | Correctional Services | 1 Client Hour | Financial Stability | Active |
| 2.10 | Legal Aid - Civil | 1 Staff Hour | Financial Stability | Active |
| 2.11 | Clothing, Furnishing and Other Assistance | 1 Client Contact | Financial Stability | Active |

| 2.12 | Disaster Services | 1 Staff Hour | Financial Stability | Active |
|---|---|---|---|---|
| 2.13 | Transportation | One Way Trip | Financial Stability | Active |
| 2.14 | Budget / Credit Counseling | 1 Client Contact | Financial Stability | Active |
| 3.01 | Community Clinics | 1 Clinic Hour | Health | Active |
| 3.02 | Day Care - Adults | 1 Client Day | Health | Active |
| 3.03 | In-Home Health Monitoring | 1 person monitored per month | Health | Not Active |
| 3.04 | Homemaker/Home Health Assistance | 1 Hour | Health | Active |
| 3.05 | Home Delivered Meals | 1 Meal | Health | Active |
| 3.06 | Congregate Meals | 1 Meal | Health | Active |
| 3.07 | Domestic Abuse Crisis and Support | 1 Staff Hour | Health | Active |
| 3.08 | Sexual Abuse Crisis and Support | 1 Staff Hour | Health | Active |
| 3.09 | Crisis Intervention | 1 Contact | Health | Active |
| 3.10 | Court Watch | 1 Staff Hour | Health | Active |
| 3.11 | Respite Care | 1 Client Hour of Service | Health | Active |
| 3.12 | In Home Nursing | 1 Visit | Health | Active |
| 3.13 | Service Coordination | 1 Client Hour | Health | Active |
| 3.14 | Activity and Resource Center | 1 Client Hour | Health | Active |
| 3.15 | In Home Hospice | 1 day (24 hours) | Health | Active |
| 3.16 | Substance Abuse or Co-occurring Disorder Treatment (Outpatient) | 1 Client Hour | Health | Active |
| 3.17 | Outpatient Treatment and Health Maintenance | 1 Client Hour | Health | Active |
| 3.18 | Supported Community Living Services | 15 minutes or up to 1 24-Hour Day | Health | Not Active |
| 3.19 | Special Recreation | 1 participant per hour | Health | Active |
| 3.20 | Day Habilitation Services | 15 minutes or 1 Day | Health | Not Active |
| 3.21 | Peer Support Services | 1 Client Contact | Health | Not Active |

## B. SERVICE CODE DESCRIPTIONS

| New Service Code # | Service Code Name (Only Bolded names are currently active) | 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 through mentoring and/or 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 (not licensed childcare centers) occurs at various times when school is not in session (i.e., before and after school, school breaks, snow days, summer) |
| 1.10 | **Family Development / Education** | These services focus on needs relating to the social functioning of families and individuals. Services include providing parenting skills and are designed to strengthen family life that can lead to economic self-sufficiency. |
| 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 primary focus. |
| 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 may be sought to mobilize people to seek solutions to the issue. |

| New Service Code # | Service Code Name (Only Bolded names are currently active) | Description |
|---|---|---|
| 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. |
| 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 daycare is a service designed to provide children with care in a group setting for a part of the day. 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-childcare 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. Supervision 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 are to help individuals remain in the community by providing pre-trial release, probation services, and deferred prosecution 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. |

| New Service Code # | Service Code Name (Only Bolded names are currently active) | Description |
|---|---|---|
| 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. |
| 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 provide crisis response and ongoing support and counseling to individuals impacted by domestic abuse. |
| 3.08 | **Sexual Abuse Crisis and Support** | Sexual Abuse Crisis and Support is designed to provide crisis response and ongoing support and counseling to individuals impacted by 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 |
| 3.11 | **Respite Care** | Respite care is the temporary and periodic provision of services which relieve caregivers 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. |

| New Service Code # | Service Code Name (Only Bolded names are currently active) | Description |
|---|---|---|
| 3.16 | **Substance Abuse or Co-occurring Disorder Treatment (Outpatient)** | 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. Treatment may include supervision and counseling in a structure setting; individual counseling, family counseling, and/or group therapy on an outpatient basis. |
| 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. |
| 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.<br>Services are to be provided by trained peer support specialists. |

## C. INDEX OF AGENCIES/SERVICES

1.  Able Up Iowa (Formerly known as Iowa Able Foundation)
    a.  Budget/Credit Counseling (2.14)

2.  All Aboard for Kids
    a.  Out of School Program (1.09)

3.  American Red Cross/Lincoln Way Chapter
    a.  Disaster Services (2.12)

4.  Ames Community Preschool Center (ACPC)
    a.  Day Care - Infant (2.02)
    b.  Day Care - Children (2.03)
    c.  Day Care - School Age (2.04)

5.  ARC of Story County, The (ARC)
    a.  Special Recreation (3.19)
    b.  Respite Care (3.11)
    c.  Advocacy for Social Development (1.02)
    d.  Service Coordination (3.13)

6.  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)
    d.  Court Watch (3.10)
    e.  Public Education and Awareness (1.12)

7.  Boys & Girls Clubs of Story County
    a.  Out of School Program (1.09)

8.  Boy Scouts of America, Mid-Iowa Council
    a.  Out of School Program (1.09)

9.  The Bridge Home (Formerly known as Emergency Residence Project)
    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)

10. Camp Fire USA, Heart of Iowa Council
    a.  Day Care – School Age (2.04)
    b.  Day Care – School Age (Scholarships) (2.04)
    c.  Out of School Program (1.09)

11. Center for Creative Justice (CCJ)
    a.  Correctional Services (2.09)

12. Central Iowa Retired and Senior Volunteer Service (RSVP)
    a.  Disaster Services (2.12)
    b.  Transportation (2.13)
    c.  Volunteer Management (1.11)

13. Child*Serve*
    a. Day Care - Infant (2.02)
    b. Day Care - Children (2.03)

14. Friends of Iowa CASA
    a. TBD

15. Girl Scouts of Greater Iowa
    a. Out of School Program (1.09)

16. 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)

17. 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. Service Coordination (Outreach) (3.13)
    e. Activity and Resource Center (3.14)
    f. Supplemental Food Program (2.01)

18. HIRTA
    a. Transportation (Story County) (2.13)
    b. Transportation (City) (2.13)

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

20. Lutheran Services in Iowa (LSI)
    a. Crisis Intervention (3.09)
    b. Family Development/Education (1.10)
    c. Family Development/ Education (Parents as Teachers) (1.10)

21. MGMC Home Health Services
    a. Community Clinics (3.01)
    b. In-Home Nursing (3.12)
    c. In-Home Hospice (3.15)
    d. Homemaker/Home Health Assistance (3.04)
    e. Home Delivered Meals (3.05)

22. Mid-Iowa Community Action (MICA)
    a. Emergency Assistance for Basic Material Needs (2.01)

23. National Alliance on Mental Illness – Central Iowa (NAMI)
    a. Public Education and Awareness (1.12)
    b. Activity and Resource Center (Wellness Center) (3.14)
    c. Advocacy for Social Development (Family and Consumer Education) (1.02)
    d. Advocacy for Social Development (Family and Consumer Support) (1.02)

24. Primary Health Care (PHC)
    a. Community Clinics (3.01)

25. Raising Readers
    a. Family Development/Education (1.10)
    b. Advocacy for Social development (1.02)
    c. Out of School Program (1.09)

26. Story Time Child Care Center (STCC)
    a. Day Care – Infant (2.02)
    b. Day Care - Children (2.03) Right on
    c. Day Care - School Age (2.04)

27. The Salvation Army
    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 (Representative Payee) (2.14)

28. 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)

*29.* Wings of Refuge (WoR) – *currently not requesting funding*

30. 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. Education and Awareness (Child Safety) (1.12)
    j. Employment Assistance for Youth (1.08)
    k. Day Care – School Age (Kids Club) (2.04)
    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)

31. YWCA Ames-ISU
    a. Youth Development and Social Adjustment (1.07)
    b. Advocacy for Social Development (1.02)
    c. Informal Education for Self-Improvement and Self-Enrichment (1.04)

## D.  INDEX OF AGENCIES PREVIOUSLY IN ASSET

Big Brothers Big Sisters of Central Iowa
Center for Child Care Resources
Community and Family Resources
Eyerly Ball Community Mental Health Services
Friendship Ark Homes
Mainstream Living
Mid Iowa Foster Grandparent Program
Orchard Place
Visiting Nurse Services
Volunteer Center of Story County


## E.  ASSET Glossary of Acronyms

| | | |
|---|---|---|
| ACCESS | - | Assault Care Center Extending Shelter & Support |
| ACPC | - | Ames Community Preschool Center |
| AmRdCr | - | American Red Cross |
| ARC | - | The ARC of Story County |
| ASSET | - | Analysis of Social Services Evaluation Team |
| BGC | - | Boys & Girls Clubs of Story County |
| BSA | - | Boy Scouts of American, Mid Iowa Council |
| CASA | - | Friends of Iowa CASA |
| 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 |
| FEMA | - | Federal Emergency Management Agency |
| FIP | - | Family Investment Program |
| GNEA | - | Good Neighbor Emergency Assistance |
| GSA | - | Girl Scouts of Greater Iowa |
| HIRTA | - | Heart of Iowa Regional Transit Authority |
| HSS | - | Heartland Senior Services |
| 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 |
| MICA | - | Mid-Iowa Community Action |
| NAMI-CI | - | National Alliance on Mental Illness - Central Iowa |
| PHC | - | Primary Health Care |
| RFP | - | Request for Proposal |
| RR | - | Raising Readers in Story County |
| RSVP | - | Central Iowa Retired and Senior Volunteer Program |
| SSA | - | State Supplemental Assistance |
| SSI | - | Supplemental Security Income |
| STCC | - | Story Time Child Care Center |
| TSA | - | The Salvation Army |
| UCC | - | University Community Childcare |
| UWSC | - | United Way of Story County |
| WIC | - | Women, Infants, and Children's Program |
| WoR | - | Wings of Refuge |
| YWCA | - | YWCA Ames-ISU |
| YSS | - | Youth & Shelter Services |