

ASSET FUNDERS
City of Ames
Story County
United Way of Story County

REQUEST FOR PROPOSALS (RFP)
FOR EMERGENCY SHELTER SERVICES
FOR ADULTS AND FAMILIES FOR FY24

April 17, 2023

(Email correction on page 5, May 1, 2023)

QUESTIONS SHALL BE DIRECTED TO:

ASSET Administrative Assistant

storycountyasset@gmail.com

PROPOSALS SHALL BE SENT TO:

Story County Analysis of Social Services Evaluation Team (ASSET)
c/o Sandra King, Director of External Operations and County Services
Story County Administration
900 6th Street
Nevada, Iowa 50201

OVERVIEW:	3
PROPOSAL SUBMISSIONS:	3
PROPOSAL DEADLINE:	3
PURPOSE, BACKGROUND, AND NEEDS:	4
TIMELINE:	5
QUESTIONS, REQUESTS FOR CLARIFICATION, AND CHANGES:	5
DURATION OF CONTRACT:	5
COMMUNICATION AND SUBMISSION OF PROPOSALS:	5
CONTRACT PROVIDER EXPECTATIONS:	6
RFP CONDITIONS:	7
ADDITIONAL TERMS AND CONDITIONS:	7
EVALUATION:	9
PROPOSAL SUBMISSION INFORMATION:	9
BUDGET:	11
ADDITIONAL INFORMATION UPON SELECTION OF THE PROVIDER:	12
LINKS:	12
OTHER:	12
APPENDICES.....	13

OVERVIEW:

ASSET (Analysis of Social Services Evaluation Team) is organized under a 28E governmental agreement and is comprised of four funders in Story County, Iowa that assesses, coordinates, and funds human services provided in the county. The ASSET Funders are City of Ames, Iowa State University Student Government, Story County, and United Way of Story County, and these Funders are seeking Emergency Shelter Services as outlined in this Request For Proposal (RFP). For FY24 (July 1, 2023, through June 30, 2024) there is \$181,650 in available funding. Because of the established timeline for this RFP, contracts/agreements would not be signed prior to September 28, 2023. To request future funding (FY25 and beyond), the Provider would need to fully participate in the ASSET process. Additional information about the process can be found in the ASSET Policies and Procedures and the Reference Manual. Both documents, the RFP, and any addenda are available at www.storycountyasset.org.

For this RFP, Emergency Shelter Services is defined as: *safe, temporary housing for adults and/or families while more permanent solutions are determined. The length of stay will be up to 30 consecutive days and the unit of service is one 24-hour period of shelter and food per individual.*

This request invites organizations to submit proposals for the accomplishment of the items of work specified below under Scope of Services. Proposals should be prepared and submitted in accordance with the guidelines and requirements set forth in this request.

Additional funding, above the \$181,650 stated in this RFP, may be available through the Story County Housing Trust (SCHT). The SCHT is a non-profit organization and a designated Housing Trust Fund by the Iowa Finance Authority for Story County. The goal of the SCHT is to improve affordable housing in Story County. *To bolster the RFP and to show commitment to the project, the SCHT expresses interest in providing a potential \$100,000 in incremental funding. The funding is subject to Iowa Finance Authority (IFA) requirements and is contingent on the proposal meeting the needs of the SCHT Board.* If interested in accessing these additional funds, the Provider should explain how the funds would enhance the service/project proposed to ASSET. Do not include SCHT funds in the budget.

PROPOSAL SUBMISSIONS:

Provider will deliver one (1) hard copy and one (1) digital format (flash drive) to the following address:

Story County Analysis of Social Services Evaluation Team (ASSET)
c/o Sandra King, Director of External Operations and County Services
Story County Administration
900 6th Street
Nevada, Iowa 50201

The envelope must be clearly marked “**SEALED RFP – Emergency Shelter Services.**” The name of the organization and contact person must be listed on the outside of the envelope. Any restrictions on the use of data within proposals must be clearly stated in the proposal itself. Non-disclosure cannot be guaranteed after the selection stage of this procurement due to Iowa Open Records law.

PROPOSAL DEADLINE:

June 2, 2023 - 2:00 PM CDT

Proposals received after the proposal deadline will be considered late and will not be accepted. Proposals may be withdrawn and/or modified in writing prior to the submission deadline. Request for withdrawal must be in writing by the contact person named on the outside of the envelope. Proposals that are resubmitted must be sealed and received prior to the submission deadline. Each organization may submit only one final proposal.

The ASSET Funders shall accept proposals from individual organizations and shall also allow organizations to partner and apply as a team of organizations. If multiple organizations apply as a team, a lead applicant/fiscal agent must be identified. Letters of commitment from partner organizations must be included with the proposal. If any organization withdraws from the partnership prior to the review process of the RFP, the lead Provider must immediately notify the ASSET Administrative Assistant of the change and how it impacts the submitted proposal.

This identified lead Provider shall be willing to serve as the primary contact for the proposal as well as for the program for the duration of funding.

PURPOSE, BACKGROUND, AND NEEDS:

As a social determinant of health, emergency shelter services are critical to the safety and success of homeless individuals and/or families. While substance use and mental illness are some of the main factors that cause people to become unhoused, high housing costs and low availability of affordable housing can also contribute to homelessness.

The Story County 2020 Community Needs Assessment identified the top health and human service needs (most important listed first):

- Mental health services
- Food security
- Housing
- Child Care
- Suicide Prevention
- Income

The Community Needs Assessment indicates that the lack of affordable housing within a region like Story County reflects a greater burden on households with lower incomes.

According to the American Community Survey (2018 five-year estimate) within the following Story County communities, the estimated percentage of owners and renters whose monthly housing costs are close to 35%, or more, of their household income include Ames at 53.9%; Gilbert at 35%; Huxley at 54.7%; McCallsburg at 34.3%; and Roland at 29.4%. These cost-burdened households may face higher potential homelessness due to higher housing costs.

Emergency shelter can be one of the entry points into longer term housing services and supports. To meet the emergency shelter services needs in Story County, the ASSET Funders are seeking proposals for Emergency Shelter Services for Adults and Families for FY24 (July 1, 2023 – June 30, 2024).

TIMELINE:

Event	Date
Issue Request For Proposal	April 17, 2023
Questions submitted in writing	May 5, 2023
Written responses to questions posted on ASSET Website	May 12, 2023
Sealed Proposals (Story County ASSET, c/o Sandra King)	June 2, 2023 – 2 PM (CDT)
Review Proposals by Evaluation Committee	June 6 – June 30, 2023
Special ASSET Board Joint Funders Meeting to Approve Recommendations	August 10, 2023
Notify Story County Housing Trust of the Approved Provider	August 11, 2023
Individual Funders Act on Recommendations	August 11, 2023 – Sept. 28, 2023
Execution of contract/agreement with each participating Funder	TBD
Anticipated start date of services	TBD

QUESTIONS, REQUESTS FOR CLARIFICATION, AND CHANGES:

Providers who intend to respond to the RFP are invited to submit written questions, requests for clarification, and/or recommendations for changes to the scope of services of this RFP (hereafter “questions”) by May 5, 2023. Providers are not permitted to include assumptions in their Proposals. Instead, Providers shall address any perceived ambiguity regarding this RFP through the written question-and-answer process. Questions must be submitted by electronic mail to storycountyasset@gmail.com. Written responses to questions shall be posted on ASSET’s website <https://www.storycountyasset.org/>.

The Funders assume no responsibility for verbal representations made by its officers or employees unless such representation is confirmed in writing and incorporated into the RFP through a formal amendment process. In addition, written responses to questions shall be issued as part of an addendum and be posted on the ASSET website on May 12, 2023.

DURATION OF CONTRACT:

Each participating ASSET Funder anticipates executing contracts under this RFP that shall support emergency shelter services through June 30, 2024. Selected organization(s) must fully participate in the ASSET process to be eligible for future funding. Additional information about the process can be found in the ASSET Policies and Procedures and the Reference Manual. Both documents are available at www.storycountyasset.org.

COMMUNICATION AND SUBMISSION OF PROPOSALS:

The point of contact regarding the RFP from the date of issuance until selection of the successful Provider is the ASSET Administrative Assistant, at storycountyasset@gmail.com. To ensure continuity of communication, Providers may only communicate with the point of contact regarding this RFP from the issue date of this RFP until announcement of the successful Provider(s).

Proposals shall be received as described on page three. Proposals shall be submitted in a PDF format and include the cover sheet (ABF#1), client statistics (ABF#2), description, timeline, budget forms, and budget narratives. These budget forms must be used (ABF #3, #4, #5 and #7).

CONTRACT PROVIDER EXPECTATIONS:

The requirements for Emergency Shelter Services are summarized below:

Providers are expected to create comprehensive and sustainable plans and action steps for infrastructure, services, and supports that are consistent with the ASSET definition of Emergency Shelter Services clarified for this RFP as follows: *Emergency shelter is designed to provide safe, temporary housing for adults and/or families while more permanent solutions are determined. Length of stay will be up to 30 consecutive days and the unit of service is one 24-hour period of shelter and food per individual.*

The proposal must include the costs of providing emergency shelter services, in Story County only, as defined in the RFP, based on a budget calculating the unit of service cost (unit is one 24-hour period of shelter and food per individual). Funding for services outside of Story County will not be granted.

Eligible Provider:

- A. The Provider must be a non-profit corporation or chartered as a local unit of a non-profit corporation that has an IRS section 501(c)(3) status or local, state, or federal government agency (i.e., formed by a 28E Agreement) that has a presence within and serves the people of the State of Iowa.
- B. The Provider must provide articles of incorporation, bylaws, or other documents, which clearly define its purposes and function.
- C. The Provider must have an Equal Opportunity Policy that has been approved by its Board of Directors.
- D. The Provider must have been incorporated and actively providing services for at least one year at the time of application.
- E. The Provider must maintain in its budget and services a demarcation between any religious and other programs. The ASSET Funders do not financially support religious programs.
- F. The Provider must demonstrate need and community support for the proposed service through letters of support, needs assessments, or other documentation.
- G. The Provider shall be governed by a Board of Directors or Advisory Board who serves without compensation and who approves and oversees the implementation of the budget and policies of the Provider.
- H. Agencies that offer the following services shall not be eligible for funding from ASSET Funders:
 - 1. Providers that are primarily political in nature.
 - 2. Providers that provide services limited to the members of a particular religious group.
 - 3. Providers that exist solely for the presentation of cultural, artistic, or recreational programs.
 - 4. Basic educational program services are considered as mandated responsibility of the public education system.
 - 5. Religious programs.
- I. Providers shall be in good standing with their appropriate state licensing/accrediting authority(s).
- J. If the Provider is not currently a United Way of Story County Partner Agency, the statement in Appendix must be reviewed and signed prior to entering into a funding agreement with United Way.

RFP CONDITIONS:

ASSET Funders reserve the right to:

- reject any or all proposals.
- negotiate agreements/contracts with one or more Provider, and to accept any proposal(s) or modified proposal(s) which, in its judgment, shall be most advantageous to the Funders.
- waive any defects or minor informalities/irregularities in any proposal, which do not materially affect the proposal or discredit other applications.

Amendments to RFP:

ASSET Funders reserve the right to amend the RFP at any time. Any amendments to or interpretations of the RFP shall be described in written addenda. Copies of addenda will be provided to the Providers officially known to have received the RFP and be posted on the ASSET website.

Cost of Preparing Proposal:

Any costs of preparation and delivery of proposals are solely the responsibility of the Provider.

Personnel:

In submitting their proposals, Providers are representing that the personnel described in their proposals shall be available to perform the services described. Furthermore, all personnel shall be employees of the Provider and/or partner organization if submitting on behalf of a team and shall not be employees or agents of an ASSET Funder.

Authorized Signature:

All proposals shall be signed by an individual authorized to bind the organization/collaborative to the provisions of the RFP.

ADDITIONAL TERMS AND CONDITIONS:

Final Agreement for the service shall be in the form of a contract with each participating ASSET Funder. ASSET Funders reserve the right to add terms and conditions during contract negotiations that do not conflict with the Emergency Shelter Services program as described in the RFP.

Reservations:

The ASSET Funders reserves the right to negotiate all elements that comprise the apparent successful proposal to ensure that the best possible consideration is afforded to all concerned. The ASSET Funders and the selected Provider will review in detail all aspects of the requirements and the proposal. During the review of the most favorable, apparent successful proposal, the Provider may offer, and ASSET Funders may accept revisions.

The ASSET Funders reserve the right to cancel any contract if there is a failure at any time to perform adequately the stipulations of agreements/contract documents.

Governing Law:

The ASSET Funder agreements/contracts are governed by the law of the State of Iowa with venue in the appropriate state and/or federal courts for Story County, Iowa.

Provider's Responsibilities:

The Provider is charged with the responsibility of satisfying themselves as to the services required under agreements/contracts and all other matters, which can affect or modify the terms or obligations incorporated herein before submitting a proposal.

Cancellation of RFP:

ASSET Funders reserve the right to cancel the RFP for sound business reasons at any time before the agreement/contracts are fully executed and approved.

Oral Statements Not Binding:

It is understood and agreed that the written terms and provisions of agreements/contracts shall supersede oral statements of any and every official or other representative of ASSET, and oral statements shall not be effective or be construed as entering, or forming a part of, or altering agreements/contracts in any way whatsoever.

ASSET Funders will in no case agree to agreement/contract terms or conditions not in compliance with ASSET's scope of work and/or not submitted for review with proposals.

Public Records:

The release of information by the ASSET Administrative Assistant or ASSET Funders to the public is subject to [Iowa Code Chapter 22](#) and other applicable provisions of the law relating to the release of records in the possession of the ASSET Administrative Assistant or ASSET Funders. Providers are encouraged to familiarize themselves with these provisions prior to submitting a proposal. All information submitted by a Provider may be treated as public information by the ASSET Funders unless the Provider properly requests that information be treated as confidential and refers ASSET Funders to the applicable open records exception, in which case ASSET Funders will notify the Provider of any pending public records requests to allow the Provider to seek court protection. In the event the Provider marks each page of the proposal as proprietary or confidential without adhering to the requirements of this Section, ASSET Funders may reject the proposal as noncompliant.

Assignment:

ASSET Funder agreements/contracts may not be assigned or transferred by any party without the prior written consent of all parties (ASSET Funders, Provider, and subcontractors).

Independent Contractor:

The selected Provider will be an independent contractor and not an employee of ASSET or ASSET Funders. The Provider is responsible for all withholding taxes, social security, unemployment, worker's compensation, and other taxes and shall hold ASSET Funders harmless for any claim for the same.

Termination:

Each ASSET Funder has within its agreement/contract reasons for termination. Sample agreement/contracts are included in Appendix B.

Insurance Requirements:

Each ASSET Funders may have insurance requirements stated in its agreement/contract. Sample agreement/contracts are included in Appendix B.

EVALUATION:

An Evaluation Committee shall be established for the purpose of reviewing proposals. The Evaluation Committee may include members of the ASSET Administrative team, and volunteers representing ASSET Funders.

Project Understanding	Clarity and Quality of Submittal
Emergency Shelter Services	<ul style="list-style-type: none">• Eligible applicant• Demonstration of need in coverage area• Evidence of necessary collaborations• Evidence of necessary services• Shelter diversion process
Previous Experience and Performance	<ul style="list-style-type: none">• Demonstration of providing emergency shelter services• Demonstration of providing homeless prevention services
Responsiveness	<ul style="list-style-type: none">• Response time/follow up/referral processes• Communications (client, referral sources, law enforcement, Funders, and other partners)• Feedback from references• Hours of operations
Cost	<ul style="list-style-type: none">• Unit Rate• Provider fiscal stability• Demonstration of other resources Secured or Pending

PROPOSAL SUBMISSION INFORMATION:

Prior to submitting a proposal, the Provider should review the ASSET eligibility requirements and include a statement indicating the Provider meets all requirements. REFERENCE PAGE NUMBER OF RFP THIS IS ON. In addition, the Provider must submit the following:

- Letter from the IRS documenting 501(c)3 status
- Most recent comparative audit and Form 990
- Articles of Incorporation
- Bylaws

Providers shall address each area of program design and service delivery listed below in their proposal. Providers shall organize responses in the same order as the items are shown in the RFP. Responses shall be prepared simply and economically, providing a straightforward and concise description of the Provider's ability to meet the requirements outlined in this document. Providers shall submit a response that includes the statement on meeting requirements, cover page (submitted on ASSET Budget Forms/ABF found in Appendix A), service description, timeline, budget (submitted on ABF), and budget narrative.

(Submissions should reflect services provided by an individual Provider or a team of Providers.)

A. Statement:

- Reviewed and meets ASSET eligibility requirements.

B. Cover Page:

- (ASSET BUDGET FORM) ABF-1

C. Capacity:

- Narrative of staff availability and skills necessary to provide emergency shelter services
- Staff composition, roles, qualifications, longevity, and training (include education and position descriptions)
- Number of positions needed to provide services outlined in the Scope of Services (full-time equivalents) and provide an organizational chart
- If submitting a proposal as a Team, please identify each staff member's employer

D. Experience Providing Emergency Shelter Services:

- Describe Provider's current programming for emergency shelter services or homeless prevention services (include scope of service, geographic location, number of beds if applicable, and number of years providing the service)
- Hours of operation; procedure for receiving and returning phone calls, including after regular business hours contact information and process
- Describe diversion process if beds are not available or if client is not eligible
- Provide annual unduplicated output/outcomes data on the current programming (please indicate NA if data is not currently tracked)
- Provide average length of stay over a 12-month period
- Provide annual number of individuals experiencing homelessness who gained access to positive housing options (transitional housing, permanent supportive housing, housing with friends/family, or other)
- Provide annual number of individuals experiencing homelessness that exited back to homeless status
- Provide annual number of individuals turned away from emergency shelter (due to lack of space, no trespassing order, or other reasons please note)

E. Agency Client Statistics

Provide information on ABF#2 for client demographics (Age, Race/Ethnicity) and income levels (Federal Poverty Guidelines - [detailed-guidelines-2023.pdf \(hhs.gov\)](#))

F. Description of Community Partnerships

(Include referral process, coordination of services with other organizations, and how services will be promoted):

- Emergency shelter agencies
- Agencies providing homeless prevention services
- Mental Health or substance use agencies/programs
- Medical facilities
- Local human service agencies, churches, libraries
- Law enforcement agencies
- Other (please describe)

G. Description of Partners if Submitting as a Team of Organizations:

(Letter of Commitment from each named partner organization MUST be included)

- Organization Name and Contact Information
- Describe the scope of services to be provided by the Organizations
- Describe if, and how, funding will be provided to the other Organizations

H. List References:

- Contact information of a current funder/funding body
- Contact information of a current partner organization
- Contact information of a local law enforcement agency

I. Scope of Services and Timeline:

1. Describe how fully functioning emergency shelter services would be provided:

- Include 24-hour operational procedures, phone number(s), and point of contact for issues.
- Include procedures for receiving referrals and making referrals to other agencies.

2. Describe the specific activities:

(Include a detailed timeline, list of activities, and the earliest date available to begin providing emergency shelter services.)

3. Describe method of providing emergency shelter services:

- Mass Shelter – five beds or more in one location to provide on-site housing for clients. Describe the physical structure(s) used to provide emergency shelter services.
- Other Shelter – off-site emergency housing for clients. Agencies may not operate as vendors. Describe what off-site options will be available.
- Include locations of existing sites (indicate if this information needs to be kept confidential).

BUDGET:

A. FORMS (ABF):

(Provide information using ASSET Budget Forms/ABF found in Appendix A. See the ASSET Reference Manual on pages 10-19 for instructions)

- ABF-1 – Cover Page
- ABF-2 – Client Statistics
- ABF-3 – Wages
- ABF-4 – Non-ASSET Program Funding
- ABF-5 – Program Budget
- ABF-7A – Agency Budget – Current & Proposed
- AFB-7B – Proposed Agency Budget and Program Budget

Please note that for the purposes of this RFP ABF#6 is not included.

B. Budget Narrative:

Provide a narrative if budget information needs additional explanation on a separate sheet.

If interested in accessing the additional funds through the SCHAT, the Provider should explain how the funds would enhance the service/project proposed to ASSET. Do not include SCHAT funds in the RFP budget.

ADDITIONAL INFORMATION UPON SELECTION OF THE PROVIDER:

- Agreements/contracts are executed through a written agreement/contract between each participating ASSET Funder and Provider.
- Provider shall submit claims for reimbursement with supporting documentation of expenditures as required by each participating ASSET Funder. Each Funder will provide template for the claims/invoice.
- Providers must submit program data through Clear Impact Scorecard. Training will be provided.
- Providers must agree to have key staff and partners (if applicable) participate in all ASSET trainings.

LINKS:

- Story County ASSET – <https://www.storycountyasset.org/>
- ASSET Reference Manuals (pages 10-19)
<https://www.storycountyasset.org/index.cfm?nodeID=24573>
- ASSET Calendar - https://www.storycountyasset.org/en/asset_calendar/
- Federal Poverty Guideline - [detailed-guidelines-2023.pdf \(hhs.gov\)](#)

OTHER:

- Funder Claims/Invoice Templates – Available upon request

APPENDICES

- ASSET Budget Forms (ABF) (Appendix A)
 - ABF-1 – Cover Page
 - ABF-2 – Client Statistics
 - ABF-3 – Wages
 - ABF-4 – Non-ASSET Program Funding
 - ABF-5 – Program Budget
 - ABF-7A – Agency Budget – Current & Proposed
 - ABF-7B – Proposed Agency Budget and Program Budget
- Sample ASSET Funder Contracts/Agreements (Appendix B)
- United Way of Story County – Partner Agreement Statement (Appendix C)

APPENDIX A

ASSET BUDGET FORMS (ABF)

(SEE EXCEL WORKBOOK AS A SEPARATE DOCUMENT)

**REQUEST FOR PROPOSALS
FOR EMERGENCY SHELTER SERVICES
FOR ADULTS AND FAMILIES FOR FY24**

APPENDIX B

SAMPLE CONTRACTS:

City of Ames

Story County

United Way of Story County

**REQUEST FOR PROPOSALS
FOR EMERGENCY SHELTER SERVICES
FOR ADULTS AND FAMILIES FOR FY24**

CONTRACT FOR HUMAN SERVICES

THIS AGREEMENT, made and entered into the **day of** , **2023**, by and between the **CITY OF AMES, IOWA**, a municipal corporation organized and existing pursuant to the laws of the State of Iowa (hereinafter sometimes called "City") and **Name of Agency** (a nonprofit corporation or governmental unit organized and existing pursuant to the laws of the State of Iowa and hereinafter called "Provider");

WITNESSETH THAT:

WHEREAS, the City of Ames has, by its City Council acting in open and regular session, determined that certain services and facilities to be provided to the City of Ames and its citizens by Provider, such services and facilities being hereinafter described and set out, should be purchased in accordance with the terms of a written agreement as hereinafter set out, in accordance with all applicable Federal, State, and Local laws or regulations, and

WHEREAS, the purchase of these services constitutes a public purpose by **providing shelter, food, and other assistance to homeless persons, helping those facing homelessness to avoid it, and advocating and supporting community efforts to reduce conditions that foster homelessness;**

NOW, THEREFORE, the parties hereto have agreed and do agree as follows:

I PURPOSE

The purpose of this Agreement is to procure for the City of Ames and its citizens certain services and facilities as hereinafter described and set out; to establish the methods, procedures, terms and conditions governing payment by the City of Ames for such services; and, to establish other duties, responsibilities, terms and conditions mutually undertaken and agreed to by the parties hereto in consideration of the services to be performed and monies paid.

II SCOPE OF SERVICES

Provider shall provide the services and facilities to the City of Ames and its citizens as set out in the Provider's 2023/24 ASSET proposal. The Provider's proposal is incorporated into and made part of this agreement by this reference and shall be considered Exhibit "A" of the agreement. Exhibit "A" is available for viewing by the public in the Ames City Clerk's office. The programs or services must conform to the standardized definitions used by the Analysis of Social Services Evaluation Team (ASSET), and unit costs must be consistent between all ASSET funders.

The cost per unit of service shall equal that proposed cost indicated in the Provider's ASSET Budget Forms. In the event that actual ASSET funds or other revenues differ from the Provider's request, the cost per unit shall remain as requested, but the number of units provided

shall be adjusted.

The City will be contracting for services at the cost per unit indicated, not to exceed the following amounts:

SERVICE	COST PER UNIT	UNITS	AMOUNT
Emergency Shelter	\$		\$

III METHOD OF PAYMENT

A. All payments to be made by the City of Ames pursuant to this Agreement shall be made on a reimbursement basis for services provided in amounts not to exceed those outlined in Section II above.

B. The City will disburse payment monthly on requisition of Provider.

C. Requisitions for disbursement shall be made in such form and in accordance with such procedures as the Director of Finance for the City shall prescribe. Said form shall include but not be limited to an itemization of the nature and amount of services provided and must be filled out completely.

D. The maximum total amount payable by the City of Ames under this agreement is \$ as detailed in the SCOPE OF SERVICES (Section II of this contract), and no greater amount shall be paid.

E. The Provider shall requisition for funds on a monthly basis. If Provider wishes to request disbursement of funds on other than a monthly basis, the Provider must request in writing that an alternate disbursement period be adopted and approved by the Director of Finance for the City. Provider shall have up to 90 days from the date that services are provided to request payment from the City. Any request made by Provider in excess of 90 days after services are provided shall be deemed a waiver by the Provider and the City shall have no obligation to pay for said untimely requests for payment. Failure to request reimbursement in a timely manner shall be grounds for termination of this agreement by the City.

IV FINANCIAL ACCOUNTING AND ADMINISTRATION

A. All monies disbursed under this Agreement shall be accounted for by the accrual method of accounting or other generally accepted comprehensive basis.

B. All services for which payment is claimed shall be supported by documentation evidencing in proper detail the nature and propriety of the charges. The City-provided claim form shall be completed and include the service name, the unit cost claimed for each service, and the client code where required. A client code shall be required for any service in which the individual has entered the program through a third-party referral, intake process, personal application, or emergency response. Exceptions shall include one-time educational sessions, confidential telephone counseling, or where the identity and residency of a person cannot be reasonably determined. The Provider may assign whatever client code it deems appropriate, as long as it can be used to verify the client's Ames or Story County residency and participation in City-subsidized

programs of service and/or sliding fee scale.

C. All checks or other accounting documents pertaining in whole or in part to this Agreement shall be clearly identified as such and readily accessible for examination and audit by the City or its authorized representative.

D. All records shall be maintained in accordance with procedures and requirements established by the City Finance Director, and the City Finance Director may, prior to any disbursement under this Agreement, conduct a pre-audit of record keeping and financial accounting procedures of the Provider for the purpose of determining changes and modifications necessary with respect to accounting for funds made available hereunder. All records and documents required by this Agreement shall be maintained for a period of three (3) years following final disbursement by the City.

E. At such time and in such form as the City may require, there shall be furnished to the City such statements, records, reports, data, and information as the City may require with respect to the use made of monies disbursed hereunder.

F. At any time during normal business hours, and as often as the City may deem necessary, there shall be made available to the City for examination all records with respect to all matters covered by this Agreement and Provider will permit the City to audit, examine, and make excerpts or transcripts from such records.

G. Monies provided under this agreement shall not be used as matching funds for a grant to fund activities in any county other than Story County.

H. If Provider's annual budget is over \$250,000, within six months of the end of the Provider's fiscal year the Provider shall submit to the City an annual financial audit prepared by an independent certified public accounting firm and a copy of IRS Form 990. If Provider's annual budget is \$250,000 or less, within six months of the end of the Provider's fiscal year the Provider shall submit to the City a copy of IRS Form 990 and a balance sheet prepared externally and independently. Failure to submit documentation in accordance with this section shall result in withholding payments under this contract. If withheld, payments may resume when required documentation is delivered to the City and City staff has had a reasonable period to review it.

I. The Provider agrees to participate in the Clear Impact Scorecard outcomes measurement system, or an equivalent outcomes measurement system identified by the City. The provider shall identify a minimum of one (1) performance measure acceptable to the City and shall regularly update the outcomes measurement system with the Provider's progress and achievements in relation to such outcome(s). The Provider shall not be entitled to payment from the City under this Agreement if the Provider has not provided updated progress and achievement reports to the City's satisfaction.

V DURATION

This Agreement shall be in full force and effect from and after , 2023, until June 30, 2024. Provider will continue to provide services under this agreement for the entire term of the agreement, even if the City funds are exhausted prior to the end of the term of the agreement. The City Council may terminate this Agreement by giving written notice to the Provider at least sixty (60) days before the effective date of such termination. From and after the effective date of termination the City shall have no obligation to pay Provider for any services provided under this Agreement.

VI DISCRIMINATION PROHIBITED

In accordance with Chapter 14 of the Municipal Code, no person shall, on the grounds of age, race, color, creed, religion, national origin, disability, sexual orientation, sex, or gender identity be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this Agreement.

IN WITNESS WHEREOF the parties hereto have, by their authorized representatives, set their hand and seal as of the date first above written.

CITY OF AMES, IOWA

ATTEST:

BY _____
John Haila, Mayor

Renee Hall, City Clerk

AGENCY

Organization Address (*please print*):

BY _____
Authorized Representative

Print Name:

Phone Number:

Story County Provider and Program Participation Agreement

THIS AGREEMENT (the Agreement), entered into this _____ day of _____ is by and between **Story County** and ### (Provider).

The statements and intentions of the parties, to this Agreement, are as follows:

Story County is a governmental entity organized under the Code of Iowa, governed by the Board of Supervisors. Story County is interested in contracting with Provider to purchase Covered Services for the benefit of Story County Individuals.

Provider is interested in contracting with Story County to provide Covered Services for the benefit of Story County Individuals.

In consideration of the premises and promises contained herein, it is mutually agreed by and between Story County and Provider as follows:

SECTION 1 Definitions

Co-payment: The amount which may be charged to Story County Individual at the time services are rendered.

Subcontract: The act in which one party to the original contract enters into a contract with a third party to provide some or all of the services listed in the original contract.

SECTION 2 Duties of Provider

Section 2.1 Provision of Covered Services. Provider shall provide Covered Services to each Story

County Individual who is eligible to receive such services to the extent designated in Attachment A, Service Definitions and Rates. The programs or services must conform to the standardized definitions used by the Analysis of Social Services Evaluation team (ASSET). Such services shall be rendered in compliance with applicable laws and regulations. Provider shall also provide Covered Services in a manner which: (a) documents the services provided, in conformance with Federal (including the Health Insurance Portability and Accountability Act, HIPAA, if applicable), State and local laws and regulations, (b) protects the confidentiality of the Story County Individual's medical records, and (c) records and maintains specified program information and performance measures in Clear Impact Scorecard at <https://app.resultsscorecard.com> at the frequency defined through ASSET.

Section 2.2 Access to Books and Records. Unless otherwise required by applicable statutes or regulation, Provider shall allow Story County access to books and records, for purposes of appeals, utilization, grievance, claims payment review, individual medical records review or

financial audits, during the term of this contract and seven (7) years following its termination. Provider shall provide records or copies of records as requested.

SECTION 3

Claims Submission and Payment

Section 3.1 Claims Submission. Provider agrees to submit all claims and supporting documentation for reimbursement no later than forty-five (45) days from the date Covered Services are rendered.

Section 3.2 Claims Payment. Story County will make monthly payments to the Provider based upon the reimbursement requests submitted by the Provider in accordance with Attachment A to this contract. The maximum total amount payable by Story County under this agreement is detailed on Attachment A, and no greater amount shall be paid.

Section 3.3 Compensation to Provider. Provider agrees to accept payment from Story County for Covered Services provided to Story County Individuals under this Agreement as payment in full, less any Co-payment or other amount which is due from Story County Individuals for such services. Compensation for Covered Services is included as Attachment A, Service Definitions and Rates.

For Providers accessing funding through the Story County ASSET process, an agency audit or IRS Form 990 shall be submitted within six months following the end of the agency's fiscal year. If an agency audit or IRS Form 990 is not submitted, Story County reserves the right to withhold payments until the audit and/or IRS Form 990 is submitted.

SECTION 4

Relationship Between the Parties

Section 4.1 Relationship Between Story County and Provider. The relationship between Story County and Provider is solely that of independent contractor and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency or joint venture. Provider shall maintain Social Security, worker's compensation and all other employee benefits covering Providers employees as required by law.

SECTION 5

Hold Harmless. Indemnification and Liability Insurance

Section 5.1 Provider Hold Harmless and Indemnification. Provider shall defend, hold harmless and indemnify Story County against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Story County that arise out of acts or omission of Provider or Provider's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Section 5.2 Story County Hold Harmless and Indemnification. Story County shall defend, hold harmless and indemnify Provider against any and all claims, liability, damages or judgments

asserted against, imposed or incurred by Provider that arise out of acts or omission of Story County or Story County employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Section 5.3 Provider Liability Insurance. Provider shall procure and maintain, at the Provider's own expense, insurance in amounts sufficient to provide coverage in the following areas, when applicable: (1) comprehensive general liability; (2) comprehensive motor vehicle liability and (3) professional liability. Provider shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsement for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The County reserves the right to require complete, certified copies of all required insurance policies, at any time.

SECTION 6

Laws and Regulations

Section 6.1 Laws and Regulations. Provider warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal (including the Health Insurance Portability and Accountability Act, HIPAA) and state laws.

Section 6.2 Reports from State Authority or Agency. The Provider will be expected to comply fully with all rules and regulations imposed by a State licensing authority. All written or verbal communications or reports from a State authority or agency, including but not limited to summaries of inspection reports or complaints of abuse or neglect resulting in investigation(s), shall be provided to Story County immediately upon receipt of same by the Provider.

Section 6.3 Compliance with Civil Rights Laws. Provider agrees not to discriminate or differentiate in the treatment of any individual based on sex, race, color, age, religion, national origin or otherwise qualified handicapped individual. Provider agrees to ensure services are rendered to Story County Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

Section 6.4 Equal Opportunity Employer. Story County is an equal employment opportunity employer. Story County supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, sex, color, national origin, religion, physical or mental disability, veteran or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with Story County's Equal Employment Policy as expressed herein.

Section 6.5 Confidentiality of Records. Story County and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to Story County Individuals under this Agreement in accordance with any applicable laws and regulations. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from Story County about Individuals, it is fully bound by federal (including the Health Insurance Portability and Accountability Act, HIPAA, if applicable) and state laws and regulations governing the confidentiality of medical records and mental health records.

SECTION 7

Term and Termination

Section 7.1 Term. The term of this Agreement shall be for a period of one (1) year, commencing on the date first above written.

Section 7.2 Termination of Agreement Without Cause. Either party may terminate this Agreement without cause upon ninety (90) days prior written notice of termination to the other party.

Section 7.3 Termination With Cause by Story County. Story County shall have the right to terminate this Agreement immediately by giving written notice to Provider upon the occurrence of any of the following events: (a) restriction, suspension or revocation of Provider's license, certification or accreditation; (b) Provider's loss of any liability insurance required under this Agreement; (c) chapter 7 bankruptcy files by the Provider, or (d) Provider's material breach of any of the terms or obligations of this Agreement.

Section 7.4 Termination With Cause by Provider. Provider shall have the right to terminate this Agreement immediately by giving written notice to Story County upon the occurrence of Story County's material breach of any of the terms or obligations of this Agreement.

Section 7.5 Information to Story County Individuals. Provider acknowledges the right of Story County to inform Story County Individuals of Provider's termination and agrees to cooperate with Story County in deciding on the form of such notification.

Section 7.6 Nonrenewal of Agreement. Either party may choose not to renew this agreement upon ninety (90) days written notice to the other party prior to the expiration of the contract.

SECTION 8

Amendments

Section 8.1 Amendment. This Agreement may be amended at any time by the mutual written agreement of the parties. In addition, Story County may amend this Agreement upon sixty (60) days advance notice to Provider and if Provider does not provide written objection to Story County within the sixty (60) day period, then the amendment shall be effective at the expiration of the sixty (60) day period.

Section 8.2 Regulatory Amendment. Story County may also amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice.

SECTION 9

Other Terms and Conditions

Section 9.1 Non-Exclusivity. This Agreement does not confer upon the Provider any exclusive right to provide services to Story County Individuals in Provider's geographical area. Story County reserves the right to contract with other providers. The parties agree that Provider may continue to contract with other organizations.

Section 9.2 Assignment. Provider may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of Story County.

Section 9.3 Subcontracting. Provider may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to Story County.

Section 9.4 Entire Agreement. This Agreement and attachments attached hereto constitute the entire agreement between Story County and Provider, and supersedes or replaces any prior agreements between Story County and Provider relating to its subject matter.

Section 9.5 Rights of Provider and Story County. Provider agrees that Story County may use Provider's name, address, telephone number, and description of Provider and Provider's care and specialty services in any promotional activities. Otherwise, Provider and Story County shall not use each other's name, symbol or service mark without prior written approval of the other party.

Section 9.6 Invalidity. If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way effect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

Section 9.7 No Waiver. The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

Section 9.8 Notices to Story County. Any notice, request, demand, waiver, consent, approval or other communication to Story County which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Story County Board of Supervisor's Office
Story County Administration Building
900 6th Street
Nevada Iowa 50201
Attention: Sandra King

Section 9.9 Notices to Provider. Any notice, request, demand, waiver, consent, approval or other communication to Provider which is required or permitted herein shall be in writing and

shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Attention:_____

This Agreement has been executed by the parties hereto, through their duly authorized officials.

COUNTY:

PROVIDER:

By: _____

By: _____

Print Name: _____ Print Name: _____

Print Title: Story County Board of Supervisors

Print Title: _____

Date: _____

Date: _____

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
FISCAL YEAR: 2024**

Service Description	Unit of Service	Rate



United Way of Story County

2023 - 2024
PARTNER AGENCY AGREEMENT
FOR ASSET-FUNDED AGENCIES
(hereinafter referred to as the "Agreement")

between

UNITED WAY OF STORY COUNTY (UWSC)

&

<INSERT AGENCY NAME>

(the "Partner Agency")

July 1, 2023 – June 30, 2024

Total UWSC Allocation through the ASSET Process for 2023–2024: \$<→>

The term of this Agreement shall be for a period of one (1) year, unless terminated earlier pursuant to Section III herein, commencing on July 1, 2023, and expiring at midnight on the 30th day of June 2024.

A Partner Agency is an organization that meets the United Way of Story County's Partner Agency eligibility requirements and has been approved for partnership by the United Way of Story County (UWSC) Board of Directors.

ASSET-Funded Agencies

I. United Way of Story County (UWSC) agrees to:

- A. Conduct the mission of UWSC.
- B. Conduct the purposes of UWSC as defined in its strategic plan:
 1. Provide leadership to identify community human service needs and to develop strategies to meet needs.
 2. Acquire and provide resources and develop partnerships for infrastructure support, financial support, and human capacity for meeting human service needs.
 3. Facilitate the planning, development, support, and evaluation of innovative human service programs that address identified needs, in the areas of health, education, and financial stability
- C. Help update Clear Impact Scorecard.
- D. Periodically review the operations and programs of funded Partner Agencies to ensure community needs are met and services are not needlessly duplicated.
- E. Participate in the ASSET process and help establish funding standards and criteria.
- F. Encourage a positive relationship among Partner Agencies and between Partner Agencies and the public.
- G. Establish a year-round communications program to inform community members of UWSC Partner Agencies and services.
- H. Promote active participation in community projects that support the mission of UWSC.
- I. Subject to availability of funding, distribute funding payments approved by UWSC Board of Directors to Partner Agencies (up to amounts listed on page one plus possible UWSC grants) according to Section III Method of Payment.
- J. Distribute donor designated payments where applicable. Donor designated payments will be adjusted for UWSC administrative costs and possible uncollectible pledges.
- K. Apply donor exclusions to funding payments consistent with donor requests and UWSC Exclusion Policy.
- L. Subject to availability of funding, offer grant opportunities, in-kind donation possibilities, educational programs, and other resources, as available, to Partner Agencies.

II. The Partner Agency agrees to the following:

- A. Comply with Partner Agency's Articles of Incorporation and Bylaws.
- B. Comply with UWSC Policies A-K (included in the Partner Agency 101 Document) and complete UWSC Partner Agency Eligibility Checklist annually.
- C. Practice fiscal responsibility and operate under a budget approved by Partner Agency's Board of Directors. Provide copy of the current year's budget and monthly financial statements to UWSC if requested. Inform UWSC immediately if Partner Agency's financial viability is at risk.
- D. Account for funds in accordance with accepted accounting principles. If annual budget is over \$250,000, conduct an annual financial audit by an independent certified public accounting firm. Audit reports must be prepared using comparative financial statements. Provide an electronic document as required of the audit and a copy of the IRS Form 990 to ASSET within six months of the end of the fiscal year. If annual budget is \$250,000 or less, provide an electronic copy of the IRS Form 990 and a balance sheet prepared externally and independently to ASSET within six months of the end of the fiscal year. If an agency audit or IRS Form 990 is not submitted within six months following the end of the fiscal year, monthly allocation reimbursements will be withheld until the audit and/or IRS Form 990 is submitted. If an extension is needed, it must be submitted in writing to UWSC prior to the date the documents are due. (Attachment H)
- E. Comply with all the ASSET (Analysis of Social Services Evaluation Team) policies and requirements as outlined in the ASSET Reference Manual and in the ASSET Policies and Procedures.
- F. Record and maintain specified program information and performance measures, as outlined in Attachment L, in Clear Impact Scorecard at app.resultsscorecard.com meeting deadlines as established defined by UWSC.
- G. Inform UWSC if either of the following occurs:
 1. Other fundraising activities produce sufficient revenue to meet the Partner Agency's program budget(s) without all or part of the annual UWSC allocation.

2. Operational changes are made in the Partner Agency that result in lower operating costs that allow the Partner Agency to meet the Partner Agency's program budget(s) without all or part of the annual UWSC allocation.
 3. Funds that were allocated to the Partner Agency that are no longer needed because of one of the occurrences outlined above shall be returned to UWSC.
 4. Staffing changes are made in key positions.
- H. Attend annual Partner Agency meeting.
 - I. Publicize UWSC affiliation by including the brand approved UWSC logo on letterhead, newsletters, brochures, and including UWSC partnership status in news releases and public service announcements. Provide letterhead, newsletters, brochures, to UWSC if requested.
 - J. Hold an internal campaign during the UWSC campaign and encourage Partner Agency's employees to participate. Do not solicit designations.
 - K. Complete the agency data form online annually.
 - L. Assist with the UWSC annual campaign as requested, including providing ideas for client speakers, letters to the editor and feature articles. At no time solicit designations.
 - M. Provide updated copies of Partner Agency's Articles of Incorporation, Bylaws, list of Board members, and documentation of Board of Director meetings.
 - N. Provide documentation of current licenses, permits, certification and/or accreditation to provide services to UWSC if requested.
 - O. Post and maintain updated program and service information on the 2-1-1 Iowa Information and Referral Database for Health and Human Services at www.211iowa.org at least semi-annually on or before January 1 and July 1 of each year, or more frequently as needed, or requested by UWSC.
 - P. Return signed Anti-Terrorism Compliance Form annually.

III. Method of Payment

- A. All payments to be made by UWSC pursuant to this Agreement shall be made on a reimbursement basis for services provided in amounts not to exceed those outlined on the cover page.
- B. Requisitions for disbursement shall be made on the Claim Form provided by UWSC. Information must include but not be limited to an itemization of the nature and number of services provided and must be filled out completely.
- C. Documentation of all units claimed must be available for review by UWSC.
- D. The maximum total amount payable by the UWSC under this agreement is summarized on the cover page, and no greater amount shall be paid.
- E. The Partner Agency shall requisition for funds on a monthly, or quarterly basis, to be determined prior to the first payment. For monthly disbursements, not more than 1/12 of the total allocation for services can be claimed. For quarterly disbursements not more than 3/12 of the total allocation for services can be claimed. If services provided total less than these amounts of the total funding, the funds cannot be requested in future months. If services provided total more than these amounts of the total funding will only the total allowed will be funded without the ability to carryover units/funds for future months.
- F. If the service provided by the Partner Agency only operates during a certain period (i.e., summer programs) a request outlining preferred disbursement of funds other than a monthly or quarterly basis, must be made in writing to UWSC by the Partner Agency by July 15. Changes to the disbursement period must be approved by the President and CEO of UWSC.
- G. UWSC will disburse payments following review and verification of the Claim Form submitted by the Partner Agency. Additional documentation may be requested and submitted prior to payment.
- H. Payment will be withheld if Partner Agency falsifies, duplicates, or otherwise fails to justify accuracy of units claimed.
- I. Claims must be submitted monthly by the 15th of the following month services are provided (e.g., July services must be submitted by August 15).
- J. Fiscal year-end claim (June services) will not be reimbursed if submitted after July 15.

IV. Termination and/or withholding of funds

- A. UWSC may terminate the partnership of the Partner Agency and cancel this agreement by written notice of termination stating cause for this action in accordance with UWSC By-Laws and Policies 30 days prior to the effective date of termination. Any unused dollars allocated to Partner Agency shall be returned to UWSC on or prior to the date of termination.

- B. Partner Agency may withdraw from partnership with UWSC and thereby terminate this Agreement by filing with the UWSC office written notice of termination of partnership. Any unused dollars allocated to Partner Agency shall be returned to UWSC with the Partner Agency's written termination notice.
- C. UWSC may withhold funds until such time as UWSC is satisfied that the Partner Agency is meeting all terms and conditions of the Agreement and other concerns identified by UWSC.

V. Miscellaneous

- A. The Partner Agency may not assign this Agreement to any third party without the prior written consent of UWSC, and any such assignment shall be considered invalid.
- B. The Agreement constitutes the entire agreement between the parties with respect to the subject matter thereof and supersedes all prior representations and promises, oral or written. No addition to or change in the terms of this Agreement shall be binding upon the parties unless it is expressed in a writing that contains a reference to this Agreement and is signed by the parties.

Attachments (included in the Partner Agency 101 document):

- A. UWSC Designation Policy
- B. UWSC Exclusion Policy
- C. UWSC Grant Policy, Form and Guidelines for Funding
- D. UWSC Nondiscrimination Policy
- E. UWSC Partner Agency Campaign Policy
- F. UWSC Partner Agency Eligibility Policy
- G. UWSC Supplemental Fundraising Policy and Forms
- H. UWSC Partner Agency Audit Policy
- I. UWSC ASSET Participation Policy
- J. UWSC ASSET Appeal Policy and Form
- K. UWSC Name and Logo Policy

Attachment included with the Agreement:

- L. Specific Agency Program Information and Performance Measures – Clear Impact Scorecard

Please return the signed contract to United Way of Story County by Friday, May 26, 2023.

We have read, understand, and agree to comply with this contract and attached policies.

Partner Agency Board President/Chair Name (Please Print)

Partner Agency Board President/Chair Signature

Date

Partner Agency Executive Director/President/CEO Name (Please Print)

Partner Agency Executive Director/President/CEO Signature

Date

United Way of Story County Board Chair, Amber Deardorff – Signature

Date

United Way of Story County President and CEO, Jean Kresse – Signature

Date

APPENDIX C

United Way of Story County Partner Statement

**REQUEST FOR PROPOSALS
FOR EMERGENCY SHELTER SERVICES
FOR ADULTS AND FAMILIES FOR FY24**

United Way of Story County Partner Agency Statement

If selected to provide Emergency Shelter Services in Story County, the Provider agrees to proceed to become United Way of Story County Partner Agency. Partner Agencies agrees to the following:

- A. Comply with Partner Agency's Articles of Incorporation and Bylaws.
- B. Comply with UWSC Policies A-K (included in the Partner Agency 101 Document) and complete UWSC Partner Agency Eligibility Checklist annually.
- C. Practice fiscal responsibility and operate under a budget approved by Partner Agency's Board of Directors. Provide copy of the current year's budget and monthly financial statements to UWSC if requested. Inform UWSC immediately if Partner Agency's financial viability is at risk.
- D. Account for funds in accordance with accepted accounting principles. If annual budget is over \$250,000, conduct an annual financial audit by an independent certified public accounting firm. Audit reports must be prepared using comparative financial statements. Provide an electronic document as required of the audit and a copy of the IRS Form 990 to ASSET within six months of the end of the fiscal year. If annual budget is \$250,000 or less, provide an electronic copy of the IRS Form 990 and a balance sheet prepared externally and independently to ASSET within six months of the end of the fiscal year. If an agency audit or IRS Form 990 is not submitted within six months following the end of the fiscal year, monthly allocation reimbursements will be withheld until the audit and/or IRS Form 990 is submitted. If an extension is needed, it must be submitted in writing to UWSC prior to the date the documents are due.
- E. Comply with all the ASSET (Analysis of Social Services Evaluation Team) policies and requirements as outlined in the ASSET Reference Manual and in the ASSET Policies and Procedures.
- F. Record and maintain specified program information and performance measures, as outlined in Attachment L, in Clear Impact Scorecard at app.resultsscorecard.com meeting deadlines as established defined by UWSC.
- G. Inform UWSC if either of the following occurs:
 - 1. Other fundraising activities produce sufficient revenue to meet the Partner Agency's program budget(s) without all or part of the annual UWSC allocation.
 - 2. Operational changes are made in the Partner Agency that result in lower operating costs that allow the Partner Agency to meet the Partner Agency's program budget(s) without all or part of the annual UWSC allocation.
 - 3. Funds that were allocated to the Partner Agency that are no longer needed because of one of the occurrences outlined above shall be returned to UWSC.
 - 4. Staffing changes are made in key positions.
- H. Attend annual Partner Agency meeting.
- I. Publicize UWSC affiliation by including the brand approved UWSC logo on letterhead, newsletters, brochures, and including UWSC partnership status in news releases and public service announcements. Provide letterhead, newsletters, brochures, to UWSC if requested.
- J. Hold an internal campaign during the UWSC campaign and encourage Partner Agency's employees to participate. Do not solicit designations.
- K. Complete the agency data form online annually.
- L. Assist with the UWSC annual campaign as requested, including providing ideas for client speakers, letters to the editor and feature articles. At no time solicit designations.
- M. Provide updated copies of Partner Agency's Articles of Incorporation, Bylaws, list of Board members, and documentation of Board of Director meetings.
- N. Provide documentation of current licenses, permits, certification and/or accreditation to provide services to UWSC if requested.
- O. Post and maintain updated program and service information on the 2-1-1 Iowa Information and Referral Database for Health and Human Services at www.211iowa.org at least semi-annually on or before January 1 and July 1 of each year, or more frequently as needed, or requested by UWSC.
- P. Return signed Anti-Terrorism Compliance Form annually.