

ASSET

POLICIES & PROCEDURES

July 2019

www.storycountyasset.org

Sponsoring Organizations:

**City of Ames
Story County
Central Iowa Community Services
United Way of Story County
ISU Student Government**

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POLICIES AND PROCEDURES FOR ASSET

By agreement among sponsoring organizations (Funders), a team shall be authorized by all sponsors but separate from any sponsor. The name of this process is “Analysis of Social Services Evaluation Team” or “ASSET.”

I. PURPOSE

- A. To promote coordination of human services planning and funding among the sponsoring organizations.
- B. To assess the human services needs in Story County and evaluate the capabilities of agencies to provide the programs that meet those needs.
- C. To provide funding recommendations to the governing bodies of the sponsoring organizations.

II. SPONSORING ORGANIZATIONS

- A. Ames City Council (City)
- B. Story County Board of Supervisors (County)
- C. Central Iowa Community Services Mental Health/Disability Services Region (CICS)
- D. United Way of Story County (UWSC)
- E. ISU Student Government

III. TEAM STRUCTURE

- A. The City, County, UWSC, and ISU Student Government shall each appoint five (5) volunteers as voting members and CICS shall appoint three (3) volunteers to serve as voting members of the team (Volunteers).
- B. The City, County, CICS, UWSC, and ISU Student Government shall each appoint one staff person. The staff appointees shall be non-voting members for the purpose of ASSET business (Staff).
- C. One Agency Representative (AR) may be selected by the Human Services Council, from ASSET funded agencies, to serve as a non-voting member of ASSET.
- D. The Administrative Assistant shall be a contract position paid jointly by the Funders through a 28E Agreement and shall be a non-voting participant.

IV. TENURE OF MEMBERS

- A. The terms of Volunteers shall be three (3) years. ASSET recognizes that ISU Student Government appointees may not be able to serve three-year terms. The AR's shall serve for three years.
- B. The terms of Staff shall be continuous until terminated by the appointing Funder.
- C. An un-expired term of a Volunteer shall be filled by the Funder that appointed that Volunteer.
- D. No Volunteer may serve more than two (2) consecutive full terms, except the Past Chair, Chair or Chair Elect may serve longer in order to fulfill the duties of their offices.
- E. If a Volunteer is appointed to fill the remainder of an unexpired term, the newly appointed Volunteer is eligible to serve a maximum of seven consecutive years unless conditions delineated in paragraph D above apply.
- F. If a Volunteer accumulates three consecutive unexcused absences in any one ASSET year (April through March), or otherwise fails to fulfill his/her responsibilities, the Volunteers may, by a simple majority vote of quorum, request that a Funder appoint a replacement Volunteer. An unexcused absence is defined as when a Volunteer does not notify an Administrative Team member, or the Administrative Assistant about being absent. Notifying the Administrative Assistant is the preferred method.

V. OFFICERS

- A. Officers shall be Chair, Chair-Elect, Past Chair, and Treasurer, each of whom shall be elected for a one-year term by a quorum of the Volunteers.
- B. Staff and AR members are ineligible to hold an office.
- C. A Chair may not hold that office for more than two consecutive one-year terms.
- D. A vacancy in any office shall be filled by a majority vote of a quorum of the Volunteers for the unexpired portion of the term, except for the position of past chair, which would remain vacant should that volunteer leave the ASSET process.
- E. The ASSET Chair is authorized to sign contracts and agreements on behalf of ASSET with respect to operations of the ASSET board. The Chair-Elect may sign if the Chair is unavailable.

VI. ASSET OPERATIONS

- A. Regular meetings of ASSET shall be held in accordance with Iowa's Open Meetings law. If circumstances warrant it, a meeting of ASSET may be cancelled by the Administrative Team. An announcement of meeting cancellation will be posted and notice sent to members and participating agencies as soon as possible under the circumstances.

- B. Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order. However, technical or non-substantive departures from these rules shall not invalidate any action taken at a meeting.
- C. Agendas will be posted at Ames City Hall, the ASSET website (<http://www.storycountyasset.org>) and at other public locations, at least three days prior to the meeting, and notification mailed electronically to each ASSET member and participating Agency.
- D. A quorum shall consist of one-half plus one of the currently appointed volunteers. A majority vote of the quorum present shall constitute a decision of ASSET. In the event a quorum is not present, ASSET business may be conducted by a simple majority vote of those present, if at least one voting member from each funder is represented. Exceptions to this include decisions for funding recommendations or changes to the Policies and Procedures, or anything that requires Funder approval.
- E. The Chair may vote on all business that comes before ASSET and shall be included as part of the quorum.
- F. Special meetings may be called by the Chair or by petition of one-fourth of the Volunteers with not less than five days written notice to the Volunteers, Staff, and AR's, by email or regular mail.
- G. Minutes of ASSET meetings shall be recorded and distributed to Staff, Volunteers, Agency Representatives, and Agencies, by posting on the ASSET website (<http://www.storycountyasset.org>). Minutes shall be made public in accordance with the Iowa Open Records law.

VII. ADMINISTRATIVE TEAM OPERATIONS

- A. Staff members, the Chair, the immediate past Chair, the Chair-Elect, and the Treasurer, shall serve as an Administrative Team.
- B. The Administrative Team will meet prior to regular ASSET meetings. If there are no significant pending actions, an Administrative Team meeting may be cancelled by the Chair or Chair Elect.
- C. All members of the Administrative Team shall be voting members on Administrative Team business, including staff members.
- D. A quorum shall consist of more than half of the existing Administrative Team members. A quorum shall include at least one Volunteer. A majority vote of the quorum present shall constitute a decision of the Administrative Team.
- E. Minutes of the Administrative Team and ASSET shall be recorded and distributed to all Staff, Volunteers, AR's, and Agencies, by posting on the ASSET website (<http://www.storycountyasset.org>). Minutes shall be made public in accordance with the Iowa Open Records law.

VIII. AGENCY REPRESENTATIVE

One Agency Representative may be selected by the Human Services Council, from ASSET funded agencies, to serve as a non-voting member of ASSET.

IX. COMMITTEES

A. Staff and committees shall have substantial responsibility for the operation of ASSET and for assisting the Volunteers. Committees may be established as follows:

1. The Administrative Team may form committees to identify issues, perform studies, and bring recommendations to ASSET.
2. ASSET may request committees to identify issues, perform studies, and bring recommendations to ASSET. Committee members may be appointed by the ASSET Chair.
3. A Funder may request formation of a committee and make recommendations to ASSET with respect to membership on such committee. The ASSET Chair may appoint the committee members.

X. DUTIES AND RESPONSIBILITIES OF ASSET

- A. To make annual allocation recommendations to the Funders for services provided by participating agencies. The recommendations shall be consistent with instructions and priorities received from each Funder;
- B. To set a timetable each year for the funding recommendation process;
- C. To organize hearings for agency presentations regarding their proposed budgets and program plans;
- D. To review services and code definitions as assigned to agencies for use in the budget and billing process;
- E. To meet with the Funders at least twice yearly. At these meetings each Funder has one vote. A majority of Funders constitutes quorum;
- F. To give timely reports on funding recommendation decisions to the Funders and to the agencies;
- G. To develop and maintain an index of services offered in Story County; (This index will be located in the ASSET Reference Manual for Volunteers and Agencies.)
- H. To perform any specific task that the Funders might request of ASSET.

XI. AGENCY PARTICIPATION

- A. **ELIGIBILITY.** Agencies seeking funding eligibility must be serving clients within the geographic area of Story County and shall meet the criteria outlined in the Application for ASSET Agency Participation.

- B. Agencies and services will be reviewed annually by ASSET, through the agency visit and budget process.
- C. Agencies shall annually provide financial reports in accordance with Generally Accepted Accounting Practices (GAAP). These reports shall be submitted within six months after the close of the Agency's fiscal year. Reports will meet the following guidelines:
 - 1. Agencies with an annual budget below \$100,000 must, at least, submit an electronic copy of IRS Form 990 and a balance sheet prepared externally and independently to the ASSET Administrative Assistant.
 - 2. Agencies with an annual budget of \$100,000 or more must submit an electronic copy of their full comparative audit and an electronic copy of their IRS Form 990 to the ASSET Administrative Assistant.
- D. Agencies seeking eligibility to apply for funding through the ASSET process should fill out the application form called "Application for ASSET Agency Participation", shown as Appendix B to this document, and present verification of the stated criteria and all required attachments. All application documents shall be submitted to the Administrative Team.
- E. Agencies that have been in the ASSET process within the last three years are not required to submit a new application for participation, rather a New/ Expanded Service form can be submitted along with comparative financial audits for the years not in the ASSET process.
- F. The ASSET Administrative Team shall insure that the forms are complete and make recommendations to the Volunteers. The Volunteers will then approve or disapprove the recommendation.
- G. A written notification shall be sent to the Agency, stating its acceptance or the reason why it was not accepted.
- H. Approval of an applicant Agency does not guarantee a subsequent dollar allocation.
- I. Any Agency may request to be placed on the ASSET or Administrative Team agenda by contacting the Administrative Assistant.

XII. FUNDING PROCESS

- A. Each Agency requesting funding shall be assigned to one or more panel(s) by service area(s).
- B. Each Volunteer shall be assigned to only one panel and shall review the services within that panel.
- C. The Administrative Team shall prepare the appropriate budget and reporting forms for the agencies to complete and make the forms available via the ASSET

website.

- D. Agencies must submit completed budget and reporting forms for all approved services to ASSET by the date stated in the yearly ASSET calendar.
- E. Agencies must submit Board of Directors meeting minutes as requested by the Administrative Team or Administrative Assistant.
- F. The Administrative Team shall conduct an Agency training session on the date stated in the yearly ASSET calendar.
- G. Volunteers shall conduct Liaison visits to individual agencies as scheduled on the ASSET calendar.
- H. Hearings for agencies shall be conducted each year as scheduled on the ASSET calendar.
- I. Recommendations for allocations shall be made by ASSET to the Funders after the hearings and panel work sessions are completed.
- J. Information regarding the funding and rationale shall be provided to the agencies and their governing bodies after Funders' approval.
- K. If any Agency does not provide the required information, or provides information that is inadequate, incorrect, or not timely, ASSET shall make a report to the Funders that procedures were not followed and may recommend that funding be reduced, sequestered, or not allocated at all.
- L. ASSET agencies will collaborate and partner to provide services. The ASSET Administrative Team shall make a report to Funders if an agency does not make adequate efforts to coordinate services or respond to requests for information.

XIII. PLANNING PROCESS

ASSET shall provide a community forum to work constructively and cooperatively in addressing human services concerns. This may be achieved by, but is not limited to:

- A. Participating in studies and developing strategies that enhance the delivery of human services within the county;
- B. Collecting and evaluating facts that provide valid data for decisions on program needs, and effectiveness of current delivery;
- C. Evaluate the need for new or modified services and/or duplication of services.
- D. Promote and encourage collaboration among agencies for efficiencies.

XIV. CHANGES IN SERVICES

- A. Any new or existing ASSET Agency, providing services to Story County clients, that wishes to add new or expanded services, must report the changes to the

ASSET Administrative Team. Changes that should be reported include increases in service beyond the normal expected growth, new or different services that have an impact on staffing, or services that result in new clientele.

- B. Agencies will report new and expanded services to the ASSET Administrative Team on the "Notification of New or Expanded Service" form, shown as Appendix C to this document. The need for new or expanded services shall be identified and aligned with the Funder's priorities and the priority areas from the most recent Story County community assessment. The Administrative Team will review the information and determine if the service(s) meets criteria to be included in the ASSET funding process. The Administrative Team will inform the ASSET Board. This review and informing of ASSET is not a commitment of funding. If ASSET asks for additional information, a committee of Volunteers may be appointed to gather more information and report its findings to ASSET for further review.
- C. If an Agency is reducing or dropping a service, a letter should be submitted to the ASSET Administrative Team within thirty days of the Agency board's vote to drop or reduce a service.
- D. Service changes may occur any time during the funding year. If funding through ASSET is being considered, the ASSET Administrative Team should be notified of a new program by the date stated in the ASSET calendar.

XV. FUNDING APPEAL PROCESS. An Agency wishing to make an appeal may do so by following the individual Funders appeal process.

XVI. AMENDMENTS TO POLICIES AND PROCEDURES

- A. These Policies and Procedures shall be reviewed annually prior to the May ASSET Board meeting.
- B. Amendments to the Policies and Procedures may be proposed by a Volunteer, a Staff member, or a Funder.
- C. A proposed amendment shall require a majority vote of quorum of the ASSET Board to recommend such amendment to the Funders.

APPENDIX A – APPLICATION FOR ASSET AGENCY PARTICIPATION

ASSET (Analysis for Social Service Evaluation Team)

CRITERIA FOR FUNDING ELIGIBILITY

Financial support through ASSET can be applied for by **human service agencies** that are serving clients within the geographic area of Story County and who meet the basic eligibility criteria. **Approval of an applicant agency does not guarantee a subsequent dollar allocation.** The allocation recommendation will be made on a service-by-service basis during the annual allocation process. To be considered for financial support, agencies must comply with the following requirements and provide supporting documents to demonstrate compliance:

- A. The agency 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 agency must have articles of incorporation, bylaws, or other documents, which clearly define its purposes and function.
- C. The agency must have an Equal Opportunity Policy that has been approved by its Board of Directors.
- D. The agency must have been incorporated and actively conducting business for at least one year at the time of the application.
- E. The agency must maintain in its budget and service a demarcation between any religious and other programs so that ASSET does not financially support religious purposes.
- F. The agency must demonstrate need and community support for the proposed service through letters of support, needs assessments, or other documentation.
- G. The agency shall be governed by a Board of Directors or Advisory Board who serve without compensation and who approve and oversee the implementation of the budget and policies of the agency.
- H. Agencies that offer the following services shall not be eligible for funding from ASSET Funders:
 1. Agencies that are primarily political in nature.
 2. Agencies that provide services limited to the members of a particular religious group.
 3. Agencies that exist solely for the presentation of cultural, artistic, or recreational programs.
 4. Basic educational program services considered the mandated responsibility of the public education system.

Agencies that have been in the ASSET process within the last three years are not required to submit a new application for participation, rather a New/ Expanded Service form can be submitted along with comparative financial audits for the years not in the ASSET process.

To apply as an ASSET Agency Participant, complete the Application for ASSET Agency Participation and send the request, including the documentation outlined in the application to: storycountyasset@gmail.com.

Application for ASSET Agency Participation

A. Agency General Information

1. Legal name of agency _____
Address _____
Telephone _____
2. Executive Director _____
3. Date of incorporation _____ State of incorporation _____
4. Tax Identification Number _____ Agency Fiscal Year _____
5. Is your agency affiliated with a national and/or state organization? _____ If so, name of national and/or state organization _____

Explain nature of affiliation and describe national and/or state organization's control over local administration and activities

Explain benefits of affiliation _____

6. What is your agency mission statement? _____

7. Governing Arrangements
How are members and composition of the governing body selected? _____

What is the governance role of the Board of Directors? _____

How do you ensure Story County representation? _____

8. Membership
Does your agency have a membership program? _____
If so, list membership categories and dues _____
Membership benefits _____

B. Agency Service Information

1. Geographic area served _____
2. Types of services _____
3. What population(s) do you serve?

Do you offer a sliding fee scale for your services? _____
4. Other agencies in Story County that provide similar services _____

5. Agencies in Story County with whom you collaborate _____

6. Agencies in Story County with whom you share referrals _____

C. Agency Accreditation and Licensing

Is your agency accredited? _____ If so, by whom? _____

For what length of time? _____
Describe agency and staff licensing and certification requirements: _____

D. Financial/Legal Information

If ASSET approves the application, your agency will be required to annually provide financial reports in accordance with Generally Accepted Accounting Practices (GAAP) as follows:

- Agencies with an annual budget below \$100,000 must submit an electronic copy of IRS Form 990 and a balance sheet prepared externally and independently, to the ASSET Administrative Assistant at storycountyasset@gmail.com within six months after the close of the agency's fiscal year.
- Agencies with an annual budget of \$100,000 or more must submit an electronic copy of their full comparative audit and an electronic copy of their IRS Form 990 to the ASSET Administrative Assistant at storycountyasset@gmail.com within six months after the close of the agency's fiscal year.

E. ASSET Information

1. Attach a complete description of the service(s) that your agency provides that you will be asking for funding from ASSET. _____

2. Using the enclosed Service Code List, tell us which service code(s) your service(s) fits into. _____

Checklist for supporting documentation:

- Letter of tax-exempt status from IRS
- Articles of Incorporation, bylaws, or other documents which clearly define agency's purpose and function
- Equal Opportunity Policy that has been approved by Board of Directors
- If applicable, a statement describing how agency maintains a demarcation between any religious programs and other programs (ASSET does not fund programs designed for religious purposes)
- Documentation of community support (letters of recommendation, needs assessments, etc.)
- List of Board of Directors member names, professional affiliation, addresses, places of business
- A copy of the current budget and the budget for the upcoming fiscal year, including all sources of income.
- Statement of assets and liabilities and statement of income and expenses including all sources of funds for this budget
- Agency Program Outline Form (one for each service your agency is requesting funding for)

APPENDIX B – SERVICE CODES

(Complete descriptions of each service code are in the ASSET Reference Manual)
 Services are categorized into three panels: Education, Income, and Health.

Service Code #	Service Code Name	Unit of Service	Panel
1.01	Supported Employment for Mental Health or Developmentally Disabled	1 Staff Hour	Education
1.02	Advocacy for Social Development	1 Staff Hour	Education
1.03	Resource Development	1 Staff Hour	Education
1.04	Informal Education for Self-Improvement and Self-Enrichment	1 Client Contact	Education
1.05	Enclave Services	15 minutes	Education
1.06	Preschool	1 Day	Education
1.07	Youth Development and Social Adjustment	1 Client Contact / Day	Education
1.08	Employment Assistance for Youth	1 Staff Hour	Education
1.09	Out of School Program	1 Partial Day	Education
1.10	Family Development / Education	1 Client Hour	Education
1.11	Volunteer Management	1 Volunteer Hour	Education
1.12	Public Education and Awareness	1 Staff Hour	Education
2.01	Emergency Assistance for Basic Material Needs	1 Client Contact	Income
2.02	Day Care - Infant	1 Full Day	Income
2.03	Day Care - Children	1 Full Day	Income
2.04	Day Care - School Age	1 Partial Day	Income
2.05	Childcare for Mildly Ill Children	1 Partial Day	Income
2.06	Separated Families	1 Client Contact	Income
2.07	Transitional Living Services	1 day	Income
2.08	Emergency Shelter	1 24 Hour Period of Shelter and Food	Income

Service Code #	Service Code Name	Unit of Service	Panel
2.09	Correctional Services	1 Client Hour	Income
2.10	Legal Aid - Civil	1 Staff Hour	Income
2.11	Clothing, Furnishing and Other Assistance	1 Client Contact	Income
2.12	Disaster Services	1 Staff Hour	Income
2.13	Transportation	One Way Trip	Income
2.14	Budget / Credit Counseling	1 Client Contact	Income
3.01	Community Clinics	1 Clinic Hour	Health
3.02	Day Care - Adults	1 client Day	Health
3.03	In-Home Health Monitoring	1 person monitored per month	Health
3.04	Homemaker / Home Health Assistance	1 Hour	Health
3.05	Home Delivered Meals	1 Meal	Health
3.06	Congregate Meals	1 Meal	Health
3.07	Domestic Abuse Crisis and Support	1 Staff Hour	Health
3.08	Sexual Abuse Crisis and Support	1 Staff Hour	Health
3.09	Crisis Intervention	1 Contact	Health
3.10	Court Watch	1 Staff Hour	Health
3.11	Respite Care	1 Client Hour of Service	Health
3.12	In Home Nursing	1 Visit	Health
3.13	Service Coordination	1 Client Hour	Health
3.14	Activity and Resource Center	1 Client Hour	Health
3.15	In Home Hospice	1 day (24 hour)	Health
3.16	Substance Abuse or Co-occurring Disorder Treatment (Out Patient)	1 Client Hour	Health
3.17	Outpatient Treatment and Health Maintenance	1 Client Hour	Health

Service Code #	Service Code Name	Unit of Service	Panel
3.18	Supported Community Living Services	15 minutes or up to 1 24 Hour Day	Health
3.19	Special Recreation	1 participant per hour	Health
3.20	Day Habilitation Services	15 minutes or 1 Day	Health
3.21	Peer Support Services	1 Client Contact	Health

APPENDIX C – NOTIFICATION OF NEW OR EXPANDED SERVICE

ASSET

NOTIFICATION OF NEW OR EXPANDED SERVICE

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

DATE: _____ AGENCY: _____

PROGRAM/SERVICE: _____

Provide a brief description of the new or expanded service and population to be served.

Describe how the need for this service was identified. Cite resources such as local needs assessment, surveys, etc.

Describe which funder(s) priority(ies) this service will meet. (May be more than one funder and/or more than one priority).

Is there new clientele to be served? If yes, how many?

What other agency provides this or any similar services in the community? How has the need for this service been identified in addition to the existing service(s)? Describe any partnership efforts with these agencies.

What outcomes will be measured? Describe methodology(ies) used to measure outcomes.

How would ASSET funds be used to support the service (scholarships/staff/direct service, etc)?

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

What is the total budget for this service?

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

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

Does the grant require a local cash match? _____ If yes, how much? _____

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

The deadline for new/expanded service requests is May 24th.

Please submit this form by email to the ASSET Administrative Assistant at:
storycountyasset@gmail.com

APPENDIX D – CONFLICT OF INTEREST

Organization: Story County Analysis of Social Services Evaluation Team (ASSET)

Policy: Conflict of Interest Policy

Date Adopted: 4/10/03

Date Revised:

Story County ASSET and its voting members/staff persons, hereinafter referred to as “board” and “board members(s)”, agree to the following conflict of interest policy hereinafter referred to as “policy”, as adopted and revised as indicated above:

1. The policy will be adopted yearly at the first regularly scheduled board meeting following the start of the fiscal year. Each board member is to review and sign the policy at the first board meeting prior to voting on any matters before the board (if applicable).

2. A new voting board member/staff person will be required to review and sign the policy prior to voting as a board member (if applicable) at the beginning of their term and/or the first meeting of the fiscal year.

3. It is the duty of a voting board member/staff person to disclose a conflict of interest to the full board when a conflict arises. Disclosure may be made at any time to the ASSET Administrative Team; hereinafter referred to as “the Team”, who shall then notify the full Board. A record of the conflict of interest shall be made at the first regularly scheduled board meeting following disclosure.

4. A conflict of interest is defined in chapter 68B, Iowa Code. The Iowa Code defines conflict of interest as that which evidences an advantage or pecuniary benefit for the member and/or their immediate family not available to others similarly situated. A violation for a conflict of interest is punishable by both civil and criminal penalties in the State of Iowa.

5. A “potential” conflict of interest is defined herein. A potential conflict of interest is when a voting board member/staff person has reason to believe there may be a conflict of interest. This potential conflict shall be disclosed in the same manner as a conflict. If, in the opinion of the Team, the circumstances meet the definition of a conflict of interest the matter shall then be disclosed to the full board and a record shall be made at the next regular meeting.

6. A voting board member/staff person with a conflict of interest shall not vote or use their personal influence with any board member on the matter in conflict.

I agree by my signature below that I have read the above Story County ASSET Conflict of Interest Policy and understand it and will abide by the terms and conditions as stated herein.

Date: _____

Signature: _____