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 $250,000 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 $250,000 or more must submit an electronic copy of their full comparative audit and an electronic copy of their IRS Form 900 to the ASSET Administrative Assistant at

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)

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ASSET
Agency Program Outline

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Agency Name: _____   **Date:** _____
Service Name: _____ **Service Code:** _____

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(This completed form should be limited to one page, front and back.)

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1.   Need for Service
    a.   What community issue is the service addressing?

    b.   How do you determine community need for this service?

    c.   Who is being served?

    d.   Please explain the coordinating efforts you do with other agencies offering a similar service.

    e.   Why is it appropriate to use ASSET funds for this service?

2.   Service Availability.
    a.   How do you determine who needs this service?

    b.   Considering the locale of the service, how are transportation and/or building accessibility addressed?

3.   **Program Emphasis**
   a.   **How does this service prevent, eliminate or reduce the issue? OR How does this service educate, rehabilitate or maintain a client?**

4.   **Responsiveness to Need and Planning**
   a.   **How is the agency responding to changing community needs, client needs and advances in the area of service?**

   b.   **How does this affect the agency's long-range plans?**

5.   **Board of Directors Involvement**
   a.   **What role does the agency Board of Directors play in the agency? Advisory Board capacity, decision-making capacity, and/or policy-setting capacity?**

6.   **Agency Administration**
    Please include a copy of the agency's Table of Organization.
   a.   **What is the staff turnover rate? How does this affect services and how is it addressed?**

7.   **Fiscal Management**
   a.   **Identify other sources of income (i.e., client fees, grants, etc.) and how it is allocated to the service.**

   b.   **What is the agency plan to address the economic conditions in our community?**

SERVICE CODES
(Complete descriptions of each service code are in the ASSET Reference Manual)

Service Code Name	Service Code #	Unit of Service	Panel
Supported Employment for Mental Health or Developmentally Disabled	1.01	1 Staff Hour	Education
Advocacy for Social Development	1.02	1 Staff Hour	Education
Resource Development	1.03	1 Staff Hour	Education
Informal Education for Self-Improvement and Self-Enrichment	1.04	1 Client Contact	Education
Enclave Services	1.05	15 minutes	Education
Preschool	1.06	1 Day	Education
Youth Development and Social Adjustment	1.07	1 Client Contact / Day	Education
Employment Assistance for Youth	1.08	1 Staff Hour	Education
Out of School Program	1.09	1 Partial Day	Education
Family Development / Education	1.10	1 Client Hour	Education
Volunteer Management	1.11	1 Staff Hour	Education
Public Education and Awareness	1.12	1 Staff Hour	Education
Emergency Assistance for Basic Material Needs	2.01	1 Client Contact	Income
Day Care - Infant	2.02	1 Full Day	Income
Day Care - Children	2.03	1 Full Day	Income
Day Care - School Age	2.04	1 Partial Day	Income
Childcare for Mildly Ill Children	2.05	1 Partial Day	Income
Separated Families	2.06	1 Client Contact	Income
Transitional Living Services	2.07	1 day	Income
Emergency Shelter	2.08	1 24 Hour Period of Shelter and Food	Income
Correctional Services	2.09	1 Client Hour	Income

Service Code Name	Service Code #	Unit of Service	Panel
Legal Aid - Civil	2.10	1 Staff Hour	Income
Clothing, Furnishing and Other Assistance	2.11	1 Client Contact	Income
Disaster Services	2.12	1 Staff Hour	Income
Transportation	2.13	One Way Trip	Income
Budget / Credit Counseling	2.14	1 Client Contact	Income
Community Clinics	3.01	1 Clinic Hour	Health
Day Care - Adults	3.02	1 client Day	Health
In-Home Health Monitoring	3.03	1 person monitored per month	Health
Homemaker / Home Health Assistance	3.04	1 Hour	Health
Home Delivered Meals	3.05	1 Meal	Health
Congregate Meals	3.06	1 Meal	Health
Battering Relief	3.07	1 Staff Hour	Health
Rape Relief	3.08	1 Staff Hour	Health
Crisis Intervention	3.09	1 Contact	Health
Court Watch	3.10	1 Staff Hour	Health
Respite Care	3.11	1 Client Hour of Service	Health
In Home Nursing	3.12	1 Visit	Health
Service Coordination	3.13	1 Client Hour	Health
Activity and Resource Center	3.14	1 Client Hour	Health
In Home Hospice	3.15	1 day (24 hour)	Health
Substance Abuse or Co-occurring Disorder Treatment (Out Patient)	3.16	1 Client Hour	Health
Outpatient Treatment and Health Maintenance	3.17	1 Client Hour	Health
Supported Community Living Services	3.18	15 minutes or up to 1 24 Hour Day	Health

Service Code Name	Service Code #	Unit of Service	Panel
Special Recreation	3.19	1 participant per hour	Health
Day Habilitation Services	3.20	15 minutes or 1 Day	Health
Peer Support Services	3.21	1 Client Contact	Health