**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**](mailto: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](mailto: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 900 to the ASSET Administrative Assistant at [storycountyasset@gmail.com](mailto: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)

**ASSET**

**Agency Program Outline**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Code: \_\_\_\_\_\_\_**

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

**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 |
| 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 |
| 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 |