

The Board of Supervisors met on 5/14/19 at 10:00 a.m. in the Story County Administration Building. Members present: Rick Sanders and Linda Murken (via telephone conference call), with Sanders presiding. Lauris Olson absent. (all audio of meetings available at storycountyiowa.gov)

CLAIMS: 5/16/18 Claims of \$2,355,803.11 (run date 5/10/19, 37 pages, on file in the Auditor's Office) and authorize the Auditor to issue checks in payments of these claims and payment requests from Central Iowa Drug Task Force (\$6,298.75), Holding-Seized Funds (\$1,507.00), BooSt School Ready Services (\$29,314.09), BooST Early Childhood (\$10,402.66), Emergency Management (\$503.33), E911 surcharge (\$3,525.63), County Assessor (\$34,443.51), Ames City Assessor (\$12,174.18). Murken moved, Sanders seconded the approval of Claims as presented. Roll call vote. (MCU) Murken moved, Sanders seconded approval of Consent Agenda as presented.

1. Application With Iowa Department of Public Health for FY20 County Substance Abuse Grant for \$10,000.00 subcontracted with Youth and Shelter Services (YSS)
2. Revised FY20 Health Contributions

Roll call vote. (MCU)

Murken moved, Sanders seconded to adjourn at 10:01 a.m. Roll call vote. (MCU)

Story County
Board of Supervisors Meeting
Agenda
5/14/19

1. CALL TO ORDER: 10:00 A.M.
2. PLEDGE OF ALLEGIANCE:
3. PUBLIC COMMENT #1:
This comment period is for the public to address topics on today's agenda
4. CONSIDERATION OF CLAIMS:

- I. 5/16/18 Claims

Department Submitting Auditor

Documents:

CLAIMS 051619.PDF

5. CONSENT AGENDA:
(All items listed under the consent agenda will be enacted by one motion. There will be no separate discussion of these items unless a request is made prior to the time the Board votes on the motion.)
- I. Consideration Of Application With IDPH For FY20 County Substance Abuse Grant In The Amount Of \$10,000 Subcontracted With Youth Shelter Services

Department Submitting Auditor

Documents:

YSS.PDF

- II. Consideration Of Revised FY20 Health Contributions

Department Submitting Board of Supervisors

Documents:

HEALTH CONTRIBUTIONS.PDF

6. PUBLIC FORUM #2:
Comments from the Public on Items not on this Agenda. The Board may not take any Action on the Comments due to the Requirements of the Open Meetings Law, but May Do So In the Future.
7. ADJOURNMENT:

Story County strives to ensure that its programs and activities do not discriminate on the basis of race, color, national origin, sex, age or disability. Persons requiring assistance, auxiliary aids or services, or accommodation because of a disability may contact the county's ADA coordinator at (515) 382-7204.

2019-2020 WELLMARK HEALTH INSURANCE CONTRIBUTION RATES (REVISED)

	Monthly Employee Contribution	Monthly Employer Contribution	Total Premium
<u>Wellmark BCBS Blue Choice</u>			
\$500 Deductible			
90% Employer Paid - Single	\$81.58	\$734.18	\$815.76
80% Employer Paid - Family	\$403.38	\$1,613.52	\$2,016.90
\$1,000 Deductible			
99% Employer Paid - Single	\$7.64	\$757.83	\$765.47
90% Employer Paid - Family	\$189.12	\$1,702.06	\$1,891.18
<u>Wellmark BSBC Alliance Select</u>			
\$500 Deductible			
85% Employer Paid - Single	\$133.20	\$754.88	\$888.08
80% Employer Paid - Family	\$439.54	\$1,758.16	\$2,197.70
\$1,000 Deductible			
95% Employer Paid - Single	\$41.72	\$792.96	\$834.68
90% Employer Paid - Family	\$206.42	\$1,857.78	\$2,064.20

APPROVED
DENIED

Board Member Initials: RS

Meeting Date: 5/14/19

Follow-up action: _____



Application

305712 - FY20 County Substance Abuse Programs

**308098 - Story County Substance Abuse
Substance Abuse Prevention & Treatment**

Status: Editing Submitted Date:

Applicant Information

Project Officer			Organization Information		
AnA User Id	GERRI.BUGG@IOWAID		Organization Name:*	Story County Board of Supervisors	
First Name*	Gerri	L	Organization Type:*	County Government	
	<small>First Name</small>	<small>Middle Name</small>	DUNS:		
Title:	CYFD Director		Organization Website:		
Email:*	gbugg@yss.org		Address:		
Address:*	420 Kellogg				
		Bugg			
		<small>Last Name</small>			
City*	Ames	Iowa	50010		
	<small>City</small>	<small>State/Province</small>	<small>Postal Code/Zip</small>		
Phone:*	515-232-4332		4455	Iowa	
	<small>Phone</small>		<small>Ext.</small>	<small>City</small>	<small>State/Province</small>
Program Area of Interest*	Substance Abuse Prevention & Treatment			<small>Postal Code/Zip</small>	
Fax:				Phone:	
					Ext.
				Fax:	

Cover Sheet-General Information

Authorized Official

Name* Linda Murken
 Title* Chair, Board of Supervisors
 Organization* Story County Board of Supervisors
If you are an individual, please provide your First and Last Name.
 Address* 900 6th St
 City/State/Zip* Nevada Iowa 50201
City State Zip
 Telephone Number* 515-382-7202
 E-Mail* lmurken@storycountyiowa.gov
 Fiscal Officer / Agent
Please enter the "Fiscal Officer" for your Organization.
If you are an individual, please provide your First and Last Name.
 Name* Lisa Markley

APPROVED **DENIED**
 Board Member Initials: LM
 Meeting Date: 5-14-19
 Follow-up action: _____

Title Assistant Auditor
Organization Story County Auditor
Address 900 6th St

City/State/Zip Nevada Iowa 50201
City State Zip
Telephone Number 515-382-7212
E-Mail lmarkley@storycountyiowa.gov
County(ies) Participating, Involved, or Affected by this Proposal* Story County
Congressional District(s) Involved or Affected by this Proposal* 4th - Rep Steve King (R)
Congressional Map
Iowa Senate District(s) Involved or Affected by this Proposal* 23, 24, 25
District Map
Iowa House District(s) Involved or Affected by this Proposal* 45, 46, 48, 49
District Map

Business Organization Form - Contact Information

Provide the legal name of the eligible applicant. (examples include: XYZ County DBA XYZ County Board of Health, XYZ Community Action Organization, etc.) Please contact the fiscal officer of the applicant organization if you are unsure of the legal name registered with the Federal Internal Revenue Services (IRS).

Legal Name of Eligible Applicant:* Story County Board of Supervisors

Provide the legal address of the eligible applicant. This is the address associated with the Federal Tax ID Number.

Applicant Legal Address:* 900 6th St

Applicant City:* Nevada

Applicant State:* Iowa

Applicant Zip Code:* 50201

Applicant's Last 4 digits of Federal Tax ID Number:* 6024
Enter only the last 4 digits of your Federal Tax ID Number

Applicant's Phone Number:* 515-382-7212

Applicant's Fax Number:

Include the name of the Executive Director or Chief Executive Officer of the Applicant Organization. If the Applicant is a Board of Health/Board of Supervisors, include the name of the Board's authorized signatory.

Executive Director/CEO Name:* Linda Murken

Select Title

Title:* Board Authorized Signatory

Alternate Mailing Address for Warrant/Payment, as applicable

This section is optional and will be used by IDPH if the applicant is awarded a contract. As applicable, applicant may enter an alternate address (if different from legal address above) for IDPH to mail warrants/payments for provision of services.

Attention to:

Insert alternate address, as applicable: Street or PO Box

City:

State:

Zip Code:

Business Organization Form - Business Structure

Identify the legal structure of the applicant. If the applicant is not a governmental organization, the applicant must be registered with the Iowa Secretary of State's office to do business in Iowa or agrees to register if awarded a contract.

Legal Business Structure of Applicant:* Government- County

Identify the state of incorporation or registration of the applicant.

State of Incorporation:* Iowa

Business Organization Form - Organization History

Provide a brief history of the agency.

History:* County Government since 1868

This field is limited to 20,000 characters.

Include the agency's mission statement.

Mission Statement:* none

This field is limited to 500 characters.

Include the agency's vision statement.

Vision Statement:* none

This field is limited to 500 characters.

Business Organization Form - Table of Organization

Attach a current table of organization.

Table of Organization:* org chart.docx

Business Organization Form - Disclosure of Litigation

Answer "no" or "yes" as to whether the applicant has any pending or threatened litigation, administrative or regulatory proceedings or similar matters which could affect the applicant's ability to perform required services.

Is there any litigation, administrative, or regulatory proceedings pending or threatened against your agency or subcontractor?* No

If "yes", list and summarize any pending or

threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the applicant's ability to perform required services.

Business Organization Form - Disclosure of Contract Default

Has your agency or a subcontractor defaulted on a contract?	Contract or subcontract	Contact person	Telephone	Brief description of incident
No				

Business Organization Form - Disclosure of Terminated Contract

Has your agency or subcontractor terminated a contract?	Identify if it was contract or subcontract	Contact person	Telephone Number of Contact Person	Email Address of Contact Person	Brief description of incident
No					

Business Organization Form - Disclosure of Contract Termination

Has your agency or a subcontractor had a contract terminated?	Identify if it was a contract or subcontract	Contact Person	Telephone Number of Contact	Email Address of Contact Person	Brief Description of Incident
No					

Business Organization Form - Audited financial statement

Business Organization Form - Audited Financial Statement Attachment

Business Organization Form - Disclosure of Financial Accountability

Have any irregularities of financial records been discovered to the applicant's accounts?	Identify each irregularity	Date of finding	Corrective action	Current status of resolution
No				

Business Organization Form - Disclosure of Financial Accountability Contact Information

Contact Person: Lisa Markley
Telephone Number of Contact: 515-382-7212
Email Address of Contact Person: lmarkley@storycountyiowa.gov

Application Certification and Conditions

The information contained in the Application Forms is accurate, to the best of my knowledge.

* Yes

Under no circumstances will any personnel, employee or independent contractor of the contractor, be paid by the programs applied for in this grant application or by any other programs administered by the contractor to an extent that would translate to a full-time equivalency of greater than 1.0. Furthermore, no time will be "double-charged".

* Yes

The organization has the resources to meet the goals and objectives included in this application for the amount of funds applied for.

* Yes

If a contract is awarded, based on my authority, the organization is committed to fulfilling the contract conditions from the Iowa Department of Public Health.

* Yes

If a contract is awarded, it is the contractor's sole responsibility to ensure appropriate individual (s) have registered within IowaGrants.gov and are granted access to the Grant Tracking site at www.IowaGrants.gov. The contractor acknowledges that all assigned individuals will have full rights (add, modify, and delete) for all Grant Tracking components including contractual forms, reporting forms, and claims submission.

* Yes

If a contract is awarded, I designate the following individual as the Grantee Contact with full responsibility for assignment of appropriate individuals to this grant in IowaGrants.gov

* Lisa Markley

I certify that my agency is not suspended or debarred or otherwise excluded from participating in provision of services in the event application is approved.

* Yes

I have read and understood the applicable Scope of Work for this Funding Opportunity.

* Yes

The BOH or BOS Authorized Signatory must complete this form and sign it by typing in their name.

Signature* Linda Murken

Select your title.

Title of Signatory* Board Authorized Signatory

Insert the date the Board Authorized Signatory completed and signed this form. Click 'Save' at the top of the page.

Date form completed and signed* 05/14/2019

Optional: This area is provided for the uploading of Transmittal Letter or other communication to IDPH as applicable to this application. IDPH reserves the right to make the determination of the applicability of the communications at its sole discretion.

Attachment

Personnel

Personnel 1

Title/Position Description* President/CEO of YSS
First Name* Andrew
Last Name* Allen
Email Address* aallen@yss.org
Role and Responsibilities* Subcontractor
Experience and Education* CEO of YSS since 7/16. Held a variety of positions at Principal Financial. BS from ISU
Credentials License # NA
Personnel Resume Andrew Allen Resume.pdf

Personnel 2

Title/Position Description* Community Youth and Family Development Director
First Name* Gerri
Last Name* Bugg
Email Address* gbugg@yss.org
Role and Responsibilities* Admin/coordinator of project.
Experience and Education* Has been the Community Youth and Family Development Director of Youth and Shelter Services for 17 years and has 40 years experience in Human Services program management and development. MEd.
Credentials License # NA
Personnel Resume Gerri Bugg resume.pdf

Personnel 3

Title/Position Description* Fiscal Agent/Asst Auditor
First Name* Lisa
Last Name* Markley
Email Address* lmarkley@storycountyiowa.gov
Role and Responsibilities* reimbursement requests, claim submission, maintain proper documentation
Experience and Education* Asst Auditor position held with Story County for 19 years. Serve as fiscal agent on many grants.
Credentials License #
Personnel Resume

Service Area

Identify the proposed service area.

Applicant's Proposed Service Area* Story County

Project Workplan Goals

Project Workplan Goals 1

Goal* Reduce 30 Day Use of Alcohol by Story County School age youth. 2016 IYS 8%

Project Workplan Goals 2

Goal* Reduce Perception of Harm of Alcohol and Tobacco in School Age youth.

Objectives

Objectives 1

Goal*	Reduce 30 Day Use of Alcohol by Story County School age youth. 2016 IYS 8%
SMART Objective(s)*	80% of Youth participating in a mentoring relationship will maintain or improve their perception of harm of alcohol tobacco and other drugs. (mentee survey). 200 youth will be served. < >
Rationale/Measure for Objective*	In the 2014 Iowa Youth Survey 13% of all students in Story County admit to past 30 day use, with 27% of 11th graders admitting to the same. 13% of 11th graders admitted to binge drinking in the past 30 days. 2016 IYS saw significant decreases in reported use. County wide saw a 5% decrease in 30day use to 8%. The 11th graders reporting 30 day use dropped from 27% to t0 19% an 8% drop. The binge drinking rate of 11th graders dropped to 10% from 13%. Pre/Post Surveying will be completed to measure knowledge change. 2018 IYS is out but county data is not available

Objectives 2

Goal*	Reduce Perception of Harm of Alcohol and Tobacco in School Age youth.
SMART Objective(s)*	80% of the students surveyed on pre/post surveys will increase or maintain their perception of risk / harm related to alcohol based on youth completing an evidence based substance abuse curriculum. 200 youth to be served. Pre/post Survey < >
Rationale/Measure for Objective*	Currently Elementary students in Ballard, Gilbert and Roland Story School Districts are not receiving an evidence-based substance abuse curricula.

Activities

Activities 1

SMART Objective*	80% of the students surveyed on pre/post surveys will increase or maintain their perception of risk / harm related to alcohol based on youth completing an evidence based substance abuse curriculum. 200 youth to be served. Pre/post Survey
Activity planned to achieve this objective*	This grant and local match will provide Lions Quest, evidence based curriculum to children enrolled in YSS's Kids Clubs Afterschool Programs. The program provides a variety of developmentally appropriate activities that reinforce prevention concepts, such as decision making and conflict resolution. The activities are designed for 5-13 year olds.. Lion's Quest is presented in multiple sessions throughout the year. 200 students to be served. < >
Area(s)/County(s) Served*	Roland Story, Gilbert, Ballard School Districts (Story County)
Responsible Staff *	Site Supervisors(4)
Timeline *	Ongoing
Completion Date*	June 30, 2018

Activities 2

SMART Objective*	80% of Youth participating in a mentoring relationship will maintain or improve their perception of harm of alcohol tobacco and other drugs. (mentee survey). 200 youth will be served.
Activity planned to achieve this objective*	Grant and matching dollars will support the mentoring program throughout Story County. Trained, vetted mentors work with youth K-8. Mentors meet with the mentee once a week and form a friendship. Research shows that a relationship with a significant adult will reduce future abuse of substances. Our surveys show the youth improve behavior, academics, attitudes, relationship skills and self esteem, 200 students will be served. < >
Area(s)/County(s) Served*	Story County
Responsible Staff *	Mentoring Facilitator (5): Ames (2), Ballard, Collins-Maxwell/Nevada, Gilbert,
Timeline *	Ongoing

Completion Date* June 30, 2018

Subcontracts Proposed

Are Subcontracts proposed
for work and services of
this project? Yes

Subcontract Plan

Subcontract Plan 1

Subcontractor Identified? Yes

Scope of Work to be performed through a subcontract* substance abuse education and prevention services

Anticipated Dollar Amount for each subcontract* \$40,000.00

Name of subcontractor Youth and Shelter Services, Inc.

Subcontractor Street Address 420 Kellogg Ave

Subcontractor Address: City, State, Zip Code Ames

Subcontractor Address-State. Iowa

Subcontractor Address-Zip. 50010

Subcontractor qualifications YSS has been providing substance abuse prevention services to students in Story County for over 30 years. Currently prevention staff provide educational services to over 5,000 students annually. and staffs the Story County Prevention Policy Board
< >

Service Area the Subcontractor will serve Story County

Grant Funds

Budget Category	Grant Funds Total	Match Amount	Total
Salaries/Fringe	\$0.00	\$0.00	\$0.00
Subcontract	\$10,000.00	\$30,000.00	\$40,000.00
Equipment	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Indirect or Administrative Costs	\$0.00	\$0.00	\$0.00
Totals	\$10,000.00	\$30,000.00	\$40,000.00

Budget Justification

Budget Category	Details	Grant Funds	Match
B. Subcontract	Mentoring Manager: IDPH-0; Match-\$5,000. 5 mentoring Facilitators, IDPH-\$5000; Match-\$10,000. Kids Club Manager: IDPH-\$1000;	\$10,000.00	\$30,000.00

Match-\$4000. Four Kids Club Site Supervisors: IDPH-\$4000;
 Match-\$11,000. The source of Match is the Story County Board of
 Supervisor.

\$10,000.00 \$30,000.00
 \$10,000.00 \$30,000.00

Indirect or Administrative Costs

Federally Approved Indirect Cost or Administrative Cost or Not Applicable (N/A)	Rate	Grant Details Funds	Federally Approved Indirect Cost Rate Agreement
N/A	0%	\$0.00	

Minority Impact Statement

Question # 1

1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons. * No

If YES, describe the positive impact expected from this project

Indicate the group(s) positively impacted.

Question # 2

2. The proposed grant project programs or policies could have a disproportionate or unique NEGATIVE IMPACT on minority persons. * No

If YES, describe the negative impact expected from this project.

If YES, present the rationale for the existence of the proposed program or policy.

If YES, provide evidence of consultation with representatives of the minority groups impacted.

Indicate the group(s) negatively impacted.

Question # 3

3. The proposed grant project programs or policies Yes

are NOT EXPECTED
TO HAVE A
DISPROPORTIONATE
OR UNIQUE IMPACT
on minority persons.
*

If YES, present the
rationale for
determining no
impact.

Youth & Shelter Services provides services to all persons regardless of race, color, nationality, or other identifying factor. We do not anticipate programs or policies having a disproportionate impact on any group.

Certification

I hereby certify that
the information on
this form is complete
and accurate, to the
best of my
knowledge.*

Yes

Name of Person
Submitting
Certification.*

Linda Murken

Title of Person
Submitting
Certification*

Chair, Board of Supervisors