



Date June 9, 2014

APPROVING LETTER OF AGREEMENT BETWEEN IOWA COMMUNITY ACTION ASSOCIATION AND CITY OF DES MOINES COMMUNITY ACTION AGENCY TO ADMINISTER THE IOWA INDIVIDUAL ASSISTANCE GRANT PROGRAM

WHEREAS, the City of Des Moines through its Des Moines Community Action Agency administered by the Housing Services Department, is authorized to provide services to the City's low-income families through Community Services Block Grant (CSBG) funding to assist low-income families and individuals with basic energy, food and shelter needs to work toward achieving self-sufficiency; and

WHEREAS, the Iowa Community Action Association (ICAA) is administering the Iowa Individual Assistance Grant Program through Community Action Agencies within the State to provide assistance to families living in areas declared disaster by the Governor of Iowa; and

WHEREAS, ICAA desires to enter into a letter of agreement with the City of Des Moines, Des Moines Community Action Agency to administer the Iowa Individual Assistance Grant Program for eligible residents of Des Moines should a disaster be declared during the term of this agreement or any extensions thereof.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines that the above-referenced letter of agreement on file in the City Clerk's office is hereby approved and that the Mayor is hereby authorized and directed to execute the above-referenced letter of agreement and the City Clerk is directed to attest to his signature.

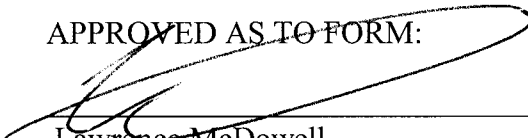
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BE IT FURTHER RESOLVED that the City Manager or his/her designee is authorized and directed to execute any non-substantive changes to the terms and conditions of the letter of agreement and the Housing Services Director or his designee is designated to sign all fiscal and program forms required by the letter of agreement.

(Council Communication No. 14-252)

MOVED BY _____ TO ADOPT

APPROVED AS TO FORM:



 Lawrence McDowell
 Deputy City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRAY				
HENSLEY				
MAHAFFEY				
GATTO				
MOORE				
TOTAL				
MOTION CARRIED			APPROVED	
_____ Mayor				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

_____ City Clerk



I C A A

Proudly Serving all 99 Iowa Counties

Iowa Community Action Assoc.

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Fax: 515-280-3377

E-mail: llross@iowacaa.com

35

**Letter of Agreement for
Iowa Individual Assistance Program Services**

1. Agreement.

The Iowa Community Action Association (hereinafter referred to as Grantee) enters into an agreement with the following Community Action Agency in Iowa (hereinafter referred to as Sub-grantee) for the purpose of administering the Iowa Individual Assistance Grant Program related to disaster area declarations made by the Governor of Iowa:

Sub-grantee:

City of Des Moines

Des Moines Community Action Agency

100 E. Euclid Avenue, Suite 101

Des Moines, Iowa 50313

2. Adherence to the Contract.

Sub-grantee herewith agrees to implement all contract components contained in the contract between the Iowa Community Action Association (Grantee) and the Iowa Department of Human Services. That contract is numbered as FOSU-14-001 for reference purposes (hereinafter referred to as Contract), and is attached to this letter of agreement. Sub-grantee agencies, by signing this letter of agreement, agree to fully meet and implement all requirements of the Grantee as stated in the Contract, with the exception of the requirements which relate to reports or documents submitted by the Grantee to the Iowa Department of Human Services. All reports required by the Grantee from the Sub-grantee must be submitted, however. In lieu of the insurance coverage requirements, Sub-grantee will provide evidence of self-insurance satisfactory to Grantee.

3. Review of Records.

Sub-grantee certifies that they will make all books, records, and other documents pertaining to this project available for review by the Grantee, or the Iowa Department of Human Services, or the State of Iowa, or any of their assigns or designees for review and/or program monitoring with reasonable notice.

4. Implementation with or without Future Guidance.

Sub-grantee agrees to implement program services as described in the Contract, as described on the website of the Iowa Department of Human Services, and as described in further guidance that may be provided by the Iowa Department of Human Services or the Grantee, provided that such guidance is given to the Sub-grantee in writing.

5. Waiver of the right of Voluntary Termination.

Because of the limited nature of this project, Sub-grantees may not voluntarily terminate provision of services under this agreement prior to the end of the Contract, and agree to carry out all provisions of this Letter of Agreement and the Contract with fidelity and in accordance with the terms of the Contract

for the entire duration as stated in the Contract. Grantee retains the right to terminate its agreement with any or all of the Sub-grantees at any time, with or without cause given.

6. Reporting Services and requesting Reimbursement.

Sub-grantee agrees to report services provided and requests for reimbursement using a reporting format as developed by the Grantee. Sub-grantee acknowledges that an established amount of funding by Sub-grantee is not, and will not, be established. Services shall be provided on a first-come basis to eligible households. Grantee agrees to provide Sub-grantee with not less than monthly reports on the balance of funding remaining in the project.

7. Ongoing Communication.

Sub-grantee shall appoint a single point of contact for all communication between the Grantee and the Sub-grantee for the purpose of communicating program guidance, requesting documentation, or addressing any concerns as they arise.

Dated and Signed By Representatives from:

Iowa Community Action Association _____
(Grantee) (Sign, Print, Date)

City of Des Moines, Des Moines Community Action Agency _____
(Sub-grantee) (Sign, Print, Date)