

IOWA DEPARTMENT OF HUMAN SERVICES

ADMINISTRATIVE SUPPORT CONTRACT FOR VOLUNTEER SERVICES

Iowa Department of Human Services
_____ District Office

Contractor: _____

Address: _____

Contract Period:
Beginning Date: _____

Termination Date: _____

Telephone: _____

Social Security # _____
(If provider is an individual)

Federal I.D. # _____
(If provider is an agency)

Name of agency representative

Annual Costs:

Fee: _____

Total Amount Payable Monthly _____

Expenses: _____

Volunteer Expenses: _____

Total Costs: _____

Attachment

1. Annual review of program objectives.

Terms of Contract

This contract is between the Iowa Department of Human Services and a contractor providing services related to volunteer programming.

1. Under the terms of this contract, the contractor:

- (A) Shall consider this contract as written authorization issued by an authorized representative of the local Department of Human Services office for providing the services under this agreement for which payment will be claimed.
- (B) Must provide the services as authorized before submitting the billing form for payment.
- (C) Must accept payment for the services authorized for service only through the service payment system.
- (D) Must continue to meet all federal, state, and local standards that pertain to the services to be provided under this contract.
- (E) Must not discriminate because of race, color, religion, sex, or national origin and must meet requirements of Section 504 (non-discrimination against the handicapped).
- (F) Must not assign, transfer, or subcontract any interest in this agreement without prior Department approval. That is, no payment for authorized services made under this agreement can go to anyone other than the service provider named in this agreement.
- (G) The contractor must adhere to the department's policy and procedure for reporting cases of suspected abuse.

2. There shall exist three reasons for the termination of this contract:

- (A) The necessary county, state and federal funding is not obtained or continued at an aggregate level sufficient to allow for continuation;
- (B) The contractor fails to perform or provide services or otherwise fail to abide by the provisions of the contract. If so, the contract may be terminated upon thirty days written notice.
- (C) The contract is cancelled by either party at any time with or without cause. Cancellation requires thirty days written notice.

3. Under the terms of this contract:

- (A) The local Human Services office will determine eligibility for services and authorize appropriate services for individuals.

- (B) The Department of Human Services will honor claims and make payments for services that were authorized in accordance with the Department's policies and standards. Payment by the Department of Human Services will be subject to the time required for processing claims and mailing warrants.
- (C) All claims submitted shall represent preagreed services and costs. The contractor should retain a written notebook or other records to substantiate the date, time and type of service provided. If this case was selected for review, these records should be available to substantiate services were provided.
- (D) The privacy of the client and the client's relationship with the Iowa Department of Human Services must be respected and kept confidential. Personal information about the client for whom services are provided may not be shared with anyone but the department staff and the client. Failure to respect the client's privacy could result in cancellation of the contract and legal sanctions if warranted.
- (E) It is understood by the parties to this contract that the provider of services under this contract shall, at all times material to this contract, have the status of an independent contractor only and shall in no sense be an agency or employee of the State of Iowa, the Iowa Department of Human Services, any of its employees, or any of its clients. As such, the following benefits are specifically excluded from this agreement: disability group insurance, group life insurance and medical and health insurance. The contractor agrees to defend, indemnify and hold harmless the Department of Human Services for all claims arising from the contractor's acts, omissions, or negligence.
- (F) It is understood by the parties to this contract that the contractor and the local and district Human Services offices comply with Department of Human Services Employees' Manual I-F and I-F Appendix.

A. Responsibilities of contractor to Department of Human Services:

B. Responsibilities of the Department of Human Services to the contractor:

C. Plans for volunteer recognition:

Budget

Monthly Contract Total:
(Add line items if applicable)

Contractor fee: \$ _____

Contractor expenses: \$ _____
(If applicable)

Volunteer expenses: \$ _____
(If applicable)

Total: \$ _____

Annual Contract Total:

Contractor fee: \$ _____

Contractor expenses: \$ _____
(If applicable)

Volunteer expenses: \$ _____
(If applicable)

Volunteer recognition costs: \$ _____

Total: \$ _____

Other Income for volunteer program
(if applicable)

_____ \$

_____ \$

_____ \$

Total \$ _____

Total income for volunteer program \$ _____

I understand that no person shall be excluded by the Department from seeking the opportunity to volunteer on the basis of race, color, creed, national origin, sex, age, religious or political affiliation, and physical or mental disability.

I have read and understand the services which I am to provide and agree to abide with the content of this document.

Contractor Signature

Date

Iowa Department of Human Services

County Director

Date

District Administrator

Date

Director, State Volunteer Programs

Date

Approved as to form:
Candy Morgan
Assistant Attorney General

Attachment: Annual Review of Contractor Responsibilities

Objective (List)	Completed	Partially Completed Please Explain	Deleted Please Explain
1.			
2.			
3.			
4.			

In narrative form, summarize year's accomplishments.