

Iowa Department of Justice

Crime Victim Assistance Division (CVAD)

Claim Voucher

Fund: DA-Domestic Abuse & SA-Sexual Abuse

Month: July

Program Assault Care Center

Address P.O. Box 1429

City Ames

E-mail Contact

Phone/Ext. 515-292-0500

Vendor #

RECEIVED
13 AUG 30 AM 11:49
IOWA DEPARTMENT OF JUSTICE
CRIME VICTIM ASSISTANCE

Contract # →

DA-14-

SA-14-06-SAC

Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance
Payroll					83,430	6,451.19	6,451.19	76,978.81
Benefits		-	-	-	30,714	1,590.68	1,590.68	29,123.32
Travel & Training		-	-	-				
Contracted Svc.		-	-	-	1,800			1,800.00
Equipment		-	-	-				
Repairs & Maint.		-	-	-				
Rent		-	-	-	3,300	300.00	300.00	3,000.00
Utilities		-	-	-				
Communications		-	-	-	1,875			1,875.00
Advertising		-	-	-				
Supplies		-	-	-				
Insurance		-	-	-				
Other Direct		-	-	-				
Total					121,119	8,341.87	8,341.87	112,777.13

PAID
SEP 17 2013

Total DA/SA

8,341.87

Program Signature

Date

Marion Smyle
August 29, 2013

CVAD Signature

Date

Wickerson

9-11-13

Original or First claim
Doc# AGKH 091313001
Date Paid

Iowa Department of Justice
 Crime Victim Assistance Division (CVAD)

Payroll Summary for Claim Vouchers

Time Period: June 1, 2013 - June 30, 2013

Program City: Ames, Iowa

Program: Assault Care Center

*TRD - Dec 31
 in document
 WIC*

New Staff	Employee	Title	Direct Service %	Gross Wages	Total Payroll Claim	SA	SF	VA	TF	
		Volunteer Program Coordinator	0%	\$2,451.12	\$980.45	980.45				
		Sexual Abuse Services Advocate 3	90%	\$0.00	\$0.00					
		Volunteer Program Coordinator	0%	\$936.00	\$306.00	306				
		Administrative Assistant	0%	\$1,056.00	\$316.80	316.80				
		Sexual Abuse Youth Services Coordinat	80%	\$2,390.50	\$2,390.51	597.63		1792.88		
		Executive Director	10%	\$3,916.66	\$1,566.66	1,566.66				
		Business/Finance Manager	0%	\$1,566.00	\$548.10	548.10				
		Sexual Abuse Services Advocate 2	90%	\$2,670.00	\$2,570.00	642.50		1927.50		
		Sexual Abuse Services Advocate 1	90%	\$2,731.16	\$2,731.16	631.16	2,100.00			
		Night time Shelter Advocate	100%	\$505.31	\$126.33	126.33				
		Night time Shelter Advocate	100%	\$413.44	\$103.36	103.36				
		Night time Shelter Advocate	100%	\$516.26	\$129.06	129.06				
		Night time Shelter Advocate	100%	\$630.00	\$157.50	157.50				
		Night time Shelter Advocate	100%	\$284.38	\$71.10	71.10				
		Night time Shelter Advocate	100%	\$883.76	\$220.94	220.94				
		Night time Shelter Advocate	100%	\$214.38	\$53.60	53.60				
Total:					\$21,164.97	\$12,271.57	\$6,451.19	\$2,100.00	\$3,720.38	\$0.00

Total Payroll Claim SA

Gross Wages SA SS VA VW

*JA 1-30-13
 JA 1-31-13
 2013-1-31*

Expense Summary

Program: *Assault Care Center*
 Month/Year: *July 1, 2013 - July 31, 2013*

Benefits:

<u>Name</u>	<u>FICA</u>	<u>Amount:</u>
Total Payroll		
Claim		
\$980.45	FICA	\$75.00
\$0.00	FICA	\$0.00
\$306.00	FICA	\$23.41
\$316.80	FICA	\$24.24
\$2,390.51	FICA	\$182.87
\$1,566.66	FICA	\$119.85
\$548.10	FICA	\$41.93
\$2,570.00	FICA	\$196.61
\$2,731.16	FICA	\$208.93
\$126.33	FICA	\$9.66
\$103.36	FICA	\$7.91
\$129.06	FICA	\$9.87
\$157.50	FICA	\$12.05
\$71.10	FICA	\$5.44
\$220.94	FICA	\$16.90
\$53.60	FICA	\$4.10

Total: \$938.78

Expense Summary

Program: *Assault Care Center*
 Month/Year: *July 1, 2013 - July 31, 2013*

Benefits:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>	<u>DA</u>	<u>SA</u>
	<u>FICA</u>	\$930.10	\$ 930.10	\$938.78 ✓
	<u>Health Insurance</u>			
		\$170.50	\$170.50	
		\$170.50	\$170.50	
		\$274.67		\$274.67
		\$274.67		\$274.67
		\$75.22	\$75.22	
		\$556.52	\$556.52	
	<u>Dental Insurance</u>			
		\$27.35	\$27.35	
		\$27.35		\$27.35
		\$27.35	\$27.35	
		\$27.35	\$10.94	\$9.57
		\$27.35		\$27.35
		\$27.35		\$27.35
		\$27.35	\$27.35	
		\$27.35	\$9.05	\$10.94

Total: \$2,670.98 \$2,004.88 \$1,590.68

Contractual Services:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>		
	Audit			
Total:		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

Communications:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>		
	Marshalltown Phone		\$0.00	\$0.00
Total:		<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

Rent:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>		
	Marshalltown Rent	\$600.00	\$300.00	\$300.00
Total:		<u>\$600.00</u>	<u>\$300.00</u>	<u>\$300.00</u>

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>		
Total:		<u>\$0.00</u>		

TOTAL EXPENSES*: \$3,270.98 \$2,304.88 \$1,890.68

*doesn't include payroll

UnitedHealthcare
 Dept. CH 10151
 6
 Palatine, IL 60055-0151



Page: 1 of 3

ASSAULT CARE CENTER

PO BOX 1429
 AMES, IA 50014

Invoice No: 0031963224
 Invoice Date: Jul 13, 2013
 Customer No.
 Bill Group
 Coverage Period: 08/01-08/31/2013
 Due Date: Aug 01, 2013

Account Summary

Previous Balance	\$2,457.61
Payments (-)	\$-2,457.61
Bill Group Adjustments (+/-)	\$0.00
Late Payment Charge (+)	\$0.00
Current Charges (+)	\$2,457.61
Current Adjustments (+/-)	\$0.00
Total Balance Due	\$2,457.61

Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
08P3570-ASSAULT CARE CENTER				
	6		-	\$1,774.80
	1		-	\$682.81
Subtotal - 08P3570-ASSAULT CARE CENTER	7		-	\$2,457.61
TOTAL	7		-	\$2,457.61

Invoice Detail

Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
		CHOYC+		E		\$190.50

Please Detach and Return the Portion Below with Remittance

Customer Name ASSAULT CARE CENTER	Customer Number	Payment Due Date Aug 01, 2013	INV # 0031963224
--------------------------------------	-----------------	----------------------------------	---------------------

Return payment stub to:

UnitedHealthcare Insurance Company
 Dept. CH 10151
 Palatine, IL 60055-0151

AMOUNT DUE

\$2,457.61

AMOUNT PAID

\$ _____

ASSAULT CARE CENTER

PO BOX 1429
AMES, IA 50014

Invoice No: 0031963224
Invoice Date: Jul 13, 2013
Customer N°
Bill Group: 1
Coverage Period: 08/01-08/31/2013
Due Date: Aug 01, 2013

08P3570	CHOYC+	E	\$247.94
08P3570	CHOYC+	E	\$190.50
08P3570	CHOYC+	E	\$294.67
08P3570	CHOYC+	E	\$294.67
08P3570	CHOYC+	E	\$556.52
08P3570	CHOYC+	ESC	\$682.81
		TOTAL:	\$2,457.61



PO Box 5044
Des Moines, IA 50305-5044
(877) 983-3582

ACCOUNT INVOICE

ACCESS ASSAULT CARE CENTER
PO BOX 1429
AMES IA 50014-0000

Invoice Number:	414938
Billing Period:	07/01/2013 - 07/31/2013
Group Number:	
Group Name:	ACCESS ASSAULT CARE CENTER
Master Number:	00000
Description:	
Phone Number:	(515) 292-0500

SUBSCRIBER ADJUSTMENTS

The following changes have been made to our eligibility records.

*Action Code: 1=Addition, 2=Termination, 3=Eff Date Change, 4=Cov Type Change

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	*Action Code	Amount Due
Total Adjustments:						\$.00

ACTIVE SUBSCRIBERS

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	Amount Due
			Single	12/01/2012	\$ 27.35
			Single	11/01/2008	\$ 27.35
			S+Family	06/01/2012	\$ 94.98
			Single	01/01/2012	\$ 27.35
			Single	09/01/2012	\$ 27.35
			S+Family	01/01/2013	\$ 94.98
			Single	09/01/2005	\$ 27.35
			Single	09/01/2005	\$ 27.35
			S+Family	10/01/2009	\$ 94.98
Current Billed:					\$ 449.04

CURRENT PREMIUM BILLED

Number of Subscribers	Coverage Choice	Rate	Amount Due
6	Single	units at \$ 27.35	per unit equals \$ 164.10
3	S+Family	units at \$ 94.98	per unit equals \$ 284.94
Current Billed:			\$ 449.04

PRIOR DUE

Prior Amount Due	\$ 449.04
Less Payment Received	449.04
Balance From Prior Billing	.00

Assault Care Center Lease
26 East Main Street
Marshalltown, Iowa
50158

This Commercial Lease Agreement ("Lease") is made and effective JULY 1 2013, by and between INNOVATIVE COMMUNICATIONS, LLC ("Landlord") and Assault Care Center "Tenant").

Landlord is the owner of land and improvements commonly known and numbered as _____ and legally described as follows (the "Building"):

MARSHALL W 1/3 & W 18' OF MIDDLE 1/3 OF LOT 11 BLK 10

Landlord makes available for lease a portion of the Building designated as SUITE #1 (the "Leased Premises").

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the covenants, conditions and provisions herein set forth.

THEREFORE, in consideration of the mutual promises herein, contained and other good and valuable consideration, it is agreed:

1. Term.

A. Landlord hereby leases the Leased Premises to Tenant, and Tenant hereby leases the same from Landlord beginning JULY 1ST 2013 and ending JUNE 30th 2014. Landlord shall use its best efforts to give Tenant possession as close as possible to the beginning of the Lease term. If Landlord is unable to timely provide the Leased Premises, rent shall abate for the period of delay. Tenant shall make no other claim against Landlord for any such delay.

B. Tenant may renew the Lease for one extended term of 1 Year. Tenant shall exercise such renewal option, if at all, by giving written notice to Landlord not less than ninety (90) days prior to the expiration of the Initial Term. The renewal term shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as provided in this Lease.

2. Rental.

A. Tenant shall pay to Landlord Six Hundred Dollars (~~\$600.00~~) payable monthly. The payment shall be due in advance of the first of every month within the leased period. The payment is to be made to Landlord at _____ or at such other place designated by written notice from Landlord.

3. Use

Notwithstanding the forgoing, Tenant shall not use the Leased Premises for the purposes of storing, manufacturing or selling any explosives, flammables or other inherently dangerous substance, chemical, thing or device.

4. Sublease and Assignment.

Tenant shall have the right without Landlord's consent, to assign this Lease to a corporation with which Tenant may merge or consolidate, to any subsidiary of Tenant, to any corporation under common control with Tenant, or to a purchaser of substantially all of Tenant's assets. Except as set forth above, Tenant shall not sublease all or any part of the Leased Premises, or assign this Lease in whole or in part without Landlord's consent, such consent not to be unreasonably withheld or delayed.

Rent -
Claiming
\$300.00
Per email

Employee Name		(State for)		Dept.		Pays		Taxes		Deductions & Memos		Ck. No.		
Emp. No.	SSN No.	UCI	Tax Status	Rate	Hours	Pay	Description	Description	Amount	Description	Amount	YTD	Type	
Pay Freq.					Year-to-Date	Hours	Amount		Current		YTD	Amount	Net Pay	
6		IA				1,281.58	0-Regular Pay	Federal WH	17.78	2-Health Insuran	10.00	130.00	2004190	
		IA						OASDI	76.74	4-401(K) Match	64.08	833.04	DD	
								Medicare	17.95	5-<401(K) Match	(64.08)	(833.04)		
								IA: State WH	40.00	7-401(K) before	64.08	833.04		
										8-Dental Insuran	33.82	439.66		
Totals:											152.47		1,021.21	
					Total YTD:	1,281.58	16,660.54							

Employee Totals

Employee Name	(State for)	Dept. No.	Pays			Year-to-Date	Taxes			Deductions & Memos			Cr. No. Type				
			Current Rate	Hours	Pay		Description	Amount	Description	Amount	Description	Amount		YTD	YTD		
132	ACCESS	1	0-Regular Pay	8.75	24.00	210.00	0-Regular Pay	220.50	1,929.98	Federal WH	0.00	0.00				021303	
										OASDI	13.02	119.62					
										Medicare	3.05	27.98					
										J.A. State WH	0.00	3.00					193.8
	Employee Totals		Totals:		24.00	210.00	Total YTD:	220.50	1,929.98		16.07						
137	Default	1	0-Regular Pay	14.9038	24.00	357.69	0-Regular Pay	24.00	357.69	Federal WH	0.00	0.00					2004191
										OASDI	22.18	22.18					DD
										Medicare	5.19	5.19					
										J.A. State WH	3.00	3.00					
	Employee Totals		Totals:		24.00	357.69	Total YTD:	24.00	357.69		30.37						327.3
131	ACCESS	1	0-Regular Pay	13.4615	32.00	430.77	0-Regular Pay	32.00	15,597.48	Federal WH	0.00	884.39					2004192
										OASDI	26.10	958.37					DD
										Medicare	6.10	224.13					
										J.A. State WH	5.00	551.00					
	Employee Totals		Totals:		32.00	430.77	Total YTD:	32.00	15,597.48		37.20						383.5
93	ACCESS	1	0-Regular Pay	8.75	40.00	350.00	0-Regular Pay	47.25	413.44	Federal WH	0.00	0.00					2004194
										OASDI	21.70	25.63					DD
										Medicare	5.08	6.00					
										J.A. State WH	2.00	2.00					
	Employee Totals		Totals:		40.00	350.00	Total YTD:	47.25	413.44		28.78						321.2
125	ACCESS	1	0-Regular Pay	8.75	22.00	192.50	0-Regular Pay	380.25	3,927.20	Federal WH	0.00	0.00					2004195
										OASDI	17.63	211.98					DD
										Medicare	4.12	49.57					
										J.A. State WH	3.00	35.00					
	Employee Totals		Totals:		29.00	284.58	Total YTD:	387.25	3,419.08		24.75						259.6
92	ACCESS	1	2-Vacation	14.7057	80.00	1,176.54	0-Regular Pay	80.00	16,559.54	Federal WH	18.07	18.07					2004196
										OASDI	72.94	668.04					DD
										Medicare	17.06	156.24					
										J.A. State WH	53.00	404.00					
	Employee Totals		Totals:		80.00	1,176.54	Total YTD:	80.00	17,746.08		161.07						1,015.4
56	ACCESS	1	0-Regular Pay	18.00	35.00	630.00	0-Regular Pay	547.50	9,855.00	Federal WH	12.17	338.42					2004197
										OASDI	39.06	616.56					DD
										Medicare	9.13	144.29					
										J.A. State WH	18.00	318.00					
	Employee Totals		Totals:		35.00	630.00	Total YTD:	547.50	9,951.00		78.36						651.6

Employee Name Emp. No. Pay Freq.	(State for) SSN No. Tax Status	Dept. No.	Pays			Year-to-Date			Taxes			Deductions & Memos			Ck. No. Type Net Pay	
			Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Amount	YTD Amount	Description	Amount		YTD Amount
emi-Monthly Employee Totals		1	0-Regular Pay			1,335.00	0-Regular Pay		18,690.00	Federal WH	160.14	2,241.96	2-Health Insuran	10.00	140.00	2004207
										OASDI	79.57	1,113.94	3-Flex	41.66	583.24	DD
											Medicare	18.61	260.52	4-401(K) Match	66.75	934.50
									IA: State WH	47.00	658.00	5-<401(K) Match	(66.75)	(634.50)		
													7-401(K) before	934.50		
													13-401(K) loan re	1,269.66		
														209.10		
															820.58	
emi-Monthly Employee Totals		1	0-Regular Pay			1,365.58	0-Regular Pay		19,118.12	Federal WH	158.25	2,215.50	2-Health Insuran	10.00	140.00	2004208
										OASDI	83.01	1,162.18	3-Flex	16.66	233.24	DD
											Medicare	19.42	271.80	4-401(K) Match	68.28	955.92
									IA: State WH	50.00	700.00	5-<401(K) Match	(68.28)	(955.92)		
													7-401(K) before	955.92		
														94.94		
															959.96	
emi-Monthly Employee Totals		1	0-Regular Pay			1,281.58	0-Regular Pay		17,942.12	Federal WH	17.78	248.92	2-Health Insuran	10.00	140.00	2004209
										OASDI	76.74	1,074.37	4-401(K) Match	64.08	897.12	DD
											Medicare	17.95	251.27	5-<401(K) Match	(64.08)	(897.12)
									IA: State WH	40.00	560.00	7-401(K) before	64.08	897.12		
													8-Dental Insuran	33.82	473.48	
														107.90		
															1,021.21	

Romer, Nicole [AG]

From: Romer, Nicole [AG]
Sent: Wednesday, September 11, 2013 9:24 AM
To: Marvel Snyder (Finance@assaultcarecenter.org)
Subject: July SA Claim

Hi Marvel

On the SA claim (SA-14-06-SAC), the documentation shows \$600 for rent, but the voucher has \$300 listed. Do you wish to claim the full \$600?

Thanks,

Nikki Romer
Victim Service Specialist
Iowa Attorney General's Office
Crime Victim Assistance Division
321 E. 12th St.
Des Moines, IA 50319
515.281.0563 - Direct Line
515.281.8199 - Fax
nicole.romer@iowa.gov

*"We don't see things as they are, we see them as we are."
- Anias Nin*

Romer, Nicole [AG]

From: Marvel Snyder <Finance@assaultcarecenter.org>
Sent: Wednesday, September 11, 2013 9:31 AM
To: Romer, Nicole [AG]
Subject: RE: July SA Claim

We want to claim 300 for SAC and 300 for DAC.

Marvel

From: Romer, Nicole [AG] [mailto:Nicole.Romer@iowa.gov]
Sent: Wednesday, September 11, 2013 9:24 AM
To: Marvel Snyder
Subject: July SA Claim

Hi Marvel

On the SA claim (SA-14-06-SAC), the documentation shows \$600 for rent, but the voucher has \$300 listed. Do you wish to claim the full \$600?

Thanks,

Nikki Romer
Victim Service Specialist
Iowa Attorney General's Office
Crime Victim Assistance Division
321 E. 12th St.
Des Moines, IA 50319
515.281.0563 - Direct Line
515.281.8199 - Fax
nicole.romei@iowa.gov

"We don't see things as they are, we see them as we are."

- Anias Nin

Romer, Nicole [AG]

From: Romer, Nicole [AG]
Sent: Wednesday, September 11, 2013 9:37 AM
To: 'Marvel Snyder'
Subject: RE: July SA Claim

Okay...in the future please note that on your expense summary. The expense summary also shows \$600. It helps us to know how you wish to break that out.

Thanks, Marvel. ☺

Nikki Romer
Victim Service Specialist
Iowa Attorney General's Office
Crime Victim Assistance Division
321 E. 12th St.
Des Moines, IA 50319
515.281.0563 - Direct Line
515.281.8199 - Fax
nicole.romer@iowa.gov

*"We don't see things as they are, we see them as we are."
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Subject: RE: July SA Claim

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Marvel

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To: Marvel Snyder
Subject: July SA Claim

Hi Marvel

On the SA claim (SA-14-06-SAC), the documentation shows \$600 for rent, but the voucher has \$300 listed. Do you wish to claim the full \$600?

Thanks,

Nikki Romer
Victim Service Specialist
Iowa Attorney General's Office
Crime Victim Assistance Division
321 E. 12th St.

Hill, Kristi [AG CVAD]

From: Hill, Kristi [AG CVAD]
Sent: Wednesday, September 11, 2013 2:09 PM
To: 'director@assaultcarecenter.org'
Cc: Romer, Nicole [AG]
Subject: Payroll Summary

Please include all CVAD funds on one payroll summary when submitting future monthly claims. Looks like you created a separate payroll summary for DAC and SAC. Since ACCESS receives more than one VA contract, specify VA-DAC and VA-SAC at top of respective column. Do not combine multiple VA contracts into one column. Transition funds (TF) should also be included on same summary.

Thank you.

Kristi Hill, CPA
Certified Public Accountant ~ Iowa Department of Justice
Attorney General's Crime Victim Assistance Division (CVAD)
Lucas State Office Building ~ Ground Floor
321 E. 12th Street, Des Moines, Iowa 50319
Fax: 515-281-8199 | Phone: 515-281-8954 | khill@ag.state.ia.us