

## **IOWA DOMESTIC ABUSE (DA) AND/OR SEXUAL ABUSE (SA) CERTIFIED ASSURANCES**

The grantee assures and certifies that:

1. It is operated by a public or non-profit agency.
2. It will (a) prohibit discrimination against any employee, applicant for employment, or any person participating in any sponsored program on the basis of age, race, creed, color, gender, sexual orientation, gender identity, physical or mental disability, national origin, or religion, (b) compensate employees at no less than minimum wage, and (c) provide safe and sanitary working conditions.
3. The grant funds will be used to supplement and not supplant other available or mandated funds.
4. The grant funds will only be used to provide services to victims of domestic abuse or sexual abuse as specified in Iowa Code section 236.15.
5. Performance Reports will be submitted as required to the Crime Victim Assistance Division.
6. It has a grievance procedure for victims, employees and volunteers.
7. It is a domestic abuse or sexual abuse program as defined in Iowa Code Chapter 236 and that all employees and volunteers who provide victim services are certified as victim counselors as provided in Iowa Code Chapter 915.
8. It provides all services without regard to a victim's ability to pay. There shall be no charge to victims for services provided by the program.
9. If it provides services to victims of domestic abuse, the program has the capacity to provide or arrange for safe shelter of victims and their children.
10. If it provides services to victims of sexual abuse, the program has the capacity to provide in-person support to victims at the time of an evidentiary sexual abuse examination.
11. It will keep time and attendance records for all CVAD funded staff.

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I certify that I have read and reviewed the above assurances for the Domestic Abuse and/or Sexual Abuse state funds and that the grantee will comply with all applicable state laws and regulations.

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Program Name

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Signature of Authorized Representative

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Date

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Typed Name of Authorized Representative

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Title of Authorized Representative

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Email Address of Authorized Representative  
Representative

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Telephone Number of Authorized

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Program Director Signature

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Date

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Typed Name of Program Director

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Title of Program Director

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Email Address of Program Director

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Telephone Number of Program Director