In the Appendix to Chapter 4

The Appendix to Chapter 4 contains the following:

When Documents are Due to IEDA 2
Request for GAX payment form and instructions 3
Direct Deposit Authorization Form 5

When Documents are Due to IEDA

In order for IEDA to process requests for payment (draws) in a timely manner, certain documents must be received. The following table will show when documents are due into IEDA. If these documents are not received, your draw will be held until they are submitted.

Each activity funded including administration will be required to submit a draw **AT LEAST** every 6 months after the first draw is submitted. Failure to submit a draw every 6 months after the first draw is submitted may result in termination of your contract with IEDA. Once your contract is signed, draws can be submitted to IEDA in amounts of $500 and greater at ANY time for expenses incurred as part of your funded project.

Draws	Documents
With/prior to 1st Draw	
	Contract signed
	RARA signed
	Excessive Force signed
	Contract Condition Clearances: (Check Main Data to see if required)
	• 6.7(b) Sub-recipient agreement (CF/ED/DTR/CRL/HSG – ONLY Region XII & SICOG)
	• 6.7(b) Promisorry Note (ED ONLY)
	• 6.7(b) Documenation of Collateral (ED ONLY)
	• 6.7(a) Match funding award/loan approval letter (WS/CF)
	• 6.7(d) Long term lease agreement (CF ONLY)
	Administration Plan (Housing /DTR)
Prior to 1st construction draw	
(many prior to bid letting)	Section 106 completed (DTR or HSG ONLY – all others occur prior to release of funds)
	Release of Funds
	Contractor Clearances
	Contract Condition Clearances: (Check Main Data to see if required)
	• 6.6(a) DNR construction permit (WS/OT)
	• 6.6(b) Review of handicap accessibility (CF ONLY – non-stormwater)
	• 6.6(h) Façade easements (DTR ONLY)
	• 6.6(d)(e)(f) Rural Water Information (WS ONLY)
	• 6.6(g) State Building Code Approval (CF ONLY – non-stormwater)
	• 6.6(i) Storm water design - final documents (CF ONLY - stormwater)
	• 6.6(j) Construction documents for Iowa Green Streets Criteria (CF ONLY – non-stormwater)
	Signed Appendix C for Iowa Green Streets Criteria (DTR/CF – non-stormwater)
With 1st construction draw	
	Section 3 form (can be updated if status changes on final close-out documents)
With 50% completed draw	
	Meeting minutes and publication of Status of Funding hearing
With/prior to final draw	
	3D form (CF ONLY)
	Final housing QPR (2011 and previous contracts – 2012 and beyond with information with the draw form in IowaGrants for each house when completed)
	Follow up documentation required as part of a monitoring
	Final audit documentation
	Community facilities: signed Appendix D, E, or F for Iowa Green Streets Criteria and Energy report

Attach supporting documentation
to the back of this form

STATE OF IOWA

GAX

BUDGET FY	General Accounting Expenditure		DOCUMENT NUMBER
	DATE 3/19/2012	ACCTG PERIOD (mm/yy)	

VENDOR CODE	AGENCY NAME

VENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS
	Iowa Economic Development Authority 200 E. Grand Ave. Des Moines, Iowa 50309	

TERMS	FOB	ORDER APPROVED BY	GOODS RECEIVED/SERVICES PERFORMED DATE INITITALS
		VENDOR'S INVOICE NUMBER	

QUANTITY					
ORDERED	RECEIVED	UNIT OF MEASURE		UNIT PRICE	TOTAL PRICE
			Request for Payment under CDBG Contract Number: _____ Report Number: _____		$ _____
				DOCUMENT TOTAL	$ _____

CLAIMANT'S CERTIFICATION

I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID.

DATE **TITLE**

CLAIMANT'S SIGNATURE

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOUD BE PAID FROM THE FUNDS APPROPRIATED BY:

CODE OR CHAPTER SECTION(S)

AUTHORIZED SIGNATURE

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

DOC TYPE (GAX)	DOC NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	ACTION NEW/MOD	PO SHIP INSTR	GAX TYPE	INT IND	INT SELLER FUND	INT SELLER AGCY
GAX							1			

VENDOR CODE	ADDR OVERRIDE	F/A INDICATOR	EFT IND	TEXT -po's only (Y/N)	TEXT (po's only)
			Y		

REF DOC TYPE	REF DOC NUMBER	REF DOC LINE	COM LN	VEND INVOICE #	COMMODITY CODE	GS CONTRACT

LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D	P/F
01	0340	269	4610				4125									
02																
03																
04																
05																
06																
07																

DOCUMENT TOTAL

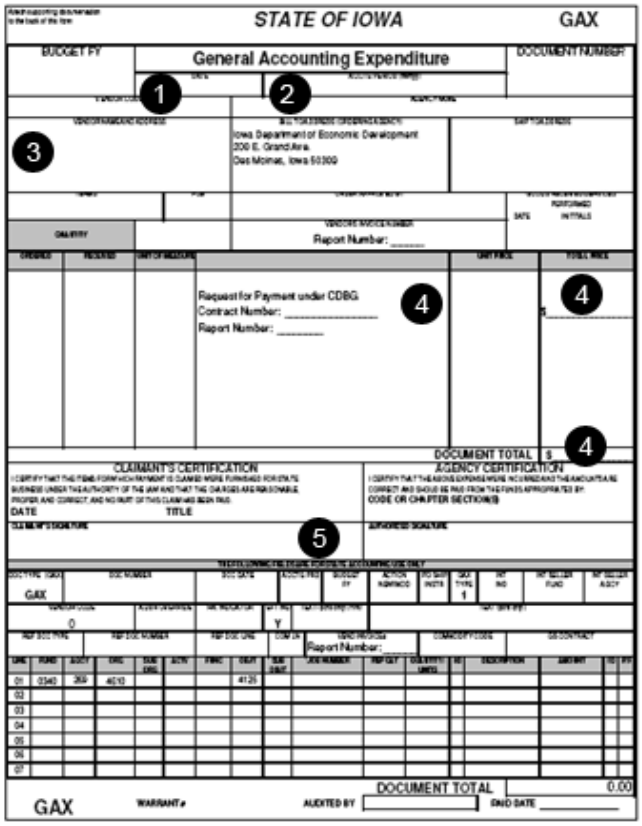
GAX **WARRANT #** **AUDITED BY** **PAID DATE** _____

Instructions for Completing
Request for Payment/Activity Status Form
Community Development Block Grant (CDBG) Program

BACK SIDE OF FORM

1. **Date Form Complete**
2. **Accounting Period** (Date from Number 4 above)
3. **Vendor:** Name and address of recipient as they appear on the contract.
4. **Description of Item**: Fill in contract number, report number, and amount of request in the space provided.
5. **Claimant's Certification**: Type in title, and have it signed and dated by contract signatory **in ink other than black.**

Submit online at iowagrants.gov.



SECTION 1 – TRANSACTION TYPE

ARE YOU ADDING, CHANGING or CANCELING THIS AGREEMENT? ADD ☐ CHANGE ☐ CANCEL ☐

The agreement represented by this authorization remains in effect until canceled by the payee and until such time. Payments made by the State of Iowa to you will be deposited into the account at the financial institution designated below. You will be required to submit a new form for any change in banking designation or to cancel this authorization and revert to a state warrant. It is your responsibility to notify the State of Iowa any time an account is closed.

An add or change in EFT status will be effective ten business days after entry into the State's accounting system. A cancelation will become effective immediately after entry into the State's accounting system.

PLEASE NOTE THAT THIS FORM NEEDS TO BE COMPLETED ONLY IF A NEW BANK ACCOUNT IS BEING SET UP FOR DIRECT DEPOSIT. IF FUNDS ARE ALREADY RECEIVED FROM THE STATE OF IOWA VIA EFT INTO THE BANK ACCOUNT A NEW FORM DOES NOT NEED TO BE COMPLETED FOR FUNDS TO BE RECEIVED FROM THE IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT.

SECTION 2 – BUSINESS/INDIVIDUAL IDENTIFICATION INFORMATION

BUSINESS/INDIVIDUAL LEGAL NAME: _____
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING PURPOSES)

BUSINESS NAME: _____
(DBA-DOING BUSINESS AS NAME IF DIFFERENT FROM LEGAL NAME)

GRANT/PROJECT NUMBER: _____
(EXAMPLE: 10-WS-013, 08-DRMH-004, 10-HSG-083, 08-DRB-203)

SSN |__|__|__| - |__|__| - |__|__|__|__| OR FEIN (Fed. Empl. ID Number) |__|__| - |__|__|__|__|__|__|__|

MAILING ADDRESS: _____
(ADDRESS TO BE USED IN CASE OF DEFAULT TO CHECK)

CITY: _____ STATE: _____ ZIP_____

SECTION 3 – FINANCIAL INSTITUTION – TO BE COMPLETED BY FINANCIAL INSTITUTION
(NOT REQUIRED IF FOR CHECKING ACCOUNT **ONLY** AND A COPY OF **VOIDED** CHECK IS ATTACHED – **DO NOT** ATTACH DEPOSIT SLIP)

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

CITY: _____ STATE: _____ ZIP_____

NAME ON ACCOUNT: _____

ROUTING TRANSIT NUMBER: |__|__|__|__|__|__|__|__|__|

ACCOUNT TYPE: SAVINGS ☐ CHECKING ☐

CUSTOMER ACCOUNT NUMBER: _____

I have verified the signature(s) and account numbers above. The Financial Institution is ACH capable and will comply with NACHA rules.

REPRESENTATIVE NAME:_____ SIGNATURE: _____

REPRESENTATIVE TITLE: _____

TELEPHONE NUMBER: (_____) _____ - _____ DATE: _____

SECTION 4 – VENDOR AUTHORIZATION FOR ADD, CHANGE, OR CANCELLATION

I hereby authorize the Department of Administrative Services to deposit payments from the State of Iowa to the account designated on this form and to initiate any adjustments or debit entries to this account for any erroneous deposits in the amount of the error only. I also understand that the State of Iowa can only deposit funds into one financial institution and account.

AUTHORIZED NAME: _____ TITLE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ TELEPHONE NUMBER: (_____) - _____ - _____

Mail, Fax, or Email the completed form to:

Katie Caggiano – Iowa Economic Development Authority
200 East Grand Avenue, Des Moines, IA 50309
Fax: (515) 725-3010 Email: katie.caggiano@iowa.