

## In the Appendix to Chapter 4

The Appendix to Chapter 4 contains the following:

When documents are due to IEDA .....	2
Request for payment/ GAX form/ and instructions .....	4
Direct Deposit Authorization Form .....	6

|

## When Documents are Due to IEDA

IEDA must receive certain documents prior to processing requests for payments/ draws. 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.

Draws	Documents
<b>With/prior to 1<sup>st</sup> Draw</b>	
	Contract signed
	RARA signed
	Excessive Force signed
	Equal Opportunity Policy
	Fair Housing Policy
	Code of Conduct
	Procurement Policy
	Procurement Certification of Compliance Form
	Contract Condition Clearances: (Check Main Data to see if required)
	<ul style="list-style-type: none"> <li>• 6.7(b) Sub-recipient agreement (CF/ED/DTR/CRL/HSG – ONLY Region XII &amp; SICOG)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.7(b) Promissory Note (ED ONLY)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.7(b) Documentation of Collateral (ED ONLY)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.7(a) Match funding award/loan approval letter (WS/CF)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.7(d) Long term lease agreement (CF ONLY)</li> </ul>
	Administration Plan (Housing /DTR)
	Sub-Recipient Agreement (if applicable)
<b>Prior to 1<sup>st</sup> construction draw</b> (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)
	<ul style="list-style-type: none"> <li>• 6.6(a) DNR construction permit (WS/OT)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.6(b) Review of handicap accessibility (CF ONLY – non-stormwater)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.6(h) Façade easements (DTR ONLY)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.6(d)(e)(f) Rural Water Information (WS ONLY)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.6(g) State Building Code Approval (CF ONLY – non-stormwater)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.6(i) Storm water design - final documents (CF ONLY - stormwater)</li> </ul>
	<ul style="list-style-type: none"> <li>• 6.6(j) Construction documents for Iowa Green Streets Criteria (If applicable)</li> </ul>
	Signed Appendix C for Iowa Green Streets Criteria (if applicable)
<b>With 1<sup>st</sup> construction draw</b>	
	Section 3 form (can be updated if status changes on final close-out documents)
<b>With 50% completed draw</b>	
	Meeting minutes and publication notice of Status of Funded Activities hearing
<b>With/prior to final draw</b>	
	3D form (CF ONLY)
	Section 3 for Current Year
	Information on each completed home with each draw form in IowaGrants (Housing)
	Follow up documentation required as part of a monitoring
	Final audit documentation
	If applicable- signed Appendix D, E, or F for Iowa Green Streets Criteria and Energy report

NOTE: Failure to submit a draw every 6 month, for both the CDBG activity and administration, 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.

<b>BUDGET FY</b>		<b>General Accounting Expenditure</b>						<b>DOCUMENT NUMBER</b>								
		DATE 3/19/2012			ACCTG PERIOD (mm/yyyy)											
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		JOB		ORDER APPROVED BY				GOODS RECEIVED/SERVICES PERFORMED								
								DATE      INITIALS								
QUANTITY				VENDOR'S INVOICE NUMBER												
ORDERED	RECEIVED	UNIT OF MEASURE						UNIT PRICE		TOTAL PRICE						
				Request for Payment under CDBG Contract Number: _____  Report Number: _____						\$ _____						
									<b>DOCUMENT TOTAL</b>		\$ _____					
<b>CLAIMANT'S CERTIFICATION</b>						<b>AGENCY CERTIFICATION</b>										
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.						I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: <b>CODE OR CHAPTER SECTION(S)</b>										
<b>DATE</b>		<b>TITLE</b>														
CLAIMANT'S SIGNATURE						AUTHORIZED SIGNATURE										
<b>THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY</b>																
DOC TYPE (GAX) <b>GAX</b>		DOC NUMBER		DOC DATE		ACCTG PRD	BUDGET FY	ACTION NEW/MOD	PO SHIP INSTR	GAX TYPE <b>1</b>	INT IND	INT SELLER FUND	INT SELLER AGCY			
VENDOR CODE		ADDR OVERRIDE	F/A INDICATOR	LEFT IND	TEXT -po's only (Y/N)			TEXT (po's only)								
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	VD	DESCRIPTION	AMOUNT	VD	P/F
01	0340	269	4610				4125									
02																
03																
04																
05																
06																
07																

**GAX**

WARRANT # \_\_\_\_\_

AUDITED BY \_\_\_\_\_

**DOCUMENT TOTAL**

PAID DATE \_\_\_\_\_



**Direct Deposit Authorization Form  
Iowa Economic Development Authority**

**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 cancellation 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

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_    CHECKING

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: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Upload completed form to [lowagrants.gov](http://lowagrants.gov) under “Electronic Documents” prior the first draw**