#### IOWA ECONOMIC DEVELOPMENT AUTHORITY DESTINATION IOWA

IowaGrants Training Webinar





**Grant Recap** 

How to Submit a Claim

How to Submit a Quarterly Report

IowaGrants Correspondence Training

**Questions & Answers** 

# **GRANT RECAP**



- The Destination Iowa Grant Program was designed to bolster the quality of life in Iowa's communities and attract visitors and new residents to the state
- The program has four separate funds: Economically Significant Development, Outdoor Recreation, Tourism Attraction, and Creative Placemaking
- Period of Performance: Award date to September 30, 2026
- Note that all funds need to be obligated by December 31, 2024, but can be expended until September 30, 2026



- The Destination Iowa Grant is paid out to Subrecipients on a reimbursement basis
- Reimbursement requests are to be submitted via lowaGrants
- Subrecipients can request up to 4 reimbursements per year
- Final reimbursement to be requested and finalized by **September 30, 2026**



#### **Destination Iowa Disbursement & Reimbursement Requirements**

To be eligible for disbursement, the following are needed, if not provided previously:

- Executed agreement
- Procurement Policy
- Documentation to demonstrate 100% financing ٠
  - Resolution from governing entity for contribution (debt financing or cash), if applicable Donor & Grant Spreadsheet, if applicable Grant award letters, if applicable

  - Letter of credit from financial institution for debt financing (non-profit & for-profit)
- Resolution from entity's governing board
- Form W9
- Conflict of Interest Certification

When submitting for reimbursement, the following are needed:

- Draw Request Reimbursement Form
- Paid invoices
- Additional documentation as requested cancelled checks, invoices, receipts, staff time or payrolls, proof of payment, procurement support



# Destination Iowa Disbursement & Reimbursement Requirements - GAX Form

#### **GAX Form Background**

- To receive reimbursement, the General Accounting Expenditure (GAX) form must be completed within IowaGrants
  - The State of Iowa uses this form to process payments
- Note: Grantee must fill out the correct GAX form that corresponds to their Destination Iowa Grant Award Fund Source (Economically Significant Development, Outdoor Recreation, Tourism Attraction, or Creative Placemaking)



# HOW TO SUBMIT A CLAIM



### **Submitting a Claim**

1. Select "Click Here to Access Single Sign on Tool" and sign in.

2	IOWA GRANTS	Wekene te IowaGra	nts.gov
	P	Login	
-		P IowaGrants Users Click Here To Login	Announcements
		Click Here to Access Single Sign On Tool	*** NEW SYSTEM LOGIN PROCESS FOR ALL USERS ***
	c	Interested in the current posted Opportunities?	All lowaGrants Users MUST always utilize the Single Sign On Tool to sign into lowaGrants. (It is the first option under "login" at the top of the page with the blue background.) "You will never use any of the other fields on this page.
		View Current Funding Opportunities	Login instructions and a short video are available here, https://dom.iowa.gov/iowa-grants-login
			Contact your program manager should you have questions.
		L DISABLED (IOWA USERS DO NOT USE)	
	0	Jser ID	
	1	Password	
		SIGN IN	
			Copyright © 2001-2022 Dulles Technology Partners
			Culles Technology Partner

#### 2. Select "Grants"



#### 3. Select applicable grant





#### 4. Select "Claims"

🗮 Grant Co	omponents
The grant forms a	appear below.
Component	
General Information	
Contact Information	
Project Information	
Budget	
Contract Amendmer	its
Conditions to Disbu	rsement
Claims	
Audit Documents	
Compliance Forms/	Status Reports
Electronic Documen	ts
Correspondence	
Funding Opportunity	v .

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#### 5. Select "+ Add Claim"

22-ARP-Test-001 - Test - 2022		
22-ARF-Test-001 - Test - 2022		
Status:	Underway	
Program Area:	American Rescue Plan - Destination Iowa	
Funding Opportunity:	522844-Destination Iowa	
Organization:	Iowa Economic Development Authority	
Grantee Contact:		
Program Officer:		
Awarded Amount:		
Grant List Genera Contac Projec Budg	get Contra Condit Claims Audit Compli Electr Corres	laim
All claims associated with this grant appear below.		
12	RS	М

- 6. Select "Reimbursement" as the type
- 7. Enter in the reporting period
- 8. Indicate whether this is the final claim request
- 9. Click "Save Form"

General Information - Claim	Edit	9	Save Form
In the form below, complete all required fields. this grant, then the Final Request checkbox she	inter the report period of coverage for this claim. All expenses reported on this claim should have been incurred during this period of time. If thi uld be checked.	s is the last claim that wi	II be submitted for
Examples Quarterly Reporting Period: 1/1 - 3/31,	4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31		
Status*:			
6 Type*:	Reimbursement 🗸		
7 Report Period:			
	Start Date End Date		
8 Final Request?*:	Yes No		

#### 10. Select "Reimbursement"

Claim Preview Alert History Map			
Claim Details			Q Preview Claim
Claim cannot be Submitted Currently <ul> <li>Claim components are not complete</li> </ul>			
Component	Complete?	Last Edited	
General Information	~	Sep 25, 2023 9:28 AM - Maggie Bender	
Reimbursement		2 2	
GAX/Claim Certification		-	
Expense Documentation			
Misc. Claim Documents		2	

#### 11. Select "Edit Reimbursement"

🗗 Reimburseme	ent - Current Ver	sion													
Reimbursemer	nt													Z Edit Reimbur	sement
Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Paid Claims & Expenses this Period (2+3)	5 Available Balance (Unpaid) (1 - 4)	6 Prior Expenses (Submitted Not Paid) (7-4)	7 Total Claimed (All Statuses) (4+6)	8 Remaining Balance (Unclaimed) (1-7)	9 Contract Match	10 Match Expenses This Period	11 Prior Match Expenses	12 Total Match (10+11)	13 Remaining Match Requirement	14 Match Percentage	15 Total Claim Amount (2+10)
Undefined Section Name															
Total Amt Requested	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	0.00%	\$0.0
	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	?%	\$0.0
	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	?%	\$0.0

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12. Complete the reimbursement chart

#### 13. Click "Save Reimbursement"

I Reimbursem	ent - Edit												🕒 S	ave Reimburse	ement
Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Paid Claims & Expenses this Period (2+3)	5 Available Balance (Unpaid) (1 - 4)	6 Prior Expenses (Submitted Not Paid) (7-4)	7 Total Claimed (All Statuses) (4+6)	8 Remaining Balance (Unclaimed) (1-7)	9 Contract Match	⁴0 Match Expenses This Period	11 Prior Match Expenses	12 Total Match (10+11)	13 Remaining Match Requirement	14 Match Percentage	15 Total Claim Amoun (2+10)
Undefined Section Name															
Total Amt Requested	\$100.00	100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$5.00	100.00	\$0.00	\$0.00	\$5.00	0.00%	\$0.0
	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	?%	\$0.0

#### 14. Click "Mark as Complete"

🗗 Reimburseme	nt - Current Ver	rsion													
I Reimburseme	nt											🗸 Mark a	s Complete	<ul> <li>Edit Reimbur</li> </ul>	sement
Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Paid Claims & Expenses this Period (2+3)	5 Available Balance (Unpaid) (1 - 4)	6 Prior Expenses (Submitted Not Paid) (7-4)	7 Total Claimed (All Statuses) (4+6)	8 Remaining Balance (Unclaimed) (1-7)	9 Contract Match	10 Match Expenses This Period	11 Prior Match Expenses	12 Total Match (10+11)	13 Remaining Match Requirement	14 Match Percentage	15 Total Claim Amount (2+10)
Undefined Section Name															
Total Amt Requested	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$5.00	\$100.00	\$0.00	\$100.00	(\$95.00)	50.00%	\$200.0
	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$5.00	\$100.00	\$0.00	\$100.00	(\$95.00)	50.00%	\$200.00
	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$5.00	\$100.00	\$0.00	\$100.00	(\$95.00)	50.00%	\$200.00



1

#### 15. Click "GAX/Claim Certification"

O Claim Details		
Claim cannot be Submitted Currently		
Claim components are not complete		
Component	Complete?	Last Edited
General Information	~	Sep 25, 2023 9:28 AM - Maggie Bender
Reimbursement	*	Sep 25, 2023 8:48 PM - Maggie Bender
		Sep 25, 2023 11:36 AM - Maggie Bender
GAX/Claim Certification		2
GAX/Claim Certification Expense Documentation		



16. Click "GAX" and upload the file and complete the description

17. Click "Request for Reimbursement and Certification of Compliance" and upload the file and complete the description Attach File

18. Click "Mark as Complete" Attach File Save File X Cancel Upload File Select file Description\*: Description 500 character(s) let Claim List Genera Reimbu GAX/CI Expens Misc GAX/Claim Certification - Current Version In order to process your GAX as quickly as possible, please follow these instructions. Please download a new GAX each time you complete a claim so that all the data is the most up to date. Fill out the highlighted fields ONLY: 16 & 17 1. Document Number - Claim Number (this number should match the claim number submitted for approval). Once entered, the vendor's invoice number and the report number will auto populate. 2. Vendor Name and Address - Recipient Name and Address, City, State and Zip 3. Contract Number - Year-program-number 4. Total Price - Dollar Amount of the Claim 5. Vendor Code - This number is found in the General Information Component at the bottom of the form as the vendor # Once the above is completed the GAX needs to be signed under the CLAIMANT'S CERTIFICATION: Date - Date Claimant Signed GAX Title - Title of Claimant Claimant's Signature - Authorized Signature typically the same person that signed the Grant contract. Annual Attachments Mark as Complete Named Attachment Required Description File Name 12 Type Size Upload Date Delete? Please download the GAX and complete all sections. Please be sure to sign the GAX before uploading with the claim. Download the Request for Reimbursement and Certification of Compliance template. Be sure all recipients sign the form before uploading. 16 ~ GAN 17 Request for Reimbursement and Certification of Compliance

19. Click "Expense Documentation"

20. Indicate whether all invoices and/or expense documentation has been uploaded to support this claim

21. Click "Save Form"

Olaim Details	
Claim cannot be Submitted Currently <ul> <li>Claim components are not complete</li> </ul>	
Component	Complete?
General Information	×
Reimbursement	$\checkmark$
Reimbursement GAX/Claim Certification	✓ ✓

E Expense Documentation			21	Save Form
Have all invoices and/or expense documentation been uploaded to support this claim?*:	No <b>• 20</b>			
This section will to be completed by IEDA staff				
Has the Expense Documentation been reviewed by an IEDA Project Manager?:				
Project Manager Name:				
Are there any issues with this claim?:				
Enter the date issues with this claim were resolved:				
Project Manager Comments:				
				Save Form

22. Click "Add Row"

- 23. Complete the expense documentation for each invoice
- 24. Click "Save Row"

25. Repeat steps 22-24 until all expenses requested in this claim are uploaded

Expense Documentation			24
Vendor*:			
Invoice #:			
Invoice Date:			
Expense Description:			
Grant Amount:	\$0		
Match Amount:	\$0	- 23	
Total Invoice Amount:			
Council/Board Approval Date:			
Check #:			
Paid Date:			
Scanned Documentation:	Select file		

26. Update whether all invoices and/or expense documentation has been uploaded to support this claim

#### 27. Click "Mark as Complete"



#### 28. Click "Misc. Claim Documents"

> Here you can upload any other additional documents relevant to the claim or requested

Olaim Details	
Claim cannot be Submitted Currently <ul> <li>Claim components are not complete</li> </ul>	
Component	Complete?
General Information	×
Reimbursement	✓
	×
GAX/Claim Certification	

- 29. Click "Add New Attachment"
- 30. Upload the file and add a description
- 31. Click "Save File"
- 32. Repeat steps 29-31 as needed
- 33. Once all files are uploaded, or if there are none to upload, click "Mark as Complete"

Hisc. Claim Documents - Current Ver	sion					33	29
🖉 - Other Attachments						✓ Mark as Complete	+ Add New Attachme
scription	File Name 🖸		Туре	Size	Upload Date		Delete
			No files attached.				
	<u>l</u>	Attach File	Select file	te s	ave File × Cancel		
		30 - Description*: Description 500 character(s) left			31		
		500 cheracter(s) ren					
22							R

The claim should state "Claim is in compliance and is ready for Submission," and there should be checkmarks next to all claim components

#### 34. Click "Submit Claim"

Olaim Details		34 — Submit Claim X Withdraw Q Preview Clair
Claim is in compliance and is ready for Submission!		
Component	Complete?	Last Edited
Seneral Information	×	Sep 25, 2023 9:28 AM - Maggie Bender
Reimbursement	✓	Sep 25, 2023 8:48 PM - Maggie Bender
SAX/Claim Certification	×	Sep 26, 2023 10:03 AM - Maggie Bender
Expense Documentation		Sep 26, 2023 10:19 AM - Maggie Bender
Misc. Claim Documents		Sep 26, 2023 10:16 AM - Maggie Bender

#### 35. Click "Submit"





# HOW TO SUBMIT A QUARTERLY REPORT



### **Submitting a Quarterly Report**

1. Select "Click Here to Access Single Sign on Tool" and sign in.

	₽ Login		
~	D IowaGrants Us	ers Click Here To Login	Announcements
	Click Here to	Access Single Sign On Tool	*** NEW SYSTEM LOGIN PROCESS FOR ALL USERS ***
	T <sub>T</sub> Interested in th	e current posted Opportunities?	All lowaGrants Users MUST always utilize the Single Sign On Tool to sign into lowaGrants. (It is the first option under "login" at the top of the page with the blue background.) "You will never use any of the other fields on this page.
	View Curre	nt Funding Opportunities	Login instructions and a short video are available here, https://dom.iowa.gov/iowa.grants-login
			Contact your program manager should you have questions.
	1 DISABLED (IOV	A USERS DO NOT USE)	
	Disor ID		
	Parssword		
		SIGN IN	

#### 2. Select "Grants"



#### 3. Select applicable grant





#### 4. Select "Compliance Forms/Status Reports"

	I Grant Components
	The grant forms appear below.
	Component
	General Information
	Contact Information
	Project Information
	Budget
	Contract Amendments
	Conditions to Disbursement
	Claims
	Audit Documents
•	Compliance Forms/Status Reports
	Electronic Documents
	Correspondence
	Funding Opportunity

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5. Select the status report for the applicable reporting period

22-ARP-Test-001 - Test - 2022							
Status:	Underway						
Program Area:	American Rescue Plan - Destinat	ion lowa					
Funding Opportunity:	522844-Destination Iowa						
Organization:	Iowa Economic Development Aut	hority					
Grantee Contact:							
Program Officer:							
Awarded Amount:							
Grant List Genera Contac Projec Budg	et Contra Condit Claim	s Audit Compl	li Electr	Corres			
Compliance Forms/Status Reports	5						+ Add Status Report
All status reports created for this grant appear below	Ν.						
ID 🔺	Type 🔻	Status Title	T	Reporting Period	Due Date	Last Submitted Date	- Arrived -
22-ARP-Test-001 - 001	Quarterly Report	diting Test		-			

#### 6. Click "Edit Status Report"

Status Report Detail	ls		🗙 Withdraw 🕲 Copy 🗹 Edit Status Repo
22-ARP-Test-001	- Test - 2022		
Status Report Details			
unding Opportunity:	522844-Destination Iowa	Initial Submit Date:	
	American Rescue Plan - Destination Iowa	Initially Submitted By:	
Program Area:			
Program Area: Status:	Editing	Last Submit Date:	
itatus:	Editing 001	Last Submit Date: Last Submitted By:	
-	-		

#### 7. Click "Quarterly Status Report"

Status Report Preview Alert History Map			
Status Report Details			🗙 Withdraw 😰 Copy 🔍 Preview Status Report
Status Report cannot be Submitted Currently <ul> <li>Status Report components are not complete</li> </ul>			
Component	Complete?	Last Edited	
Seneral Information	×	Jul 20, 2023 11:58 AM - Don Dursky	
Quarterly Status Report		Jul 20, 2023 11:58 AM - Don Dursky	

#### 8. Click "Edit Form"

Status Report: 001	
Status Report Status:	Editing
Grant Title:	22-ARP-Test-001 - Test
Program Area:	American Rescue Plan - Destination Iowa
Funding Opportunity:	522844-Destination Iowa
Reporting Period:	2 C
Status Report Type:	Quarterly Report
Submitted By:	
otherwise directed by the Authority. Failure to comp	rsion per section 3.5 and 5.3 of the Destination Iowa grant agreement. The report for each prior Calendar Year quarter shall be due on the 10th day of January, April, July, and October or as ly with quarterly performance reporting may result in default and repayment of grant funds. Definitions from Iowa Department of Management Policy 810.002.01 for expenditures and lded below to assist you with completion of this report.
Quarterly Report Grant Reimbursements during reporting period: Project EXPENDITURES during reporting period:	🗷 Edit Form



# 9. Complete all fields10. Click "Save Form"

	Quarterly I	Report	Save Form	<b>←</b> 10
	Grant Reimt	oursements during reporting period:	\$0	
	Project EXPE	NDITURES during reporting period:	\$0	
	Cumulative Proj	ect EXPENDITURES as of the end of reporting period:	\$0	
		Status of Completion:		
			Total Cumulative Project Expenditure divided by project adopted budget= completion %	
	Project OB	LIGATIONS during reporting period:	\$0	
	Cumulative	Project OBLIGATIONS as of end of reporting period:	\$0	
9 _	Progress Narra	live		
•		Has construction Started?:		
	Describe pro	ject milestones of progress to date:		
			500 character(s) left	
		Photos of Project:	Select file	
			If multiple photos, scan into a single file and upload	
	Is the A	dopted Project Budget greater than \$10,000,000:		

#### 11. Click "Mark as Complete"

Quarterly Status Report - Current Version		
	tion 3.5 and 5.3 of the Destination lowa grant agreement. The report for each prior Calendar Year quarter shall be due on the 10th day of January, April, July, and Oct result in default and repayment of grant funds. Definitions from lowa Department of Management Policy 810.002.01 for expenditures and obligations related to this g	
Quarterly Report		✓ Mark as Complete 2 Edit Fo
Grant Reimbursements during reporting period:	\$100.00	<b>↑</b>
Project EXPENDITURES during reporting period:	\$100.00	
Cumulative Project EXPENDITURES as of the end of reporting period:	\$100.00	
Status of Completion:	1.0% Total Cumulative Project Expenditure divided by project adopted budget= completion %	
Project OBLIGATIONS during reporting period:	\$100.00	
Cumulative Project OBLIGATIONS as of end of reporting period:	\$100.00	



#### 12. Click "Submit Status Report"

Status Report: 001				
Status Report Status:	Editing			
Grant Title:	22-ARP-Test-001 - Test			
Program Area:	American Rescue Plan - Destination Iowa			
Funding Opportunity:	522844-Destination Iowa			
Reporting Period:				
Status Report Type:	Quarterly Report			/
Submitted By:	-			
Status Report Preview Alert History Map				
Status Report Details				Submit Status Report X Withdraw 🕲 Copy Q. Preview Status Report
Status Report is in compliance and is ready for Su	bmission!			
Component		Complete?	Last Edited	
General Information		~	Jul 20, 2023 11:58 AM - Don Dursky	
Quarterly Status Report		~	Sep 25, 2023 8:32 PM - Maggie Bender	

#### 13. Click "Submit"





# CORRESPONDENCE PORTAL



### **IowaGrants Correspondence Training**

1. Select "Click Here to Access Single Sign on Tool" and sign in



#### 2. Select "Grants"



#### 3. Select applicable grant





#### 4. Select "Correspondence"

	IOW	/A GR	RANTS		We	<i>lcome to</i> lowaGrants.gov	
Tester Tester Role			<ul> <li>Back</li> <li>002 -</li> </ul>	C Print - C Online He	lp 🕒 Log Out		
Dashboard		>		Status	Underway		
Funding O	pportunities	>		Program Area			
Application	ns	>		Funding Opportunity Organization	10 Mar.		
Grants		>		Grantee Contact Program Office			
Reports		>		Awarded Amount	\$255,800.00		
My Profile		>	i≣ Grant (	Components			
				is appear below.			
			Component			La	ist Edited
			General Informati	on		Jar	n 17. 2023 2:12 PM -
			Claims				
			Status Reports				
			Correspondence			De	ec 1, 2022 12:00 AM -
			Budget NOFA #00	7		Ap	or 7, 2022 12:00 AM -
			Contract Amendr	ients			
			Funding Opportu	nity			

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5. Select "Add Grantee Correspondence" or reply to existing conversation

002							
Status:	Underway						
Program Area:							
Funding Opportunity:							
Organization:							
Grantee Contact:							
Program Officer:							
Awarded Amount:	\$255,010.00						
Grant List Genera Claims Status Corre	s Budget Contra						
Inter-System Grantee Correspond	ence				🔸 Add	Grantee Corres	pondence
					Search		
Flag SentiReceived From To	Subject	Message	Attachment 1	Attachment 2	Attachment 3	Attachment 4	Attachment 5
12/01/2022	Grant 002 - Hello	testing					



- 6. Add "RSM Program Manager" in the "To" field
- 7. Add a subject
- 8. Draft your message
- 9. Attach files, if needed
- 10. Send correspondence



#### **IowaGrants Point of Contact Reminder**

- The portal has a designated organization based on information provided by the awardees
- The POC is the person with access to the grant and should be the go-between for any additional subrecipients on the grant
- Please ensure you are working and communicating with all individuals involved on the grant









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rsmus.com	

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