

2023 CGA Training: Claims Review



Jared Morford
CBDG Project Manager
Iowa Economic Development Authority
Jared.Morford@lowaeda.com
515-348-6202

Reminders

- » **This presentation is being recorded. Please keep your cameras off and mics off throughout the presentation.**
- » **I will do my best to answer questions as we go if I see them but please insert them in chat so that they aren't forgotten. I'll take time to answer any questions at the end that weren't answered during the presentation.**

Overview:

1. Important reminders regarding claims
2. Pay Applications
3. Do's and Don'ts
 1. Invoices
 2. GAX
4. Claim Walk-through
5. Questions

Pay Applications

- » **Pay Applications are required for ALL CBDG programs. This includes the regular program, DR and CV.**
- » **All of these programs may have different requirements when it comes to these pay applications though so you should consult with the project manager at the beginning of the project to understand the expectations of that program.**

Important Reminders Regarding Claims

- » All line items must have an invoice attached to it. We will not approve any spending if there is no proof of it.
- » With the invoice it must also include proof that payment was made prior to submittal for reimbursement
- » Start and end dates for work that was completed on the invoice (Invoices for material only just need the date it was purchased)
- » No invoices dated prior to release of funds will be eligible for reimbursement
- » GAX must signed and dated prior too the date the claim is submitted
- » Claim will not be approved without an attached signed GAX
- » GAX must be signed by the Mayor/Elected official every single claim submitted. There will be not blanket signature allowed or signature allowed to be kept on file.
- » Rounding down if below 50 cents and rounding up if above 50 cents for the total of each claim. Example: \$12,345.34 becomes \$12,345.00 and \$12,345.67 becomes \$12,346.00
- » Sales tax should ONLY be included on projects relating to the construction of new housing . No infrastructure projects, rehab, etc. should have sales tax associated with it.
- » Each project must claim once every six months at a minimum
- » Once your activity has started you must not claim Admin only. Ideally admin funds should be drawn at the same level as the rest of the grant

Invoices: DOs

PAY TO THE ORDER OF C.H.N. Garbage Service \$ **1,926.52
 One Thousand Nine Hundred Twenty-Six and 52/100***** DOLLARS
 C.H.N. Garbage Service
 PO Box 88
 Mapleton, IA 51034

NUSTYLE DEVELOPMENT CORPORATION

2729;

| C.H.N. Garbage Service | | | | 1/6/2023 | | |
|------------------------|------|-----------|---------------|--------------|----------|----------|
| Date | Type | Reference | Original Amt. | Balance Due | Discount | Payment |
| 11/18/2022 | Bill | 200670 | 1,147.20 | 1,147.20 | | 1,147.20 |
| 12/5/2022 | Bill | 201383 | 779.32 | 779.32 | | 779.32 |
| | | | | Check Amount | | 1,926.52 |

Invoices: DOs

C. H. N. Garbage Service, Inc.
 PO BOX 88
 Mapleton, IA 51034
 chngarbageinc@hotmail.com
 712-882-1377

Invoice

| DATE | INVOICE # |
|-----------|-----------|
| 12/5/2022 | 201383 |

BILL TO

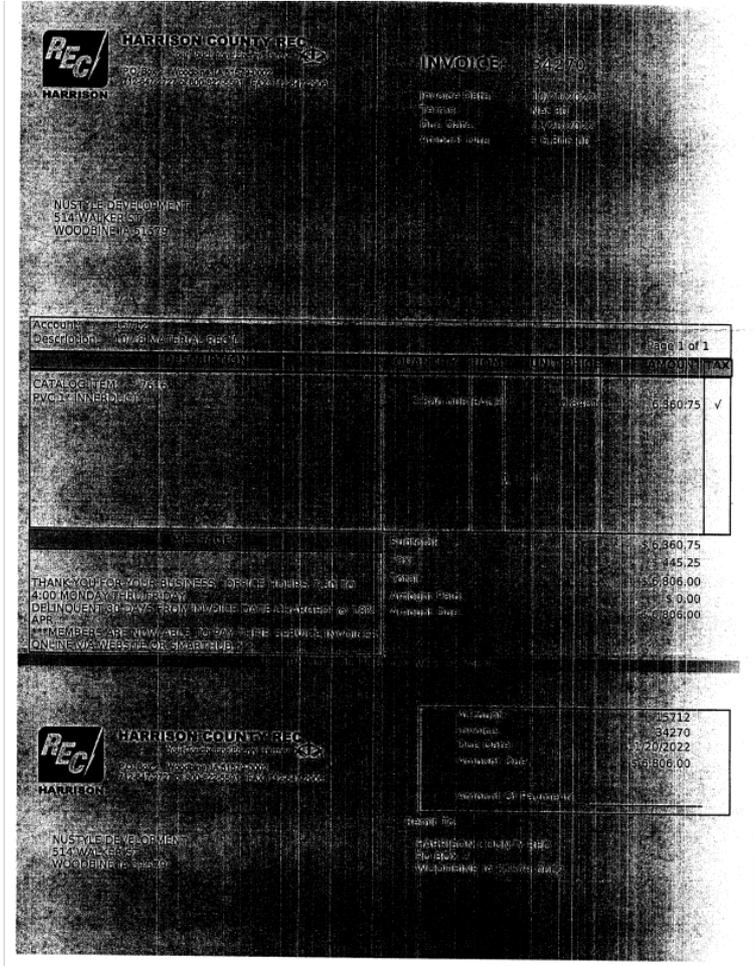
1/11/22



| QUANTITY | DESCRIPTION | RATE | AMOUNT |
|----------|--|--------------|-----------------|
| 2 | Roll off Harrison County Landfill | 200.00 | 400.00T |
| 1 | landfill fees--11/15/22--3.08 tons --Bob Heffernan | 157.08 | 157.08T |
| 1 | landfill fees--11/15/22--3.44 ton--Bob Heffernan | 175.44 | 175.44 |
| 1 | landfill fees--11/15/22--Tiras--Bob Heffernan | 7.80 | 7.80 |
| | Harrison County Sales Tax | 7.00% | 39.00 |
| | | Total | \$779.32 |

THANKS FOR YOUR BUSINESS.

Invoices: Don'ts



GAX: DOs

Attach supporting documentation to the back of this form

STATE OF IOWA

GAX

| | | | | | | | | | | | | | | | | |
|---|----------------|--|-----------|---|----------------|-----------------------------------|----------|----------|-----------------|-------------------|----------------|----|-------------|----------------|------|-----|
| BUDGET FY 2023 | | General Accounting Expenditure | | | | DOCUMENT NUMBER 1 | | | | | | | | | | |
| VENDOR CODE 2132981 | | AGENCY NAME | | | | | | | | | | | | | | |
| VENDOR NAME AND ADDRESS | | BILL TO ADDRESS (ORDERING AGENCY) | | SHIP TO ADDRESS | | | | | | | | | | | | |
| | | Iowa Economic Development Authority 1963 Bell Avenue, Suite 200 Des Moines, Iowa 50315 | | | | | | | | | | | | | | |
| TERMS | | FOB | | 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-DR 2019 | | | | | | | | | | | | | | | | |
| Contract Number: [REDACTED] | | | | | | | | | | | | | | | | |
| Report Number: 1 [REDACTED] | | | | | | | | | | | | | | | | |
| | | | | | | DOCUMENT TOTAL | \$ - | | | | | | | | | |
| CLAIMANT'S CERTIFICATION | | | | AGENCY 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. | | | | I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: | | | | | | | | | | | | |
| DATE [REDACTED] TITLE [REDACTED] | | | | CODE OR CHAPTER SECTION(S) | | | | | | | | | | | | |
| CLAIMANT'S SIGNATURE [REDACTED] | | | | AUTHORIZED SIGNATURE [REDACTED] | | | | | | | | | | | | |
| THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY | | | | | | | | | | | | | | | | |
| DOC TYPE (SAX) | DOC NUMBER | DOC DATE | ACCTS PRD | BUDGET FY | ACTION NEW/MOD | PO SHIP INSTR | GAX TYPE | INT IND | INT SELLER FUND | INT SELLER AGENCY | | | | | | |
| GAX | 1 | | | 23 | | | | | | | | | | | | |
| VENDOR CODE | ADDR OVERRIDE | F/A INDICATOR | EFF INCL | TEXT (2015 OR) (Y/N) | TEXT (2015 OR) | | | | | | | | | | | |
| | | | 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 | FUNCD | OBJT | SUB OBJT | JOB NUMBER | REP CAT | QUANTITY UNITS | ID | DESCRIPTION | AMOUNT | ID | PIF |
| 01 | 0340 | 269 | 5000 | | | | 4125 | | | | | | | \$ - | | |
| 02 | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | DOCUMENT TOTAL | \$ - | |

GAX WARRANT # _____ AUDITED BY _____ PAID DATE _____

Claim Walkthrough

Grant Components Status Report

Grant Components Manage Alerts Notes (0) Map Grant Copy Grant

| Component | Form Type / Source / Security | Last Edited |
|--|-------------------------------|------------------------------------|
| General Information | ⚙️ ⚙️ 📄 | May 24, 2022 12:00 AM - Don Dursky |
| Main Data | 📄 👁️ 🔒 | Dec 22, 2022 10:45 AM - Don Dursky |
| Activities | 📄 ⚙️ 📄 | |
| Budget | 💰 👁️ 📄 | Jun 14, 2022 12:00 AM - Don Dursky |
| Appropriations | ⚙️ ⚙️ 🔒 | |
| Compliance Forms and Quarterly Status Reports | 📄 ⚙️ 🔒 | |
| Risk Assessment | 📄 👁️ 📄 | |
| Claims ← | 📄 ⚙️ 🔒 | |
| Close-Out | 📄 👁️ 📄 | |
| Contract Amendments | 📄 ⚙️ 🔒 | |
| Site Visits | 📄 ⚙️ 🔒 | |
| Contract Holds | 📄 👁️ 🔒 | |
| Audit Documents | 📄 👁️ 🔒 | |
| Green Streets Criteria | 📄 👁️ 🔒 | Jun 14, 2022 12:00 AM - Don Dursky |
| Green Streets Criteria - Individual Building Details | 📄 👁️ 🔒 | |
| Required Uploads | 📄 👁️ 🔒 | |
| Electronic Documents | 📄 👁️ 🔒 | |
| Correspondence | ⚙️ ⚙️ 🔒 | |
| Funding Opportunity | 📄 ↓ 📄 | - |

Claim Walkthrough Cont.

Grant List Genera Main D Activi Budget Approp Compli Risk A **Claims** Close- Contra Site V Contra Audit Green Green Requir

Electr Corres

Claims + Add Claim

| ID | Type | Status | Start Date | End Date | Submitted Date | Paid Date | Claim Amount |
|---------------------------------|---------------|---------|------------|------------|----------------|-----------|--------------|
| 19-test-001 - 001 | Reimbursement | Editing | | | | | \$0.00 |
| 19-test-001 - 002 | Reimbursement | Editing | 02/01/2023 | 02/02/2023 | | | \$0.00 |
| Submitted Amount: | | | | | | | \$0.00 |
| Approved Amount: | | | | | | | \$0.00 |
| Awaiting Payment Amount: | | | | | | | \$0.00 |
| Paid Amount: | | | | | | | \$0.00 |
| Total Amount: | | | | | | | \$0.00 |

← Previous
Next →

Claim Walkthrough Cont.

General Information - Claim - Edit Save Form

Status*: Editing

Type*: Reimbursement

Report Period:
Start Date End Date

Final Request?*: Yes No

On Hold:

Claim Walkthrough Cont.

Claim: 002

Claim Status: **Editing**

Grant Title: 19-test-001 - Test

Program Area: 2019 Disaster

Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing

Reporting Period: 02/01/2023 - 02/02/2023

Claim Type: Reimbursement

Submitted By: -

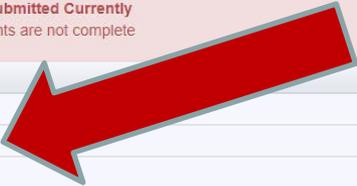
[Claim Preview](#) [Alert History](#) [Map](#) [Versions](#)

Claim Details [Preview Claim](#)

Claim cannot be Submitted Currently

- Claim components are not complete

| Component | Complete? | Last Edited |
|-----------------------|-----------|------------------------------------|
| General Information | ✓ | Feb 3, 2023 9:46 AM - Jacob Levang |
| Reimbursement | - | - |
| Status Detail | - | - |
| Expense Documentation | - | - |
| Misc. Claim Documents | - | - |



Claim Walkthrough Cont.

Grant Title: 19-test-001 - Test
Program Area: 2019 Disaster
Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing
Reporting Period: 02/01/2023 - 02/02/2023
Claim Type: Reimbursement
Submitted By: -

[Claim List](#) [Genera](#) **Reimbu** [Status](#) [Expens](#) [Misc.](#)

 **Reimbursement** - Current Version

[Create New Version](#) [View Versions](#)

| 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) | 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) |
|--------------------|-------------------------|------------------------------|---------------------|---|---|------------------------|--|----------------------------------|---------------------------------|---|---------------------------|--|
| Budget | | | | | | | | | | | | |
| Sources of Funding | | | | | | | | | | | | |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ??% | \$0.00 |



[Edit Reimbursement](#)

[Edit Reimbursement](#)

[← Previous](#)

[Next →](#)

Claim Walkthrough Cont.

Claim: 002

Claim Status: Editing
 Grant Title: 19-test-001 - Test
 Program Area: 2019 Disaster
 Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing
 Reporting Period: 02/01/2023 - 02/02/2023
 Claim Type: Reimbursement
 Submitted By: -

Reimbursement - Current Version

- Edit

| Budget Category | 1 Approved Budget | 2 Expenses This Period | 3 Paid Claims | 4 Paid Claims & Expenses this Period (2+3) | 5 Contract Match | 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) |
|--------------------|-------------------------|------------------------------|---------------------|---|------------------------|------------------------|--|----------------------------------|---------------------------------|---|---------------------------|--|
| Budget | | | | | | | | | | | | |
| Sources of Funding | | | | | | | | | | | | |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | .00% | \$0.00 |

Last Edited By: Jacob Levang - Feb 3, 2023 9:54 AM

Save Reimbursement

Claim Walkthrough Cont.

Grant Title: 19-test-001 - Test
 Program Area: 2019 Disaster
 Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing
 Reporting Period: 02/01/2023 - 02/02/2023
 Claim Type: Reimbursement
 Submitted: 02/02/2023



Claim List Genera **Reimbu** Status Expens Misc.

Reimbursement - Current Version

Create New Version View Versions

| 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) | 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) |
|--------------------|-------------------------|------------------------------|---------------------|---|---|------------------------|--|----------------------------------|---------------------------------|---|---------------------------|--|
| Budget | | | | | | | | | | | | |
| Sources of Funding | | | | | | | | | | | | |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ??% | \$0.00 |

Edit Reimbursement

Edit Reimbursement

Previous

Next

Claim Walkthrough Cont.

Claim List Genera Reimbu **Status** Expens Misc.

Status Detail - Current Version Create New Version View Versions

Housing Detail Status - Multi-List + Add Row

| Activity | Address/Site | Construction Start Date | Completion Date | CDBG Hard Costs (Construction/Rehab) | Preliminary design and engineering | Green Streets Plus Costs | Increased Cost of Compliance Costs | Project Delivery Costs | Total CDBG Funds Used | Total Non-CDBG Funds Used |
|-------------------|--------------|-------------------------|-----------------|--------------------------------------|------------------------------------|--------------------------|------------------------------------|------------------------|-----------------------|---------------------------|
| No Data for Table | | | | | | | | | | |

+ Add Row

← Previous Next →

Claim Walkthrough Cont.

Housing Detail Status 

 **Activity*:**

Unit Number :

Address/Site: 🔍 Locate Inventory

Construction Start Date:

Completion Date:

CDBG Hard Costs (Construction/Rehab):

Preliminary design and engineering:

Green Streets Plus Costs:

Increased Cost of Compliance Costs:

Project Delivery Costs:

Total CDBG Funds Used:

Total Non-CDBG Funds Used:



Claim Walkthrough Cont

Claim List Genera Reimbu **Status** Expens Misc.

Status Detail - Current Version Create New Version View Versions

Housing Detail Status - Multi-List Mark as Complete Add Row

| Activity | Address/Site | Construction Start Date | Completion Date | CDBG Hard Costs (Construction/Rehab) | Preliminary design and engineering | Green Streets Plus Costs | Increased Cost of Compliance Costs | Project Delivery Costs | Total CDBG Funds Used | Total Non-CDBG Funds Used |
|----------|--------------|-------------------------|-----------------|--------------------------------------|------------------------------------|--------------------------|------------------------------------|------------------------|-----------------------|---------------------------|
| | -- | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Last Edited By: Jacob Levang - Feb 9, 2023 10:18 AM Add Row

Previous Next

Claim Walkthrough Cont.

- » Rehab projects are the only ones that will use the status detail at this time
- » If that changes, we will let you know otherwise for information if you are working on a rehab project contact Joyce.Brown@IowaEDA.com

Claim Walkthrough Cont.

Grant Title: 19-test-001 - Test
Program Area: 2019 Disaster
Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing
Reporting Period: 02/01/2023 - 02/02/2023
Claim Type: Reimbursement
Submitted By: -

[Claim List](#) [Genera](#) [Reimbu](#) [Status](#) [Expens](#) [Misc.](#)

[Reimbursement](#) - Current Version
[Create New Version](#) [View Versions](#)

[Edit Reimbursement](#)

| 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) | 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) |
|--------------------|-------------------------|------------------------------|---------------------|---|---|------------------------|--|----------------------------------|---------------------------------|---|---------------------------|--|
| Budget | | | | | | | | | | | | |
| Sources of Funding | | | | | | | | | | | | |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ??% | \$0.00 |

[Edit Reimbursement](#)

[← Previous](#) [Next →](#)

Claim Walkthrough Cont.

Expense Documentation

Edit Form

Have all invoices and/or expense documentation been uploaded to support this claim?:

This section 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:

Edit Form



Expense Documentation - Multi-List

Add Row

| Vendor | Invoice # | Invoice Date | Expense Description | CDBG Amount | Match Amount | Total Invoice Amount | Council/Board Approval Date | Check # | Paid Date | Scanned Documentation |
|--------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|-----------|-----------------------|
|--------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|-----------|-----------------------|

No Data for Table

Add Row

Previous

Next

Claim Walkthrough Cont.

Expense Documentation Save Row

Vendor*: ←

Invoice #: ←

Invoice Date: ←

Expense Description: ←

CDBG Amount: ←

Match Amount: ←

Total Invoice Amount:

Council/Board Approval Date: ←

Check #: ←

Paid Date: ←

Scanned Documentation: Select file ←

Save Row

Claim Walkthrough Cont.

☰ Expense Documentation



Save Row

Vendor*:

Invoice #:

Invoice Date:

Expense Description:

CDBG Amount:

Match Amount:

Total Invoice Amount:

Council/Board Approval Date:

Check #:

Paid Date:

Scanned Documentation:



Save Row

Claim Walkthrough Cont.

Expense Documentation
 Mark as Complete Edit Form

Have all invoices and/or expense documentation been uploaded to support this claim?:

This section 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:

Last Edited By: Jacob Levang - Feb 3, 2023 10:41 AM Edit Form

Expense Documentation - Multi-List
 Mark as Complete

| Vendor | Invoice # | Invoice Date | Expense Description | CDBG Amount | Match Amount | Total Invoice Amount | Council/Board Approval Date | Check # | Paid Date | Scanned Documentation |
|-----------------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|------------|-----------------------|
| Bob the Builder | 12345 | 02/03/2023 | Building Materials | \$4,000.00 | \$2,000.00 | \$6,000.00 | 01/27/2023 | 456789 | 01/20/2023 | Bad claim example.pdf |
| | | | | \$4,000.00 | \$2,000.00 | \$6,000.00 | | | | |
| | | | | \$4,000.00 | \$2,000.00 | \$6,000.00 | | | | |

Last Edited By: Mark as Complete

Claim Walkthrough Cont.

 Expense Documentation



 Edit Form

Have all invoices and/or expense documentation been uploaded to support this claim?:

This section 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:

 Edit Form

 Expense Documentation - Multi-List

 Add Row

| Vendor | Invoice # | Invoice Date | Expense Description | CDBG Amount | Match Amount | Total Invoice Amount | Council/Board Approval Date | Check # | Paid Date | Scanned Documentation |
|--------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|-----------|-----------------------|
|--------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|-----------|-----------------------|

No Data for Table

 Add Row

 Previous

Next 

Claim Walkthrough Cont

Expense Documentation - Current Version

Expense Documentation
Save Form

Have all invoices and/or expense documentation been uploaded to support this claim?:

←

This section to be completed by IEDA staff
Has the Expense Documentation been reviewed by an IEDA Project Manager?:

←

Save Form

Expense Documentation - Multi-List

| Vendor | Invoice # | Invoice Date | Expense Description | CDBG Amount | Match Amount | Total Invoice Amount | Council/Board Approval Date | Check # | Paid Date | Scanned Documentation |
|-----------------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|------------|-------------------------------------|
| Bob the Builder | 12345 | 02/03/2023 | Building Materials | \$4,000.00 | \$2,000.00 | \$6,000.00 | 01/27/2023 | 456789 | 01/20/2023 | 1675442507524_Bad claim example.pdf |
| | | | | \$4,000.00 | \$2,000.00 | \$6,000.00 | | | | |
| | | | | \$4,000.00 | \$2,000.00 | \$6,000.00 | | | | |

Last Edited By: Jacob Levang - Feb 3, 2023 10:41 AM

Claim Walkthrough Cont

Expense Documentation
 Mark as Complete Edit Form

Have all invoices and/or expense documentation been uploaded to support this claim? Yes

This section 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:

Last Edited By: Jacob Levang - Feb 3, 2023 10:50 AM Edit Form

Expense Documentation - Multi-List
 Mark as Complete

| Vendor | Invoice # | Invoice Date | Expense Description | CDBG Amount | Match Amount | Total Invoice Amount | Council/Board Approval Date | Check # | Paid Date | Scanned Documentation |
|-----------------|-----------|--------------|---------------------|-------------|--------------|----------------------|-----------------------------|---------|------------|---------------------------------------|
| Bob the Builder | 12345 | 02/03/2023 | Building Materials | \$4,000.00 | \$2,000.00 | \$6,000.00 | 01/27/2023 | 456789 | 01/20/2023 | Bad claim example.pdf |
| | | | | \$4,000.00 | \$2,000.00 | \$6,000.00 | | | | |
| | | | | \$4,000.00 | \$2,000.00 | \$6,000.00 | | | | |

Last Edited By: Jacob Levang - Feb 3, 2023 10:50 AM

Claim Walkthrough Cont.

Claim: 002

Claim Status: **Editing**

Grant Title: 19-test-001 - Test

Program Area: 2019 Disaster

Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing

Reporting Period: 02/01/2023 - 02/02/2023

Claim Type: Reimbursement

Submitted By: -

Claim Preview | Alert History | Map | Versions

Claim Details [Withdraw](#) [Notes \(0\)](#) [Feedback](#) [Preview Claim](#)

Claim cannot be Submitted Currently

- Claim components are not complete

| Component | Complete? | Last Edited |
|-----------------------|-----------|-------------------------------------|
| General Information | ✓ | Feb 3, 2023 9:46 AM - Jacob Levang |
| Reimbursement | ✓ | Feb 3, 2023 10:04 AM - Jacob Levang |
| Status Detail | | Feb 3, 2023 10:06 AM - Jacob Levang |
| Expense Documentation | ✓ | Feb 3, 2023 10:50 AM - Jacob Levang |
| Misc. Claim Documents | | Feb 3, 2023 10:53 AM - Jacob Levang |



Claim Walkthrough Cont.

Claim: 002

Claim Status: **Editing**

Grant Title: 19-test-001 - Test

Program Area: 2019 Disaster

Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing

Reporting Period: 02/01/2023 - 02/02/2023

Claim Type: Reimbursement

Submitted By: -

Claim List Genera Reimbu Status Expens **Misc.**

Misc. Claim Documents - Current Version Create New Version View Versions

 Mark as Complete Add fr Add New Attachment

| Description | File Name  | Type | Size | Upload Date | Delete |
|--------------------|---|------|------|-------------|--------|
| No files attached. | | | | | |

Last Edited By: Jacob Levang - Feb 3, 2023 10:53 AM

← Previous

Claim Walkthrough Cont.

Claim: 002

Claim Status: **Editing**

Grant Title: 19-test-001 - Test

Attach File

Upload File*:

Description*:
497 character(s) left

Claim Walkthrough Cont.

Claim: 002

Claim Status: **Editing**

Grant Title: 19-test-001 - Test

Program Area: 2019 Disaster

Funding Opportunity: 387047-CDBG 2019 Disaster Recovery - Housing

Reporting Period: 02/01/2023 - 02/02/2023

Claim Type: Reimbursement

Submitted By: -

Claim List Genera Reimbu Status Expens **Misc.**

Misc. Claim Documents - Current Version Create New Version View Versions

 Mark as Complete Add from Doc Repository Add New Attachment

 - Other Attachments

| Description | File Name 🔗 | Type | Size | Upload Date | Delete |
|-------------|-----------------------------|------|--------|---------------------|---------------------|
| GAX | Bad claim example.pdf | pdf | 672 KB | 02/03/2023 11:04 AM | Delete |

Last Edited By: Jacob Levang - Feb 3, 2023 11:04 AM

← Previous

Claim Walkthrough Cont.

Claim Preview Alert History Map Versions

Claim Details



[✓ Submit Claim](#) [✗ Withdraw](#) [📄 Notes \(0\)](#) [💬 Feedback](#) [🔍 Preview Claim](#)

• Claim is in compliance and is ready for Submission!

| Component | Complete? | Last Edited |
|-----------------------|-----------|-------------------------------------|
| General Information | ✓ | Feb 3, 2023 9:46 AM - Jacob Levang |
| Reimbursement | ✓ | Feb 3, 2023 10:04 AM - Jacob Levang |
| Status Detail | ✓ | Feb 9, 2023 10:23 AM - Jacob Levang |
| Expense Documentation | ✓ | Feb 3, 2023 10:50 AM - Jacob Levang |
| Misc. Claim Documents | ✓ | Feb 3, 2023 11:04 AM - Jacob Levang |

Claim Walkthrough Cont.

Direct Corres

Claims Notes (0) Add Claim

| ID | Type | Status | Start Date | End Date | Submitted Date | Paid Date | Claim Amount |
|---------------------------------|---------------|-----------|------------|------------|---------------------|-----------|--------------|
| 19-test-001 - 001 | Reimbursement | Editing | | | | | \$0.00 |
| 19-test-001 - 002 | Reimbursement | Submitted | | 02/02/2023 | Feb 9, 2023 1:25 PM | | \$0.00 |
| Submitted Amount: | | | | | | | \$0.00 |
| Approved Amount: | | | | | | | \$0.00 |
| Awaiting Payment Amount: | | | | | | | \$0.00 |
| Paid Amount: | | | | | | | \$0.00 |
| Total Amount: | | | | | | | \$0.00 |

Questions?

Contact Information

- » **If you have any questions about submitting a claim, please reach out to your specific project manager regarding that grant**
 - Each grant will be slightly different, and they can consult with you about what you may need to submit.