

## In the Appendix to Chapter 5

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## 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.

NOTE: Failure to submit a draw every 6 months, 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.

Draws	Documents
<b>With/prior to 1<sup>st</sup> Draw</b>	Contract signed
	Environmental Acknowledgement 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/CRL/CV/HSG – ONLY Region XII &amp; SICOG)</li> </ul>
	<ul style="list-style-type: none"> <li>6.7(b) Promissory Note (Some CV ONLY)</li> </ul>
	<ul style="list-style-type: none"> <li>6.7(a) Match funding award/loan approval letter (WS/CF/CV)</li> </ul>
	<ul style="list-style-type: none"> <li>6.7(d) Long term lease agreement (CF/CV)</li> </ul>
	Development Agreement (Housing/CV)
Administration Plan (Housing/DTR/CV)	
Sub-Recipient Agreement (if applicable)	
<b>Prior to 1<sup>st</sup> construction draw (many prior to bid letting)</b>	Section 106 completed (DTR or HSG ONLY – all others occur prior to release of funds)
	Release of Funds
	Contractor Clearances
	<ul style="list-style-type: none"> <li>“Intent to Comply with Section 3” form (for new rule projects only), one per contractor</li> </ul>
	<ul style="list-style-type: none"> <li>“Section 3 Business Certification” form (for new rule projects only), one per contractor</li> </ul>
	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/CV ONLY – non-stormwater)</li> </ul>
	<ul style="list-style-type: none"> <li>6.6(h) Façade easements (DTR/CV 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/CV 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>
	<ul style="list-style-type: none"> <li>6.6(l) Bid Solicitation Requirement/Construction Restrictions (DTR ONLY)</li> </ul>

	Signed Appendix C for Iowa Green Streets Criteria (if applicable)
<b>With 1<sup>st</sup> construction draw</b>	
	Section 3 form (for old rule only; 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 (SOFA) hearing
<b>With/prior to final draw</b>	
	3D form (CF/Some CV ONLY)
	Section 3 for Current Year (old rule only)
	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

# Direct Deposit Authorization Form



Iowa Department of Administrative Services

Service • Efficiency • Value

## SECTION 1 – TRANSACTION TYPE

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

- 1) 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.
- 2) You are required to submit a new form for any change in banking designation or to cancel this authorization and revert to a state warrant.
- 3) It is your responsibility to notify the State of Iowa any time an account is closed.
- 4) An add or change in EFT status will be effective ten business days after entry into the State's accounting system.
- 5) A cancellation will become effective immediately after entry into the State's accounting system.

## SECTION 2 – BUSINESS / INDIVIDUAL IDENTIFICATION INFORMATION

BUSINESS / INDIVIDUAL LEGAL NAME \_\_\_\_\_  
Name Tax ID is Assigned To and Used for Tax Reporting

BUSINESS NAME \_\_\_\_\_  
DBA (Doing Business As) If Different than Legal Name

SSN \_\_\_\_\_ OR FEIN \_\_\_\_\_  
Social Security Number Federal Employee ID Number

MAILING ADDRESS \_\_\_\_\_  
Address to be used in case of Default to Check

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## SECTION 3 – BANKING INFORMATION

- Section 3 requires one of three items:**
- 1) A voided check or copy of enrollment confirmation if a pre-paid card, or
  - 2) The financial institution must complete the representative box within Section 3, or
  - 3) The financial institution must supply a bank account verification letter.

FINANCIAL INSTITUTION NAME \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

ROUTING TRANSIT NUMBER \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT TYPE:

SAVINGS

CHECKING

### **REQUIRED IF REQUESTING A CHANGE:**

OLD Routing Number: \_\_\_\_\_ OLD 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 \_\_\_\_\_ REPRESENTATIVE TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## SECTION 4 – **REQUIRED** VENDOR AUTHORIZATION FOR ADD, CHANGE OR CANCELATION

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.

I certify that I am authorized to enter into this agreement as the account holder or on behalf of the account holder.

AUTHORIZED NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Mail or Fax Completed Form to: Dept. Admin Services-State Accounting Enterprise

Attn: EFT Coordinator

Hoover State Office Building, 3<sup>rd</sup> FL

Des Moines, Iowa 50319

Fax Number

(515) 281-5255

Phone Number

(515) 281-0246

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