



CDBG Claims Training

Overview

- How to submit a claim
- Preliminary Requirements
- Pay Applications/Invoices
- GAX Form
- New Changes

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	  	-

3

Claim Walkthrough Cont.

13-Test-WS-999 - Lisbon - Test - 2013

Status: Underway

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Organization: Iowa Economic Development Authority

Grantee Contact: Don Dursky2

Program Officer: Dan Narber

Awarded Amount: \$195,000.00

Grant List

Genera

WS-Mai

WS - B

Activi

Approp

BABA P

Compli

Claims

Contra

Site V

Close-

Contra

Contra

Audit

Risk A

Monito

Requir

Electr

Corres

@ Claims

Notes (2)

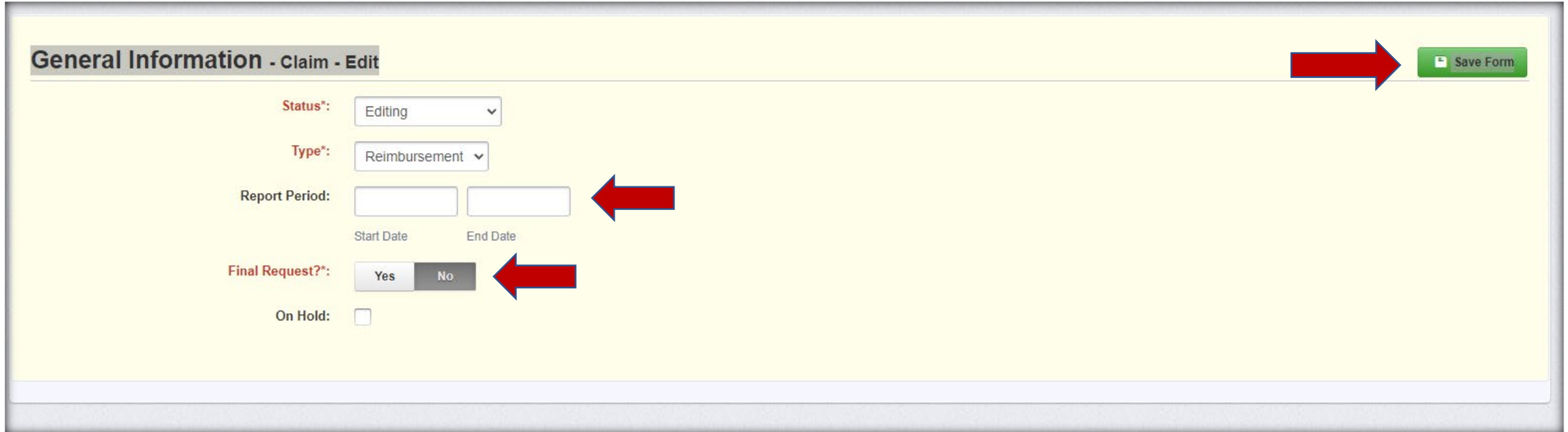
Add Claim

ID	Type	Status	Start Date	End Date	Last Submitted Date	Paid Date	Claim Amount
13-Test-WS-999 - 001	Reimbursement	Editing	02/01/2012	02/06/2012			\$0.00
13-Test-WS-999 - 002	Reimbursement	Withdrawn	02/06/2012	02/10/2012			-
13-Test-WS-999 - 003	Reimbursement	Withdrawn	02/09/2012	02/24/2012	Feb 9, 2012 1:36 PM		-
13-Test-WS-999 - 004	Reimbursement	Editing	05/25/2012	05/25/2012			\$0.00
13-Test-WS-999 - 005	Reimbursement	Editing	07/17/2013	07/17/2013			\$5,000.00

Paid
Submitted
Correcting
Approved

Typical claim status progress: Editing, Submitted, Approved, Paid
Claims can be Withdrawn or Correcting, this is less common

Claim Walkthrough Cont.



The screenshot shows a web form titled "General Information - Claim - Edit". In the top right corner, there is a green "Save Form" button with a red arrow pointing to it. Below the title, the form contains several fields: "Status*" is a dropdown menu set to "Editing"; "Type*" is a dropdown menu set to "Reimbursement"; "Report Period:" consists of two adjacent date input fields labeled "Start Date" and "End Date", with a red arrow pointing to them; "Final Request?*" has two radio buttons, "Yes" and "No", with a red arrow pointing to the "No" button; and "On Hold:" is a checkbox that is currently unchecked.

Report period: Enter the **start and end dates** of the work performed (*required*)

Please submit separate claims for each fiscal year:

FY 2025: Reporting dates prior to June 30th

FY 2026: Reporting dates after July 1st

Claim Walkthrough Cont.

 Claim: 015

Claim Status: **Editing**

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

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

Claim Details

 [Preview Claim](#)

Claim cannot be Submitted Currently

- Claim components are not complete

Component	Complete?	Last Edited
General Information	✓	Jul 23, 2025 11:17 AM - Hayley Crozier
Reimbursement	-	-
Status	-	-
Expense Documentation	-	-
GAX Form	-	-
Misc. Claim Documents	-	-

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

Claim List Genera **Reimbu** Statu Expens GAX Fo Misc.

 **Reimbursement** - Current Version

 Create New Version  View Versions

*** If applicable, Expenses This Period must be Total Expenses minus Program Income.

 Expenses Period

  **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)	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)
Budget Activity															
Activity 1	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$400,800.00	\$0.00	\$0.00	\$0.00	\$400,800.00	0.00%	\$0.00
Activity 2	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Activity 3	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Administration	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
	\$195,000.00	\$0.00	\$0.00	\$0.00	\$195,000.00	\$0.00	\$0.00	\$195,000.00	\$400,800.00	\$0.00	\$0.00	\$0.00	\$400,800.00	??%	\$0.00

 **Edit Reimbursement**

Claim Walkthrough Cont.

 **Reimbursement** - Current Version

*** If applicable, Expenses This Period must be Total Expenses minus Program Income.

 **Expenses Period** - Edit 

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)
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Activity 2	\$25,000.00	0.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Activity 3	\$50,000.00	0.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Administration	\$20,000.00	0.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
	\$195,000.00	\$0.00	\$0.00	\$0.00	\$195,000.00	\$0.00	\$0.00	\$195,000.00	\$400,800.00	\$0.00	\$0.00	\$0.00	\$400,800.00	??%	\$0.00



Match should be reported proportionate to the CDBG expenditures based on the approved budget.

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

Claim List Genera **Reimbu** Statu Expens GAX Fo Misc.

Reimbursement - Current Version

Create New Version

View Versions

*** If applicable, Expenses This Period must be Total Expenses minus Program Income.

Expenses Period

Mark as Complete

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)	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)
Budget Activity															
Activity 1	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$400,800.00	\$0.00	\$0.00	\$0.00	\$400,800.00	0.00%	\$0.00
Activity 2	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Activity 3	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Administration	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
	\$195,000.00	\$0.00	\$0.00	\$0.00	\$195,000.00	\$0.00	\$0.00	\$195,000.00	\$400,800.00	\$0.00	\$0.00	\$0.00	\$400,800.00	??%	\$0.00

Last Edited By: Hayley Crozier - Jul 23, 2025 11:22 AM

Edit Reimbursement

Claim Walkthrough Cont.

Claim: 015

Claim Status:

Editing

Grant Title:

13-Test-WS-999 - Lisbon - Test

Program Area:

CDBG

Funding Opportunity:

32740-CDBG Water/Sewer

Reporting Period:

07/01/2025 - 07/23/2025

Claim Type:

Reimbursement

Submitted By:

-

Claim Preview

Attachments

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	✓	Jul 23, 2025 11:17 AM - Hayley Crozier
Reimbursement	✓	Jul 23, 2025 11:22 AM - Hayley Crozier
Status		-
Expense Documentation		-
GAX Form		-
Misc. Claim Documents		-

Claim Walkthrough Cont.

 **Status** - Current Version



Is this a final draw?:

Release of Funds:

Local Delay Date:

Cash On Hand: \$0

Contract Activity Status

On Schedule:

Engineering/Architectural % completed:

Construction % Completed:

Actual start date:

Estimated completion date:

Revised from previous report?:

Comments:

Complete all applicable sections

Add any comments to Project Manager

Claim Walkthrough Cont.

Claim: 015

Claim Status: Editing

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

Claim List

Genera

Reimbu

Status

Expens

GAX Fo

Misc.

Status - Current Version

Create New Version

View Versions

Is this a final draw?:

Release of Funds:

Local Delay Date:

Cash On Hand: \$0.00

Contract Activity Status

On Schedule:

Engineering/Architectural % completed: 0.00%

Construction % Completed: 0.00%

Actual start date:

Estimated completion date:

Revised from previous report?:

Comments:

Mark as Complete

Edit Form

Claim Walkthrough Cont.

 Claim: 015

Claim Status: **Editing**
Grant Title: 13-Test-WS-999 - Lisbon - Test
Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

[Claim Preview](#) [Attachments](#) [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	✓	Jul 23, 2025 11:17 AM - Hayley Crozier
Reimbursement	✓	Jul 23, 2025 11:22 AM - Hayley Crozier
Status	✓	Jul 23, 2025 11:26 AM - Hayley Crozier
Expense Documentation	-	-
GAX Form	-	-
Misc. Claim Documents	-	-



Claim Walkthrough Cont.

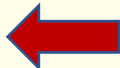
 Claim: 015

Claim Status: **Editing**
Grant Title: 13-Test-WS-999 - Lisbon - Test
Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

 Expense Documentation - [Current Version](#)

 Expense Documentation Review

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



 Save Form

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](#)

Claim Walkthrough Cont.

Grant Title: 13-TEST-VWS-999 - LISBON - TEST

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

[Claim List](#) [Genera](#) [Reimbu](#) [Statu](#) [Expens](#) [GAX Fo](#) [Misc.](#)

Expense Documentation - Current Version

 Create New Version

 View Versions

Expense Documentation Review

 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?: No

Last Edited By: Hayley Crozier - Jul 23, 2025 11:32 AM

 Edit Form

Expense Documentation - Multi-List

 Mark as Complete

 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

Last Edited By: Hayley Crozier - Jul 23, 2025 11:32 AM

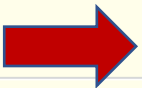
 Add Row

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**
Grant Title: 13-Test-WS-999 - Lisbon - Test
Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

Expense Documentation



Save Row

Vendor*	ABC Inc.
Invoice #:	12345
Invoice Date:	07/01/2025
Expense Description:	Building Materials
CDBG Amount:	4000
Match Amount:	2000
Total Invoice Amount:	
Council/Board Approval Date:	06/05/2025
Check #:	456789
Paid Date:	07/05/2025
Scanned Documentation:	ABC Inc. Invoice and Proof of Payment.pdf Change

Claim Walkthrough Cont.

Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

[Claim List](#) [Genera](#) [Reimbu](#) [Statu](#) [Expens](#) [GAX Fo](#) [Misc.](#)

 **Expense Documentation** - [Current Version](#)

 [Create New Version](#)

 [View Versions](#)

Expense Documentation Review



 [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?: No

Last Edited By: Hayley Crozier - Jul 23, 2025 11:39 AM

 [Edit Form](#)

Expense Documentation - Multi-List

 [Mark as Complete](#)

 [Add Row](#)

Vendor	Invoice #	Invoice Date	Expense Description	CDBG Amount	Match Amount	Total Invoice Amount	Council/Board Approval Date	Check #	Paid Date	Scanned Documentation
ABC Inc.	12345	07/01/2025	Building Materials	\$4,000.00	\$2,000.00	\$6,000.00	06/05/2025	456789	07/05/2025	ABC Inc. Invoice and Proof of Payment.pdf
				\$4,000.00	\$2,000.00	\$6,000.00				
				\$4,000.00	\$2,000.00	\$6,000.00				

Claim Walkthrough Cont.

 Claim: 015

Claim Status: **Editing**

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

[Claim Preview](#) [Attachments](#) [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	✓	Jul 23, 2025 11:17 AM - Hayley Crozier
Reimbursement	✓	Jul 23, 2025 11:22 AM - Hayley Crozier
Status	✓	Jul 23, 2025 11:26 AM - Hayley Crozier
Expense Documentation	✓	Jul 23, 2025 11:39 AM - Hayley Crozier
GAX Form	-	-
Misc. Claim Documents	-	-

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**
Grant Title: 13-Test-WS-999 - Lisbon - Test
Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

Claim List Genera Reimbu Statu **Expens** **GAX Fo** Misc.

 **GAX Form** - Current Version

 Create New Version  View Versions

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:

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 (18-WS-001)
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 (typically the mayor or the county board to supervisor)
Claimant’s Signature – Authorized Signature typically the same person that signed the Grant contract.

 - Named Attachments

 Mark as Complete

Named Attachment	Required	Description	File Name 	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.**

GAX	✓						
-----	---	--	--	--	--	--	--

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

 **Attach File**

 **Attach File**

Upload File*:

 26-WS-001 Claim #1 Signed GAX.pdf

Change

Remove

Description*:

Signed GAX

490 character(s) left

 Save File

 Cancel

Claim List General

 GAX Form

In order to process

Fill out the highlight

1. Document Num

2. Vendor Name a

3. Contract Numb

4. Total Price – D

5. Vendor Code –

Once the above is c

Date – Date Claimant Signed GAX

Title – Title of Claimant (typically the mayor or the county board to supervisor)

Claimant's Signature – Authorized Signature typically the same person that signed the Grant contract.

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**
Grant Title: 13-Test-WS-999 - Lisbon - Test
Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

Claim List Genera Reimbu Statu Expens **GAX Fo** Misc.

 **GAX Form** - Current Version

 Create New Version  View Versions

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.

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Date – Date Claimant Signed GAX
Title – Title of Claimant (typically the mayor or the county board to supervisor)
Claimant's Signature – Authorized Signature typically the same person that signed the Grant contract.

 - Named Attachments



 Mark as Complete

Named Attachment	Required	Description	File Name 	Type	Size	Upload Date	Delete?
GAX	✓	Signed GAX	26-WS-001 Claim 1 Signed GAX.pdf	pdf	14 KB	07/23/2025 11:44 AM	

Please download the GAX and complete all sections. **Please be sure to sign the GAX before uploading with the claim.**

Claim Walkthrough Cont.

Claim: 015

Claim Status: Editing

Grant Title: 13-Test-WS-999 - Lisbon - Test

Program Area: CDBG

Funding Opportunity: 32740-CDBG Water/Sewer

Reporting Period: 07/01/2025 - 07/23/2025

Claim Type: Reimbursement

Submitted By: -

Claim PreviewAttachmentsAlert HistoryMapVersions

Claim Details

Claim cannot be Submitted Currently

• Claim components are not complete

Component	Complete?	Last Edited
General Information	✓	Jul 23, 2025 11:17 AM - Hayley Crozier
Reimbursement	✓	Jul 23, 2025 11:22 AM - Hayley Crozier
Status	✓	Jul 23, 2025 11:26 AM - Hayley Crozier
Expense Documentation	✓	Jul 23, 2025 11:39 AM - Hayley Crozier
GAX Form	✓	Jul 23, 2025 11:44 AM - Hayley Crozier
Misc. Claim Documents	-	-

Withdraw

Notes (0)

Feedback

Preview Claim

Claim Walkthrough Cont.

Claim: 015

Claim Status:

Editing

Grant Title:

13-Test-WS-999 - Lisbon - Test

Program Area:

CDBG

Funding Opportunity:

32740-CDBG Water/Sewer

Reporting Period:

07/01/2025 - 07/23/2025

Claim Type:

Reimbursement

Submitted By:

-

Claim List

Genera

Reimbu

Statu

Expens

GAX Fo

Misc.

Misc. Claim Documents

- Current Version

Create New Version

View Versions

Please submit the BABA Claim Compliance Certification form with your claim if you are required to certify BABA Compliance.

Misc. Claim Documents

- Other Attachments

Mark as Complete

Add from Doc Repository

Add New Attachment

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

Last Edited By: Hayley Crozier - Jul 23, 2025 11:46 AM

Claim Walkthrough Cont.

Back Print Online Help Saved Search Log Out

Claim: 015

Claim Status: Editing

Attach File

Attach File

Upload File*: Signed CEO Change Form.pdf Change Remove

Description*: CEO Change/Alternate Signator Form
466 character(s) left

Save File Cancel

Misc. Claim Documents - Other Attachments

Description	File Name	Type	Size	Upload Date
No files attached.				

Upload the Alternate Signator/CEO Change Form

Claim Walkthrough Cont.

Claim: 015

Claim Status: **Editing**
Grant Title: 13-Test-WS-999 - Lisbon - Test
Program Area: CDBG
Funding Opportunity: 32740-CDBG Water/Sewer
Reporting Period: 07/01/2025 - 07/23/2025
Claim Type: Reimbursement
Submitted By: -

[Claim List](#) [Genera](#) [Reimbu](#) [Statu](#) [Expens](#) [GAX Fo](#) [Misc.](#)

 **Misc. Claim Documents** - Current Version

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

Please submit the BABA Claim Compliance Certification form with your claim if you are required to certify BABA Compliance.

 **Misc. Claim Documents** - Other Attachments



[✓ Mark as Complete](#) [+ Add from Doc Repository](#) [+ Add New Attachment](#)

Description	File Name 	Type	Size	Upload Date	Delete
CEO Change/Alternate Signator Form	Signed CEO Change Form.pdf	pdf	14 KB	07/23/2025 11:49 AM	Delete

Last Edited By: Hayley Crozier - Jul 23, 2025 11:49 AM

Claim Walkthrough Cont.

Claim: 015

Claim Status:

Editing

Grant Title:

13-Test-WS-999 - Lisbon - Test

Program Area:

CDBG

Funding Opportunity:

32740-CDBG Water/Sewer

Reporting Period:

07/01/2025 - 07/23/2025

Claim Type:

Reimbursement

Submitted By:

-

Claim Preview

Attachments

Alert History

Map

Versions

Claim Details

Submit Claim

Withdraw

Notes (0)

Feedback

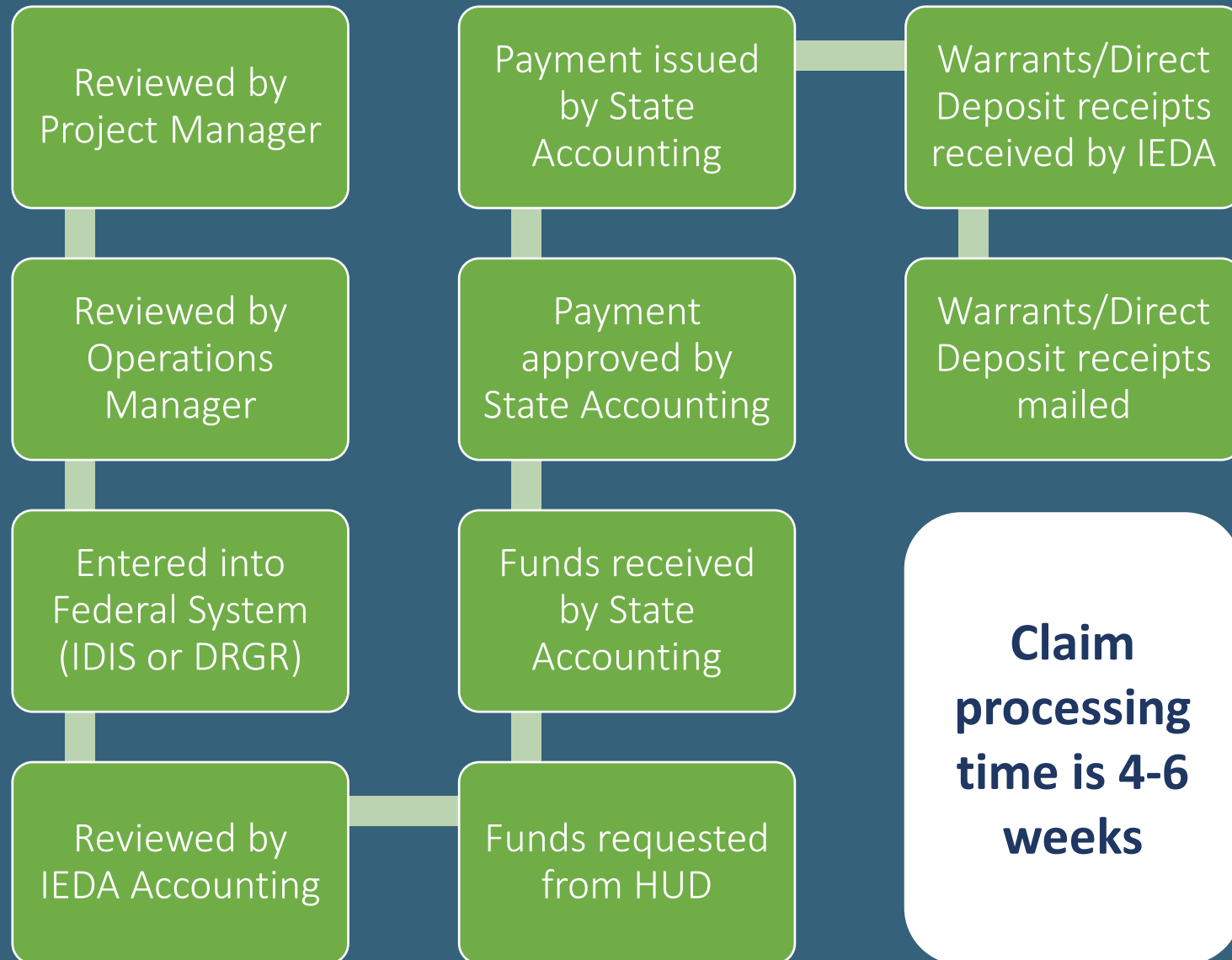
Preview Claim

Claim is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	Jul 23, 2025 11:17 AM - Hayley Crozier
Reimbursement	✓	Jul 23, 2025 11:22 AM - Hayley Crozier
Status	✓	Jul 23, 2025 11:26 AM - Hayley Crozier
Expense Documentation	✓	Jul 23, 2025 11:39 AM - Hayley Crozier
GAX Form	✓	Jul 23, 2025 11:44 AM - Hayley Crozier
Misc. Claim Documents	✓	Jul 23, 2025 11:49 AM - Hayley Crozier

Claims are required to be submitted at least every 6 months, but more frequent submission is advised.
Reminder: Claims must be separated by state fiscal year (7/1-6/30)

Steps for Claim Payment



Preliminary Requirements for First Claim

(Contracts prior to July 2025)

- Signed Contract
- Signed RARA (Residential Anti-displacement & Relocation Asst. Plan)
- Signed Excessive Force Resolution
- Signed Equal Opportunity Policy
- Signed Fair Housing Policy
- Signed Code of Conduct
- Signed Procurement Policy
- Signed 2 CFR 200.319 Competition Certification of Compliance
- Signed Acknowledgement of Environmental Review Requirements

Pay Applications/Invoices

Pay Applications are required for all CDBG programs, including the Regular, Disaster Recovery (DR), and COVID (CV) programs.

Please note that each of these programs may have different requirements related to pay applications. It's important to consult with the project manager at the start of the project to ensure you understand the specific expectations for the program you're working with.

Invoices must include a detailed description of the charges and proof of payment, such as a canceled check or bank statement.

For DR claims, the reimbursement request should reflect the exact amount, while Regular programs' claims should be rounded to the nearest whole dollar.

BUDGET FY		General Accounting Expenditure				DOCUMENT NUMBER	
2025		DATE 7/1/2025		ACCTG PERIOD (mm/yy) 5/25-6/25		1	
VENDOR CODE			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 Contract Number:				
DOCUMENT TOTAL						\$	1.00

GAX Form Cont.

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 [redacted] TITLE [redacted]

CLAIMANT'S SIGNATURE [redacted]

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:
CODE OR CHAPTER SECTION(S)

AUTHORIZED SIGNATURE [redacted]

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			25						

VENDOR CODE	ADDR OVERRIDE	F/A INDICATOR	LEFT IND	TEXT -po's only (Y/N)	TEXT (po's only)
[redacted]			Y		

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

LINE	FUND	AGCY	ORG	SUB ORG	ACTY	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D	P/F
01	0340	269	4610				4125							\$ 1.00		
02																
03																
04																
05																
06																
07																

DOCUMENT TOTAL \$ 1.00

GAX

WARRANT #

AUDITED BY

[redacted]

PAID DAT [redacted]

New Changes

Correct vendor code and pay code must be included on GAX form.

- Vendor Code
Found under General Information

- Pay Codes
2019 DR Pay Code: 0340-269-5000-4125
Derecho Pay Code: 0340-269-5250-4125
Covid Pay Code: 0340-269-5500-4125
CDBG Pay Code: 0340-269-4610-22-4125

General Information	
Grant Number:	23-WS-003
Title:	McGregor
Status:	Underway
Year:	2023
Program Area:	CDBG
Organization:	Upper Explorerland Regional
Grantee Contact:	Diana Johnson
Additional Grantee Contacts:	Ashley Christensen
Program Officer:	Chad Sands
Additional Internal Contacts:	Carol Wells, Don Dursky, Hay
Contract Dates:	03/08/2023 03/16/2023
	Contract Sent Contract Receive
Project Dates:	02/09/2023 02/28/2026
	Start Date End Date
Internal Contract Review Dates:	03/22/2023 03/20/2023
	Division Review Fiscal Review
Vendor # / ID:	2129799
Comments:	Sewer Improvements

FOR CDBG ONLY
The Sub Org should be the first two digits of the contract. 22-WS-099

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	22			4125							18,000.00		

New Changes Cont.

- Proof of payment must be uploaded under expense documentation in the claim, along with the corresponding invoice.
- The Alternate Signator/CEO Change Form must be uploaded under Miscellaneous Documents for every claim.



THANK YOU

Hayley Crozier | Operations Program Manager
Iowa Economic Development Authority