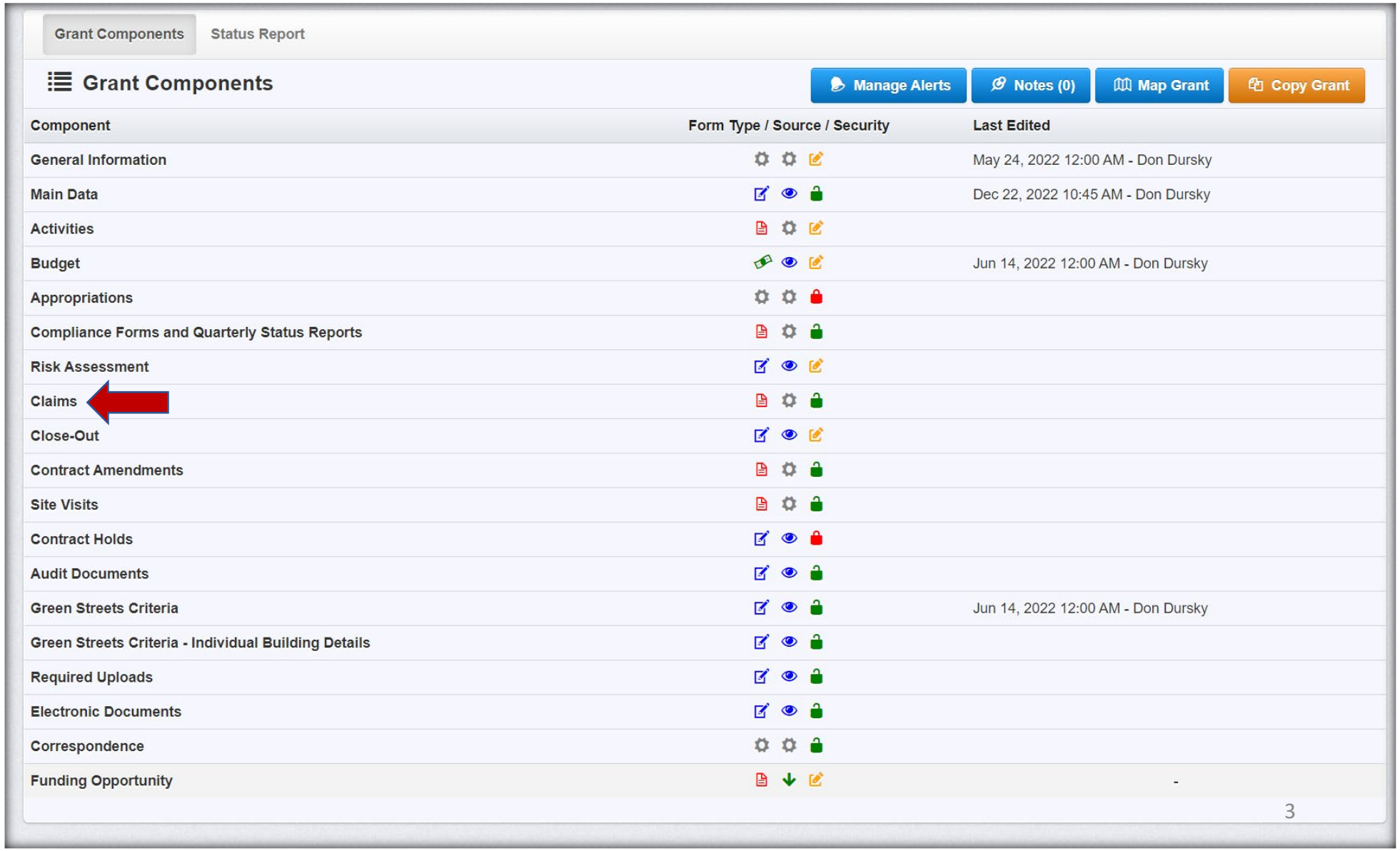
CDBG Claims Training

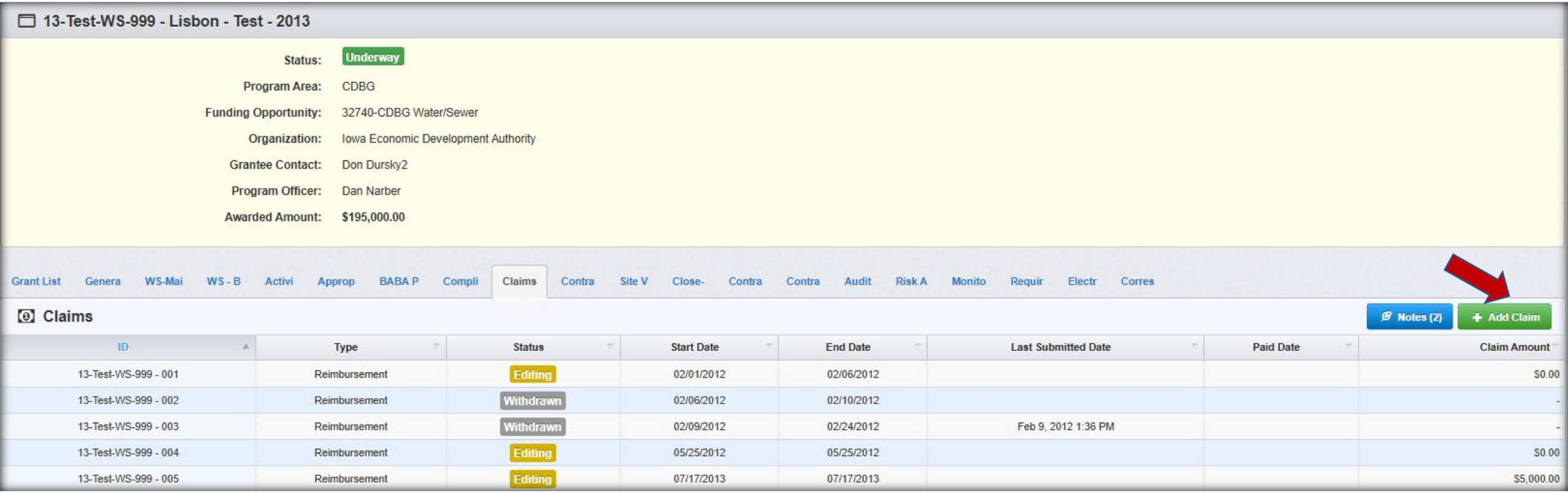
Overview

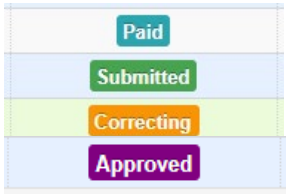
- How to submit a claim
- Preliminary Requirements
- Pay Applications/Invoices
- GAX Form
- New Changes

Claim Walkthrough



Claim Walkthrough Cont.





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Claims can be Withdrawn or Correcting, this is less common

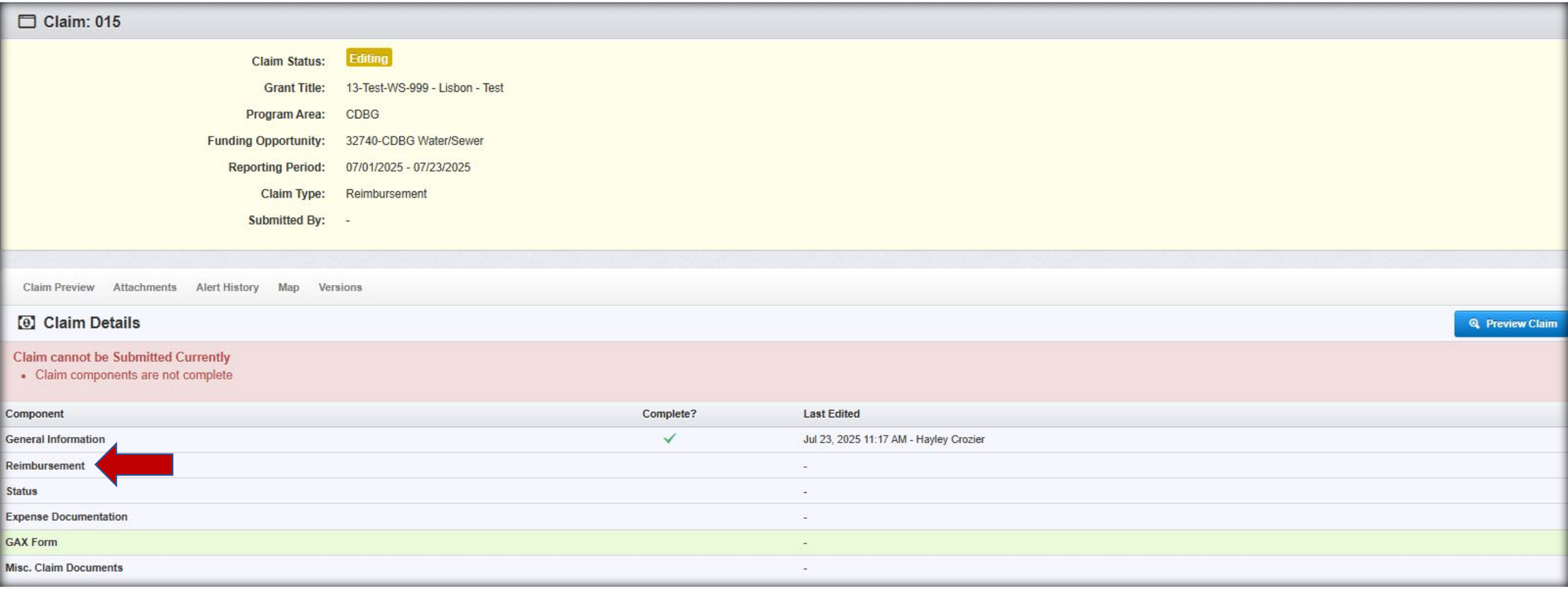
Claim Walkthrough Cont.

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

<u>Please submit separate claims for each fiscal year:</u>

FY 2025: Reporting dates prior to June 30th
FY 2026: Reporting dates after July 1st

Claim Walkthrough Cont.



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

Save 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**

Save Reimbursement

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)
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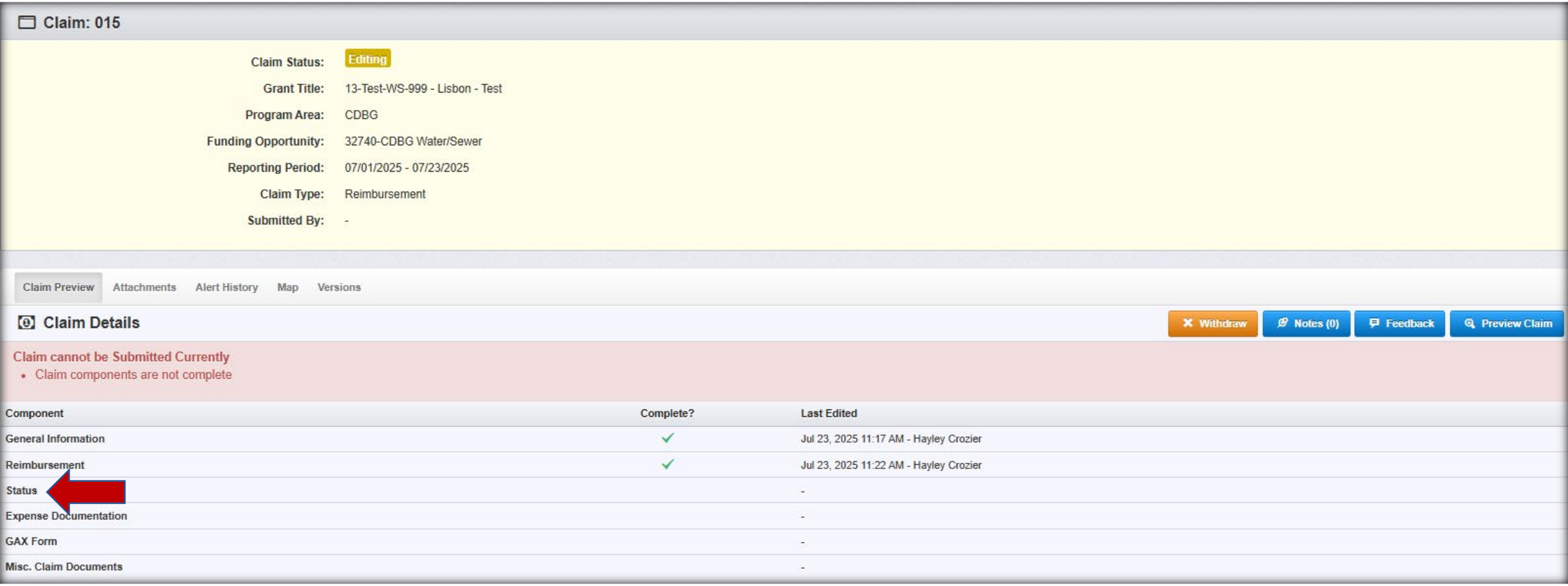
Activity 2	$25,000.00	$0.00	$0.00	$0.00	$25,000.00	$0.00	$0.00	$25,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
Activity 3	$50,000.00	$0.00	$0.00	$0.00	$50,000.00	$0.00	$0.00	$50,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
Administration	$20,000.00	$0.00	$0.00	$0.00	$20,000.00	$0.00	$0.00	$20,000.00	$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**

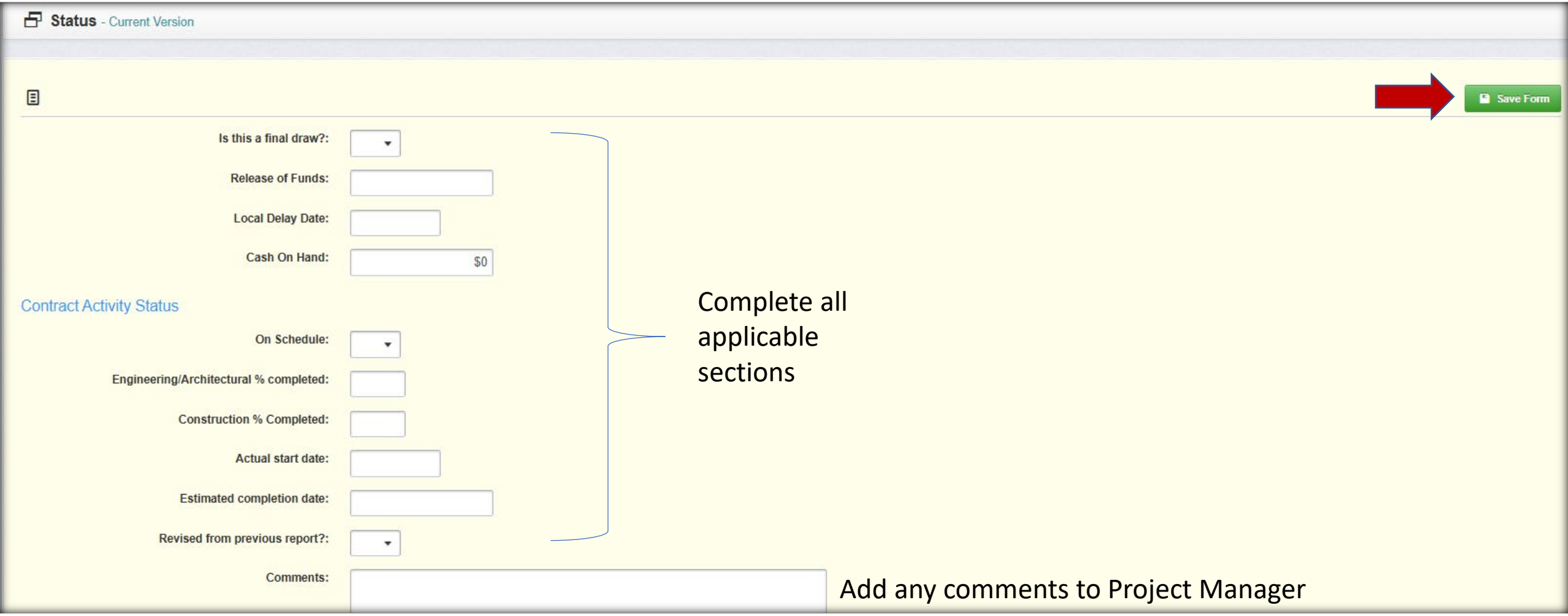
Last Edited By: Hayley Crozier - Jul 23, 2025 11:22 AM

Edit Reimbursement

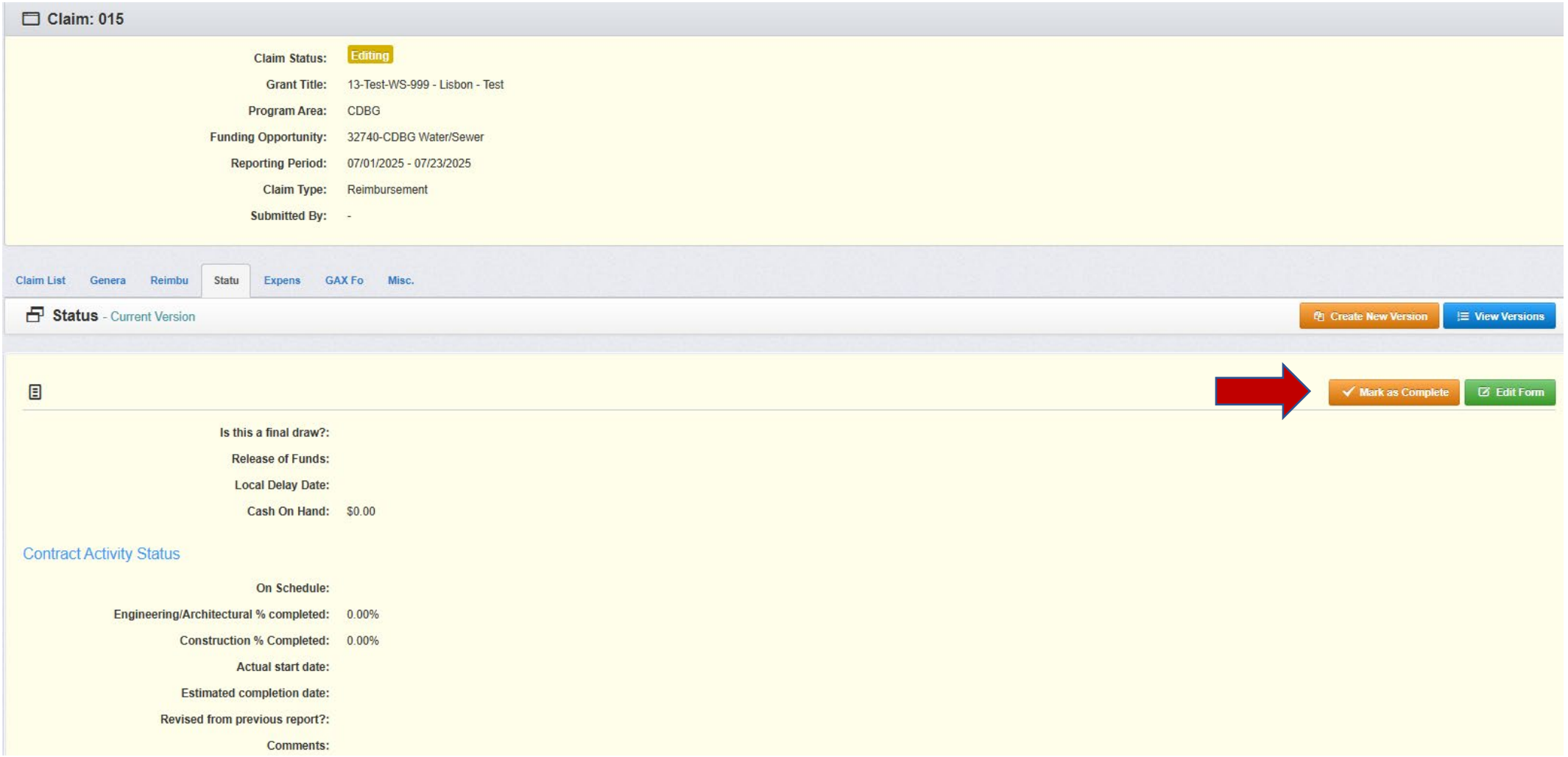
Claim Walkthrough Cont.



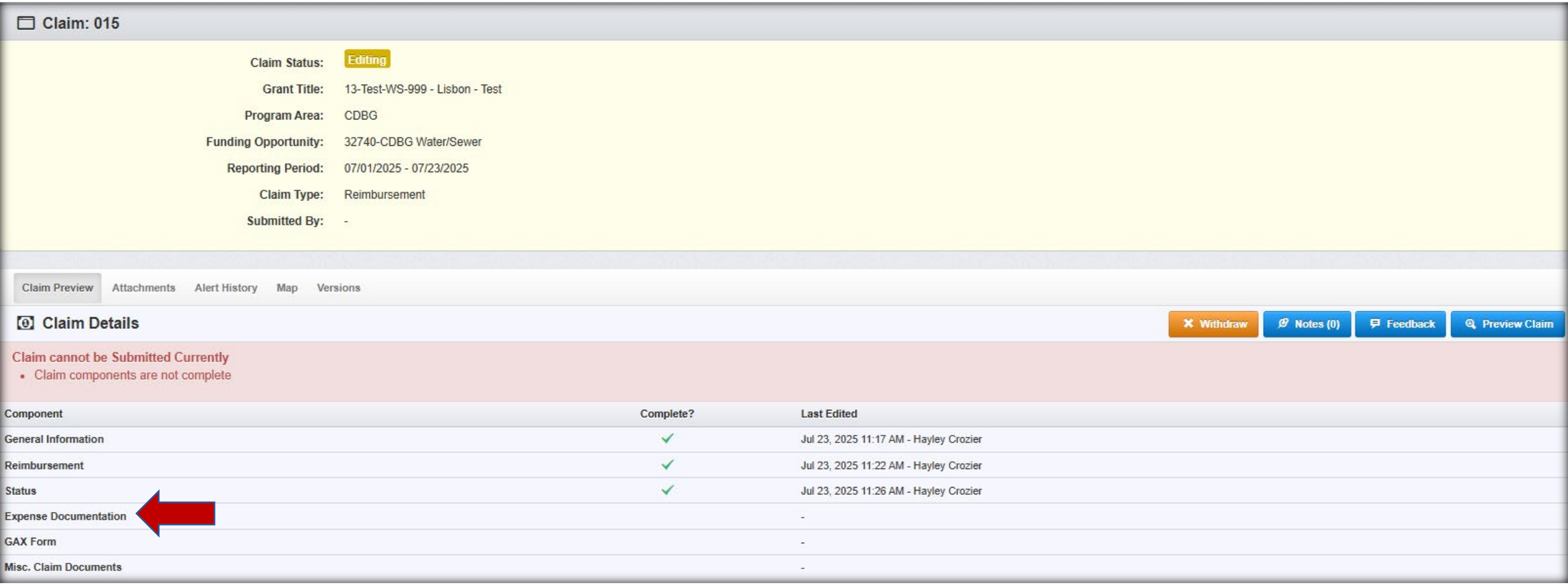
Claim Walkthrough Cont.



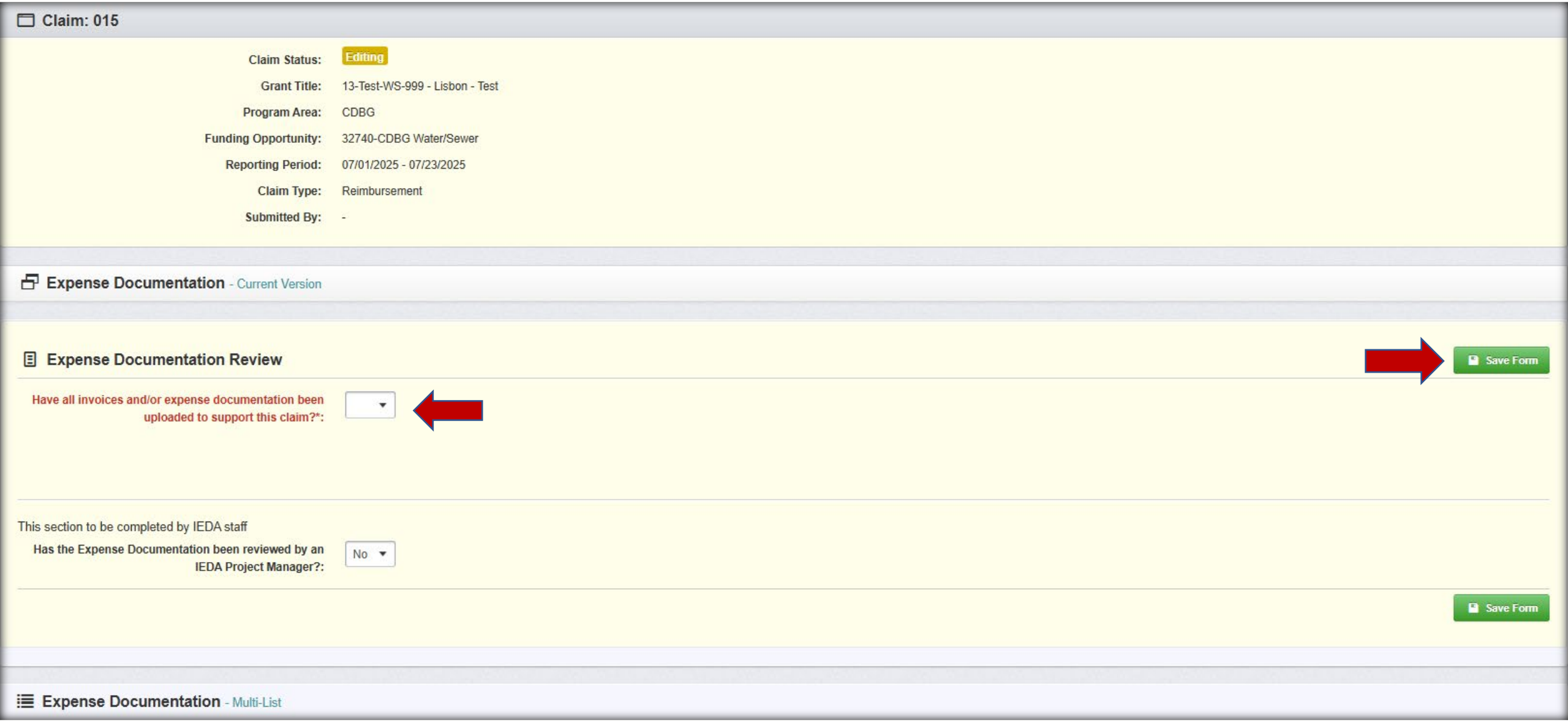
Claim Walkthrough Cont.



Claim Walkthrough Cont.



Claim Walkthrough Cont.



Claim Walkthrough Cont.

Grant Title: 15-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.

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

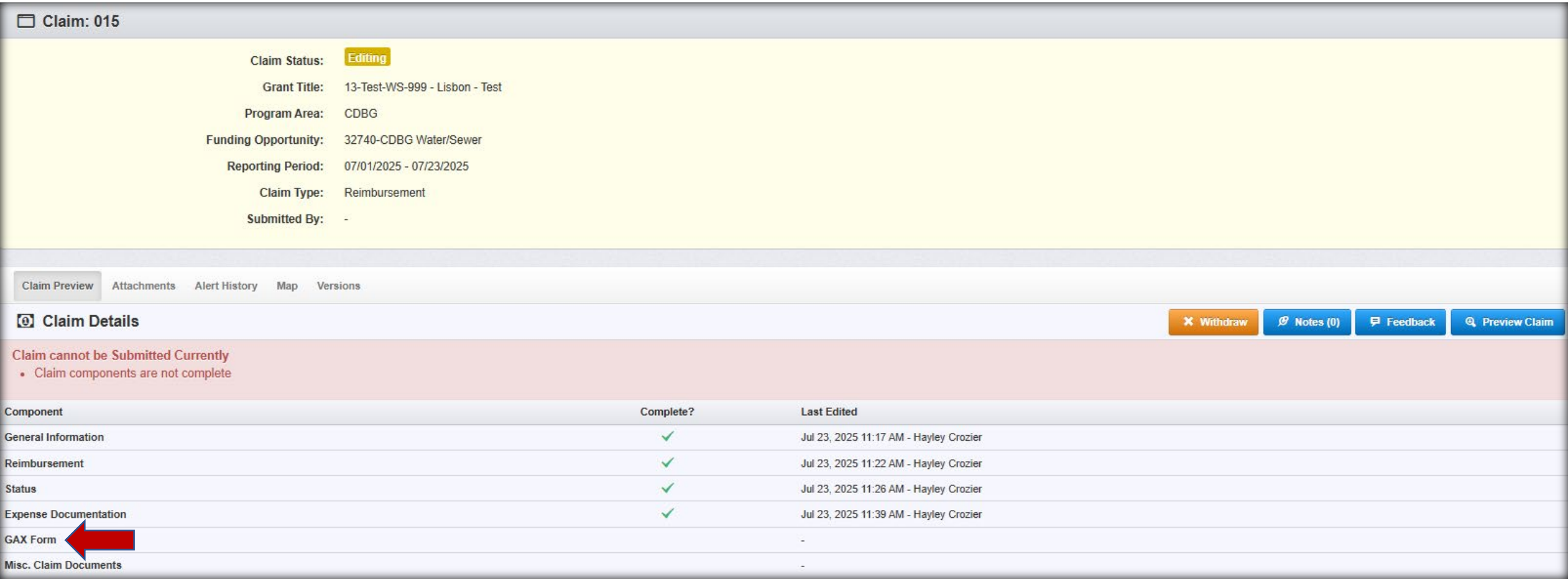
Edit Form

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 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:

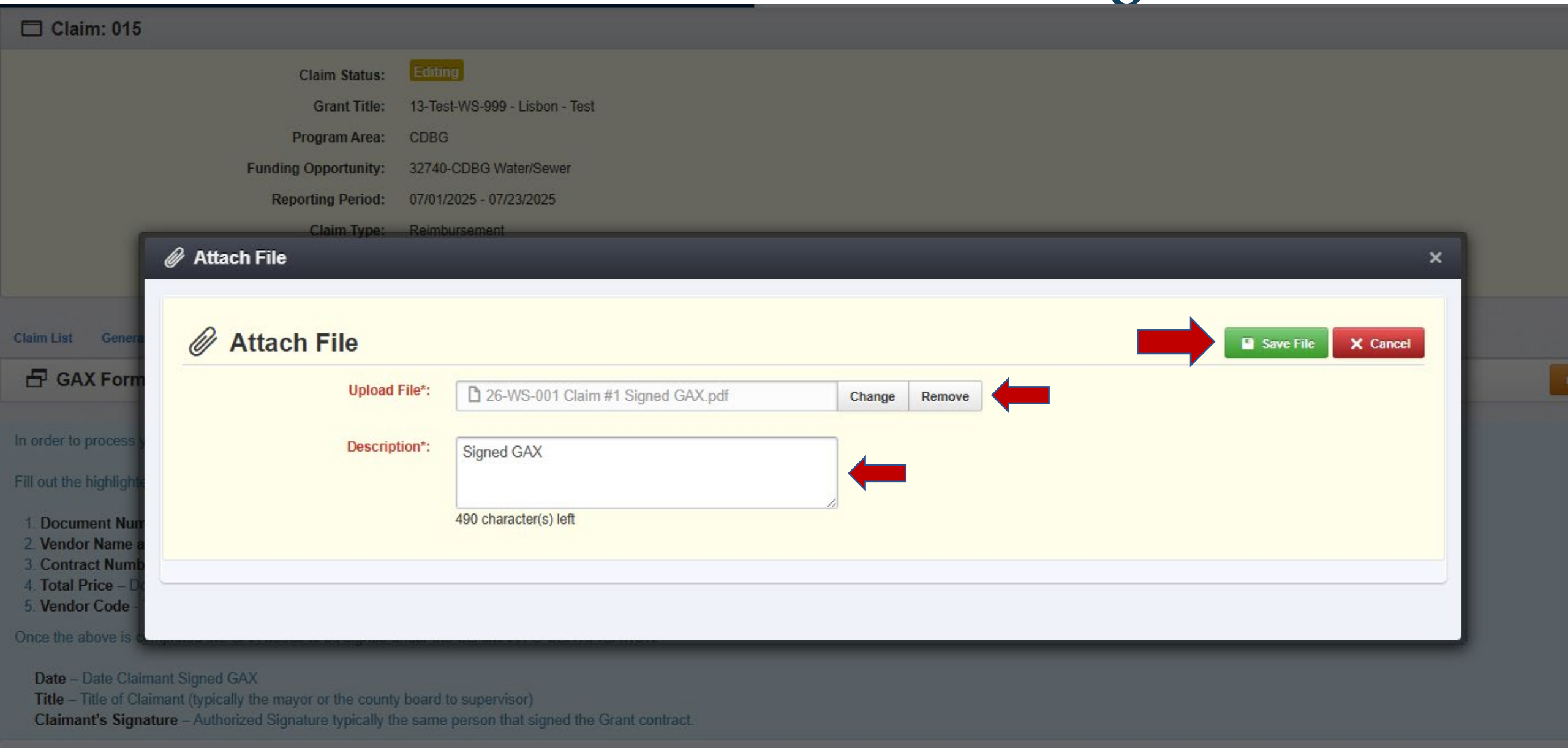
Date – Date Claimant Signed GAX
Title – Title of Claimant (typically the mayor or the county board to supervisor)
Claimant's Signature – Authorized Signature typically the same person that signed the Grant contract.

- 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 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.
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3. **Contract Number** - Year-program-number (18-WS-001)
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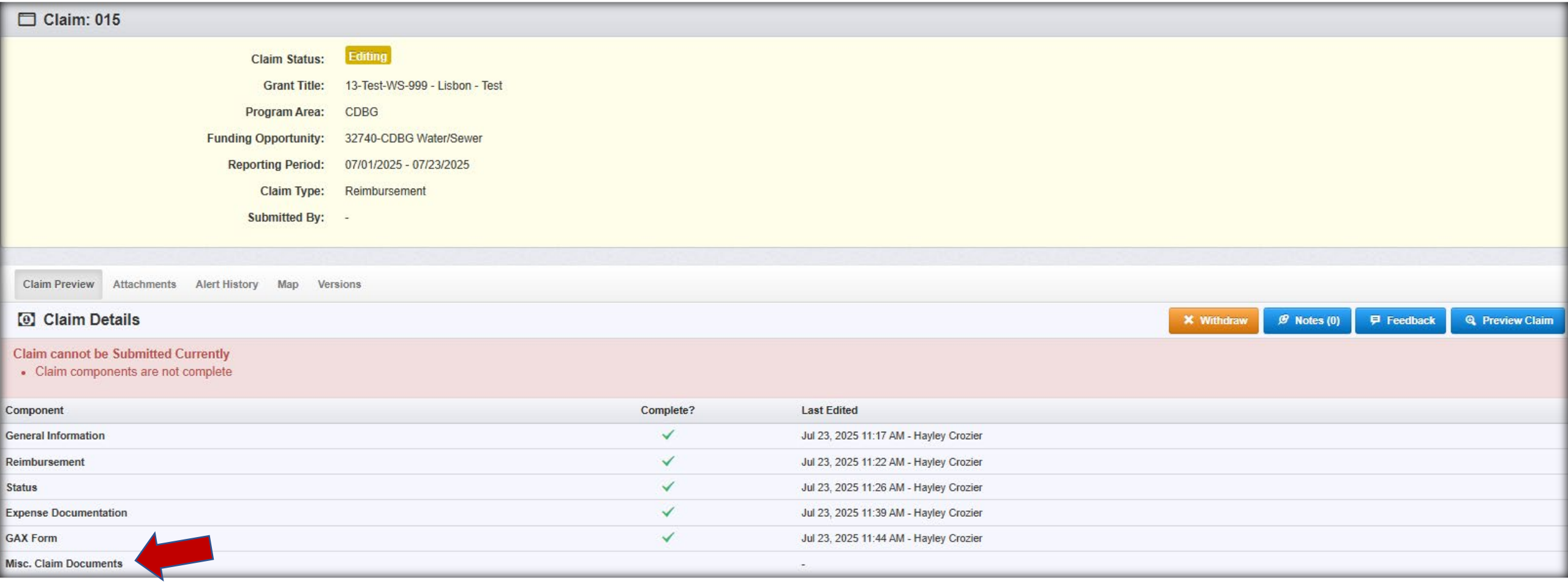
Title – Title of Claimant (typically the mayor or the county board to supervisor)
Claimant's Signature – Authorized Signature typically the same person that signed the Grant contract.

- Named Attachments

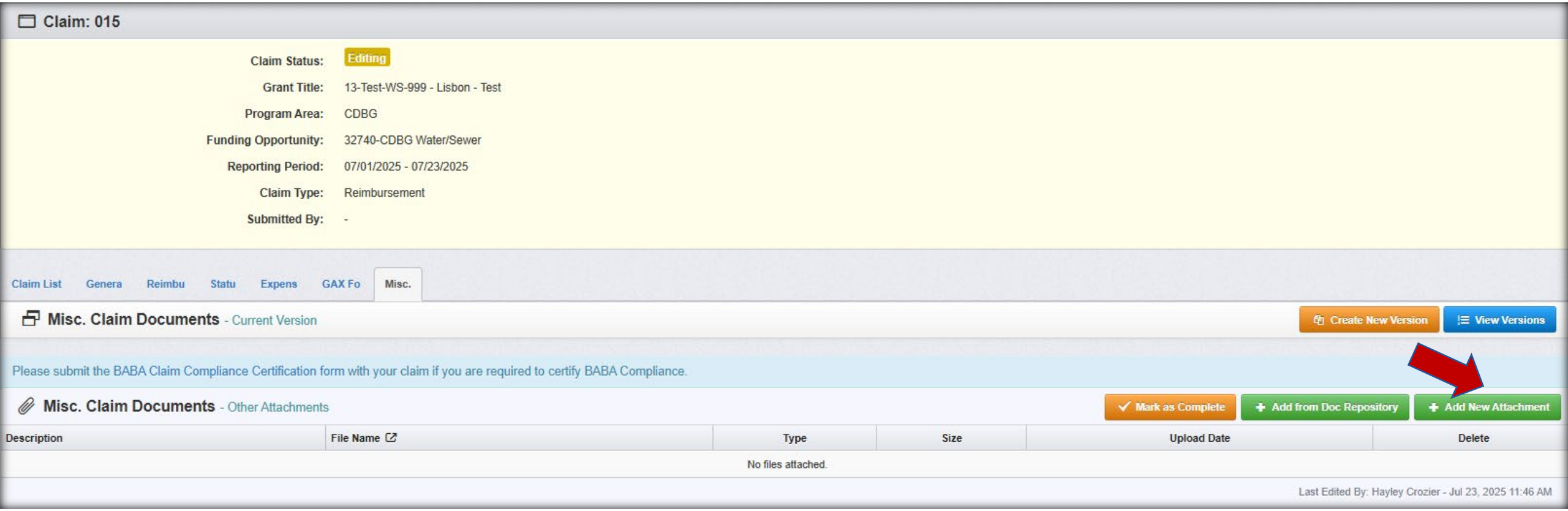
Mark as Complete

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	✓	Signed GAX	26-WS-001 Claim 1 Signed GAX.pdf	pdf	14 KB	07/23/2025 11:44 AM	Delete

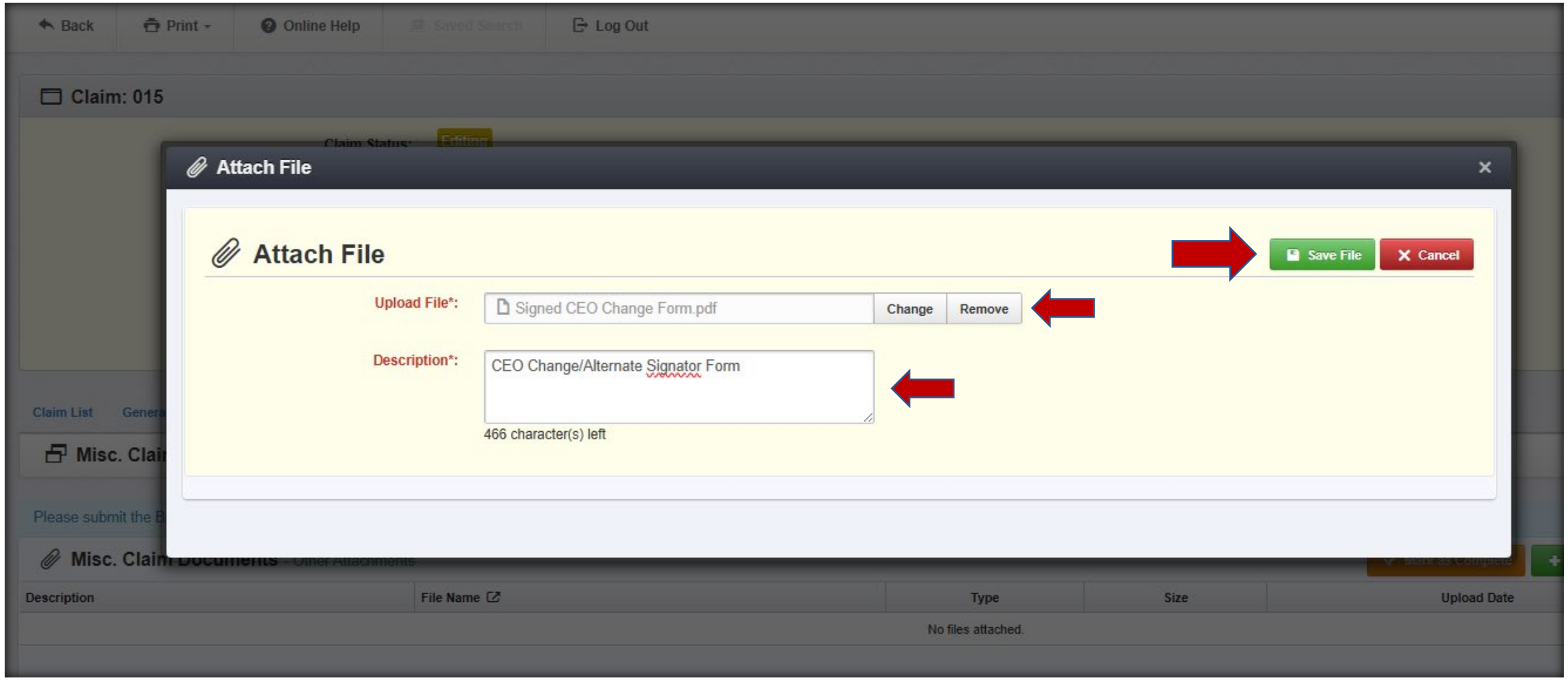
Claim Walkthrough Cont.



Claim Walkthrough Cont.

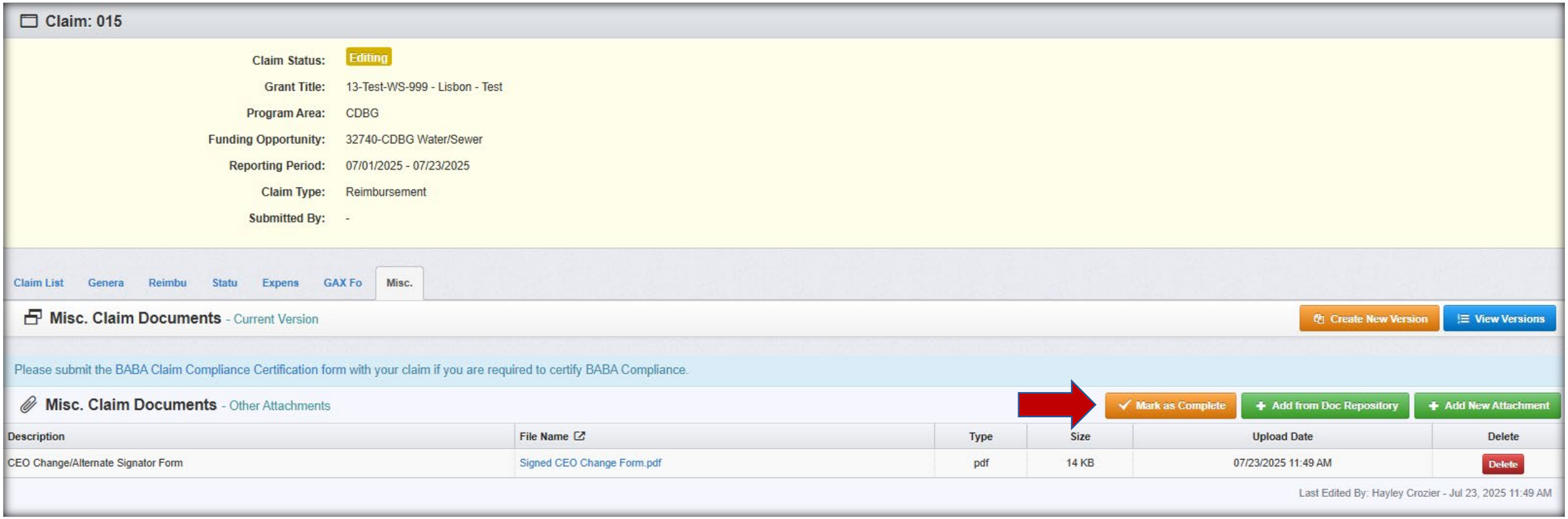


Claim Walkthrough Cont.

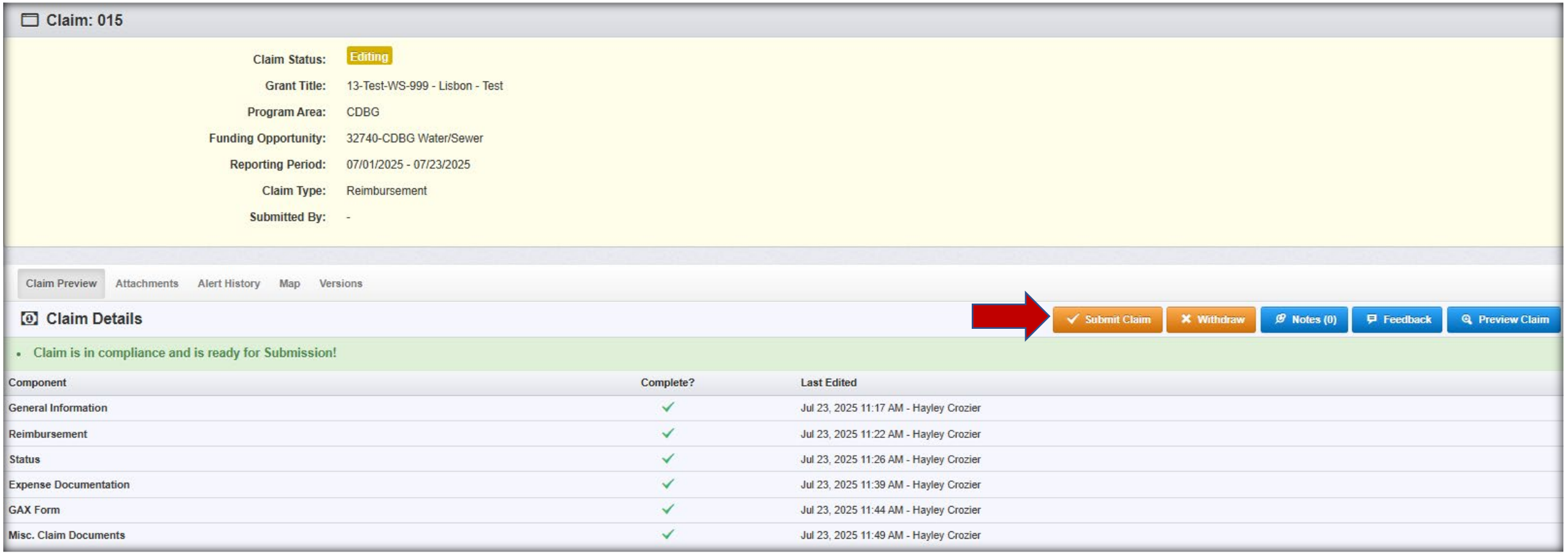


Upload the Alternate Signator/CEO Change Form

Claim Walkthrough Cont.

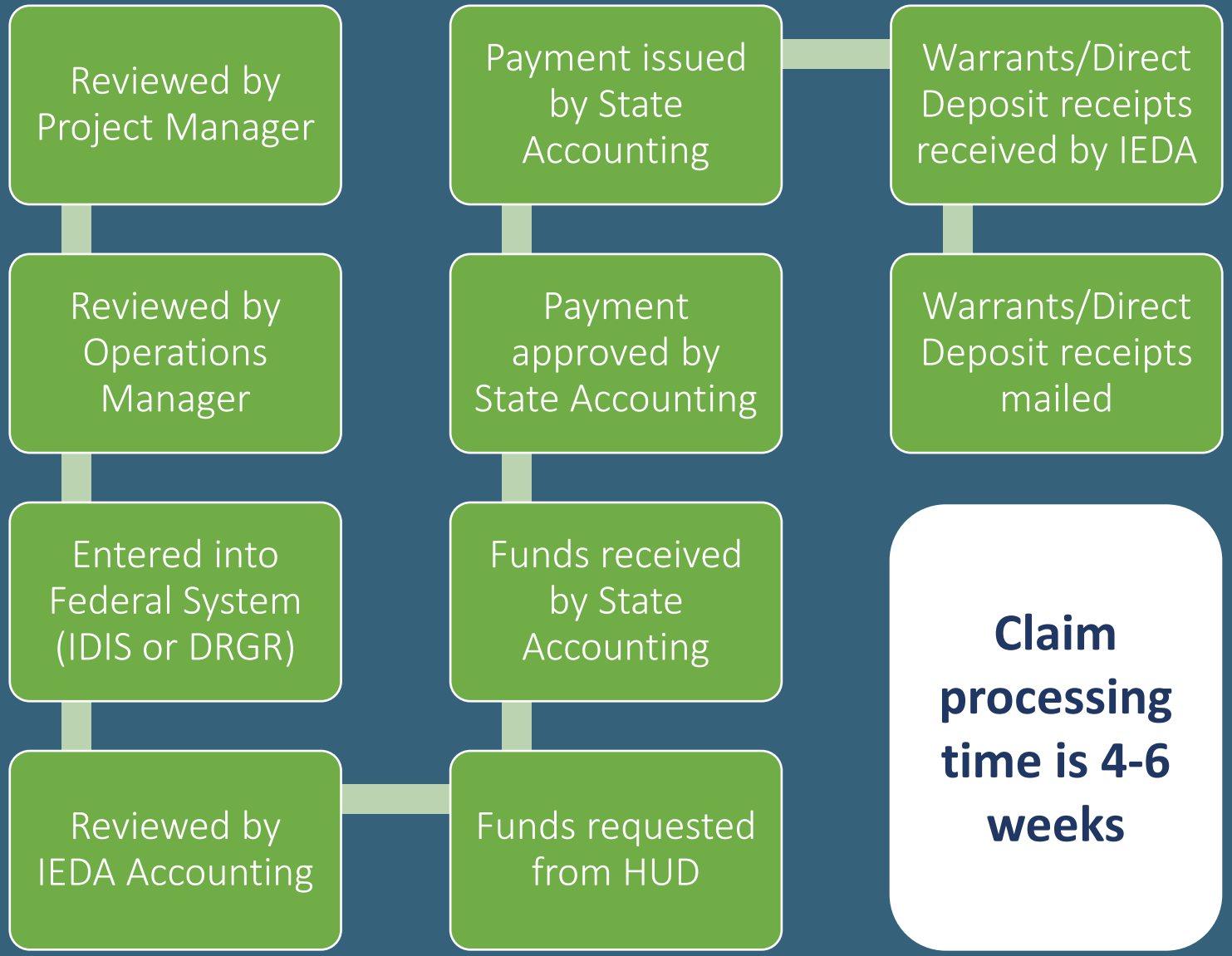


Claim Walkthrough Cont.



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.

GAX Form

Attach supporting documentation to the back of this form

STATE OF IOWA

GAX

General Accounting Expenditure

BUDGET FY	DOCUMENT NUMBER
2025	1

DATE	ACCTG PERIOD (mm/yy)
7/1/2025	5/25-6/25

VENDOR CODE

AGENCY NAME

VENDOR NAME AND ADDRESS

BILL TO ADDRESS (ORDERING AGENCY)

Iowa Economic Development Authority
1963 Bell Avenue, Suite 200
Des Moines, Iowa 50315

SHIP TO ADDRESS

TERMS

FOB

ORDER APPROVED BY

GOODS RECEIVED/SERVICES PERFORMED

DATE INITITALS

VENDOR'S INVOICE NUMBER

QUANTITY					
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 _____ TITLE _____

CLAIMANT'S SIGNATURE

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOUD BE PAID FROM THE FUNDS APPROPRIATED BY:

CODE OR CHAPTER SECTION(S)

AUTHORIZED SIGNATURE

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	EFT IND	TEXT -po's only (Y/N)	TEXT (po's only)
			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	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

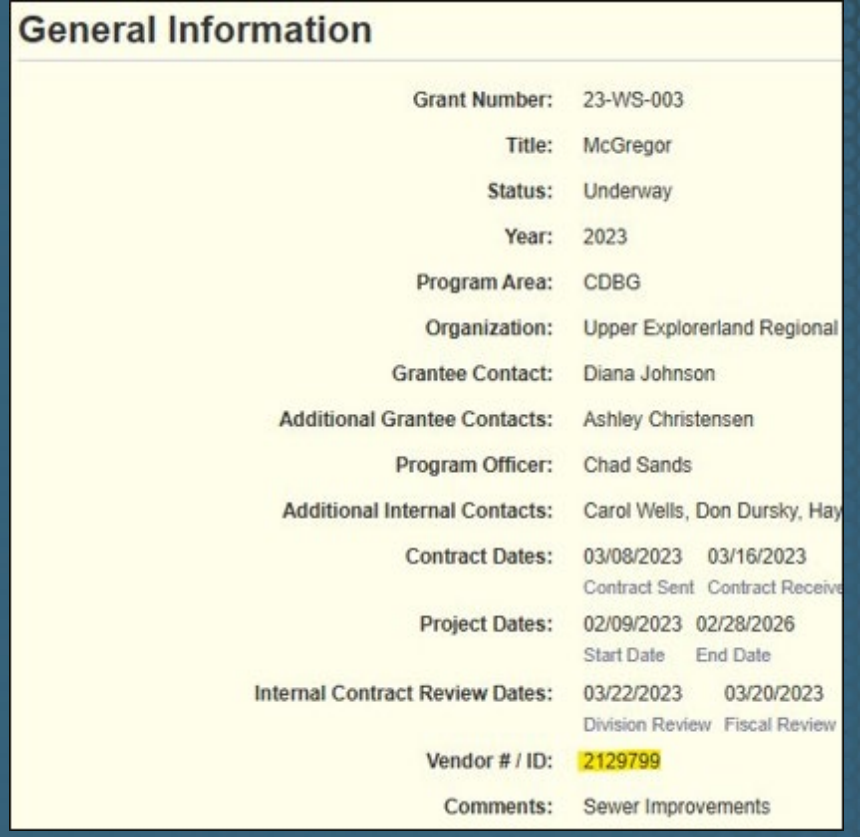
GAX WARRANT # AUDITED BY PAID DAT

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 (Contract Sent) 03/16/2023 (Contract Receiv
Project Dates:	02/09/2023 (Start Date) 02/28/2026 (End Date)
Internal Contract Review Dates:	03/22/2023 (Division Review) 03/20/2023 (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.

IOWA™

Economic Development

THANK YOU

Hayley Crozier | Operations Program Manager

Iowa Economic Development Authority