



Grants Management Policies and Procedures Guide NOFA #004

2/18/2021

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Project Completion and Closeout

The Iowa Office of the Chief Information Officer utilizes the IowaGrants.gov system for project completion and closeout. If you are not a registered user of this system, please follow the instructions provided in Exhibit J of the Notice of Funds Availability found here: <https://ocio.iowa.gov/file/exhibitj-iowagrantsregistrationinstructions.pdf>

Tips for working within the IowaGrants.gov system:

- Always use the navigation buttons within the IowaGrants.gov screen (e.g. Back, Add, Delete, Edit, Save, etc.) instead of using the web-browser buttons at the top of the window.
- When entering information, fields marked with a red asterisk are required.
- If you are having trouble logging into iowagrants.gov, email OCIO staff at: ociogrants@iowa.gov

Step 1: Navigating the Main Menu

The main menu screen of IowaGrants.gov will look like this:



Click on the “My Grants” icon to access current projects that are underway.

Step 2: Select the Project Title for Reimbursement

IowaGrants.gov

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Grant Tracking

[Search My Grant/Projects](#) | [Closed Grant/Projects](#) | [Claims](#)

Current Grant/Projects

Grant/Projects in the status Underway or Suspended appear on this list. To view other Grant/Projects, click the closed Grant/Projects link.

ID	Status	Year	Project Title	Program Area	Grant/Project Administrator	Awarded Amount
297309	Underway	2020	MB Networks Test Project	Broadband Grant Program - Empower Rural Iowa	Tom Slaughter	\$229,650.00
Total						\$229,650.00

Showing 1 - 1 of 1

Step 3: Select the "Claims" Project Component

IowaGrants.gov

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Grant Tracking

Grant/Project: 297309 - MB Networks Test Project - 2020

Status: Underway

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: MB Networks, Inc.

Program Officer: Tom Slaughter

Awarded Amount: \$229,650.00

Instructions

The grant forms appear below.

Grant/Project Components

Component	Last Edited
General Information	01/06/2020
Claims	
Status Reports	
Correspondence	
Opportunity	-
Application	-

Step 4: Click "Add" to Create Claim

The screenshot shows the IowaGrants.gov website. The top navigation bar includes links for Menu, Help, Log Out, Back, Print, Add (circled in red), Delete, Edit, and Save. The main content area is titled "Grant/Project Tracking" and displays details for "Grant/Project: 297309 - MB Networks Test Project - 2020". Below this, there is a table with columns for ID, Type, Status, Date Submitted, Date Paid, Date From-To, and Claim Amount. The table shows a total claim amount of \$0.00. The "Add" button in the navigation bar is circled in red.

Step 4: Enter the Claim General Information

The screenshot shows the IowaGrants.gov website. The top navigation bar includes links for Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save (circled in red). The main content area is titled "Claim General Information" and contains a form for entering claim details. The "Claim Type" is set to "Reimbursement" and the "Report Period" is set from "12/17/2018" to "01/23/2020". The "Save" button in the navigation bar is circled in red.

The Claim Type* is 'Reimbursement'

Enter the Report Period "From Date" as the beginning date of project work. *This date cannot be earlier than the issuance of the Notice of Funds Availability.* **10/23/2020**

Enter the Report Period "To Date" as the date of all work completed and allowable expenditures incurred.

Click "Save" when complete.

Step 5: Return to Components

Grant Tracking

Claim: 297309 - 001 [Grant Components](#)

Grant: [297309-MB Networks Test Project](#)

Status: Editing

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: MB Networks, Inc.

Program Manager: Tom Slaughter

Reporting Period [Return to Components](#)

Claim Type: Reimbursement

Claim Status: Editing

Report Period: 12/17/2018 01/23/2020

From Date To Date

Last Edited By: Matt Behrens, 01/23/2020

Click the "Return to Components" link.

Step 6: Complete the Component Forms-Certification of Project Completion

Grant Tracking

Claim: 297309 - 001 [Grant Components](#)

Grant: [297309-MB Networks Test Project](#)

Status: Editing

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: MB Networks, Inc.

Program Manager: Tom Slaughter

Components [Preview](#) | [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	01/23/2020
Certification of Project Completion		
Summary of Allowable Expenses		

Your screen will now have three components (forms) that require information regarding project completion. Select the "Certification of Project Completion" link.

Step 7: Certifying Project Completion

Project Completion

By submitting this form, Grantee hereby certifies the following:

The Project was completed as proposed/represented in the original Application.* Yes No

The final installation Facilitates Broadband service at or above 25/3 Broadband or 100/20 Broadband, whichever is applicable, in each of the applicable Targeted Service Areas identified in the Application/forming the basis of the Project.* Yes No

The final installation Facilitates Broadband service at or above 25/3 Broadband or 100/20 Broadband, whichever is applicable, to the same number of Broadband Units (homes, schools, businesses) located within the Targeted Service Areas forming the basis of the Project as represented in the Application.* Yes No

Click the appropriate answer to the three (*) questions. If you select “no” as the answer to any of these questions, a detailed explanation will be required in the field titled “Qualified Certifications”.

Step 8: Project Completion Required Uploads

Total Broadband Units

To complete this step, review the census blocks comprising your Exhibit B application form. Make any necessary edits if there were changes to the census blocks and/or the number of broadband units served in those census blocks identified in the Application/forming the basis of the Project. Additionally, if your project is NOT serving a census blocks that your Application states would be served, please highlight those in Exhibit B. Finally, upload the restated Exhibit B in this field.

Identify the total number of Broadband Units to which Broadband service is available in each Targeted Service Area identified in the Application/forming the basis of the Project.*

No file chosen

Geographic Information System Data

Please upload geographic information system (“GIS”) data in a form mutually acceptable to both the Office and Grantee demonstrating specifically where Broadband Infrastructure for which grant funds have been utilized, in whole or in part, has been installed, regardless of whether such Broadband Infrastructure actually serves any customers in Targeted Service Area(s) forming the basis of the Application at the time such mapping data is supplied to the Office. Such GIS data must enable the Office to determine which specific homes, schools, and businesses within each Targeted Service Area forming the basis of the Project have access to 25/3 Broadband or 100/20 Broadband, whichever is applicable, as a result of the Project.

GIS Data* No file chosen

Instructions for Project Completion Materials

Demonstrating Total Broadband Units:

Make a copy of your project core application Exhibit B. Review the Targeted Service Areas identified in the exhibit and update the Total Number of HSB’s New Service Will be Available To column. If a TSA area identified in your application is not part of your completed project, please contact OCIO’s grants administrator before proceeding further with the claim materials. See example below:

Exhibit B — Broadband Grants Program Project Worksheet

Applicant Name: Required

												Total Units To Be Served		0
												% of Baseline To Be Served		0%
												Units Served Per Square Mile		0
Target Service Area				Total Number of HSB's (i.e., Broadband Units) in Project Area				Total Number of HSB's (i.e., Broadband Units) New Service Will Be Available To				Facilitated Speeds in Project Area Upon Project Completion		
Census Block #	Previously Funded	County	Sq. Miles	H	S	B	Total	H	S	B	Total	Down (Mbps)	Up (Mbps)	
0		0	0	0	0	0	0	0	0	0	0			
END OF DATA														

Creating a GIS Project Layer:

Include 1 of the following:

CAD file outlining the new infrastructure built

The file should at a minimum show:

- Project Area
- Road or landmarks in order to identify project area
- Infrastructure buildout design (fiber, OSP and or other infrastructure needed to serve customers)

-OR-

Project Map

The map should include:

- Clearly legible streets or other landmarks
- Project area that is clearly delineated
- Locations that are now served or can be provided service within 10 business days
-

-OR-

Spreadsheet of Service Locations

Locations as longitude (x) and latitude (y) that are serviceable by the new infrastructure or addresses that are served or can be served.

- Coordinates as Longitude (-92.123456), Latitude (42.123456) or:
- Address (101 Z Ave Street, Madrid, IA, 50333)

Step 9: Permit Field Tests and Qualified Certification

Permit Field Tests

You acknowledge and agree that by submitting this Project Certification Form, you are certifying on behalf of Grantee that the Project is complete and, by so doing, hereby authorize the Office to both before and after reimbursing Grantee, and for up to five years from the date of this certification, conduct field tests upon request to verify compliance with Iowa Code chapter 8B, Iowa Administrative Code chapter 129—22, and the Grant Agreement. Such field tests may include but not be limited to:

Speed tests anywhere between a Grantee's central office and the demarcation at any customer's location in a Targeted Service Area or census block in which the Project was to be deployed;* Yes No

In the case of wireless installations, from any location in a Targeted Service Area or census block in which the Project was to be deployed* Yes No

In the case where a Grantee does not have a customer in a Targeted Service Area being served by the installation, certification obtained by the Grantee and supplied to the Office from an independent, third-party, properly licensed engineer that the installation Facilitates Broadband service at or above 25/3 Broadband or 100/20 Broadband, whichever is applicable, in applicable Targeted Service Area(s) identified in the original Application/forming the basis of the Project. The costs of such certification shall be borne by the Grantee* Yes No

Qualified Certification

If an Applicant is unable to unqualifiedly certify any of the foregoing certifications/acknowledgements, Applicant may use the space below to qualify any of the above certification/acknowledgements to the extent necessary. By way of example only, if an Applicant is unable to unqualifiedly certify that the Applicant has not "within a three (3) year period preceding this Application had one or more public transactions (federal, state, or local) terminated for cause" as required by Section 3.4, above, the Applicant may provide a detailed explanation of all public transactions (federal, state, or local) terminated for cause within the prior three (3) year period. Notwithstanding, if the Applicant is not able to submit an unqualified Certification Letter, this may result in the Office determining, in its sole discretion, that Applicant is not a Responsible Applicant, and in the rejection of the Application/disqualification of the Applicant.

Click the appropriate answer for the (*) questions. If you select "no", a detailed explanation is required in the Qualified Certification field.

Step 10: Acknowledgement

Acknowledgement

PLEASE READ BEFORE SUBMITTING: By submitting this reimbursement claim, I, on my own behalf or as a representative of the company identified above, as applicable, expressly represent that I am authorized to make the above factual representation on behalf of said company and/or myself, as applicable, and under penalty of perjury as authorized by Iowa Code section 622.1 and pursuant to the laws of the state of Iowa, certify the following with respect to this form submitted on behalf of said company and/or myself: any statements, representations, warranties, certifications, or attestations made in this form, including any attachments or enclosures associated therewith, are true and accurate; I, on behalf of said company and/or myself, have not knowingly made any false statements or representations in this form. In addition to any criminal penalties authorized by Iowa Code section 720.2 that may result from any false statements of material fact made herein or any other remedies available at law, equity, or otherwise, if it is subsequently determined that I have made a statement, representation, warranty, certification, or attestation in this form, or any attachments or enclosures associated herewith, that is later proven untrue in any material respect, the company on which I submitted this form on behalf of may be disqualified from current incentive programs administered by the Office or may be ordered to repay the Office the entire amount of any funds previously distributed by the Office to said company in connection with any current incentive programs administered by the Office. This form, as completed, any attachments hereto, and any other information or materials submitted to the Office in connection with this form or related inquiry, shall be considered public records and shall be made available for public examination and/or disseminated upon request by third parties as required by Iowa Code chapter 22. The Office reserves the right to reject this form and relatedly consider any information communicated through this form as neither credible nor probative if this form is not fully and properly filled out.

By clicking on the following check box, I acknowledge I read and agreed to the statement above*

Click the check box to complete the "Acknowledgement" field and scroll to the top of the form and click "Save".

Grant Tracking

Claim: 296739 - 007 [Grant Components](#)

Grant: [296739-MB Networks Project Demo](#)

Status: Editing

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: [MB Networks, Inc.](#)

Program Manager: Jessica Turba

Project Completion [Create New Version](#) | [Mark as Complete](#) | [Go to Claim Forms](#)

By submitting this form, Grantee hereby certifies the following:

The Project was completed as proposed/represented in the original Application.* Yes

The final installation facilitates Broadband service at or above 25/3 Broadband in each of the applicable Targeted Service Areas identified in the original Application/forming the basis of the Project.* Yes

The final installation facilitates Broadband service at or above 25/3 Broadband to the same number of Broadband Units (homes, schools, businesses) located within the Targeted Service Areas forming the basis of the Project as represented in the original Application.* Yes

Click “Mark as Complete”, which is located toward the top of the webpage form.

Step 11: Edit the Component Forms-Summary of Allowable Expenses

Grant Tracking

Claim: 297309 - 001 [Grant Components](#)

Grant: [297309-MB Networks Test Project](#)

Status: Editing

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: [MB Networks, Inc.](#)

Program Manager: Tom Slaughter

Components [Preview](#) | [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	01/23/2020
Certification of Project Completion	✓	01/23/2020
Summary of Allowable Expenses		

Click on the “Summary of Allowable Expenses” link.

Step 12: Identify Allowable Expenditures

Grant Tracking

Claim: 297309 - 003

[Grant Components](#)

Grant: 297309-MB Networks Test Project

Status: Editing

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: MB Networks, Inc.

Program Manager: Jessica Turba

Summary of Allowable Expenditures

Category	Total Project Costs	Reimbursement Requested
Conduit (Code DC1)	\$0.00	\$0.00
Fiber/Copper (Code DC2)	\$0.00	\$0.00
OSP Engineering (Code DC3)	\$0.00	\$0.00
Design Engineering (Code DC4)	\$0.00	\$0.00
Construction Mgmt. (Code DC5)	\$0.00	\$0.00
Tower (Code DC6)	\$0.00	\$0.00

Begin entering total project costs and reimbursement requested by line item. Please use the budget line assigned code as a reference point when compiling supporting documentation for allowable project expenditures. Click "SAVE" when complete.

Exhibit D and D.1 are the forms submitted as part of the Broadband Grants Program Application Budget Plan. A Grantee may only seek reimbursement for thirty-five percent (35%) of its awarded Total Project Costs or actual Total Project Costs, whichever is less.

Example Application Exhibit D



Office of the
Chief Information Officer

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

STATE OF IOWA

ANNETTE DUNN
CHIEF INFORMATION OFFICER

Exhibit D — Broadband Grants Program Budget Plan

Applicant Name: Required

shaded fields are calculated fields based on associated entry.

Category (A)	Description (B)	Per Unit (C)	Quantity (D)	Estimated: Provide Upon Grant Application			Actuals: Provide Upon Project Completion (Do NOT fill out as part of Application process)	
				Total Estimated Cost \$ (E)	Requested Grant Support % (up to 15%) (F)	Grant Request (Est Cost * Request %) (G)	Actual Cost \$ (H)	Grant Award (Min of Estimated or Actual Cost * Request %) (I)
Conduit		\$5.00 per foot	5.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Fiber/Copper		\$0.00 per foot	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
OSP Engineering		\$0.00 per foot	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Design Engineering		\$0.00 fixed	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Construction Mgmt.		\$0.00 fixed	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Tower		\$0.00 per tower	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Antenna		\$0.00 per antenna	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Boring		\$0.00 per foot	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Trenching		\$0.00 per foot	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Kniling		\$0.00 per foot	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Switching Equipment		\$0.00 per unit	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Routing Equipment		\$0.00 per unit	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Optical Equipment		\$0.00 per unit	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00
Customer Premise Equipment		\$0.00 per unit	0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00

Collecting the Required Documentation for Reimbursement

The Office of the Chief Information Officer requires two types of proof for each project expenses:

- Proof of Purchase
- Proof of Payment

Proof of Purchase

Identifies what was purchased and when. Acceptable documents include:

- Detailed invoices
- Itemized receipts

Requirements:

- Invoices must have an itemized list or a description of the items or services purchased. OCIO cannot accept a statement that lists invoice numbers without descriptions. If you are contracting out construction work associated with this project, communicate these requirements to the contractor as the office will ask the grantee to identify costs.
- If there are unrelated items on the invoice or receipt, please identify the items that are eligible for reimbursement by breaking out the items, amount eligible for reimbursement and applicable budget codes.
- Purchases must occur within the period of performance established from the date of the issuance of the Notice of Funds Availability (10/23/2020) and the project completion date. If your project will be delayed past

Proof of Payment

Identifies how and when payment for items was made. Acceptable documents include:

- Bank statements (the office must be able to identify the amount paid and applicable invoice)
- Cleared checks
- Credit card statements
- ACH Payments (electronic bank to bank transactions) with a listing of invoices included in the payment.

Requirements:

- Checks must be cleared by your bank or credit union. Carbon copies of checks are not sufficient proof.
- Date of payment cannot occur before purchase.
- If there is sensitive information on the documents, cover or remove it before uploading into IowaGrants.gov. We do not need to know your account number or routing number.
- ACH Payment must have a breakout attached that identify the applicable invoices that are part of the payment.

Documents that Provide both Proof of Purchase and Proof of Payment Include:

- Zero-balance invoices or statements
- Zero-balance receipts

Requirements:

- Zero-balance proof must have payment date(s) and identify method of payment.
- Handwritten zero-balance receipts or invoices require additional proof of payment.

SAMPLE INVOICE

AAA Engineering

1111 Fake St.
Fake City, IA 55555
Phone: 555-555-5555

INVOICE

INVOICE #347852
DATE: APRIL 1, 2019

TO:
MB Networks
1305 East Walnut St.
Des Moines, IA 50319

FOR:
Fiber / Wireless Hybrid Project OSP Services
P.O. Number 457342

DESCRIPTION	HOURS	RATE	AMOUNT
Detailed Buried/Underground Design	22 Hours	153.00	\$3,366.00
Geospatial Services	41 Hours	185.00	\$7,585.00
FTTH Active Ethernet Design	100 Hours	250.00	\$25,000.00
Detailed Cost Analysis	40 Hours	250.00	\$10,000.00
Distributed Fiber Architecture Development	175 Hours	250.00	\$43,750.00
TOTAL			\$86,701.00

To Calculate Total Allowable Expenditures:

Locate the total costs on the invoice.
e.g. Total: \$86,701.00

Calculate total ineligible item costs based on the awarded application budget line items. *e.g. Detailed Cost Analysis \$10,000*

Subtract ineligible total costs (including tax if applicable) = \$10,000

Identify Total Allowable Costs = **\$76,701.00**

The Authorized Fiscal Officer must initial and date the change on the invoice.

Make all checks payable to AAA Engineering
Total due in 15 days. Overdue accounts subject to a service charge of 1% per month. (10,000.00)

Thank you for your business!

76,701.00
RF 1/23/20

Filling Out the Summary Invoice

A summary invoice, included on the Grantee organization letterhead, is the first upload of required supporting documentation files. Be sure to include the following for each item on the summary invoice:

- Proof of Purchase-lists the type of proof (invoice or receipt) and include the invoice number, if available.
- Description of Purchase-briefly describe the item(s) and how it relates to the grant project (allowable expenditure category code).
- All items Allowable- write “yes” if all items are all allowable or “no” if the proof of purchase includes unallowable items.
 - If all items are not allowable or cross budget categories please include a breakout of costs (\$6500 DC2, \$700 DC3).
- Vendor Name- identify the business that provided the goods or services.

- Date of Purchase-include the date the item or service was purchased (must be after the applicable issuance of the Notice of Funds Availability and before the completion of the project).
- Proof of Payment- list the type of proof (bank statement, cleared check, zero-balance invoice with payment date, zero-balance receipt with payment date, or credit card statement)
- Total Invoice Amount- enter the invoice total.
- Total Allowable Cost-enter the amount the Grantee is submitting for the total allowable expenditures (see example on page 14).

Please upload the Summary Invoice document as an excel file for staff review.

SAMPLE SUMMARY INVOICE CHART

Proof of Purchase	Description of Purchase	All items Eligible	Vendor Name	Date of Purchase	Proof of Payment	Total Invoice Amount	Total Allowable Cost
Invoice #123	Conduit (Code DC1)	Yes	Conduit Inc.	1/20/2020	Check #1000	\$3,500	3,500.00
Receipt	Fiber (Code DC2)	Yes	Fiber, LLC.	1/21/2020	Credit Card Statement	\$500.00	\$250.00
Invoice	DC3, DC4	No	AAA Engineering	4/1/2019	Check #378	\$76,701.00	\$75,701.00

Internal Labor Costs

If you requesting reimbursement for internal labor associated with the project, please include a payroll report that includes the following elements. This report should be added to your proof of payment upload.

Employee ID	Pay Period	Rate of pay	Benefits rate	Total hours worked on project	Total allowable amount	Budget Category

*Administrative overhead is not eligible for reimbursement: This includes costs associated with the supervision of employees working on the project, rent, utility costs, insurance, sales and marketing, and the repair or maintenance of equipment.

**If your payroll system does not capture the information above, please contact the grants administrator for additional information. OCIO will review any sample payroll reports for feedback if requested.

Inventory Items

OCIO can reimburse for the use of materials from an organization’s inventory that were purchased prior to the publication of the NOFA (October 23, 2020) when certain criteria are met.

- The item has an invoice and proof of payment associated with it. We will not reimburse based on an extended price. (average of purchase pricing over time)

- The cost of the item is reasonable. If the organization incurred a higher price than what was demonstrated in the marketplace at the time of project construction, the office will request a cost reasonableness narrative. Please contact the grants administrator for more information.

Submitting the Required Documentation for Reimbursement

Step 13: Upload Supporting Documents

Upload Supporting Documents

Upload the Summary Invoice on the letterhead of the signatory of the Grantee on Grant Agreement. This Summary Invoice should follow the format as described in the Broadband Grant Program Claim Reimbursement Guide. NOTE: The letterhead cannot be from any of co-signers of the Grant Agreement (if applicable). The Summary Invoice must be from the Grantee.

* No file chosen

Upload in a single PDF all Invoices, Purchase Orders, and/or other purchasing documents for every expense coded properly to the appropriate Expenditure Code from the Project Certification and Summary of Allowable Expenditures form. Assign codes to invoices as set forth in the accompanying Broadband Grant Program Claim Reimbursement Guide (NOFA 1 & 2) and Grants Management Policies and Procedures Guide (NOFA 4).

* No file chosen

Upload in a single PDF Proof of payment for each expense provided above coded properly to the appropriate Expenditure Code from the Project Certification and Summary of Allowable Expenditures form. Proof of payment could include but not be limited to cashed checks, credit card statements, or financial management system documents.

* No file chosen

There are three files required for supporting documentation:

- The Summary Invoice (on the Grantee organization's letterhead) **excel if possible**
- A PDF file containing all proof of purchase documents
- A PDF file containing all proof of payment documents

Click the applicable file button for each upload.

Step 14: Certification of Allowable Expenditures and Acknowledgement:

Certification of Allowable Expenditures

By completing the Summary of Allowable Expenditures form, you hereby certify and attest the following:

That such Allowable Expenditures are true, accurate, and in fact constitute Allowable Expenditures, actually and previously incurred by Grantee.* Yes No

That such Allowable Expenditures are directly related to the installation of Broadband Infrastructure that facilitates 25/3 Broadband or 100/20 Broadband, whichever is applicable.* Yes No

That such Allowable Expenditures were utilized for the installation of Broadband Infrastructure in Targeted Service Areas identified in the original Application/forming the basis of the Project (except and solely to the extent as otherwise permitted by an exception granted to a Grantee by the Office as part of the Application process, as permitted by and in accordance with Iowa Administrative Code chapter 129–22 and the NOFA).* Yes No

That such Allowable Expenditures were not incurred prior to the effective date of the issuance of the NOFA 1: December 17, 2018, NOFA 2: September 20, 2019, NOFA #004 10/23/2020.* Yes No

Read each statement and click “yes” to certify and attest to the financial information submitted in the claim.

Acknowledgement

PLEASE READ BEFORE SUBMITTING: By submitting this reimbursement claim, I, on my own behalf or as a representative of the company identified above, as applicable, expressly represent that I am authorized to make the above factual representation on behalf of said company and/or myself, as applicable, and under penalty of perjury as authorized by Iowa Code section 622.1 and pursuant to the laws of the state of Iowa, certify the following with respect to this form submitted on behalf of said company and/or myself: any statements, representations, warranties, certifications, or attestations made in this form, including any attachments or enclosures associated therewith, are true and accurate; I, on behalf of said company and/or myself, have not knowingly made any false statements or representations in this form. In addition to any criminal penalties authorized by Iowa Code section 720.2 that may result from any false statements of material fact made herein or any other remedies available at law, equity, or otherwise, if it is subsequently determined that I have made a statement, representation, warranty, certification, or attestation in this form, or any attachments or enclosures associated herewith, that is later proven untrue in any material respect, the company on which I submitted this form on behalf of may be disqualified from current incentive programs administered by the Office or may be ordered to repay the Office the entire amount of any funds previously distributed by the Office to said company in connection with any current incentive programs administered by the Office. This form, as completed, any attachments hereto, and any other information or materials submitted to the Office in connection with this form or related inquiry, shall be considered public records and shall be made available for public examination and/or disseminated upon request by third parties as required by Iowa Code chapter 22. The Office reserves the right to reject this form and relatedly consider any information communicated through this form as neither credible nor probative if this form is not fully and properly filled out.

By clicking on the following check box, I acknowledge I read and agreed to the statement above

Click the check box indicating the acknowledgement and scroll to the top of the webform. Click “SAVE”.

Step 15: Complete Claim and Submit to OCIO

Grant Tracking

Claim: 297309 - 001 Grant Components

Grant: 297309-MB Networks Test Project

Status: Editing

Program Area: Broadband Grant Program - Empower Rural Iowa

Grantee Organization: MB Networks, Inc.

Program Manager: Jessica Turba

Summary of Allowable Expenditures [Mark as Complete](#) | [Go to Claim Forms](#)

Category	Total Project Costs	Reimbursement Requested
Conduit (Code DC1)	\$0.00	\$0.00
Fiber/Copper (Code DC2)	\$0.00	\$0.00
OSP Engineering (Code DC3)	\$1,000.00	\$150.00
Design Engineering (Code DC4)	\$10,000.00	\$1,500.00
Construction Mgmt. (Code DC5)	\$0.00	\$0.00
Tower (Code DC6)	\$0.00	\$0.00
Antenna (Code DC7)	\$0.00	\$0.00
Boring (Code DC8)	\$0.00	\$0.00
Trenching (Code DC9)	\$0.00	\$0.00
Knifing (Code DC10)	\$0.00	\$0.00
Aerial Deployment/Make Ready (Code DC11)	\$0.00	\$0.00
Outside Plant (Code DC12)	\$0.00	\$0.00
Switching Equipment (Code DC13)	\$0.00	\$0.00
Routing Equipment (Code DC14)	\$0.00	\$0.00
Optical Equipment (Code DC15)	\$0.00	\$0.00
Customer Premise Equipment (Code DC16)	\$0.00	\$0.00
Other (Code DC17)	\$0.00	\$0.00
Totals	\$11,000.00	\$1,650.00

Click "Mark as Complete".

Grant Tracking

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Components [Preview](#) | [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	01/23/2020
Certification of Project Completion	✓	01/23/2020
Summary of Allowable Expenses	✓	01/28/2020

Click "Submit". All components will be marked complete. **No edits can be made after it is submitted.**

Claims

Claim Submitted Confirmation

You have successfully submitted your Claim numbered 001. We have received your Claim for review.

[Click here to print claim.](#)

The Claims Payment Process

OCIO Broadband Program staff will receive notification of the claim once it is submitted by the Grantee. When the claim is reviewed, staff will notify the grantee of an action taken. These actions could include:

1. Approval of the claim- the Iowa Department of Administrative Services will issue payment.
2. Negotiation of the claim- the claim form is sent back to the Grantee for an edit.

All correspondence related to claims payment will be generated within the IowaGrants.gov grants management system.

Negotiating Claims

The purpose of negotiating a claim is to allow the Grantee to change the claim based on OCIO staff review.

Examples could include:

- The total requested reimbursement amount does not match the supporting documentation provided.
- The amount requested for reimbursement does not match the grant award amount.

Once a claim is negotiated back for an edit, one or more of the claim form components will be unlocked for editing. The status of the claim will be changed to “Correcting”. Once the Grantee resubmits the claim, the status will change to “submitted”. OCIO staff will review the changes and determine if the claim can be approved for payment. OCIO recommends printing a copy of your approved claim forms for records keeping.

Receiving a Payment from the State

Before any payment can be issued, the Iowa Department of Administrative Services requires information from the Grantee to set up a vendor number. OCIO staff will send each Grantee two forms to complete. Both forms are also available here: <https://das.iowa.gov/state-accounting/manuals-forms-references/forms>

- A W-9 form completed by the Grantee with the information needed to set them up in the state’s accounting system. If the Grantee is already assigned a vendor number, we will confirm business address information.
- An Electronic Funds Transfer (EFT) Form: (if the Grantee prefers to receive an electronic warrant for payment)

Iowa Broadband Program Office Contact Information:
If you have questions, please email OCIO at: ociogrants@iowa.gov

Attn: Jessica Turba, Broadband Grants Administrator
Office of the Chief Information Officer, State of Iowa
200 East Grand Ave.
Des Moines, IA 50309