



Grants Management Policies and Procedures Guide

EMPOWER RURAL IOWA

EMERGENCY BROADBAND EXPANSION GRANT

NOFA #007

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Overview

Introduction

Consistent with Section 1.10 of Notice of Funding Availability #007, the Department of Management, Division of Information Technology (“DOM” or “Agency”) issues this Grants Management Policies and Procedures Guide. This guide describes the financial, oversight, and administrative requirements, policies, and procedures DOM will require Grantee’s to follow in the administration of the Empower Rural Iowa Broadband Grant Program. The primary purpose of this guide aims to assist grant recipients in navigating Project verification, reporting, claims, and other administrative processes in a manner that will facilitate DOM’s compliance of public funds and to develop, implement, and maintain meaningful grant oversight and coordination for its Grantees. This Management Policies and Procedures Guide is considered a contractual obligation.

The Grants Management System

To ensure consistency and accountability in securing and managing grant funds, all subrecipients must utilize the IowaGrants.gov system. This grants management system shall process all application submissions, programmatic and financial reporting, claims, and project closeout documents.

Welcome to
IowaGrants.gov

Login

IowaGrants Users Click Here To Login

Click Here to Access Single Sign On Tool

Interested in the current posted Opportunities?

View Current Funding Opportunities

DISABLED (IOWA USERS DO NOT USE)

User ID

Password

SIGN IN

Announcements

*** SYSTEM LOGIN PROCESS FOR ALL USERS ***

All IowaGrants Users must login using the Single Sign On Tool via the blue button titled

Click Here to Access Single Sign On Tool

*You will not use the 'Disabled' section on this page.

Login & Registration Instructions

If you are registering for the first time, please follow the instructions below:

Text: <https://dom.iowa.gov/media/143/download?inline>

Video: <https://youtu.be/OHE2jDwQ2c>

Program Information

If you have questions specific to the program or grant you are applying for, please contact the program manager should you have questions.

Additional Support

If you are having difficulty registering or logging into IowaGrants, please contact the State of Iowa Service Desk by calling 515-281-5703 or 1-800-532-1174.

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Dulles Technology Partners Inc.
WebGrants 7.5.2

Figure 1 IowaGrants.gov landing page. Click on “Click Here to Access Single Sign On Tool”

Tips for working with the IowaGrants.gov system:

- Fields marked with a red asterisk indicate required information.
- If you have trouble logging into IowaGrants.gov, email DOM staff at: grantsupport@dom.iowa.gov

Filing a Claim

Follow this step-by-step guide to help file a claim in the IowaGrants.gov system.

Main Menu

After logging into the system with your username and password, click on the “Grants” icon at the bottom of the list of options.

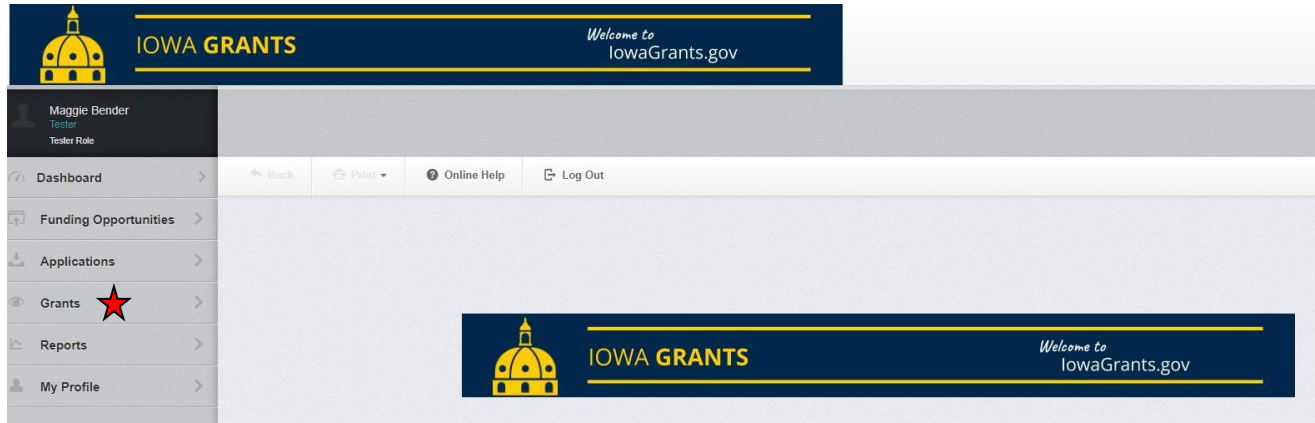


Figure 2 Main Menu page in IowaGrants.gov. Click on the "Grants" icon to access list of projects

This will launch a Grant Tracking page that will list all projects assigned to the username.

List of Projects

From the list of projects assigned to the username, select the relevant project by clicking on the text under the “Title” column on the screen. As shown in the screenshot below, only one project can be selected. However, if you have more than one project associated with the username, double-check the title and ID number to ensure correct project selection.

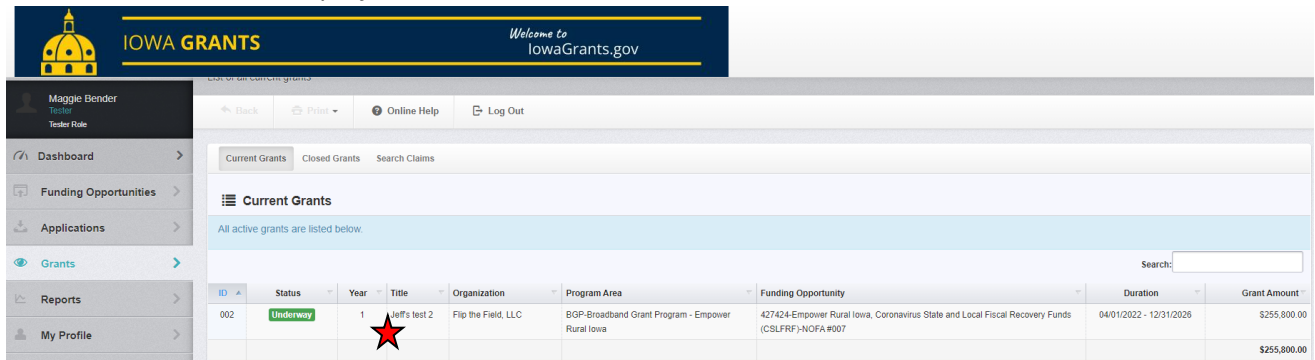


Figure 3 Grant Tracking page. Click the on the text under the project title column

Creating a Claim

To create a claim within the IowaGrants.gov system, click on the “Claims” link within the appropriate project on the project’s landing page.

IOWA GRANTS Welcome to IowaGrants.gov

Maggie Bender
Tester
Tester Role

Back Print Online Help Log Out

002 - Jeff's test 2 - 1

Status: **Underway**

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA #007

Organization: Flip the Field, LLC

Grantee Contact: Jeff Berckes

Program Officer: RSM Program Manager

Awarded Amount: \$255,800.00

Grant Components

The grant forms appear below.

| Component | Last Edited |
|---------------------|--------------------------------------|
| General Information | Jan 17, 2023 2:12 PM - Jessica Turba |
| Claims | |
| Status Reports | |
| Correspondence | Dec 1, 2022 12:00 AM - Paras Mehta |
| Budget NOFA #007 | Apr 7, 2022 12:00 AM - Jessica Turba |
| Contract Amendments | |
| Funding Opportunity | |

Figure 4 Individual project Grant Tracking page. Click on “Claims” link to start a claim

On the next page, click the “+Add Claim” button on the top bar of the screen.

IOWA GRANTS Welcome to IowaGrants.gov

Maggie Bender
Tester
Tester Role

002 - Jeff's test 2 - 1

Status: **Underway**

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA #007

Organization: Flip the Field, LLC

Grantee Contact: Jeff Berckes

Program Officer: RSM Program Manager

Awarded Amount: \$255,800.00

Grant List Genera **Claims** Status Corres Budget Contra

Claims + Add Claim

All claims associated with this grant appear below.

| ID | Type | Status | Start Date | End Date | Submitted Date | Paid Date | Claim Amount |
|--------------------------|-----------------|------------|------------|------------|----------------------|-----------|--------------|
| 002 - 001 | Advance Payment | Correcting | 03/31/2022 | 09/30/2026 | Apr 13, 2022 1:56 PM | | \$127,900.00 |
| 002 - 002 | Reimbursement | Correcting | 03/31/2022 | 09/30/2026 | Apr 19, 2022 3:17 PM | | \$112,100.00 |
| 002 - 003 | Advance Payment | Editing | | | | | \$0.00 |
| 002 - 004 | Reimbursement | Editing | | | | | \$50,000.00 |
| 002 - 005 | Reimbursement | Withdrawn | | | | | - |
| Submitted Amount: | | | | | | | \$0.00 |
| Approved Amount: | | | | | | | \$0.00 |
| Awaiting Payment Amount: | | | | | | | \$0.00 |
| Paid Amount: | | | | | | | \$0.00 |
| Total Amount: | | | | | | | \$0.00 |

Figure 5 Grant/Project Tracking page. Click on the “+Add Claim” icon to start a claim

The next page requires the Grantee to input information before saving the form. Follow these steps as shown in the figure below.

The screenshot shows the Iowa Grants website interface. At the top, there's a header with the Iowa Grants logo and a welcome message. Below this is a sidebar with navigation links: Dashboard, Funding Opportunities, Applications, Grants (highlighted), Reports, and My Profile. The main content area is titled 'General Information - Claim - Edit'. It contains a form with the following fields:

- Status:** (Not visible in the form)
- Type:** A drop-down menu with options 'Advance Payment' and 'Reimbursement'. The 'Advance Payment' option is selected. A red star is placed next to this field.
- Report Period:** A section with two sub-fields: 'Start Date' and 'End Date'. A red star is placed next to the 'End Date' field.
- Final Request?:** A checkbox with options 'Yes' and 'No'. A red star is placed next to the 'No' option.

In the top right corner of the form, there is a red star icon and a green 'Save Form' button.

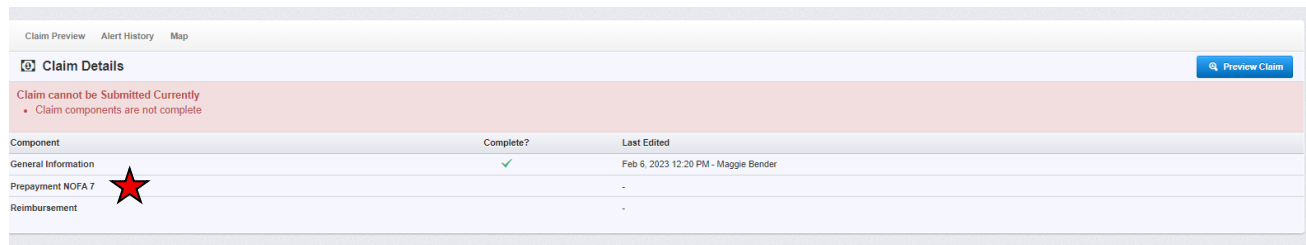
Figure 6 Enter general claim information before clicking “Save Form” in the upper-right corner

1. Choose between the claim type from a drop-down menu. Select either “Advance Payment” or “Reimbursement” depending on the type of claim.
2. Input the Report Period by entering the “From Date” and the “To Date.”
 - The “From Date” should reflect the beginning date of project work. This date must be consistent with Section 1.2.3.5 of the Notice of Funding Availability #007 document (incurred after March 3, 2021).
 - The “To Date” should reflect the date of all work completed and allowable expenditures incurred. When completing an Advance Payment request, the “To Date” should represent the timeframe the Advance funds will be spent. This date must be consistent with Federal Requirements and Section 3.1 of the Grant Agreement (paid before October 1, 2026).
3. If this is your reimbursement and thus final claim request, mark “Yes.” If this is your advance payment and thus first claim request, mark “No.”
4. Click the “Save Form” button in the upper-right corner when complete.

Prepayment information immediately follows this page. Reimbursement information starts on Page 12.

Considerations for Prepayment in NOFA 7

If you selected “Advance Payment” from the previous screen, a link requesting advance payment will appear in the Components menu. Select the link “Prepayment NOFA 7” to create the advance payment request.



The screenshot shows the 'Claim Details' page with a red banner indicating 'Claim cannot be Submitted Currently' because 'Claim components are not complete'. Below this is a table with three columns: 'Component', 'Complete?', and 'Last Edited'. The 'Prepayment NOFA 7' component is highlighted with a red star, indicating it is not complete. The 'General Information' component is marked as complete with a green checkmark.

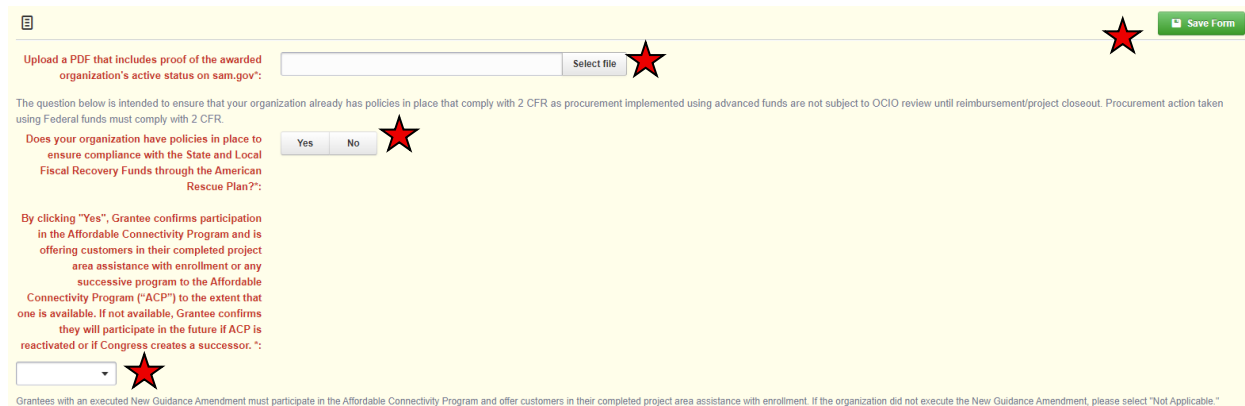
| Component | Complete? | Last Edited |
|---------------------|-----------|--------------------------------------|
| General Information | ✓ | Feb 6, 2023 12:20 PM - Maggie Bender |
| Prepayment NOFA 7 | | - |
| Reimbursement | | - |

Figure 7 To advance Prepayment, select the "Prepayment NOFA 7" link

The following page requires the Grantee to address two prompts before moving further:

1. Upload a PDF document that includes proof of the awarded organization’s active status on SAM.gov. This will include an active date that expires after the submittal date and the unique entity identifier (“UEI”). When uploading a SAM.gov registration, ensure that the entity name utilized with the SAM.gov registration is consistent with the entity name in the Grant Agreement. The full registration downloaded from SAM.gov is preferable to system screenshots.
2. Confirm the organization has policies in place to comply with requirements imposed by the State and Local Fiscal Recovery Funds through the American Rescue Plan.
3. Confirm participation in the Affordable Connectivity Program and that they are offering customers in their completed project area assistance with enrollment or to any successive program to the Affordable Connectivity Program (“ACP”) to the extent that one is available. If not available, confirm intention to participate in the future if the ACP is reactivated or if Congress creates a successor.
 - If the organization executed a New Guidance Amendment, the grantee must participate in the Affordable Connectivity Program and offer customers in their completed project area assistance with enrollment to the extent that one is available. If the organization did not execute the New Guidance Amendment, please select "Not Applicable."
4. Click “Save Form.”

Please note that additional materials may be required based on the score associated with your project’s risk assessment. Additional information will be available in the future.



The screenshot shows the 'Information and policies confirmation page'. It features a red star next to the 'Upload a PDF that includes proof of the awarded organization's active status on sam.gov' prompt. Another red star highlights the 'Yes' button for the question 'Does your organization have policies in place to ensure compliance with the State and Local Fiscal Recovery Funds through the American Rescue Plan?'. A third red star highlights the dropdown menu for the question 'By clicking "Yes", Grantee confirms participation in the Affordable Connectivity Program and is offering customers in their completed project area assistance with enrollment or any successive program to the Affordable Connectivity Program ("ACP") to the extent that one is available. If not available, Grantee confirms they will participate in the future if ACP is reactivated or if Congress creates a successor.'.

Figure 8 Information and policies confirmation page

Click “Mark as Complete” to advance to the next stage.

Prepayment NOFA 7 - Current Version

Upload a PDF that includes proof of the awarded organization's active status on sam.gov*: [SAM.gov.pdf](#)

The question below is intended to ensure that your organization already has policies in place that comply with 2 CFR as procurement implemented using advanced funds are not subject to OCIO review until reimbursement/project closeout. Procurement action taken using Federal funds must comply with 2 CFR.

Does your organization have policies in place to ensure compliance with the State and Local Fiscal Recovery Funds through the American Rescue Plan?: Yes

✓ Mark as Complete Edit Form

Figure 9 Prepayment NOFA 7 “Mark as Complete”

At the Grant Tracking page, you’ll notice that completing the information for the Prepayment section earned a check mark under the “Complete?” column. Next, click on the third link listed under components, called “Reimbursement.”

Claim: 008

Claim Status: Editing

Grant Title: 002 - Jeff's test 2

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA #007

Reporting Period: 04/07/2022 - 10/12/2023

Claim Type: Advance Payment

Submitted By: -

Claim Preview Alert History Map

Claim Details

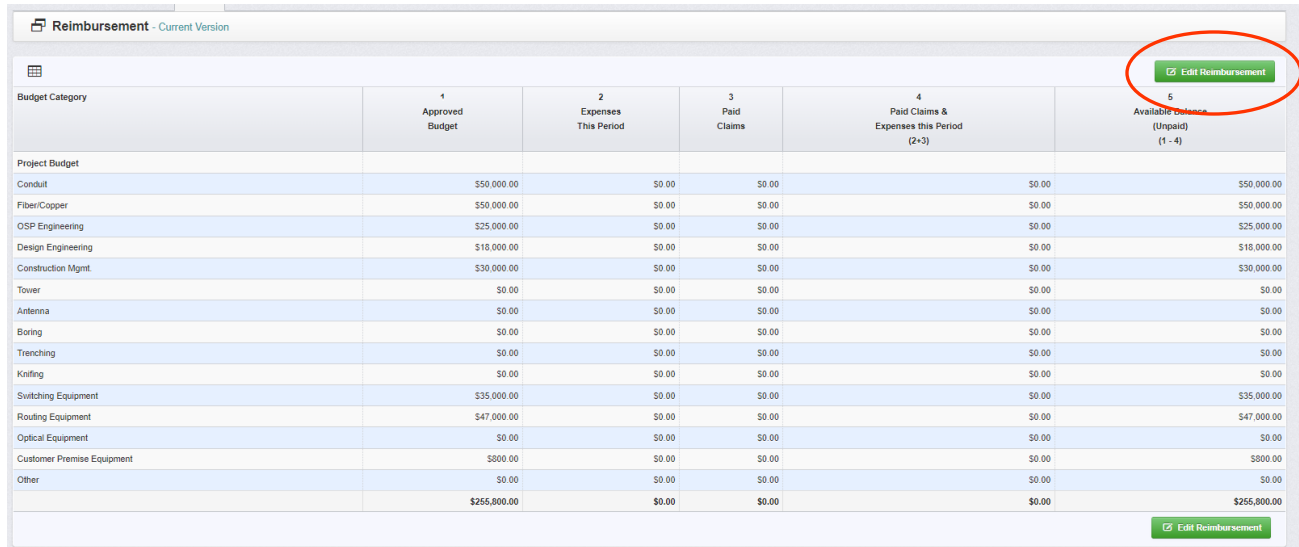
Claim cannot be Submitted Currently

- Claim components are not complete

| Component | Complete? | Last Edited |
|---------------------|-----------|--------------------------------------|
| General Information | ✓ | Feb 6, 2023 12:20 PM - Maggie Bender |
| Prepayment NOFA 7 | ✓ | Feb 6, 2023 12:26 PM - Maggie Bender |
| Reimbursement ★ | | - |

Figure 10 Grant Tracking page - click on Reimbursement after the Prepayment information is complete

The Reimbursement page pulls up a table that includes the grant award broken out into budget categories as agreed to in the core application. Click on the “Edit Reimbursement” button on the right-hand side of the top information bar to start editing.



Reimbursement - Current Version

[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) |
|----------------------------|-------------------------|------------------------------|---------------------|---|---|
| Project Budget | | | | | |
| Conduit | \$50,000.00 | \$0.00 | \$0.00 | \$0.00 | \$50,000.00 |
| Fiber/Copper | \$50,000.00 | \$0.00 | \$0.00 | \$0.00 | \$50,000.00 |
| OSP Engineering | \$25,000.00 | \$0.00 | \$0.00 | \$0.00 | \$25,000.00 |
| Design Engineering | \$18,000.00 | \$0.00 | \$0.00 | \$0.00 | \$18,000.00 |
| Construction Mgmt. | \$30,000.00 | \$0.00 | \$0.00 | \$0.00 | \$30,000.00 |
| Tower | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Antenna | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Boring | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Trenching | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Knifing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Switching Equipment | \$35,000.00 | \$0.00 | \$0.00 | \$0.00 | \$35,000.00 |
| Routing Equipment | \$47,000.00 | \$0.00 | \$0.00 | \$0.00 | \$47,000.00 |
| Optical Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Customer Premise Equipment | \$800.00 | \$0.00 | \$0.00 | \$0.00 | \$800.00 |
| Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | \$255,000.00 | \$0.00 | \$0.00 | \$0.00 | \$255,000.00 |

[Edit Reimbursement](#)

Figure 11 Reimbursement page - click “Edit Reimbursement” to fill in information

The “Edit Reimbursement” button unlocks Column 2 on the table titled “Expenses This Period.” Enter in the expenses by line items associated with the advance payment. As stipulated in Section 1.5.2.3 of the Notice of Funding Availability #007, the Grantee can request **up to 50%** of the grant award as an advance payment. When entering values, the system limits the number of characters per field. For larger numbers, eliminate the dollar sign and commas to allow for full entry. The system will automatically reinsert those. When finished, click “Save Reimbursement” in the upper-right corner of the screen.

Only budget categories identified during the grant development process will be available for advance payment. If the scope has changed and grant award dollars need to be shifted, contact DOM before submitting an advance payment request. Additionally, when allocating funds to each category for the advanced payment, select categories with costs already incurred or planning to be incurred with the advanced payment. This will help promote accurate budget reporting for project closeout.

[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) |
|----------------------------|-------------------------|------------------------------|---------------------|---|---|
| Project Budget | | | | | |
| Conduit | \$50,000.00 | 25000 | \$0.00 | \$0.00 | \$50,000.00 |
| Fiber/Copper | \$50,000.00 | 25000 | \$0.00 | \$0.00 | \$50,000.00 |
| OSP Engineering | \$25,000.00 | 12500 | \$0.00 | \$0.00 | \$25,000.00 |
| Design Engineering | \$18,000.00 | 9000 | \$0.00 | \$0.00 | \$18,000.00 |
| Construction Mgmt. | \$30,000.00 | 15000 | \$0.00 | \$0.00 | \$30,000.00 |
| Tower | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Antenna | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Boring | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Trenching | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Knifing | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Switching Equipment | \$35,000.00 | 17500 | \$0.00 | \$0.00 | \$35,000.00 |
| Routing Equipment | \$47,000.00 | 23500 | \$0.00 | \$0.00 | \$47,000.00 |
| Optical Equipment | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Customer Premise Equipment | \$800.00 | 400 | \$0.00 | \$0.00 | \$800.00 |
| Other | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| | \$255,800.00 | | \$0.00 | \$0.00 | \$255,800.00 |

[Save Reimbursement](#)

Figure 12 Enter advance payment information in Column 2

After saving, double-check the number at the bottom of the “Expenses This Period” column to ensure accuracy. Again, the amount in Column 2 **cannot exceed 50%** of the Approved Budget in Column 1. This number will be the advance payment claim submitted to DOM. Once you have verified accuracy of the total advance payment number, click “Mark as Complete” to advance to the next stage.

[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) |
|----------------------------|-------------------------|------------------------------|---------------------|---|---|
| Project Budget | | | | | |
| Conduit | \$50,000.00 | \$25,000.00 | \$0.00 | \$25,000.00 | \$25,000.00 |
| Fiber/Copper | \$50,000.00 | \$25,000.00 | \$0.00 | \$25,000.00 | \$25,000.00 |
| OSP Engineering | \$25,000.00 | \$12,500.00 | \$0.00 | \$12,500.00 | \$12,500.00 |
| Design Engineering | \$18,000.00 | \$9,000.00 | \$0.00 | \$9,000.00 | \$9,000.00 |
| Construction Mgmt. | \$30,000.00 | \$15,000.00 | \$0.00 | \$15,000.00 | \$15,000.00 |
| Tower | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Antenna | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Boring | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Trenching | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Knifing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Switching Equipment | \$35,000.00 | \$17,500.00 | \$0.00 | \$17,500.00 | \$17,500.00 |
| Routing Equipment | \$47,000.00 | \$23,500.00 | \$0.00 | \$23,500.00 | \$23,500.00 |
| Optical Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Customer Premise Equipment | \$800.00 | \$400.00 | \$0.00 | \$400.00 | \$400.00 |
| Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | \$255,800.00 | \$127,900.00 | \$0.00 | \$127,900.00 | \$127,900.00 |

[Mark as Complete](#)

[Edit Reimbursement](#)

Last Edited By: Maggie Bender - Feb 6, 2023 12:39 PM

Figure 13 Double-check amount before clicking “Mark as Complete”

To finalize submission of the advance payment, complete the following:

1. Double-check to make sure all three check marks appear under the “Complete?” column.
2. Click on “Submit Claim” on the right-hand side of the Components table.
3. Click “Submit” on the pop-up that asks you to confirm if you are ready to submit this claim.

Claim: 008

Claim Status: **Editing**

Grant Title: 002 - Jeff's test 2

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA#007

Reporting Period: 04/07/2022 - 10/01/2023

Claim Type: Advance Payment

Submitted By: -

Please confirm

Please confirm that you wish to submit this document for review. After submission you will not be able to edit this document.

Cancel Submit

Claim Preview Alert History Map

Claim Details

Claim is in compliance and is ready for Submission!

| Component | Complete? | Last Edited |
|---------------------|-----------|--------------------------------------|
| General Information | ✓ | Feb 6, 2023 12:20 PM - Maggie Bender |
| Prepayment NOFA 7 | ✓ | Feb 6, 2023 12:26 PM - Maggie Bender |
| Reimbursement | ✓ | Feb 6, 2023 12:39 PM - Maggie Bender |

Submit Claim Withdraw Preview Claim

Figure 14 Final check and submission page

After clicking “Submit” on the popup, a Claim Submitted Confirmation will be emailed to you. Note on average, the prepayment option will take over 30 days to completely process.

Considerations for Reimbursement Claims in NOFA 7

After adding the reimbursement claim (Page 5), the landing screen will show a list of four items that need completion before submittal: General Information, Certification of Project Completion NOFA #007, Summary of Allowable Expenses NOFA #007, and Reimbursement. After completion of each section, a check mark will appear in the column titled “Complete?”. The General Information section will likely already have the check mark in the completion column, however, confirming details and updating any outdated information is encouraged. Click on the “Certification of Project Completion NOFA #007” link to get started.

Claim: 007

Claim Status: **Editing**

Grant Title: 002 - Jeff's test 2

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA #007

Reporting Period: 01/01/2023 - 03/31/2023

Claim Type: Reimbursement

Submitted By: -

Claim Preview Alert History Map

Claim Details Withdraw Preview Claim

Claim cannot be Submitted Currently

- Claim components are not complete

| Component | Complete? | Last Edited |
|---|-----------|-------------------------------------|
| General Information | ✓ | Feb 3, 2023 2:45 PM - Maggie Bender |
| Certification of Project Completion NOFA #007 | - | - |
| Summary of Allowable Expenses NOFA #007 | - | - |
| Reimbursement | - | Feb 3, 2023 2:47 PM - Maggie Bender |

Figure 15 Landing page for reimbursement claim

This section contains four certification statements that you should complete based on your project buildout. If you cannot certify to all certifications, you must use the “Infrastructure Project Qualified Certification” textbox to notate any deviations from the above questions to the extent necessary. This includes identifying by census block any partially served or unserved blocks and number of broadband units not served that are part of the awarded application.

Infrastructure Project Performance/Certification

By submitting this form, Grantee hereby certifies the following:

The Infrastructure Project was completed as proposed/represented in the awarded Application.*

The final installation facilitates Broadband service at or above 100/100 Broadband in each of the applicable Eligible Service Areas (ESAs) identified in the awarded Application/forming the basis of the Project.*

The final installation facilitates Broadband service at or above 100/100 Broadband to the same number of Broadband Units (homes, schools, businesses) located within the Eligible Service Areas forming the basis of the Project as represented in the awarded Application.*

The Project fully complies with and satisfies any and all terms and conditions identified in Grant Agreement, the NOFA, and all applicable federal, state, foreign, and local laws, rules, regulations, codes, ordinances, policies, orders or any other legal requirements or limitations, including CSLFRF Requirements, all of which may be updated, amended, modified, or added to from time to time and all of which are incorporated herein by reference as of the date of any such change in the law (collectively "Applicable Laws").*

Infrastructure Project Qualified Certification

If an Applicant is unable to unequivocally certify any of the foregoing certifications/acknowledgements, Applicant may use the space below to qualify any of the above certification/acknowledgements to served that are part of the awarded application.

Figure 16 Infrastructure Project Performance/Certification

Next, you must upload files to document the work completed as outlined in sections 3.5.2 and 3.5.3 of the Grant Agreement for acceptable substances and formats of proof.

1. Upload a file that identifies the Eligible Service Areas (ESAs) and number of Homes, Schools, and Businesses Facilitated Service (Updated Exhibit B).
 - a. Review the Exhibit B Core Application, which represents the HSBs and Census Blocks and compare to your actual build-out.
 - b. If you serviced all, or more, HSBs and Census Blocks as awarded, then no updates are required, and you may upload Exhibit B as is.
 - c. If you serviced less HSBs and/or Census Blocks than awarded for, then you must reflect the actual build-out.
 - You can do this by locating the Census Block that was not fully serviced and reducing the HSB units accordingly.
 - This should reduce the overall number of units serviced in the Exhibit B.
2. Upload a file that with Wireline Infrastructure as-built information and/or a file that demonstrates Wireless Infrastructure build-out information.
3. Upload a file that shows service locations. The file can be any of the following:
 - a. A spreadsheet that includes house number, street address, city, state, and zip code.
 - b. Locations identified in a geospatial data format like ESRI or Google Earth KML/KML.
 - c. Another format previously agreed upon by DOM.

The number of service addresses reported should match the updated Exhibit B uploaded with #1 above. If additional locations were serviced in addition to the units awarded, please include but differentiate in the listing as an excess unit.

Infrastructure Project Total Broadband Units & GIS Data

Save Form

In order to certify project completion and receive final disbursement of funds, Grantee must provide the Agency with approved documentation, or proof, that is substantively accurate and complete as set forth in the section entitled "Acceptable Substance of Proof" below, and in an acceptable data format as set forth in the section entitled "Acceptable Format of Proof." Notwithstanding the foregoing, the Agency reserves the right to determine, in its sole discretion, the completeness and sufficiency of proof provided to the Agency by Grantee pursuant to this section. Grantee acknowledges that its failure to satisfy its obligation to provide proof as required in this section may delay or prohibit certification of project completion and disbursement of funds. Information sufficient to enable the Agency to determine which specific Broadband Units (homes, schools, businesses) within each Eligible Service Area(s) forming the basis of the Project have access to 100/100 Broadband as a result of the Project, and, As-built infrastructure drawings or schematics for which Grant funds have been utilized, regardless of whether such installation actually serves any Broadband Units in the Eligible Service Area(s) forming the basis of the Project at the time such proof is supplied to the Agency; and/or, Tower locations and propagation map(s) or model(s); and/or, Address or locations of service locations.

Please upload an Updated Exhibit B from your awarded Core Application that reflects the total number of units with facilitated service post buildout. If the awarded scope was met, no updates are necessary. However, if any units were not facilitated service, please remove the unit(s) from the associated census block. Note that facilitated service does not mean that each unit is currently receiving service. As outlined in the program's NOFA, "facilitate" means a Communications Service Provider's ability to provide broadband service at or above Covered Speeds to a home, school, or business within a commercially reasonable time and at a commercially reasonable price upon request by a consumer. Therefore, if infrastructure was installed where a consumer could request and receive service within a reasonable time frame (e.g., 10 business days), the unit would be considered serviced and may be left in consideration with the buildout. However, please note that the final number of units with facilitated service will be up to the discretion of the DOM GIS Team upon review of all materials submitted with this section.

Identify the Eligible Service Areas (ESAs) and number of Homes, Schools, and Businesses Facilitated Service (Updated Exhibit B):

Select file

Please upload a file with Wireline Infrastructure as-built information including fiber lines, cable or other; OSP and other relevant information in one of the following formats: Computer Aided Design or "CAD" file which shall at a minimum show the infrastructure elements described previously and also include any landmarks such as roads, city boundaries or other identifiable features; or, PDF file which shall at a minimum show the infrastructure elements described previously and also include any landmarks such as roads, city boundaries or other identifiable features; or, As-built information in a geospatial data format (ESRI Shapefile, Google Earth KML/KML or other format previously agreed upon).

Upload Wireline Infrastructure File:

Select file

Please upload a file that demonstrates Wireless Infrastructure build-out information including information related to tower connectivity that may have been funded such as fiber connectivity between towers, and documented according to the Wireline Infrastructure section; and, A spreadsheet describing tower properties (height, effective radius), location as latitude and longitude coordinates; or, Tower information in a geospatial data format (ESRI Shapefile, Google Earth KML/KML or other format previously agreed upon) describing tower properties (height, effective radius), and location as latitude and longitude coordinates.

Wireless Infrastructure Build-out file:

Select file

Service locations or service locations servable within a commercially reasonable time in one of the following formats: Spreadsheet including house number, street address, city, state and zip code; Locations in geospatial data format (ESRI Shapefile, Google Earth KML/KML or other format previously agreed upon)

Upload Service Locations *:

Select file

Figure 17 Upload files to demonstrate project completion

Finally, you must certify the following:

1. Certify speed tests anywhere between your central office and the demarcation at any customer's location in a census block in which the Infrastructure Project was represented as being able to facilitate broadband service.
2. In the case of wireless installations, from any location in a census block in which the Infrastructure Project was to be deployed or to which the Infrastructure Project was represented as being able to facilitate broadband service.
3. In the event where a Grantee does not have a customer in a census block 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 100/100 in the census block identified in the awarded Core Application. The costs of such certification shall be borne by the Grantee. Grantee will obtain and provide such certifications upon request by the Office.
4. Read and acknowledge the statement in the last box.

Infrastructure Project Permit Field Tests Save Form

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 Agency 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 NOFA #007 and the Grant Agreement.

Speed tests anywhere between a Grantee's central office and the demarcation at any customer's location in a Census Block in which the Infrastructure Project was represented as being able to facilitate broadband service. *:

In the case of wireless installations, from any location in a Census Block in which the Infrastructure Project was to be deployed or to which the Infrastructure Project was represented as being able to facilitate Broadband service. *:

In the event where a Grantee does not have a customer in a Census Block 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 100/100 in the Census Block identified in the awarded Core Application. The costs of such certification shall be borne by the Grantee. Grantee will obtain and provide such certifications upon request by the Office. *:

Save Form

Infrastructure Project Acknowledgement Save Form

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 this Infrastructure Project as completed complies with the requirements in the Grant Agreement, the NOFA, and applicable laws, including pursuant to and in accordance with the Grant Agreement, Section 3.6 (Performance Testing), or affirmatively elects not to exercise this right or any other monitoring, review, or audit rights available to the Office under the Grant Agreement.

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

Figure 18 Certification of field tests and project acknowledgement

Click "Save Form" on the upper-right corner of the screen. The screen will lock in the changes made to the page. Once all questions with a red asterisk have been addressed, click on "Mark as Complete" to finish this section.

Infrastructure Project Performance/Certification Mark as Complete Edit Form

By submitting this form, Grantee hereby certifies the following:

The Infrastructure Project was completed as proposed/represented in the awarded Application. *:

The final installation facilitates Broadband service at or above 100/100 Broadband in each of the applicable Eligible Service Areas (ESAs) identified in the awarded Application/Forms the basis of the Project *:

Figure 19 Click "Mark as Complete" to finish section

Summary of Allowable Expenses NOFA #007

The grant page will now show a second check mark under the “Complete?” column on the grant page. Click on the third link under components labeled “Summary of Allowable Expenses NOFA #007.”

Claim: 007

Claim Status: Editing

Grant Title: 002 - Jeff's test 2

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA #007

Reporting Period: 01/01/2023 - 03/31/2023

Claim Type: Reimbursement

Submitted By: -

Claim PreviewAlert HistoryMap

Claim Details

Claim cannot be Submitted Currently

- Claim components are not complete

| Component | Complete? | Last Edited |
|---|-----------|-------------------------------------|
| General Information | ✓ | Feb 3, 2023 2:45 PM - Maggie Bender |
| Certification of Project Completion NOFA #007 | ✓ | Feb 3, 2023 3:23 PM - Maggie Bender |
| Summary of Allowable Expenses NOFA #007 | | - |
| Reimbursement | | Feb 3, 2023 2:47 PM - Maggie Bender |

Figure 20 Start the Summary of Allowable Expenses NOFA #007 next

First, check the upper-right corner to check the editing status. If the “Save” button is available, the screen is in editing mode and will allow you to fill out each element. If the “Edit” button is available (and “Save” is not), click on “Edit.”

The following page requires action on the following two prompts before moving further:

1. Upload proof of the awarded organization’s active status on the SAM.gov website via a PDF document. The full registration downloaded from SAM.gov is preferable to system screenshots. At a minimum, the proof of registration should include an active date (not expired) and your entity’s unique entity identifier. When uploading a SAM.gov registration, ensure that the entity name utilized with the SAM.gov registration is consistent with the entity name in the Grant Agreement.
2. Next, confirm participation in the Affordable Connectivity Program and that you are offering customers in your completed project area assistance with enrollment or to any potential successive program to the Affordable Connectivity Program (“ACP”) to the extent that one is available. If not available, confirm you will participate in the future if ACP is reactivated or if Congress creates a successor.
 - a. If the organization executed a New Guidance Amendment, the grantee must participate in the Affordable Connectivity Program and offer customers in their completed project area assistance with enrollment to the extent that one is available. If the organization did not execute the New Guidance Amendment, please select "Not Applicable."

Administrative Items Save Form

Please upload proof of the awarded organization's active status on SAM.gov: Select file

By clicking "Yes", Grantee confirms participation in the Affordable Connectivity Program and is offering customers in their completed project area assistance with enrollment or any successive program to the Affordable Connectivity Program ("ACP") to the extent that one is available. If not available, Grantee confirms they will participate in the future if ACP is reactivated or if Congress creates a successor. *

Select file

Grantees with an executed New Guidance Amendment must participate in the Affordable Connectivity Program and offer customers in their completed project area assistance with enrollment. If the organization did not execute the New Guidance Amendment, please select "Not Applicable."

Save Form

Figure 21 Upload proof of active status from SAM.gov

Prepare and upload documentation to demonstrate expenses by completing the following steps:

Infrastructure Project Allowable Expenditures Uploads Save Form

Please use this template to create a summary invoice for your completed project. The template is available at the bottom of the webpage here: [Empower Rural Iowa Broadband Grant Summary Invoice NOFA #007](#)

Summary Invoice: Select file

Upload in a single PDF all detailed Invoices or itemized receipts for every expense coded properly to the appropriate Expenditure Code from the Project Certification and Summary of Allowable Expenditures form. Assign the appropriate budget code to the invoices as set forth in the accompanying Grants Management Policies and Procedures Guide.

Proof of Purchase: Select file

Upload in a single PDF Proof of payment for each expense provided in the summary invoice and coded properly to the appropriate Budget Expenditure Code (DC1, DC2, etc.). Proof of payment could include but not be limited to cashed checks, credit card statements, or financial management system documents as long as they include the required data elements. Checks must be cleared by your bank or credit union. The date of the payment cannot occur before the purchase. If there is sensitive information on the documents, cover or remove it before uploading into the Iowa grants system. We do not need account or routing numbers.

Proof of Payment: Select file

Figure 22 Upload the Summary Invoice, Proof of Purchase, and Proof of Payment documents

1. Click and download the Excel spreadsheet template for the Summary Invoice. This spreadsheet will help organize the Proof of Purchase and Proof of Payment documents and help aid in future reimbursement sections of the claim forms. More detailed instructions are available in the next section.
2. Complete the Summary Invoice Excel file. Upload the file next to the Summary Invoice prompt by clicking "Choose File."
3. Prepare and upload a single PDF file with all proof of purchase information including detailed invoices and itemized receipts for every expense associated with the project and indicated on the Summary Invoice sheet. The support uploaded with Proof of Purchase document should contain the following information:
 - a. Name of the vendor.
 - b. Organization name.
 - c. Receipt/invoice date that falls within the period of performance: March 3, 2021, through September 30, 2026.
 - d. Invoices and/or receipts must have an itemized list, or a description of the items or services purchased. DOM will not accept a statement that lists invoice numbers without descriptions.
 - i. Only items utilized for the NOFA #007 project should be claimed. Any excess materials that were put into inventory after project completion should not be claimed. If a lesser quantity was utilized for the NOFA #007 project than purchased, ensure that a note is added that details the quantity of items that were utilized for

the project.

- ii. If there are unrelated items on the invoice or receipt, identify them. These costs should not be claimed with the Summary Invoice.
- e. All invoices must have DC codes noted (written or typed) for all eligible line items. For a list of DC codes, see Figure 39 on page 28 of this Guide.
4. Prepare and upload a single PDF file with all proof of payment documentation for every expense associated with the project and indicated on the Summary Invoice sheet. Allowable Proof of Payment documents include bank statements, cleared checks, and credit card statements containing the following information:
 - a. Name of the vendor.
 - b. Organization name.
 - c. Payment date. (Must fall on or after March 3, 2021, and before September 30, 2026.)
 - d. Checks must be cleared by your bank or credit union. Carbon copies of checks are not sufficient proof.
 - e. Date of payment cannot occur before purchase.
 - f. If the check / payment amount exceeds the value of the affiliated proof of purchase(s), then additional documentation must be provided that can detail the expenses paid with the batch payment.
 - g. If there is sensitive information on the documents, cover or remove it before uploading into IowaGrants.gov. We do not need your account or routing numbers.

A zero-balance invoice, statement, or receipt can be used as both proof of purchase and proof of payment if the document shows payment date(s) and method of payment.

Filling out the Summary Invoice

Download the Summary Invoice template and save the document with proper nomenclature (ex: 123456 ACME Telephone Summary Invoice). Next, fill in the boxes at the top with the following information:

1. Company Name.
2. Grant ID# (The 6-Digit Number on the grant agreement).
3. Grant Award \$\$: The grant award dollar amount from the grant agreement.
4. Award Cost Share Percentage (enter as a decimal): For NOFA #007, this is a maximum of 0.60.

| Summary Invoice | | | | | | | | | |
|------------------------------------|-------------------|---------------------------------------|-----------------------------------|-------------|------------------|------------------------------------|---------------|--|--|
| Company Name | | Grant ID # | | | | | | | |
| Grant Award \$ | | Award Cost Share % (enter as decimal) | | | | | | | |
| Claim (calculated) | | Adjusted Claim Total (calculated) | | | | Claimed Expense Total (calculated) | | | |
| \$0.00 | | \$0.00 | | | | \$0.00 | | | |
| Invoice Number (Proof of Purchase) | Purchase Category | Category Code | Additional Purchase Clarification | Vendor Name | Date of Purchase | Check # (Proof of Payment) | Invoice Total | NOFA Total Project Cost (Claim Amount) | |

Figure 23 Summary Invoice sheet - general information

Do not fill in the green colored boxes (C6, F6, and J6). Each of these fields contain a formula and manually entering any value will overwrite the formula and break the sheet's ability to accurately calculate the reimbursement.

Next, use the main body of the spreadsheet to fill in details on project-related reimbursable expenses.

1. Invoice Number: Use the number from the Proof of Purchase document.
2. Purchase Category: Choose the appropriate category from the drop-down menu (DC codes).
3. Category Code: This is automatically filled in from the choice in Column C.

Summary Invoice

| Company Name | | Grant ID # | | Award Cost Share % (enter as decimal) | | Claimed Expense Total (calculated) | | | |
|------------------------------------|-------------------------|---------------|-----------------------------------|---------------------------------------|------------------|------------------------------------|---------------|--|--|
| Grant Award \$s | | | | Adjusted Claim Total (calculated) | | | | | |
| Claim (calculated) | | \$0.00 | | Adjusted Claim Total (calculated) | | \$0.00 | | \$0.00 | |
| Invoice Number (Proof of Purchase) | Purchase Category | Category Code | Additional Purchase Clarification | Vendor Name | Date of Purchase | Check # (Proof of Payment) | Invoice Total | NOFA Total Project Cost (Claim Amount) | |
| ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| | Conduit | ▲ | | | | | | | |
| | Fiber/Copper | | | | | | | | |
| | OSP Engineering | | | | | | | | |
| | Design Engineering | | | | | | | | |
| | Construction Management | | | | | | | | |
| | Tower | | | | | | | | |
| | Antenna | | | | | | | | |
| | Boring | | | | | | | | |
| | Trenching | | | | | | | | |
| | Knifing | | | | | | | | |
| | Switching Equipment | | | | | | | | |
| | Routing Equipment | ▼ | | | | | | | |

Figure 24 Summary Invoice sheet - Line items

Tips for filling out the Summary Invoice:

- Feel free to add in any notes on invoices, bank statements, etc. that provide necessary context.
- If an invoice has multiple DC codes, fill out a line item for each project category. Record only the NOFA #007 total project costs relevant to that DC code on that line.
- If a proof of payment transaction paid for multiple invoices, indicate that information on the proof of payment. This includes non-project payments so any time a proof of payment does not match the proof of purchase amounts, additional information will be required.

Once the Summary Invoice is prepared with the Proof of Purchase and Proof of Payment PDFs, work through the Summary Invoice line by line using the boxes in Columns K, L, M, and N:

- Proof of Purchase: Check box if the Proof of Purchase is present in the PDF.
- PoPur Page #: Type in the PDF page number where the Proof of Purchase can be found.
- Proof of Payment: Check box if the Proof of Payment is present in the PDF.
- PoPay Page #: Type in the PDF page number where the Proof of Payment can be found.
- DOM Comments: May be utilized for any context commentary, as applicable.

Summary Invoice

| | | | | | | | | | | | | | Document updated 12/19/2023 | |
|------------------------------------|-------------------|---------------|-----------------------------------|---------------------------------------|------------------|----------------------------|---------------|--|--------------------------|--------------|--------------------------|-----------------|-----------------------------|--|
| Company Name | | Grant ID # | | | | | | | | | | | | |
| Grant Award \$s | | | | Award Cost Share % (enter as decimal) | | | | | | | | | | |
| Claim (calculated) | | \$0.00 | | Adjusted Claim Total (calculated) | | \$0.00 | | Claimed Expense Total (calculated) | | \$0.00 | | Check your PDFs | | |
| Invoice Number (Proof of Purchase) | Purchase Category | Category Code | Additional Purchase Clarification | Vendor Name | Date of Purchase | Check # (Proof of Payment) | Invoice Total | NOFA Total Project Cost (Claim Amount) | Proof of Purchase | PoPur Page # | Proof of Payment | PoPay Page # | DOM Comments | |
| | | | | | | | | | <input type="checkbox"/> | ★ | <input type="checkbox"/> | ★ | ★ | |
| | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |

Figure 25 Summary Invoice sheet - check your work and track pages

Internal Time Reporting Tab

In the event your entity utilized internal labor to complete eligible tasks associated with the grant, certain documentation must be submitted. Fill out the Time Reporting tab on the Summary Invoice spreadsheet with the following information:

1. Pay Date: Select date for date which payment was made.
2. Pay Period: Select date for pay period. Each pay period per employee requires its own line entry.
3. Employee ID: Enter a unique identifier to distinguish each employee.
4. Purchase Category: From the drop-down menu, select a DC code the employee worked on for that pay period. In the event the employee charged time to multiple purchase categories in the pay period, each will require its own line entry.
5. Classification Budget Category: Automatically populated when Purchase Category is selected.
6. Additional Clarification: If the “Other” Purchase Category is selected, you are required to add clarification on the nature of the purchase.
7. Rate of Pay: Enter the hourly rate of pay for the employee during this pay period.
 - a. If your entity utilizes a distribution rate, additional detail must be provided into how this value was calculated. The documentation and calculation narrative provided should be enough that the review team can recalculate the rate assessed.
8. Hours Worked ON Project: Enter the hours worked by the employee during this time period on this project under this project category.
9. Hours Worked OFF Project: Enter the hours worked by the employee during this time period for the organization on projects other than the grant project.
10. Total Request Amount: Automatically calculated by multiplying Column H (Rate of Pay) by Column I (Hours Worked ON Project).

| Time Reporting | | | | | | | | | |
|----------------|------------|-------------|---|--------------------------------|--------------------------|----------------------|-------------------------|--------------------------|----------------------|
| Company Name | | | Grant ID # | | Time Reporting Total | | | \$0.00 | |
| Pay Date | Pay Period | Employee ID | Purchase Category | Classification Budget Category | Additional Clarification | Rate of Pay (Hourly) | Hours Worked ON Project | Hours worked OFF Project | Total Request Amount |
| ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | \$0.00 |
| | | | Conduit Fiber/Copper OSP Engineering Design Engineering Construction Management Tower Antenna Boring | | | | | | \$0.00 |
| | | | | | | | | | \$0.00 |
| | | | | | | | | | \$0.00 |

Figure 26 Time Reporting tab on Summary Invoice sheet

A pivot table to the left should calculate the total values reported for each budget category. The aggregate values reported here must be referenced to create line items on the Summary Invoice tab for the labor costs. Internal labor reporting on the Summary Invoice tab should have one line for each DC code with the total amount paid under that category typed into the Summary Invoice Column J – NOFA Total Project Cost (Claim Amount). Compensation must be reasonable and align with work on similar activities performed by the organization. You must provide documentation, such as Personnel Activity Reports (PAR), for each employee by pay period in the Proof of Payments. PAR must allocate salary, wages, and benefits to the appropriate project accounts, account for 100% of the employee’s compensated time (non-federal activities may be lumped together as Other) and comply with the established accounting policies and practices of the organization and the 2 C.F.R. Part 200.

Labor costs for administrative activities, such as application and grant material preparation, are ineligible for reimbursement. **This rule also applies to subcontractors if activities of this nature were executed by external entities.** Please do not include these costs with your Summary Invoice.

Internal Payroll Documents and Examples

Similar to proof of purchase and proof of payment submissions, you will also need to submit supporting documentation of internal payroll, labor, and personnel costs. Allowable internal payroll documents include timesheets, proof of pay rates, and payroll registers with the following information:

1. Employee's ID/name/other common identifier.
2. Employee's position/title.
3. Pay period dates and the employee's pay rate for the pay period claimed.
4. Organization name.
5. Description of the services and/or work performed.
6. Applicable DC codes.
7. Total number of hours worked across all applicable employees.
8. Pay dates must be hours worked on or after March 3, 2021.

Time Sheet

Employee Details: John Smith Employee ID: 36 Des Moines Internet Pros Organization name

Manager Details: Andrew Smith

Start Date: 3/5/21 End Date: 3/18/21 Pay Date: 3/20/21

Total Work Week Hours: 40.00 Total Hours Worked: 40.00 Regular Hours: 40.00 Overtime Hours: 0.00

| Date(s) | Time In | Lunch Start | Lunch End | Time Out | Hours Worked | Activity | DC Code |
|---------|---------|-------------|-----------|----------|-------------------|--------------------------------|---------|
| 3/5/21 | 8:00 AM | 12:00 PM | 1:00 PM | 5:00 PM | 8.00 | Patrol Area | |
| 3/6/21 | 8:00 AM | 12:00 PM | 1:00 PM | 5:00 PM | 8.00 | Patrol Area | |
| 3/9/21 | 8:00 AM | 12:00 PM | 1:00 PM | 5:00 PM | 8.00 | Grant - COVID testing security | DC10 |
| 3/10/21 | 8:00 AM | 12:00 PM | 1:00 PM | 5:00 PM | 8.00 | Patrol Area | |
| 3/11/21 | 8:00 AM | 12:00 PM | 1:00 PM | 5:00 PM | 8.00 | Patrol Area | |
| | | | | | Total Hours 40.00 | | |

Hours worked on or after March 3rd, 2021.

Total number of hours worked

Description of the services provided.

Figure 27 Example timesheet with applicable information

RESOLUTION #2020-04 Organization name

RESOLUTION AUTHORIZING THE NUMBER, DUTIES AND COMPENSATION OF THE EMPLOYEES OF Des Moines Internet Service Pro's

Start dates

WHEREAS: The Council of [redacted] authorizes the following employees and salaries on January 7, 2020:

John Smith, Network Engineer \$43,000.00/yr Pay rate

Passed and approved by the City Council [redacted] this 7th day of January 2020.

Mayor [redacted]

ATTEST [redacted] City Clerk Employee's ID/name/other common identifier and position

Organization name

Pay rate

Dates

Oct 15, 2018 11:00 AM Des Moines Internet Service Pro's

| Date (F/SAT) | Code | Quantity | Rate | Amount | Financial Account Override |
|-------------------|-------------|----------|---------|--------|----------------------------|
| 09/11/2017 | [36] MonRG | 8.000 | 42.0465 | 336.37 | 1114-0001 |
| 09/12/2017 | [36] Tue RG | 8.000 | 42.0465 | 336.37 | |
| 09/13/2017 | [36] WedRG | 8.000 | 42.0465 | 336.37 | |
| 09/14/2017 | [36] Thu RG | 8.000 | 42.0465 | 336.37 | |
| 09/15/2017 | [36] Fri RG | 8.000 | 42.0465 | 336.37 | |
| 09/18/2017 | [37] MonRG | 8.000 | 42.0465 | 336.37 | |
| 09/19/2017 | [37] Tue RG | 8.000 | 42.0465 | 336.37 | |
| 09/20/2017 | [37] WedRG | 8.000 | 42.0465 | 336.37 | |
| 09/21/2017 | [37] Thu RG | 8.000 | 42.0465 | 336.37 | |
| 09/22/2017 | [37] Fri RG | 8.000 | 42.0465 | 336.37 | |
| 09/22/2017 | [37] Fri PA | 8.000 | 42.0465 | 336.37 | |
| | | | | 0.02 | |
| PA Pay Adjustment | | | | 80.000 | 0.02 |
| RG Regular Hours | | | | 80.000 | 3,363.72 |

Employee's ID/name/other common identifier and position

Figure 28 Example proof of pay rate with applicable information

Pay period dates

Pay date

Des Moines Internet Service Pro's

Organization name

Employee's ID/name/other common identifier

| Payroll Register Report | | | | | | | | | | | |
|---|------------|---------|-----------------|----------------------|----------------------|-------------------------|----------------------|----------------------|-----------|-----------|------------|
| Sample Company Name | | | | | | | | | | | |
| Pay Period From 04/03/2019 to 04/09/2019 | | | | Pay Date: 04/12/2019 | | Payroll # 52 (Standard) | | | | | |
| Earnings | Hours* | Rate | Current | YTD | Taxes | Current | YTD | Deductions | Current | YTD | ER Taxes** |
| Emp# 36 | John Smith | | | | | | | | | | |
| Unlchb | | | Net Pay: 968.43 | | | | | | | | |
| PhilaForeman | | | 2,773.98 | FWT | 59.45 | 2,071.30 | Phila JobRecover | 12.80 | 336.40 | ER SS | 48.64 |
| PhilaForShift | | | 1,808.32 | SS W/H | 48.64 | 1,286.48 | Phila MetroRegion | 27.46 | 731.89 | ER MC | 11.38 |
| PhilaCarp | 8.00 | 42.0465 | 336.37 | MC W/H | 11.38 | 333.21 | Phila Per Capita Ta | 0.80 | 21.03 | FUTA | 0.00 |
| PhilaCarShift | 8.00 | 51.37 | 410.96 | PA State Tax | 24.09 | 641.87 | Phila Political Educ | 3.92 | 104.55 | PA SUTA | 0.00 |
| PhilaCarpOT | | | 665.48 | Philadelphia City S | 27.12 | 722.55 | | | | | |
| | | | | PA SUI | 9.47 | 12.55 | | | | | |
| Employee Tot: | 16.00 | | 784.56 | 20,910.96 | 171.16 | 5,048.36 | | 44.98 | 1,193.87 | 60.02 | 2,037.30 |
| Grand Tot: | 461.00 | | 23,300.33 | 397,474.53 | 6,477.19 | 106,738.86 | | 1,621.23 | 28,481.21 | 1,918.99 | 59,832.91 |
| Payroll Summary | | | | | | | | | | | |
| Regular | 40.00 | | 2,398.80 | 35,882.00 | FWT | 3,117.43 | 50,798.46 | NJ Dues Check-Off | 0.00 | 1,010.01 | ER SS |
| PhilaForeman | 79.00 | | 4,056.23 | 79,315.26 | SS W/H | 1,444.64 | 24,843.42 | NJ JobRecoveryFu | 0.00 | 504.99 | ER MC |
| CountyForeman | | | | 4,288.64 | MC W/H | 337.83 | 5,763.36 | NJ Vacation Deduct | 0.00 | 1,282.52 | FUTA |
| PhilaForShift | 56.00 | | 3,164.56 | 56,057.92 | NJ State Tax | 340.26 | 4,957.57 | PA ChildSpousal S | 297.38 | 4,587.45 | NJ SUTA |
| CountyForShift | | | | 385.76 | NJ SUI | 6.29 | 186.76 | Phila JobRecovery | 368.80 | 5,861.20 | PA SUTA |
| PhilaCarpOT | | | | 2,003.66 | NJ SUI | 25.73 | 467.09 | Phila MetroRegionC | 815.52 | 13,527.93 | |
| CountyForOT | | | | 591.84 | NJ Family Leave In | 3.90 | 87.93 | Phila Per Capita Ta | 23.05 | 366.32 | NJ ER SUI |
| PhilaForOT | | | | 410.96 | PA State Tax | 478.98 | 8,550.19 | Phila Political Educ | 116.48 | 1,860.91 | |
| PhilaCarp | 228.00 | | 10,199.28 | 125,071.94 | Philadelphia City SD | 718.14 | 11,116.97 | | | | |
| CountyCarp | | | | 4,323.72 | PA SUI | 9.31 | 167.09 | | | | |
| PhilaCarShift | 58.00 | | 2,979.46 | 47,178.32 | | | | | | | |
| CountyCarShift | | | | 3,507.20 | | | | | | | |
| PhilaCarpOT | | | | 5,253.76 | | | | | | | |
| CountyCarpOT | | | | 89.78 | | | | | | | |
| PhilaCarpOT | | | | 373.80 | | | | | | | |
| NJ Foreman | | | | 7,971.80 | | | | | | | |
| NJ Carpenter | | | | 17,278.67 | | | | | | | |
| Bonus | | | 500.00 | 7,500.00 | | | | | | | |
| Payroll Totals: | 461.00 | | 23,300.33 | 397,474.53 | | 6,477.19 | 106,738.86 | | 1,621.23 | 28,481.21 | 1,943.37 |
| * Hour totals represent total work hours and do not include any overtime or double-time premium hours. | | | | | | | | | | | |
| ** Individual checks include FICA and unemployment taxes only. For summary, other employer tax YTD's represent total employer tax as of pay date. | | | | | | | | | | | |
| Employee Code: 0076 Page 7 Payroll Approved: 4/10/2019 6:57:17 PM by Megan H Run on 4/10/2019 at 6:59 PM EDT | | | | | | | | | | | |

Figure 29 Example payroll register with applicable information

Proof of Purchase and Proof of Payment Examples

Every Proof of Purchase document submitted must contain the same basic information in order to be accepted. Consider the following proof of purchase examples:

1. Documentation must have identifying information, be to the organization, and be dated within the period of performance. If you are submitting an invoice outside of the period of performance, an explanation will be needed. An example of this is using existing stock materials acquired before the onset of the grant.
2. An itemized list or description of items or services purchased. Documentation without descriptions will not be accepted.
3. The documents must have the appropriate DC codes noted for all eligible line items. If the document contains multiple DC codes, clearly mark next to each line item.
4. Any notes that can help clarify can be handwritten or typed onto the document. For example, explaining that only one of the two items listed is project relevant.
5. If the full invoiced amount is not eligible for reimbursement, indicate by line item which purchases are eligible. These must correspond with the Summary Invoice.

Consider an example below of an invoice for materials that were not completely consumed during project completion. In this case, you should indicate the following:

1. Mark the material used in the project.
2. Note why the entire line item is not being claimed and the actual quantity charged to the project.
3. Enter the new calculation to match the amount claimed on the Summary Invoice sheet.

123 King Ave
Kingman, AZ 86401
Phone: 925-555-1111



INVOICE #46-0125
DATE: 1/15/2022

TO:
JB & Associates, LLC
Des Moines, IA 50311
Phone: 515-555-9999

| SALESPERSON | TERMS |
|-------------|----------------|
| Stephen C. | Due on receipt |

1

Used
80
600

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
|------------------|---|------------|-------------|
| 100 | Des Moines Project – Medium Splice Case | \$250 | \$25,000.00 |
| 750 | Des Moines Project – Single Splice | \$30 | \$22,500.00 |
| | | | |
| SUBTOTAL | | | \$47,500.00 |
| SALES TAX | | | 7.0% |
| TOTAL DUE | | | \$50,825.00 |

DC 2
DC 2

2 Note: Project did not use all materials purchased. 80 Medium Splice Cases and 600 Single Splice were used.

Make all checks payable to ACME Engineering

THANK YOU FOR YOUR BUSINESS!

3

80*250= \$20,000
600*30= \$18,000
+7%
Total= \$40,660

Figure 32 Example of an invoice with partial use of materials

For Proof of Payments, cleared checks serve as a form of documentation. A PDF of the cleared check provides information that allows the claim to be processed. Consider the following:

1. If the date of payment is prior to the purchase (pre-payments, for example), this should be noted in the support.
2. Identify which invoice number the check paid. If it is not included on the original check, please note it on the copy.
3. As your claim is a public record, bank account and routing information should be redacted.
4. Information showing the recipient cashed the check and the bank processed the check.



Figure 33 Example of cleared check as proof of payment

Bank statements serve as another form of proof of payment. Consider the following when submitting bank statements as proof of payment.

1. Identifying information about the company and the bank must be present. You may redact account numbers but there must be enough identifying information to confirm account ownership.
2. If the date of payment is prior to the purchase (pre-payments, for example), this should be noted in the support.
3. If sufficient details are not present on the bank account, add them to the statement by hand or with the Adobe text tool.

Commercial Business Checking

Account number: 123456789 • February 1, 2022 – February 28, 2022 • Page 1 of 1



JB & Associates LLC
PO Box 7777
Des Moines, IA 50311

Account Summary

Commercial Business Checking

| <u>Account number</u> | <u>Beginning balance</u> | <u>Total credits</u> | <u>Total debits</u> | <u>Ending Balance</u> |
|-----------------------|--------------------------|----------------------|---------------------|-----------------------|
| 123456789 | \$850,123.98 | \$184,246.46 | \$240,361.46 | \$794,008.98 |

Debits

| <u>Posted date</u> | <u>Amount</u> | <u>Transaction Detail</u> |
|--------------------|---------------|---------------------------|
|--------------------|---------------|---------------------------|



| | | |
|------|-------------|--|
| 2/25 | \$42,621.15 | ACH Origination – JB & Associates – File 999888777 to ACME Engineering |
|------|-------------|--|



\$240,361.46 Total electronic debits

Figure 34 Example of bank statement as form of proof of payment

Finally, a copy of an ACH can provide proof of payment details. When using an ACH, consider submitting a corresponding bank statement identifying the charge to help tie information together. Consider the following when submitting:

1. ACH includes identifying information to your organization.
2. Details of what the ACH paid for, specifically invoice number(s) and amount(s).

Accounts Payable Report of ACH

JB & Associates, LLC

02/25/2022

Vendor Code: ACMEE

JB & Associates, LLC
PO Box 7777
Des Moines, IA 50311

ACH Num: 999777

Direct Deposit

\$42,621.15

Bank Account Number
*****1234

Figure 35 Example of an ACH as proof of payment

Bank Statement

ACH Payment

This is not considered adequate proof of payment

Figure 36 Acceptable and non-acceptable examples of proof of payment

Next, certify all of the questions under the Certification of Project Allowable Expenditures section.

Certification of Project Allowable Expenditures Save Form

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, incurred after the period established in your executed grant agreement. *:

That such Allowable Expenditures are directly related to the installation of Broadband Infrastructure that facilitates at or above 100/100 Broadband. *:

That such Allowable Expenditures were utilized for the installation of Broadband Infrastructure in Census Blocks identified in the awarded 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). *:

That such Allowable Expenditures were not incurred prior to 3/3/2021. *:

A red asterisk requires a response

Save Form

Figure 37 Certify each question regarding Project Allowable Expenditures

Finally, enter in the Total Project Costs and Reimbursement Requested in the final section of the page. These numbers should match the Cost Breakout tab on the Summary Invoice spreadsheet. Specifically, the Subtotal column on the Cost Breakout tab (Column D) represents a summation of the DC codes from the Summary Invoice tab and can be input into the Total Project Costs column on the IowaGrants.gov page. The Reimbursement Requested column on the Cost Breakout tab (Column F) represents the eligible amount allowed for reimbursement and can be input into the Reimbursement Requested column on the IowaGrants.gov page.

| Category | Total Project Costs | Reimbursement Requested |
|--|---------------------|-------------------------|
| Conduit (Code DC1) | \$0 | \$0 |
| Fiber/Copper (Code DC2) | \$0 | \$0 |
| OSP Engineering (Code DC3) | \$0 | \$0 |
| Design Engineering (Code DC4) | \$0 | \$0 |
| Construction Mgmt. (Code DC5) | \$0 | \$0 |
| Tower (Code DC6) | \$0 | \$0 |
| Antenna (Code DC7) | \$0 | \$0 |
| Boring (Code DC8) | \$0 | \$0 |
| Trenching (Code DC9) | \$0 | \$0 |
| Knifing (Code DC10) | \$0 | \$0 |
| Aerial Deployment/Make Ready (Code DC11) | \$0 | \$0 |
| Outside Plant (Code DC12) | \$0 | \$0 |
| Switching Equipment (Code DC13) | \$0 | \$0 |
| Routing Equipment (Code DC14) | \$0 | \$0 |
| Optical Equipment (Code DC15) | \$0 | \$0 |
| Customer Premise Equipment (Code DC16) | \$0 | \$0 |
| Other (Code DC17) | \$0 | \$0 |
| Total | \$0.00 | \$0.00 |

Save Grid

Figure 38 Fill in project costs and reimbursement requested using Summary Invoice sheet

Note that if a project spends less than anticipated in the original budget, the spreadsheet will apply the requested cost share to the eligible expenses to calculate the reimbursement requested. However, if the project spends more than anticipated, the spreadsheet will automatically adjust the claim amount to not exceed the award amount. Due to rounding, it is important to double-check the final numbers to ensure accurate requests.

In the fictitious example below, the project underspent original budget expectations. With project costs running under, this organization can request up to the amount substantiated multiplied by the project's cost share (60% in the below example). Note that project costs may have shifted between budget expectations, but the reimbursement must follow the actual dollars accounted for in the project. In the case of significant deviations from the project, please provide a narrative explanation. Below is a copy of the Cost Breakout tab from the Summary Invoice sheet. This is automatically calculated from accurately filling out the Summary Invoice tab.

| | A | B | C | D | E | F |
|----|---|---|----------------|-----------------------|-------------------------------|--------------------------------|
| 1 | | Grant Award \$ | \$4,303,120.00 | | | |
| 2 | | Award Cost Share % | 0.6 | | | |
| 3 | | Claim Amount | \$4,230,000.00 | | | |
| 4 | | | | | | |
| 5 | | Category | Code | Subtotal | Eligible Reimbursement | Reimbursement Requested |
| 6 | | Conduit | DC1 | \$50,000.00 | \$30,000.00 | \$30,000.00 |
| 7 | | Fiber/Copper | DC2 | \$40,000.00 | \$24,000.00 | \$24,000.00 |
| 8 | | OSP Engineering | DC3 | \$250,000.00 | \$150,000.00 | \$150,000.00 |
| 9 | | Design Engineering | DC4 | \$2,800,000.00 | \$1,680,000.00 | \$1,680,000.00 |
| 10 | | Construction Management | DC5 | \$10,000.00 | \$6,000.00 | \$6,000.00 |
| 11 | | Tower | DC6 | \$0.00 | \$0.00 | \$0.00 |
| 12 | | Antenna | DC7 | \$0.00 | \$0.00 | \$0.00 |
| 13 | | Boring | DC8 | \$0.00 | \$0.00 | \$0.00 |
| 14 | | Trenching | DC9 | \$0.00 | \$0.00 | \$0.00 |
| 15 | | Knifing | DC10 | \$0.00 | \$0.00 | \$0.00 |
| 16 | | Switching Equipment | DC13 | \$3,000,000.00 | \$1,800,000.00 | \$1,800,000.00 |
| 17 | | Routing Equipment | DC14 | \$800,000.00 | \$480,000.00 | \$480,000.00 |
| 18 | | Optical Equipment | DC15 | \$100,000.00 | \$60,000.00 | \$60,000.00 |
| 19 | | Customer Equipment | DC16 | \$0.00 | \$0.00 | \$0.00 |
| 20 | | Other (Additional Clarification Required) | DC17 | \$0.00 | \$0.00 | \$0.00 |
| 21 | | | | \$7,050,000.00 | \$4,230,000.00 | \$4,230,000.00 |
| 22 | | | | | | |

Figure 39 The "Cost Breakout" tab from the Summary Invoice

| Summary of Infrastructure Project Allowable Expenditures - Grid | | | Mark as Complete | Edit Grid |
|---|-----------------------|-------------------------|------------------|-----------|
| Category | Total Project Costs | Reimbursement Requested | | |
| Conduit (Code DC1) | \$50,000.00 | \$30,000.00 | | |
| Fiber/Copper (Code DC2) | \$40,000.00 | \$24,000.00 | | |
| OSP Engineering (Code DC3) | \$250,000.00 | \$150,000.00 | | |
| Design Engineering (Code DC4) | \$2,800,000.00 | \$1,680,000.00 | | |
| Construction Mgmt. (Code DC5) | \$10,000.00 | \$6,000.00 | | |
| 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) | \$3,000,000.00 | \$1,800,000.00 | | |
| Routing Equipment (Code DC14) | \$800,000.00 | \$480,000.00 | | |
| Optical Equipment (Code DC15) | \$100,000.00 | \$60,000.00 | | |
| Customer Premise Equipment (Code DC16) | \$0.00 | \$0.00 | | |
| Other (Code DC17) | \$0.00 | \$0.00 | | |
| Total | \$7,050,000.00 | \$4,230,000.00 | | |

Figure 40 Project example of an under-budget claim on the IowaGrants.gov page

If instead, allowable expenditures exceeded the estimated budget and award amount, you may be able to request the full award amount. The line-item allocation would shift to a smaller percentage based on a formula in the spreadsheet when using the Summary Invoice spreadsheet. Again, an image from the Cost Breakout tab.

| | A | B | C | D | E | F |
|----|---|---|----------------|-----------------------|-------------------------------|--------------------------------|
| 1 | | Grant Awards | \$4,303,120.00 | | | |
| 2 | | Award Cost Share % | 0.6 | | | |
| 3 | | Claim Amount | \$4,230,000.00 | | | |
| 4 | | | | | | |
| 5 | | Category | Code | Subtotal | Eligible Reimbursement | Reimbursement Requested |
| 6 | | Conduit | DC1 | \$50,000.00 | \$30,000.00 | \$30,000.00 |
| 7 | | Fiber/Copper | DC2 | \$40,000.00 | \$24,000.00 | \$24,000.00 |
| 8 | | OSP Engineering | DC3 | \$250,000.00 | \$150,000.00 | \$150,000.00 |
| 9 | | Design Engineering | DC4 | \$2,800,000.00 | \$1,680,000.00 | \$1,680,000.00 |
| 10 | | Construction Management | DC5 | \$10,000.00 | \$6,000.00 | \$6,000.00 |
| 11 | | Tower | DC6 | \$0.00 | \$0.00 | \$0.00 |
| 12 | | Antenna | DC7 | \$0.00 | \$0.00 | \$0.00 |
| 13 | | Boring | DC8 | \$0.00 | \$0.00 | \$0.00 |
| 14 | | Trenching | DC9 | \$0.00 | \$0.00 | \$0.00 |
| 15 | | Knifing | DC10 | \$0.00 | \$0.00 | \$0.00 |
| 16 | | Switching Equipment | DC13 | \$3,000,000.00 | \$1,800,000.00 | \$1,800,000.00 |
| 17 | | Routing Equipment | DC14 | \$800,000.00 | \$480,000.00 | \$480,000.00 |
| 18 | | Optical Equipment | DC15 | \$100,000.00 | \$60,000.00 | \$60,000.00 |
| 19 | | Customer Equipment | DC16 | \$0.00 | \$0.00 | \$0.00 |
| 20 | | Other (Additional Clarification Required) | DC17 | \$0.00 | \$0.00 | \$0.00 |
| 21 | | | | \$7,050,000.00 | \$4,230,000.00 | \$4,230,000.00 |
| 22 | | | | | | |

Figure 41 Cost Breakout tab from Summary Invoice sheet, automatically redistributing reimbursement requests for an over-budget project

| Summary of Infrastructure Project Allowable Expenditures - Grid | | | Mark as Complete | Edit Grid |
|---|-----------------------|-------------------------|------------------|-----------|
| Category | Total Project Costs | Reimbursement Requested | | |
| Conduit (Code DC1) | \$50,000.00 | \$29,272.92 | | |
| Fiber/Copper (Code DC2) | \$40,000.00 | \$23,418.34 | | |
| OSP Engineering (Code DC3) | \$250,000.00 | \$146,364.63 | | |
| Design Engineering (Code DC4) | \$3,100,000.00 | \$1,814,921.36 | | |
| Construction Mgmt. (Code DC5) | \$10,000.00 | \$5,854.59 | | |
| 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) | \$3,000,000.00 | \$1,756,375.51 | | |
| Routing Equipment (Code DC14) | \$800,000.00 | \$468,366.80 | | |
| Optical Equipment (Code DC15) | \$100,000.00 | \$58,545.85 | | |
| Customer Premise Equipment (Code DC16) | \$0.00 | \$0.00 | | |
| Other (Code DC17) | \$0.00 | \$0.00 | | |
| Total | \$7,350,000.00 | \$4,303,120.00 | | |

Figure 42 Project example of an over-budget claim on the IowaGrants.gov website

Click “Save Form.”

Registration through SAM.gov

Please upload proof of the awarded organization's active status on SAM.gov*: Select file NOFA7_BSL_Lat_Longs.xlsx

Save Form

Figure 43 Remember to click “Save Form”

Click “Mark as Complete” to finalize changes.

Registration through SAM.gov

Please upload proof of the awarded organization's active status on SAM.gov*: NOFA7_BSL_Lat_Longs.xlsx

Mark as Complete Edit Form

Figure 44 Click “Mark as Complete” to finalize section

Three check marks should now appear on the claim page. Click on “Reimbursement” to start the final step.

| Claim Preview | Alert History | Map |
|---|---------------|-------------------------------------|
| Claim Details | | |
| Claim cannot be Submitted Currently | | |
| • Claim components are not complete | | |
| Component | Complete? | Last Edited |
| General Information | ✓ | Feb 3, 2023 2:45 PM - Maggie Bender |
| Certification of Project Completion NOFA #007 | ✓ | Feb 3, 2023 3:23 PM - Maggie Bender |
| Summary of Allowable Expenses NOFA #007 | ✓ | Feb 3, 2023 4:23 PM - Maggie Bender |
| Reimbursement  | | Feb 3, 2023 2:47 PM - Maggie Bender |

Figure 45 Click on “Reimbursement” to start final step

Click the “Edit Reimbursement” in the top right corner. The Reimbursement page will allow you to enter information into Column 2 “Expenses This Period.”

| Reimbursement Current Version | | | | | |
|-------------------------------|-------------------------|------------------------------|---------------------|---|---|
| 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) |
| Project Budget | | | | | |
| Conduit | \$50,000.00 | 0.00 | \$0.00 | \$0.00 | \$50,000.00 |
| Fiber/Copper | \$50,000.00 | 0.00 | \$0.00 | \$0.00 | \$50,000.00 |
| OSP Engineering | \$25,000.00 | 0.00 | \$0.00 | \$0.00 | \$25,000.00 |
| Design Engineering | \$10,000.00 | 0.00 | \$0.00 | \$0.00 | \$10,000.00 |
| Construction Mgmt. | \$30,000.00 | 0.00 | \$0.00 | \$0.00 | \$30,000.00 |
| Tower | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Antenna | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Boring | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Trenching | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Killing | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Switching Equipment | \$35,000.00 | 0.00 | \$0.00 | \$0.00 | \$35,000.00 |
| Routing Equipment | \$47,000.00 | 0.00 | \$0.00 | \$0.00 | \$47,000.00 |
| Optical Equipment | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Customer Premise Equipment | \$000.00 | 0.00 | \$0.00 | \$0.00 | \$000.00 |
| Other | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| | \$265,000.00 | \$0.00 | \$0.00 | \$0.00 | \$265,000.00 |

Figure 46 Enter expenses on Column 2 by DC Code

Finally, consider the following:

1. It is best to view this table by considering Column 4 first. The total in Column 4 will reflect the total of the Advance Claim amount in Column 3 Paid Claims and the total amount in Column 2 Expenses This Period. **This should match the “Reimbursement Requested” column of the Cost Share tab of the Summary Invoice after adjustments are made to Column 2.**

- Column 2 titled *Expenses this Period* identifies the funds that will be paid out as part of this claim. The amount entered here should be the total in the “Reimbursement Requested” column of Summary Invoice less the amount paid previously (Column 3). Note that you may need to adjust upward or downward by \$0.01 in one of your entries to account for any Excel rounding variances that may result in the award amount not being claimed in entirety or in excess.
- Column 3 titled *Paid Claims* reflects any claim amounts already paid (for example an Advance Claim). In an instance of a Budget Category amount totaling less than the amount paid out by an advance claim, the “Expenses This Period” number will be negative to offset the difference.
- The total on Column 5 represents the *Unclaimed Balance*. If you are claiming the full amount of your award, this column should total \$0.00. If your project spend was less and you are not able to claim the full amount of your award, this column should reflect the total unclaimed, which would be considered rescinded funds after claim processing. This number should not be negative unless you owe the state a reimbursement of funds due to a total project cost underrun.

Reimbursement - Current Version

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) |
|----------------------------|-------------------------|------------------------------|---------------------|---|---|
| Project Budget | | | | | |
| Conduit | \$50,000.00 | 20000.00 | \$0.00 | \$20,000.00 | \$30,000.00 |
| Fiber/Copper | \$50,000.00 | 40000.00 | \$0.00 | \$40,000.00 | \$10,000.00 |
| OSP Engineering | \$25,000.00 | 15000.00 | \$0.00 | \$15,000.00 | \$10,000.00 |
| Design Engineering | \$18,000.00 | 9000.00 | \$0.00 | \$9,000.00 | \$9,000.00 |
| Construction Mgmt. | \$30,000.00 | 0.00 | \$0.00 | \$0.00 | \$30,000.00 |
| Tower | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Antenna | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Boring | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Trenching | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Knifing | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Switching Equipment | \$35,000.00 | 0.00 | \$0.00 | \$0.00 | \$35,000.00 |
| Routing Equipment | \$47,000.00 | 0.00 | \$0.00 | \$0.00 | \$47,000.00 |
| Optical Equipment | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Customer Premise Equipment | \$800.00 | 0.00 | \$0.00 | \$0.00 | \$800.00 |
| Other | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| | \$255,800.00 | \$84,000.00 | \$0.00 | \$84,000.00 | \$171,800.00 |

Figure 47 Fictitious example claim showing entries for balancing reimbursement claim

After clicking “Save Reimbursement” and “Mark as Complete,” you should see four check marks on the screen. Click “Submit Claim” to officially submit the claim.

Claim: 007

Claim Status: Editing

Grant Title: 002 - Jeff's test 2

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA #007

Reporting Period: 01/01/2023 - 03/31/2023

Claim Type: Reimbursement

Submitted By: -

Claim Preview Alert History Map

Claim Details

Claim is in compliance and is ready for Submission!

Submit Claim Withdraw Preview Claim

| Component | Complete? | Last Edited |
|---|-----------|--------------------------------------|
| General Information | ✓ | Feb 3, 2023 2:45 PM - Maggie Bender |
| Certification of Project Completion NOFA #007 | ✓ | Feb 3, 2023 3:23 PM - Maggie Bender |
| Summary of Allowable Expenses NOFA #007 | ✓ | Feb 3, 2023 4:23 PM - Maggie Bender |
| Reimbursement | ✓ | Feb 7, 2023 12:03 PM - Maggie Bender |

Figure 48 Finalize submittal

To finalize submission of the reimbursement, complete the following:

1. Double-check to make sure all four check marks appear under the “Complete?” column.
2. Click on “Submit Claim” on the right-hand side of the Components table.
3. Click “Submit” on the pop-up that asks you to confirm if you are ready to submit this claim.

Claim: 007

Claim Status: **Editing**

Grant Title: 002 - Jeff's test 2

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 427424-Empower Rural Iowa, Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)-NOFA#007

Reporting Period: 01/01/2023 - 03/31/2023

Claim Type: Reimbursement

Submitted By: -

Please confirm

Please confirm that you wish to submit this document for review. After submission, you will not be able to edit this document.

Cancel Submit

Claim Preview Alert History Map

Claim Details

- Claim is in compliance and is ready for Submission!

| Component | Complete? | Last Edited |
|---|-----------|--------------------------------------|
| General Information | ✓ | Feb 3, 2023 2:45 PM - Maggie Bender |
| Certification of Project Completion NOFA #007 | ✓ | Feb 3, 2023 3:23 PM - Maggie Bender |
| Summary of Allowable Expenses NOFA #007 | ✓ | Feb 3, 2023 4:23 PM - Maggie Bender |
| Reimbursement | ✓ | Feb 7, 2023 12:03 PM - Maggie Bender |

Submit Claim Withdraw Preview Claim

Figure 49 Final check and submission page

After clicking “Submit” on the popup, a Claim Submitted Confirmation will be emailed to you.

The Claims Payment Process

The DOM staff will receive notification of the claim once submitted by the Grantee. After reviewing the claim, staff will either forward the claim for approval and reimbursement issuance to the Iowa Department of Administrative Services (DAS) or contact you for clarifying information regarding the claim.

Negotiating Claims

All correspondence related to claims payment will be generated within the IowaGrants.gov system and are considered “negotiations.” The purpose of negotiating a claim is to allow the Grantee to clarify information regarding the claim after initial review. Issues requiring negotiation may 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.
- The Summary Invoice or other claim forms require revision or update.
- Additional documentation or clarification is needed to validate a claimed expense.

When a claim is negotiated for edits, 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 claim is resubmitted, the status will change to “Submitted.” DOM staff will review the clarifying changes and determine if the claim can be advanced to DAS for approval. DOM recommends printing a copy of your approved claim forms for records keeping.

Reporting

Quarterly Report

Per section 10.1.2 of the Grant Agreement, the Agency “may require Grantee to communicate with it about the status of the Project(s). Such communications may include a conference call or an in-person meeting (“Status Meeting”) or submission to the Office of a report (“Status Report”) regarding: (a) An overview and status of the Project(s); (b) Issues encountered and being resolved; (c) Updates on the timing of Project completion; (d) Any other information that the Office may reasonably request.”

Completing the Quarterly Report on IowaGrants

Each quarter, you will be notified when the Quarterly Report is live, along with the due date in which you must complete and submit the report by. Follow this step-by-step guide for help on how to submit a Quarterly Report in the IowaGrants.gov system.

To create complete a status report within the IowaGrants.gov system, click on the “Status Reports” link within the appropriate project on the project’s landing page.

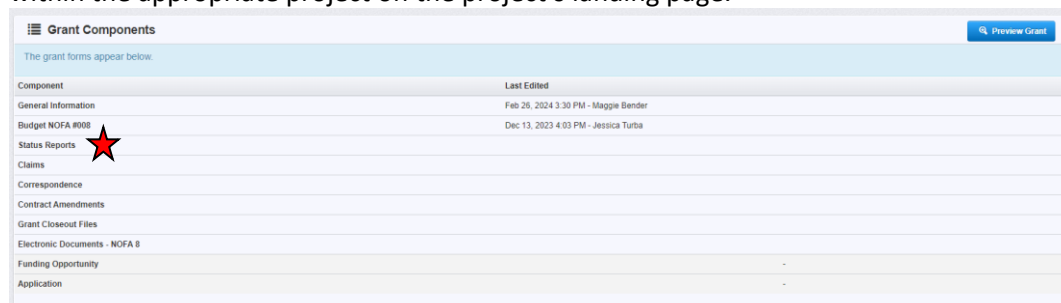


Figure 50 Individual project Grant Tracking page. Click on “Status Reports” link to start a Status Report

Click the applicable status report for the corresponding quarter, as it should already be there for you in “Editing” status. **Do not create a new status report.**

| ID | Type | Status | Title | Reporting Period | Due Date | Last Submitted Date | Arrived |
|--------------|------------------|-----------|------------------------------|-------------------------|------------|----------------------|---------|
| 518528 - 001 | Quarterly Report | Approved | Test | 01/01/2024 - 03/31/2024 | 03/31/2024 | Feb 26, 2024 3:29 PM | On Time |
| 518528 - 002 | Quarterly Report | Editing | Q1 2024 Quarterly Report | 01/01/2024 - 03/31/2024 | 03/31/2024 | | |
| 518528 - 003 | Quarterly Report | Withdrawn | DTP1_Test PB | 01/01/2024 - 03/01/2024 | | | |
| 518528 - 004 | Wage Rates | Editing | Davis Bacon Test | 04/01/2024 - 06/30/2024 | | | |
| 518528 - 005 | Quarterly Report | Editing | 2024 Q3 UST Quarterly Report | 07/01/2024 - 09/30/2024 | 09/30/2024 | | |

Figure 51 Click the Status Report for the applicable quarter

Click “Edit Status Report.”

518528 - Test Project - 2023
[Status Report Details](#)

Figure 52 Click on “Edit Status Report”

After selecting “Edit Status Report” from the previous screen, the landing screen will show a list of two items that need completion before submittal: General Information and NOFA 7 Quarterly Status Report. After completion of each section, a check mark will appear in the column titled “Complete?”. The General Information section will likely already have the check mark in the completion column, however, confirming details and updating any outdated information is encouraged. Click on the “NOFA 7 Quarterly Status Report” link to get started.

Status Report cannot be Submitted Currently
 • Status Report components are not complete

| Component | Complete? | Last Edited |
|--------------------------------|-----------|--------------------------------------|
| General Information | ✓ | Aug 13, 2024 9:40 AM - Maggie Bender |
| NOFA 7 Quarterly Status Report | | - |

Figure 53 Click on “NOFA 7 Quarterly Status Report”

To begin, click “Edit Form” in the top right corner.

Administrative Items

If you choose the mailed check option, please ensure the below address is correct.
 If you would like to choose the EFT option, please ensure you have completed this form: [ELECTRONIC FUNDS AUTHORIZATION](#) and have followed the submission process outlined on the document.

Please confirm your disbursement payment method Mailed Check or Electronic Fund Transfer (EFT):

Figure 54 Click on “Edit Form”

Next, fill out the “Administrative Items” section by completing the following:

- Confirm your disbursement payment method: Mailed Check or Electronic Fund Transfer (EFT)
 - If you would like to choose the EFT option, please ensure you have completed this form: [ELECTRONIC FUNDS AUTHORIZATION](#) and have follow the submission process outlined on the document
- Complete the address information
 - If you need to change your address, please email grantsupport@iowa.gov

Figure 55 Complete “Administrative Items” section

Following completion of the administrative items, you will move on to the “Grant Progress Updates” section. Here you will list the number of units for each section to accurately describe the number of locations that can be serviced by your project **after project completion** as defined below:

1. **Number of Residential Locations:** A residential location is defined by the FCC as a location that is or contains “housing units” or “group quarters” based on the U.S. Census Bureau’s definition of these terms. For all locations identified as “residential,” the Recipient must also document the total number of “housing units” at that location.
2. **Number of Housing Units:** A housing unit is defined by the Census Bureau as a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live and eat separately from any other persons in the building and which have direct access from the outside of the building or through a common hall. Multiple housing units in a single structure at a single street address or latitude/longitude point, such as apartment buildings, must be reported in a single record. Recipients should include the number of units of the building in the Number of Housing Units field. Please note that beginning October 2022, recipients will be required to provide latitude/longitude information that conforms with location information in the FCC’s Broadband Serviceable Location Fabric (Fabric) and should report multiple housing units in a single structure in a single record with a single latitude/longitude consistent with the data in the Fabric. While the Census Bureau does not classify group quarters, such as college dormitories, as housing units, the FCC has determined to include group quarters in the definition of residential structures, which is a departure from the previously-used definitions, because they believe this will be more consistent with the intention of the Broadband DATA Act.
 - a. **Note: Housing Units should always be greater than or equal to Residential Units.** Please review the above definition of Housing Units to ensure your input is accurate.
3. **Number of Business Locations:** A business location is defined as a non-residential structure on a property without residential locations that would expect to demand internet access services. Recipients should only report the locations of businesses that they would expect to demand mass

market broadband Internet access service, which typically are small businesses. Recipients should not report the locations of larger businesses that purchase or would be expected to purchase dedicated high-capacity transmission services, such as business data services (also known as special access). For purposes of deciding what business locations “count,” recipients should consider the nature of the service offered to the location. A “small business” would typically subscribe to mass market “best efforts” broadband Internet access service. This does not mean the business actually is subscribing to this service, but rather this is a location where the carrier is commercially offering mass market broadband Internet access service to end users and would provide this type of service if the customer requested it, with no charges or delays attributable to the extension of the network of the provider. This includes the initiation of fixed broadband internet access service through routine installation that can be completed not later than 10 business days after the date on which the service request is submitted.

4. **Number of Community Anchor Institutions:** A community anchor institution means an entity, such as a school, library, health clinic, health center, hospital or other medical provider, public safety entity, institution of higher education, public housing organization, or community support organization that facilitates greater use of broadband service by vulnerable populations, including, but not limited to, low-income individuals, unemployed individuals, children, the incarcerated, and aged individuals.

Additionally, grantees are to provide quarterly progress updates to obligated broadband serviceable locations on the interactive Iowa Broadband Reporting Portal, and you will be prompted to check a box confirming you have done so each quarter. Quarterly reporting instructions are available on the Iowa Broadband Reporting Portal found [here](#).

Figure 56 Complete the “Grant Progress Updates”

Next, you will complete the Project Update section by answering the following questions:

- At time of submission of this Quarterly Report, is your grant funded project complete?
 - If yes, you will be prompted to answer the following questions:
 - When was the actual initiation of operations date?
 - When was the actual construction start date?
 - What are the total miles of fiber that were deployed?
- At time of submission of this Quarterly Report, how complete is your grant funded project?
 - Options include Not Started, Completed Less than 50%, Completed 50% or More, Completed, or Cancelled
- Have you, or do you plan on, requesting an Advanced Payment Claim for 50% or less than your total award?
 - If yes, you will be prompted to provide which quarter you expect to submit your advance payment claim
 - If you have already submitted an advance payment request, please indicate the quarter in

which you requested it

- Reimbursement claims can only be submitted once your project has been fully completed. When do you expect your project to be fully completed?
 - If your project is already completed, please indicate the quarter in which it was completed
- Has your expected completion date changed?
- Please provide reasoning for any delays in your project
 - If your project has not experienced any delays, please mark "N/A"
- Are you seeing any significant cost overages?
 - If yes, please tell us what portion of your budget these overages are impacting

Project Update Save Form

At time of submission of this Quarterly Report, is your grant funded project complete? *:

At time of submission of this Quarterly Report, how complete is your grant funded project? *:

Have you, or do you plan on, requesting an Advanced Payment Claim for 50% or less than your total award? *:

Reimbursement claims can only be submitted once your project has been fully completed. When do you expect your project to be fully completed? *:
If your project is already completed, please indicate the quarter in which it was completed

Has your expected completion date changed? *:

Please provide reasoning for any delays in your project. *:
If your project has not experienced any delays, please mark "N/A"

Are you seeing significant cost overages? *:

Figure 57 Complete the "Project Update" section

Finally, you will answer two questions:

1. Were all funds obligated by December 31, 2024?
2. Confirm participation in the Affordable Connectivity Program and that you are offering customers in your completed project area assistance with enrollment or to any successive program to the Affordable Connectivity Program ("ACP") to the extent that one is available. If not available, Grantee confirms they will participate in the future if ACP is reactivated or if Congress creates a successor.
 - a. If you have an executed New Guidance Amendment, you must participate in the Affordable Connectivity Program and offer customers in their completed project area assistance with enrollment. If the organization did not execute the New Guidance Amendment, please select "Not Applicable."

Once complete, click "Save Form."

Compliance Save Form

Do you think you will be able to obligate all funds by December 31, 2024? *: ★

By clicking "Yes", Grantee confirms participation in the Affordable Connectivity Program and is offering customers in their completed project area assistance with enrollment or any successive program to the Affordable Connectivity Program ("ACP") to the extent that one is available. If not available, Grantee confirms they will participate in the future if ACP is reactivated or if Congress creates a successor. *: ★

Grantees with an executed New Guidance Amendment must participate in the Affordable Connectivity Program and offer customers in their completed project area assistance with enrollment. If the organization did not execute the New Guidance Amendment, please select N/A

Figure 58 Complete compliance section and click "Save Form"

The screen will lock in the changes the Grantee made to the page. Once all questions with a red asterisk have been addressed, click on “Mark as Complete” to finish this section.

Figure 59 Click “Mark as Complete”

After clicking “Save Form” and “Mark as Complete,” you should see two check marks on the screen. To finalize submission of the status report, complete the following:

1. Double-check to make sure two check marks appear under the “Complete?” column.
2. Click on “Submit Status Report” on the right-hand side of the Components table.

| Component | Complete? | Last Edited |
|--------------------------------|-----------|---------------------------------------|
| General Information | ✓ | Aug 13, 2024 9:40 AM - Maggie Bender |
| NOFA 7 Quarterly Status Report | ✓ | Aug 13, 2024 10:25 AM - Maggie Bender |

Figure 60 Confirm two check marks Under “Complete?” column before submitting the Status Report

Click “Submit” on the pop-up that asks you to confirm if you are ready to submit this status report.

Figure 61 Confirm Status Report Submission

Completing the Quarterly Report on ArcGIS

As confirmed in the IowaGrants Quarterly Report, Grantees will use the Iowa Broadband Reporting Portal to provide quarterly progress updates to obligated broadband serviceable locations. An interactive map will be available for each project displaying all obligated locations.

Each location can have a progress status of accepted (not started), in progress, or fieldwork completed. Quarterly, grantees will be required to report that there has been "no change" to locations or that the status of locations have been "changed on the map." Each quarter that there is a change to one or more

locations, the progress status should be changed for said location(s). Quarterly reporting instructions are available on the Iowa Broadband Reporting Portal under the "Reporting Instructions" tab found here: <https://broadband-iowa.hub.arcgis.com/pages/reporting-instructions>

Users will use the username currently used by the Iowa Grants System but requires the username to be linked and activated. If you do not already have access to the Iowa Broadband Reporting Portal, please contact us via the IowaGrants Correspondence Portal to set up your account.

In some cases, the person who is the primary contact for the grant is not the person who will be completing the reporting. If you would like someone other than the primary grant contact to complete the project reporting, please contact us via the IowaGrants Correspondence Portal. If the reporting contact does not have an account registered with <https://id.iowa.gov>, they will first need to create an account on <https://id.iowa.gov>, then notify DOM, so the user can be registered with the Iowa Broadband Reporting Portal and activate the account.

Contact Information

Correspondence Portal

Correspondences will be sent through the Correspondence Portal within the IowaGrants.gov system. This can be found by clicking on "Correspondence" within your Grant Components.

518528 - Test Project - 2023

Status: **Underway**

Program Area: Broadband Grant Program - Empower Rural Iowa

Funding Opportunity: 512252-Empower Rural Iowa - Capital Projects Fund NOFA#008

Organization: FG

Grantee Contact: Greg Loebe

Program Officer: Jessica Turba

Awarded Amount: \$31,200,000.00

Grant Components Preview Grant

The grant forms appear below.

| Component | Last Edited |
|-----------------------|--------------------------------------|
| General Information | Dec 13, 2023 4:08 PM - Jessica Turba |
| Budget NOFA #008 | Dec 13, 2023 4:03 PM - Jessica Turba |
| Correspondence | |
| Contract Amendment | |
| Grant Closeout Files | |
| Funding Opportunity | |
| Application | |

Figure 62 Grant components

To write a message, click the "+ Add Grantee Correspondence" button in the top right corner.

Grant List General Budget Claims **Corres** Contra Grant

Inter-System Grantee Correspondence

+ Add Grantee Correspondence

| Flag | Sent/Received | From | To | Subject | Message | Attachment 1 | Attachment 2 | Attachment 3 | Attachment 4 | Attachment 5 |
|-------------------|---------------|------|----|---------|---------|--------------|--------------|--------------|--------------|--------------|
| No Data for Table | | | | | | | | | | |

Figure 63 Click "+Add Grantee Correspondence"

Complete the following fields:

1. To*: Who the message will be sent to
 - a. Please include “RSM Program Manager” in all correspondences
2. CC: Add any other contacts not included in the drop-down list of options
3. Subject: Add a subject to the message
4. Message: Type the message here
5. Attachments: Upload up to five attachments, if applicable, by clicking “Select File”
6. Click “Send Correspondence”

The screenshot shows a web interface titled "Inter-System Grantee Correspondence". In the top right corner, there is an orange button labeled "Send Correspondence". Below the title, there is a "Flag:" dropdown menu. The "To*:" field is labeled "To" and has a text input box. Below this, a note states: "CC addresses must be entered in a valid email format, i.e. name@domain.org. Use a semicolon (;) to separate multiple CC email addresses." The "CC:" field is a text input box. The "Subject:" field is labeled "Subject" and has a text input box. The "Message:" field is a large text area with a rich text editor toolbar above it. The toolbar includes buttons for Source, Bold, Italic, Underline, Text Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Link, Unlink, Image, and others. Below the message field, there are two attachment fields: "Attachment 1:" and "Attachment 2:", each with a "Select file" button. At the bottom right of the message field, a status bar shows "Paragraphs: 0, Words: 0, Characters (with HTML): 0".

Figure 64 Correspondence portal messaging

Iowa Broadband Program Office Contact Information:

If you have questions, please email DOM at: grantsupport@dom.iowa.gov or call (515) 281-5503.

Department of Management, Division of Information Technology, State of Iowa

200 East Grand Avenue

Des Moines, IA 50309