

STATE OF IOWA

Item # 5E
Date: 5/12/25

| | | | | | | | | | | | | | | | | | | | | | |
|--|------|---|-----|---|------|----------------------|------|---|------------|--------------------------------------|--------------------|-----------------------|-------------|----------------------------------|--------|------------|-----|--------------------|--|--------------------|--|
| BUDGET FY | | General Accounting Expenditure | | | | | | | | | | DOCUMENT NUMBER | | | | | | | | | |
| | | DATE 5/9/2025 | | | | ACCTG PERIOD (mm/yy) | | | | | | | | | | | | | | | |
| VENDOR CODE 42-6005023 | | | | AGENCY NAME | | | | | | | | | | | | | | | | | |
| VENDOR NAME AND ADDRESS City of Nevada 1209 6th Street Nevada IA 50201 | | | | BILL TO ADDRESS (ORDERING AGENCY) Iowa Economic Development Authority 1963 Bell Avenue, Suite 200 Des Moines, IA 50315 | | | | | | SHIP TO ADDRESS | | | | | | | | | | | |
| TERMS | | FOB | | ORDER APPROVED BY | | | | | | GOODS RECEIVED/SERVICES PERFORMED | | | | | | | | | | | |
| QUANTITY | | | | VENDOR'S INVOICE NUMBER | | | | | | DATE INITIALS | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | Line item | | | | | | Contract budget* | | Expenditures | | | | | | | | | | | |
| | | | | | | | | | | Since Last Report (1) | | Previous Total (2) | | Cumulative Expenditures (1+2) | | | | | | | |
| | | Project Expenses Eligible for Reimbursement Grant Contract and approved budget in IowaGrants.gov Project Name: The Camelot Project Address: 1114 6th St, Nevada IA | | | | | | Up to \$200,000 | | \$80,000 | | \$120,000 | | \$200,000 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| CONTRACT NUMBER: 22-ARPDH-040 | | | | | | | | Funds Requested | | | | \$ 200,000 | | | | | | | | | |
| DRAW # 2 FINAL | | | | | | | | Less: Funds Requested to Date | | | | \$120,000 | | | | | | | | | |
| | | | | | | | | NET REQUEST | | | | \$80,000 | | | | | | | | | |
| CLAIMANT'S CERTIFICATION I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID. DATE: 5/8/2025 TITLE: Mayor | | | | | | | | AGENCY CERTIFICATION I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTION(S) | | | | | | | | | | | | | |
| CLAIMANT'S SIGNATURE: Authorized Official for Grantee - i.e. City (Mayor) or MSI Program (Board Pres.) | | | | | | | | AUTHORIZED SIGNATURE | | | | | | | | | | | | | |
| THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY | | | | | | | | | | | | | | | | | | | | | |
| DOC TYPE (GAX) GAX | | DOC NUMBER | | DOC DATE | | ACCTG PRD | | BUDGET FY | | ACTION NEW/MOD | | PO SHIP INSTR | | GAX TYPE | | INT IND | | INT SELLER FUND | | INT SELLER AGCY | |
| VENDOR CODE 42-6005023 | | ADDR OVERRIDE | | F/A INDICATOR | | EFT IND N | | TEXT -po's only (Y/N) | | TEXT (po's only) | | | | | | | | | | | |
| REF DOC TYPE | | REF DOC NUMBER | | REF DOC LINE | | COM LN | | VEND INVOICE # | | COMMODITY CODE | | | | GS CONTRACT | | | | | | | |
| LINE | FUND | AGCY | ORG | SUB ORG | ACTV | FUNC | OBJT | SUB OBJT | JOB NUMBER | REP CAT | QUANTITY/ UNITS | I/D | DESCRIPTION | | AMOUNT | | I/D | | | | |
| 01 | | | | | | | | | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT TOTAL | | | | | | | | | | | | | | | | \$ | | | | | |
| GAX | | WARRANT # | | | | AUDITED BY | | | | PAID DATE | | | | | | | | | | | |

IOWA ECONOMIC DEVELOPMENT AUTHORITY
DOWNTOWN HOUSING GRANT PROGRAM

REQUEST FOR REIMBURSEMENT AND
CERTIFICATION OF COMPLIANCE WITH
STATE AND LOCAL FISCAL RECOVERY FUND REQUIREMENTS

| | |
|--------------------------------|----------------|
| Subrecipient Name: | City of Nevada |
| Award Number: | 22-ARPDH-040 |
| Unique Entity ID (UEI): | CMPDX32YPM74 |

Subrecipient requests reimbursement for costs reflected on the GAX and associated documents as it relates to this claim (uploaded in Iowa Grants) totaling \$80,000. (total of invoices uploaded to Iowa Grants as it relates to this claim.)

CERTIFICATION

By submitting the Request for Disbursement and signing the Certification below, I certify as follows:

1. I am authorized to bind the Subrecipient;
2. Subrecipient acknowledges that the funds for the award are provided by the State and Local Fiscal Recovery Fund (SLFRF), part of the American Rescue Plan Act of 2021 (ARPA);
3. Subrecipient acknowledges that falsification of records or documentation of costs or misrepresentation in the application submitted by the Subrecipient or in connection with this request for disbursement will result in forfeiture of the grant and the Subrecipient will be required to return to the Iowa Economic Development Authority (IEDA) all grant funds disbursed to it;
4. The costs submitted were incurred during the period March 3, 2021 through December 31, 2024;
5. The costs are related to the Project described in the Subrecipient's application for a grant;
6. The costs are eligible for reimbursement based on the provisions of state and federal law, including ARPA; SLFRF; U.S. Department of Treasury guidance, rules, and regulations; and the terms and conditions set out in the agreement between the Iowa Economic Development Authority and the above-reference Subrecipient (Grant Agreement);
7. As it relates to the Project, the Subrecipient has complied with and remains in compliance with all provision of the Grant Agreement;
8. As it relates to the Project, the Subrecipient has complied with and remains in compliance with all statutes, rules, regulations, and guidance applicable to SLFRF, including but not limited to laws and regulations set out in Exhibit B to the Grant Agreement;

9. Subrecipient understands and acknowledges that failure to comply with all statutes, rules, regulations, and guidance applicable to SLFRF will result in repayment of funds disbursed and forfeiture of the grant;
10. Subrecipient understands and acknowledges that it may be required to submit documentation of compliance with all statutes, rules, regulations, standards, and guidance applicable to SLFRF, including but not limited to 2 C.F.R. 200;
11. There has been no material adverse change to the Subrecipient's business since the Award Date;
12. The Subrecipient's business remains in good standing with all state and federal agencies, including but not limited to, the following:
 - Iowa Department of Revenue
 - Iowa Department of Agriculture and Land Stewardship
 - Iowa Department of Natural Resources
 - Occupational Safety and Health Administration (state or federal)
 - Others as applicable to your specific business operation.(If the business is not in good standing with any applicable state or federal agency, please contact IEDA staff prior to submission of this request.)

Subrecipient and I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring assistance from a state agency or subdivision. Furthermore, Subrecipient and I understand that providing false, misleading, or fraudulent information to the Iowa Economic Development Authority may result in civil and/or criminal liabilities and penalties against the Subrecipient and its representatives.

Subrecipient
(organization): City of Nevada

By (signed):

Title: Mayor

Printed: Ryan Condon

Date: May 12, 2025

Progress March 2025





