Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368
FAX: 515 281-7562

August 3, 2026

Accounting Department
Office of the Treasurer
Lucas Building
321 E 12th Street
Des Moines, IA, 50319

The Executive Council, in a meeting held on today's date, approved the Department of Health & Human Services request for an emergency allocation $282,395. On June 19, 2025, the canteen roof and fire detection system sustained damage due to severe storms. Request was to cover repair costs.

This represents full and final payment, and this allocation will be closed.

EXECUTIVE COUNCIL OF IOWA

Merary De Guerrero

Merary De Guerrero
Acting Executive Secretary

cc: Eric DeTemmerman, Executive Officer, Department of Health & Human Services
Bobbi Jo Erskine, Executive Officer, Department of Health & Human Services
Chris Olson, Superintendent, Eldora State Training School
Heather Hackbarth, Department of Management
Matt Bender, Department of Management

AOS Claim #4088
TOS Job # ____

OFFICE OF AUDITOR OF STATE
STATE OF IOWA

Rob Sand
Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0006

Telephone (515) 281-5834

July 16, 2026

Kristi Onstot
Executive Council

Subject: Damages to Canteen Roof and Fire Detector System Due to Severe Storms on June 19, 2025
Department of Health & Human Services – Eldora State Training School
Claim dated June 18, 2026
AOS Claim ID: 4088

In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Eldora State Training School – Department of Health & Human Services is covered by Chapter 29C.20 of the Code of Iowa. Therefore, we recommend an Executive Council allocation and reimbursement in the amount of $282,395.16.

Sincerely,

Brian R. Brustkern, CPA
Deputy Auditor of State

cc: Eric DeTemmerman, Executive Officer, Department of Health & Human Services
Bobbi Jo Erskine, Executive Officer, Department of Health & Human Services
Chris Olson, Superintendent, Eldora State Training School – Department of Health & Human Services
Heather Hackbarth, Department of Management

Outlook

FW: 29C.20 Notification- State Training School Storms 6/19/25

From Tammy Hollingsworth <Tammy.Hollingsworth@AOS.IOWA.GOV>
Date Thu 7/23/2026 8:50 AM
To ExecutiveCouncil [TOS] <executivecouncil@tos.iowa.gov>
Cc DeTemmerman, Eric <eric.detemmerman@hhs.iowa.gov>; Cole Hocker <Cole.Hocker@AOS.IOWA.GOV>; Dana Davis <Dana.Davis@aos.iowa.gov>

3 attachments (13 MB)

29C.20 AOS Claim STS Canteen Invoice Tracker updated 6-10-2026.xlsx; STS Eldora Canteen Storm Damage 6.19.25 - 29C.20 Claim Documents.pdf; SOSC - SN26194 - Reimbursement Request authorizing the review of request for reimbursement by the Office of Auditor of State and Executive Council STS 29C.20 Request 6_19_2025 - signed.pdf;

Here you go! It looks like the revised allocation/payment request didn't get sent to the EC email.

From: DeTemmerman, Eric [HHS] <eric.detemmerman@hhs.iowa.gov>
Sent: Thursday, June 18, 2026 12:48 PM
To: Tammy Hollingsworth <Tammy.Hollingsworth@AOS.IOWA.GOV>
Cc: Warrington, Robert [HHS] <robert.warrington@hhs.iowa.gov>
Subject: RE: 29C.20 Notification- State Training School Storms 6/19/25

Tammy:

Attached are the claim documents for the 29C.20 request for reimbursement for the 6/19/2026 storm damages at the State Training School Eldora.

Can you please confirm receipt and/if anything else is needed. thank you

Note: The initial estimate was $259,304.58 but actuals are **$282,395.16** which is the amount we are requesting and is reflected in the documents.

Eric W. DeTemmerman, MHA, Executive Officer

Division of State-Operated Specialty Care
Iowa Department of Health and Human Services
Lucas Building, 321 East 12th Street,
Des Moines, IA 50319
(515) 377-0058
Eric.DeTemmerman@hhs.iowa.gov
https://hhs.iowa.gov

IOWA | Health and Human Services

From: Tammy Hollingsworth <Tammy.Hollingsworth@AOS.IOWA.GOV>
Sent: Sunday, June 22, 2025 3:23 PM
To: DeTemmerman, Eric [HHS] <eric.detemmerman@hhs.iowa.gov>
Subject: RE: 29C.20 Notification- State Training School Storms 6/19/25

Notification of 29C.20 Damages Received – AOS Claim #4088

From: DeTemmerman, Eric [HHS] <eric.detemmerman@hhs.iowa.gov>
Sent: Friday, June 20, 2025 1:21 PM
To: Tammy Hollingsworth <Tammy.Hollingsworth@AOS.IOWA.GOV>
Subject: FW: 29C.20 Notification- State Training School Storms 6/19/25

Alerting you to a possible 29C.20 request for allocation and reimbursement due to storm damage at the State Training School at Eldora that occurred last night 6/19/25.

They had part of a roof ripped off a building and multiple trees down. Cost will certainly exceed $2K I would suspect. As the facility gets quotes for repair, invoices for services, and proof of payment I will submit for allocation and reimbursement.

Please confirm you have received this notification. thanks

Eric W. DeTemmerman, MHA, Executive Officer
Division of State-Operated Specialty Care
Iowa Department of Health and Human Services
Lucas Building, 321 East 12th Street,
Des Moines, IA 50319
(515) 377-0058
Eric.DeTemmerman@hhs.iowa.gov
https://hhs.iowa.gov

IOWA | Health and Human Services

From: Olson, Christopher [HHS] <christopher.olson@hhs.iowa.gov>
Sent: Friday, June 20, 2025 8:12:22 AM
To: Turner, Cory [HHS] <cory.turner@hhs.iowa.gov>
Cc: Landeen, Dax [HHS] <dax.landeen@hhs.iowa.gov>
Subject: FW: Storms

Severe storms this morning in Eldora. We had the roof ripped off the canteen and several trees are down. We will be moving body scanner over to AE Sheppard and doing our visits in that building this weekend. I will touch bas later after morning meeting.

From: Chris Olson <jonescreekoutfitters@gmail.com>
Sent: Friday, June 20, 2025 8:07 AM
To: Olson, Christopher [HHS] <christopher.olson@hhs.iowa.gov>
Subject: Storms

Auditor.Iowa.Gov

29C.20

AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
1	DAS MOU	HHS STS Canteen Roof Repair Design (29C20)	MOU 9480.00	6/23/2025	$ 25,000.00	6/24/2025	400EL25175007 - IET		Invoice Attached
1	DAS	Invoice for Repairs							**DAS Invoice for $25,000.00**
2	DAS MOU	HHS STS Canteen Roof Repair Construction	MOU 9480.01	8/5/2025	$ 230,000.00	8/26/2025	400EL26216003 - IET		400EL26216003 - IET
2	DAS MOU	HHS STS Canteen Roof Repair Construction Amend #1	MOU 9480.01	10/1/2025	$ 35,000.00	10/1/2025	400EL26274001 - IET		400EL26274001 - IET
2	DAS	DAS Return funds on MOU 9480.01			$ (22,934.32)	6/10/2026	3356160909 - IET		
2	DAS	Invoice for Repairs				6/10/2026			**DAS Construction Invoice for $242,065.68**
3	McDowell & Sons	Roll-off dumpter for building debris	64644	7/1/2025	$ 502.40	9/23/2025	400EL26266001 - GAX	000002000374240	400EL26266001 - PRC
4	Servpro of Marshalltown	Cleaning and restoration of canteen interior	208895	1/30/2026	$ 5,671.75	2/5/2026	400EL26036002 - GAX	000001000621288	400EL26036002 - GAX
5	Siemens	Canteen Fire Detertor replacement	5332183363	11/14/2025	$ 8,721.22	12/8/2026	400EL26342003 - GAX	000002000550649	400EL26342003 - GAX
6	Siemens	Install remaining base in Canteen	5332265521	1/20/2026	$ 434.11	2/5/2026	400EL26342005 - GAX	000002000711838	400EL26342005 - GAX
				Total	**$ 282,395.16**				

29C.20
AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
1	DAS MOU	HHS STS Canteen Roof Repair Design (29C20)	MOU 9480.00	6/23/2025	$ 25,000.00	6/24/2025	400EL25175007 - IET		Invoice Attached
1	DAS	Invoice for Repairs							**DAS Invoice for $25,000.00**

Memorandum of Understanding (MOU)
between the Department of Health and Human Services (HHS) and the
Iowa Department of Administrative Services (DAS)
Project No. 9480.00, HHS STS Canteen Roof Repair Design (29C20)

This MOU provides funding for the design to repair the storm damaged roof at the Canteen at the State Training School, located at 3211 Edgington Avenue, Eldora, IA 50627. Construction of the repairs will be funded by a separate MOU.

Pursuant to Iowa Code Chapter 8A, DAS shall provide capital improvement/construction project administration services for the above referenced project. All project related contracts, purchase orders, and MOU between HHS and DAS will be kept on file in DAS.

Pursuant to Iowa Code Chapter 8A, HHS agrees to transfer $25,000.00 to DAS to funding source 0506-335-DA25-0304-948000, within 10 business days of the date of execution of this MOU to be used in conjunction with other funds that may be allocated for this project. *If a different revenue source code is necessary to comply with SAE guidelines, please make the appropriate change to the MOU.* A copy of the transfer document shall be forwarded to DAS and should include a description of the work to be funded in the LINE_DESC field of Iowa Advantage and reference Project Number 948000 in the program field. If the transfer of funds is made by check the check shall be made payable to DAS, must be received on or before the date noted above, and should include a reference to the above stated project number and name.

These funds will be used to cover direct and indirect costs associated with the project including but not limited to the following: construction project management, printing, travel, contract administration, site visits, and any other costs related to completion of Project Number 9480.00. It is mutually agreed upon and understood by both parties that any additional funds necessary to complete the project will be provided by HHS, based upon discussion and agreement to alternative project/funding solution by both parties through an amended MOU.

DAS shall provide guidance in resolving questions that arise as this work is undertaken. DAS agrees to maintain an accounting of this work and shall monthly post financial reports detailing the use and disposition of funds for this work to the DAS website:

https://das.iowa.gov/general-services/design-and-construction-resource-bureau/infrastructure-financials

If the project is funded by non-appropriated resources and the project extends beyond the current fiscal year, the funds will remain with DAS until the completion of the agreed upon project.

If the project is funded by an appropriation, DAS will work with SAE and DOM to determine necessary actions, if any, at fiscal year-end and upon completion of the project. Actions may include the reversion of funds.

Please circle the funding source type:
General Fund RIIF Federal
Other (please specify): _____

Any year-end actions necessary at the agency level are the sole responsibility of the agency.

Any funds remaining at the completion of the project will be returned to the originating agency.

Until the MOU is fully executed and funds to cover the estimated costs of this project have been received by DAS, work on the project will not commence.

Signed and dated:

Kelly Garcia 06/25/2025
Agency Director (date)
Department of Health and Human Services

6/25/25
Chief Financial Manager (date)
Iowa Department of Administrative Services

Department of Administrative Services
MOU Project Improvements DA25
RECAP #9480.00
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000 **Major Program 3D02**
Recap
Acct. Codes-0506-335-DA25
Project Manager - Jennifer K.

		TRANSFERS	CONTRACTED	EXPENDED	CONTRACTED, NOT EXPENDED	UNDER(OVER) Budget
	Funds received per MOU	25,000.00				
C	McGough Construction		7,211.25	7,211.25	0.00	
C	PM TIME		5,482.75	5,482.75	0.00	
C	Misc.		1,556.00	1,556.00	0.00	
C	Genesis Architectural Design		10,750.00	10,750.00	0.00	
	Total Project Cost	**25,000.00**	**25,000.00**	**25,000.00**	**0.00**	**0.00**

Closed 06/09/26

Department of Administrative Services
MOU Project Improvements DA25
#9480.00 Funds Rec'd
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000 **Major Program 3D02**
Funds Rec'd
Acct Code: 0506-335-DA25-0304
Project Manager - Jennifer K.

Date	DAS Document #	Amount	Vendor	Document #	Date of Transfer	Amount	Total amount of transfer
			MOU	IET 400EL25175007	06/25/25	25,000.00	25,000.00
			Returning FY25 Funds to Agency	IET 33525224924	08/12/25	(21,024.90)	(21,024.90)
			Received FY26 Funds received from Agency	IET FY26 MOU TRANSFER	09/02/25	21,024.90	21,024.90
	Total Requested	0.00	Total Transferred			$ 25,000.00	$ 25,000.00

Department of Administrative Services
MOU Project Improvements DA25
#9480.00 McGough Construction
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000
McGough Construction
Acct. Codes-0506-335-DA25-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003193334
RFP1821335228-McGough11012021
Activity code: CMGR

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	
PO 33525178900	06/01/25	PO Procore	7,306.88	7,306.88			7,306.88	FY25
PO 33526178900	08/21/25	Roll to FY26	0.00	7,306.88		0.00	7,306.88	
PRC 3352617PA8900	09/05/25	Inv. 101368.011-PC01		7,306.88	3,641.15	3,641.15	3,665.73	
PRC 3352614PB8900	09/15/25	Inv. 101368.011-PC02 Final	(95.63)	7,211.25	3,570.10	7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
		Totals:	$ 7,211.25		$ 7,211.25		$ -	FINAL

	Contract	Paid	Balance
CM Services	7,051.25	7,051.25	0.00
Reimbursables	160.00	160.00	0.00
Total:	$ 7,211.25	$ 7,211.25	$ -

Department of Administrative Services
MOU Project Improvements DA25
#9480.00 McGough Construction
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000
McGough Construction
Acct. Codes-0506-335-DA25-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003193334
RFP1821335228-McGough11012021
Activity code: CMGR

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	
PO 33525178900	06/01/25	PO Procore	7,306.88	7,306.88			7,306.88	FY25
PO 33526178900	08/21/25	Roll to FY26	0.00	7,306.88		0.00	7,306.88	
PRC 3352617PA8900	09/05/25	Inv. 101368.011-PC01		7,306.88	3,641.15	3,641.15	3,665.73	
PRC 3352614PB8900	09/15/25	Inv. 101368.011-PC02 Final	(95.63)	7,211.25	3,570.10	7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
		Totals:	$ 7,211.25		$ 7,211.25		$ -	FINAL

CM Services	7,051.25	7,051.25	0.00
Reimbursables	160.00	160.00	0.00
Total:	$ 7,211.25	$ 7,211.25	$ -

Department of Administrative Services
MOU Project Improvements DA25
#9480.00 McGough Construction
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000
McGough Construction
Acct. Codes-0506-335-DA25-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003193334
RFP1821335228-McGough11012021
Activity code: CMGR

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	
PO 33525178900	06/01/25	PO Procore	7,306.88	7,306.88			7,306.88	FY25
PO 33526178900	08/21/25	Roll to FY26	0.00	7,306.88		0.00	7,306.88	
PRC 3352617PA8900	09/05/25	Inv. 101368.011-PC01		7,306.88	3,641.15	3,641.15	3,665.73	
PRC 3352614PB8900	09/15/25	Inv. 101368.011-PC02 Final	(95.63)	7,211.25	3,570.10	7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
				7,211.25		7,211.25	0.00	
		Totals:	$ 7,211.25		$ 7,211.25		$ -	FINAL

	Contract	Paid	Balance
CM Services	7,051.25	7,051.25	0.00
Reimbursables	160.00	160.00	0.00
Total:	$ 7,211.25	$ 7,211.25	$ -

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 101368.011-PC01
PERIOD: 07/01/25 - 07/27/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMPC-9480.00-001
CONTRACT DATE: 06/27/2025
CERTIFICATE DATE: 09/05/2025
SUBMITTED DATE:

CONTRACT FOR: McGough PC Exhibit 101368.011

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$7,306.88
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$7,306.88
4.	Total completed and stored to date (Column G on detail sheet)		$3,641.15
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$3,641.15
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$3,641.15
9.	Balance to finish, including retainage (Line 3 less Line 6)		$3,665.73

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 08/08/2025
PERIOD: 07/01/25 - 07/27/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-02.MOU-DHHS Construction Manager PC.MOU-DHHS	CM Services	$7,146.88	$0.00	$3,641.15	$0.00	$3,641.15	50.95%	$3,505.73	$0.00
2	00-02.MOU-DHHS Construction Manager PC.MOU-DHHS	Reimbursables	$160.00	$0.00	$0.00	$0.00	$0.00	0.00%	$160.00	$0.00
		TOTALS:	$7,306.88	$0.00	$3,641.15	$0.00	$3,641.15	49.83%	$3,665.73	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$7,306.88	$0.00	$3,641.15	$0.00	$3,641.15	49.83%	$3,665.73	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 101368.011-PC02 Final
PERIOD: 07/28/25 - 08/21/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMPC-9480.00-001
CONTRACT DATE: 06/27/2025
CERTIFICATE DATE: 09/16/2025
SUBMITTED DATE:

CONTRACT FOR: McGough PC Exhibit 101368.011

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$7,306.88
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$7,306.88
4.	Total completed and stored to date (Column G on detail sheet)		$7,211.25
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$7,211.25
7.	Less previous certificates for payment (Line 6 from prior certificate)		$3,641.15
8.	Current payment due:		$3,570.10
9.	Balance to finish, including retainage (Line 3 less Line 6)		$95.63

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 09/08/2025
PERIOD: 07/28/25 - 08/21/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-02.MOU-DHHS Construction Manager PC.MOU-DHHS	CM Services	$7,146.88	$3,641.15	$3,410.10	$0.00	$7,051.25	98.66%	$95.63	$0.00
2	00-02.MOU-DHHS Construction Manager PC.MOU-DHHS	Reimbursables	$160.00	$0.00	$160.00	$0.00	$160.00	100.00%	$0.00	$0.00
		TOTALS:	$7,306.88	$3,641.15	$3,570.10	$0.00	$7,211.25	98.69%	$95.63	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$7,306.88	$3,641.15	$3,570.10	$0.00	$7,211.25	98.69%	$95.63	$0.00

Department of Administrative Services
MOU Project Improvements DA25
#9480.00 PM Time
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000
PM TIME
Acct. Codes-0506-335-DA25-xxxx
Project Manager - Jennifer K.

Major Program 3D02
Internal documents

eDAS: 733G

Doc #	Date	Object Code	Activity Code	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance
			Budget	5,482.75	5,482.75			5,482.75
IET DAS202512115300001	07/10/25	2507	Finance Support for June 01-30, 2025		5,482.75	109.70	109.70	5,373.05
IET DAS202512115300001	07/10/25	9500	DAS Support for June 01-30, 2025		5,482.75	855.40	965.10	4,517.65
IET DAS202601115300001	08/07/25	2507	Finance Support for July 01-31, 2025		5,482.75	217.57	1,182.67	4,300.08
IET DAS202601115300001	08/07/25	9500	DAS Support for July 01-31, 2025		5,482.75	2,383.90	3,566.57	1,916.18
IET DAS202602115300001	09/08/25	2507	Finance Support for August 01-31, 2025		5,482.75	376.36	3,942.93	1,539.82
IET DAS202602115300001	09/08/25	9500	DAS Support for August 01-31, 2025		5,482.75	2,895.80	6,838.73	(1,355.98)
CDE 33526262901	09/18/25	9500	Moving Expense to 9480.01		5,482.75	(1,355.98)	5,482.75	0.00
					5,482.75		5,482.75	0.00
					5,482.75		5,482.75	0.00
					5,482.75		5,482.75	0.00
					5,482.75		5,482.75	0.00
					5,482.75		5,482.75	0.00
			Totals:	$ 5,482.75		$ 5,482.75		$ -

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000
Misc
Acct. Codes-0506-335-DA25-xxxx
Project Manager - Jennifer K.

Major Program 3D02

Do not code PM, EADOC, or Builders Risk here
Shipping Code:

Doc #	Date	Object Code	Activity Code	Activity	Invoice	Payment Amount	Total Paid
PRC 33526253401	9/10/2025	9500	CNST	ATC Group Services V#(00002134218)	Inv. 2658324	242.00	242.00
PRC 33526253402	9/10/2025	9500	CNST	ATC Group Services V#(00002134218)	Inv. 2663593	1,314.00	1,556.00
							1,556.00
							1,556.00
							1,556.00
							1,556.00
							1,556.00
							1,556.00
							1,556.00
							1,556.00
							1,556.00
				Totals:		$ 1,556.00	

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

ATC Group Services LLC
PO Box 735811
Dallas, Texas 75373-5811

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 2658324
PERIOD: 07/01/25 - 07/21/25
PROJECT NO: 9480.00-.01
CONTRACT NO: MISC-9480.00-004
CONTRACT DATE:
CERTIFICATE DATE: 09/10/2025
SUBMITTED DATE:

CONTRACT FOR: FY26 Miscellaneous - ATC Group Special Testing

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$242.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$242.00
4.	Total completed and stored to date (Column G on detail sheet)		$242.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$242.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$242.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: ATC Group Services LLC

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 07/21/2025
PERIOD: 07/01/25 - 07/21/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-09.MOU-DHHS HazMat Testing.MOU-DHHS	Rush analysis and 400 point count analysis	$242.00	$0.00	$242.00	$0.00	$242.00	100.00%	$0.00	$0.00
		TOTALS:	$242.00	$0.00	$242.00	$0.00	$242.00	100.00%	$0.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$242.00	$0.00	$242.00	$0.00	$242.00	100.00%	$0.00	$0.00

INVOICE

ATLAS

PLEASE NOTE
NEW REMITTANCE INFORMATION
Please Remit Payment to:
ATC Group Services, LLC Depository
Atlas Technical
P.O. Box 735811
Dallas, TX 75373-5811

Overnight or Special Delivery: JPMorgan Chase (TX1-0029) - Lockbox Processing, Attn: ATC Group Services, LLC Depository - Lockbox 735811, 14800 Frye Road, 2nd Floor, Ft Worth, TX 76155
Credit Card or Wire Transfer Payments, Please Contact Accounts Receivable at 337-234-8777

Iowa Administrative Services Dept
Jennifer Kleene
109 SE 13th Street
Des Moines IA 50319

Invoice # :	2658324
Invoice Date :	July 21, 2025
Terms :	30 Days
Project :	204BS08916
ATC REF :	10204

Project Name : Eldora STS Canteen Roof Repair Project #9480.00
Eldora State Training School
3211 Edgington Avenue
Eldora, Iowa

Limited Asbestos Survey

For Professional Services Rendered through: 7/21/2025

Rush PLM Analysis of Submitted Samples and 400-Point Count Roof Sample

Task	Rate	Quantity	Fee
Additional Asbestos Sample Analysis (samples delivered and rush analysis)	$24.00	8	$192.00
400-Point Count Analysis of Roof Sample (24-hour TAT)	$50.00	1	$50.00
		Total:	**$242.00**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

ATC Group Services LLC
PO Box 735811
Dallas, Texas 75373-5811

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 2663593
PERIOD: 07/01/25 - 07/31/25
PROJECT NO: 9480.00-.01
CONTRACT NO: MISC-9480.00-003
CONTRACT DATE:
CERTIFICATE DATE: 09/10/2025
SUBMITTED DATE:

CONTRACT FOR: FY26 ATC Group Services - HazMat Testing

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$1,314.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$1,314.00
4.	Total completed and stored to date (Column G on detail sheet)		$1,314.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$1,314.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$1,314.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: ATC Group Services LLC

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 08/01/2025
PERIOD: 07/01/25 - 07/31/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-09.MOU-DHHS HazMat Testing.MOU-DHHS	Contract Line 2 - Asbestos Per Sample Fee (12 at $12/ea)	$144.00	$0.00	$144.00	$0.00	$144.00	100.00%	$0.00	$0.00
2	00-09.MOU-DHHS HazMat Testing.MOU-DHHS	Contract Line 5 - Administrative Hourly Rate (1 at $45/hr)	$45.00	$0.00	$45.00	$0.00	$45.00	100.00%	$0.00	$0.00
3	00-09.MOU-DHHS HazMat Testing.MOU-DHHS	Contract Line 7 - Field Technicial Hourly Rate (9.5 at $80/hr)	$760.00	$0.00	$760.00	$0.00	$760.00	100.00%	$0.00	$0.00
4	00-09.MOU-DHHS HazMat Testing.MOU-DHHS	Contract Line 8 - Hygienist Hourly Rate (3 at $100/hr)	$300.00	$0.00	$300.00	$0.00	$300.00	100.00%	$0.00	$0.00
5	00-09.MOU-DHHS HazMat Testing.MOU-DHHS	Contract Line 9 - Mileage reimbursement for travel (130 at $0.50/mile)	$65.00	$0.00	$65.00	$0.00	$65.00	100.00%	$0.00	$0.00
		TOTALS:	**$1,314.00**	**$0.00**	**$1,314.00**	**$0.00**	**$1,314.00**	**100.00%**	**$0.00**	**$0.00**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	**$1,314.00**	**$0.00**	**$1,314.00**	**$0.00**	**$1,314.00**	**100.00%**	**$0.00**	**$0.00**

INVOICE

PLEASE NOTE
NEW REMITTANCE INFORMATION
Please Remit Payment to:
ATC Group Services, LLC Depository
Atlas Technical
P.O. Box 735811
Dallas, TX 75373-5811

Overnight or Special Delivery: JPMorgan Chase (TX1-0029) - Lockbox Processing, Attn: ATC Group Services, LLC Depository - Lockbox 735811, 14800 Frye Road, 2nd Floor, Ft Worth, TX 76155
Credit Card or Wire Transfer Payments, Please Contact Accounts Receivable at 337-234-8777

Iowa Administrative Services Dept
Jennifer Kleene
109 SE 13th Street
Des Moines IA 50319

Invoice # :	2663593
Invoice Date :	August 01, 2025
Terms :	30 Days
Project :	204BS08916
ATC REF :	10204

Project Name : Eldora STS Canteen Roof Repair Project #9480.00
Eldora State Training School
3211 Edgington Avenue
Eldora, Iowa

Limited Asbestos Survey

For Professional Services Rendered through: 7/31/2025

Task	Rate	Quantity	Fee
Field Technician	$80.00	9.5	$760.00
Hygienist	$100.00	3	$300.00
Administration	$45.00	1	$45.00
Asbestos Sample Analysis (per sample)	$12.00	12	$144.00
Mileage (roundtrip mobilization)	$0.50	130	$65.00
		Total:	**$1,314.00**

Department of Administrative Services
MOU Project Improvements DA25
#9480.00 Genesis Architectural
6/9/2026

HHS STS Canteen Roof Repair Design (29C20)
Project # 9480.00
Program code 948000
Genesis Architectural Design
Acct. Codes-0506-335-DA25-9260
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00002092152
Emergency
Activity code: DSGN
Split w/ DA26

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	
PO 33525181901	06/30/25	PO Procore	10,750.00	10,750.00			10,750.00	
PRC 3352518PA1901	07/03/25	Inv. 2503-01		10,750.00	3,010.00	3,010.00	7,740.00	FY25
PO 33526181901	08/21/25	Roll to FY26	0.00	10,750.00		3,010.00	7,740.00	
PO 33526181901	08/22/25	CO #1 Opening in DA26	0.00	10,750.00		3,010.00	7,740.00	
PRC 3352618PB1901	09/23/25	Inv. 2503-02(Split w/DA26)		10,750.00	7,740.00	10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
				10,750.00		10,750.00	0.00	
		Totals:	$ 10,750.00		$ 10,750.00		$ -	
		DA26	16,700.00		16,700.00		0.00	
		Total:	$ 27,450.00		$ 27,450.00		$ -	

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Genesis Architectural Design
4708 Stonebridge Rd
West Des Moines, Iowa 50265

CONTRACT FOR: Genesis Architectural Design

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 2503-01
PERIOD: 06/27/25 - 06/30/25
PROJECT NO: 9480.00
CONTRACT NO: DP-9480.00-002
CONTRACT DATE: 06/30/2025
CERTIFICATE DATE: 07/03/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$10,750.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$10,750.00
4.	Total completed and stored to date (Column G on detail sheet)		$3,010.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$3,010.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$3,010.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$7,740.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Genesis Architectural Design

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 06/30/2025
PERIOD: 06/27/25 - 06/30/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-04.MOU-DHHS Design.MOU-DHHS	Construction Documents	$10,750.00	$0.00	$3,010.00	$0.00	$3,010.00	28.00%	$7,740.00	$0.00
		TOTALS:	$10,750.00	$0.00	$3,010.00	$0.00	$3,010.00	28.00%	$7,740.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$10,750.00	$0.00	$3,010.00	$0.00	$3,010.00	28.00%	$7,740.00	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Genesis Architectural Design
4708 Stonebridge Rd
West Des Moines, Iowa 50265

CONTRACT FOR: Genesis Architectural Design

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 2503-02
PERIOD: 07/01/25 - 09/15/25
PROJECT NO: 9480.00-.01
CONTRACT NO: DP-9480.00-002
CONTRACT DATE: 06/30/2025
CERTIFICATE DATE: 09/23/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$10,750.00
2.	Net change by change orders		$16,700.00
3.	Contract Sum to date (Line 1 ± 2)		$27,450.00
4.	Total completed and stored to date (Column G on detail sheet)		$18,560.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$18,560.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$3,010.00
8.	Current payment due:		$15,550.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$8,890.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$16,700.00	$0.00
Totals:	$16,700.00	$0.00
Net change by change orders:	$16,700.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Genesis Architectural Design

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 09/18/2025
PERIOD: 07/01/25 - 09/15/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-04.MOU-DHHS Design.MOU-DHHS	Construction Documents	$10,750.00	$3,010.00	$7,740.00	$0.00	$10,750.00	100.00%	$0.00	$0.00
		TOTALS:	$10,750.00	$3,010.00	$7,740.00	$0.00	$10,750.00	100.00%	$0.00	$0.00

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
2	CCO #001 Genesis Architecture Change Order #01								
2.1	DA26 9480.01.00-04.MOU-DHHS Roof Quoting & Construction Administration	$7,000.00	$0.00	$3,010.00	$0.00	$3,010.00	43.00%	$3,990.00	$0.00
2.2	DA26 9480.01.00-04.MOU-DHHS Insulation Design & Quoting	$3,700.00	$0.00	$3,700.00	$0.00	$3,700.00	100.00%	$0.00	$0.00
2.3	DA26 9480.01.00-04.MOU-DHHS Insulation Construction Administration	$3,500.00	$0.00	$0.00	$0.00	$0.00	0.00%	$3,500.00	$0.00
2.4	DA26 9480.01.00-04.MOU-DHHS Ceiling Replacement Design, Quote and CA services	$2,500.00	$0.00	$1,100.00	$0.00	$1,100.00	44.00%	$1,400.00	$0.00
	TOTALS:	$16,700.00	$0.00	$7,810.00	$0.00	$7,810.00	46.77%	$8,890.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$27,450.00	$3,010.00	$15,550.00	$0.00	$18,560.00	67.61%	$8,890.00	$0.00

IOWA

IET 400 4200 400EL25175007 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

DOCUMENT NAME:
MOU 9480.00 HHS ST Canteen Roof Repair

BFY: **2025** FY: **2025** PERIOD: **12** DOCUMENT TOTAL: **$25,000.00** CREATION DATE: **06-24-2025**

DOCUMENT DESCRIPTION:
MOU 9480.00 Transfer to DAS

EXTENDED DESCRIPTION:

INITIATOR: **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY: **rwarrin**

LAST USER: **jmorris**

IOWA

IET 400 4200 400EL25175007 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$25,000.00**

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA25	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948000		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$25,000.00**

REF DOC: REF VNDR LN: **0** REF ACTG LN: **0** REF TYPE: **PARTIAL**

SERVICE FROM: **06-24-2025** SERVICE TO: **06-24-2025**

ACCT LINE DESC:
MOU 9480.00

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

IOWA

IET 400 4200 400EL25175007 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$25,000.00**

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA25	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948000		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$25,000.00**

REF DOC: REF VNDR LN: **0** REF ACTG LN: **0** REF TYPE: **PARTIAL**

SERVICE FROM: **06-24-2025** SERVICE TO: **06-24-2025**

ACCT LINE DESC:
MOU 9480.00

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

29C.20
AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
2	DAS MOU	HHS STS Canteen Roof Repair Construction	MOU 9480.01	8/5/2025	$ 230,000.00	8/26/2025	400EL26216003 - IET		400EL26216003 - IET
2	DAS MOU	HHS STS Canteen Roof Repair Construction Amend #1	MOU 9480.01	10/1/2025	$ 35,000.00	10/1/2025	400EL26274001 - IET		400EL26274001 - IET
2	DAS	DAS Return funds on MOU 9480.01			$ (22,934.32)	6/10/2026	3356160909 - IET		
2	DAS	Invoice for Repairs				6/10/2026			**DAS Construction Invoice for $242,065.68**

Memorandum of Understanding (MOU)
between the Department of Health and Human Services (HHS) and the
Iowa Department of Administrative Services (DAS)
Project No. 9480.01, HHS STS Canteen Roof Repair Construction (29C20)

This MOU provides funding for the construction to repair the storm damaged roof at the Canteen at the State Training School, located at 3211 Edgington Avenue, Eldora, IA 50627.

Pursuant to Iowa Code Chapter 8A, DAS shall provide capital improvement/construction project administration services for the above referenced project. All project related contracts, purchase orders, and MOU between HHS and DAS will be kept on file in DAS.

Pursuant to Iowa Code Chapter 8A, HHS agrees to transfer $230,000.00 to DAS to funding source 0506-335-DA26-0304-948001, within 10 business days of the date of execution of this MOU to be used in conjunction with other funds that may be allocated for this project. *If a different revenue source code is necessary to comply with SAE guidelines, please make the appropriate change to the MOU.* A copy of the transfer document shall be forwarded to DAS and should include a description of the work to be funded in the LINE_DESC field of Iowa Advantage and reference Project Number 948001 in the program field. If the transfer of funds is made by check the check shall be made payable to DAS, must be received on or before the date noted above, and should include a reference to the above stated project number and name.

These funds will be used to cover direct and indirect costs associated with the project including but not limited to the following: construction project management, printing, travel, contract administration, site visits, and any other costs related to completion of Project Number 9480.01. It is mutually agreed upon and understood by both parties that any additional funds necessary to complete the project will be provided by HHS, based upon discussion and agreement to alternative project/funding solution by both parties through an amended MOU.

DAS shall provide guidance in resolving questions that arise as this work is undertaken. DAS agrees to maintain an accounting of this work and shall monthly post financial reports detailing the use and disposition of funds for this work to the DAS website:

https://das.iowa.gov/general-services/design-and-construction-resource-bureau/infrastructure-financials

If the project is funded by non-appropriated resources and the project extends beyond the current fiscal year, the funds will remain with DAS until the completion of the agreed upon project.

If the project is funded by an appropriation, DAS will work with SAE and DOM to determine necessary actions, if any, at fiscal year-end and upon completion of the project. Actions may include the reversion of funds.

Please circle the funding source type:
General Fund RIIF Federal
Other (please specify): _____

Any year-end actions necessary at the agency level are the sole responsibility of the agency.

Any funds remaining at the completion of the project will be returned to the originating agency.

Until the MOU is fully executed and funds to cover the estimated costs of this project have been received by DAS, work on the project will not commence.

Signed and dated:

Kelly Garcia 08/05/2025
Agency Director (date)
Department of Health and Human Services

8/5/25
Chief Financial Manager (date)
Iowa Department of Administrative Services

IOWA

IET 400 4200 400EL26216003 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

DOCUMENT NAME:
MOU 9480.01 HHS Canteen Repair Construction

BFY: **2026** FY: **2026** PERIOD: **2** DOCUMENT TOTAL: **$230,000.00** CREATION DATE: **08-05-2025**

DOCUMENT DESCRIPTION:
MOU 9480.01 Transfer to DAS

EXTENDED DESCRIPTION:

INITIATOR: **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY: **rwarrin**

LAST USER: **clangeb**

IOWA

IET 400 4200 400EL26216003 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$230,000.00**

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	**335**	**DA26**	**0000**		**0304**

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	**948001**		**3D02**

2nd PARTY LINE NBR: **1** EVENT TYPE: **IN04** LINE AMOUNT: **$230,000.00**

REF DOC: REF VNDR LN: **0** REF ACTG LN: **0** REF TYPE: **PARTIAL**

SERVICE FROM: **08-05-2025** SERVICE TO: **08-05-2025**

ACCT LINE DESC:
MOU 9480.01

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4212**	**K61**	**3904**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

IOWA

IET 400 4200 400EL26216003 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$230,000.00**

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA26	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948001		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$230,000.00**

REF DOC: REF VNDR LN: **0** REF ACTG LN: **0** REF TYPE: **PARTIAL**

SERVICE FROM: **08-05-2025** SERVICE TO: **08-05-2025**

ACCT LINE DESC:
MOU 9480.01

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Doc Date	Budget FY	Fiscal Year	Fiscal Period (1-13)	Dept	Doc Code	Ref Document ID	Pymt Type	Doc ID	Check Number	Vendor Name	Vendor Invoice Number	Check Description	Fund	Dept	Unit	Appr	Major Program	Program	Program Period	Activity	Object	Object Class	Posting Amt
07/03/25	2025	2026	1	335	PRC	3352618PA1901	AD	ADC070325000000010949	0000001000164955	Genesis Architectural	2503-01	Inv. 2503-01	0506	335	DA25	0000	3D02	948000	3D02	DSGN	9260	901	3,010.00
09/05/25	2026	2026	3	335	PRC	3352617PA8900	EFT	ADC090525000000194583	0000020000336040	McGough Construction Co LLC	101368.011-PC01	Inv. 101368.011-PC01	0506	335	DA25	0000	3D02	948000	3D02	CMGR	9255	901	3,641.15
09/11/25	2026	2026	3	335	PRC	33528253401	AD	ADC091125000000118802	0000001000306426	ATC Group Services LLC	2658324	Inv. 2658324	0506	335	DA25	0000	3D02	948000	3D02	CNST	9500	901	242.00
09/11/25	2026	2026	3	335	PRC	33528253402	AD	ADC091125000000118803	0000001000306427	ATC Group Services LLC	2663593	Inv. 2663593	0506	335	DA25	0000	3D02	948000	3D02	CNST	9500	901	1,314.00
09/16/25	2026	2026	3	335	PRC	3352614PB8900	EFT	ADC091625000000224219	0000020000367635	McGough Construction Co LLC	101368.011-PC02 FINAL	Inv. 101368.011-PC02 Final	0506	335	DA25	0000	3D02	948000	3D02	CMGR	9255	901	3,570.10
09/23/25	2026	2026	3	335	PRC	3352618PB1901	AD	ADC092325000000132916	0000001000327131	Genesis Architectural	2503-02	Inv. 2503-02	0506	335	DA25	0000	3D02	948000	3D02	DSGN	9260	901	7,740.00
09/18/25	2026	2026	3	335	PRC	3352625PA2403	EFT	ADC091825000000224221	0000020000367642	McGough Construction Co LLC	101368.011-CA01	Inv. 101368.011-CA01	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	2,589.80
09/23/25	2026	2026	3	335	PRC	3352618PB1901	AD	ADC092325000000132916	0000001000327131	Genesis Architectural	2503-02	Inv. 2503-02	0506	335	DA26	0000	3D02	948001	3D02	DSGN	9260	901	7,610.00
10/17/25	2026	2026	4	335	PRC	3352625PB2403	EFT	ADC101725000000297053	0000020000439650	McGough Construction Co LLC	101368.011-CA02	Inv. 101368.011-CA02	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	9,881.74
11/05/25	2026	2026	5	335	PRC	3352627PA2906	AD	ADC110525000000198714	0000001000427464	Hilsabeck Schacht Inc	HS2172	Inv. HS2172	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	21,940.43
11/17/25	2026	2026	5	335	PRC	3352625PC2403	EFT	ADC111725000000366485	0000020000509880	McGough Construction Co LLC	101368.011-CA03	Inv. 101368.011-CA03	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	9,467.15
11/24/25	2026	2026	5	335	PRC	3352627PA3902	AD	ADC112425000000229295	0000001000469407	Kinzler Const Services	2519028	Inv. 2519028	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	53,229.72
12/04/25	2026	2026	6	335	PRC	3352627PB2906	AD	ADC120425000000243937	0000001000489143	Hilsabeck Schacht Inc	9480.01-02	Inv. 9480.01-02	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	5,698.57
12/04/25	2026	2026	6	335	PRC	3352627PB3902	AD	ADC120425000000243913	0000001000489144	Kinzler Const Services	2519028.0014	Inv. 2519028.0014	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	970.00
12/11/25	2026	2026	6	335	PRC	3352625PD2403	EFT	ADC121125000000433008	0000020000575361	McGough Construction Co LLC	101368.011-CA04	Inv. 101368.011-CA04	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	3,417.43
12/15/25	2026	2026	6	335	PRC	3352618PC1901A	AD	ADC121525000000260329	0000001000509887	Genesis Architectural	2503-03	Inv. 2503-03	0506	335	DA26	0000	3D02	948001	3D02	DSGN	9260	901	6,140.00
12/17/25	2026	2026	6	335	PRC	3352627PA2908	EFT	ADC121725000000437506	0000020000581225	MTS CONTRACTING INC	25-6194 - FINAL	Inv. 25-6194 - FINAL	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	3,518.11
01/09/26	2026	2026	7	335	PRC	3352625PE2403	EFT	ADC010926000000499794	0000020000643359	McGough Construction Co LLC	101368.011-CA05	Inv. 101368.011-CA05	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	1,006.80
01/20/26	2026	2026	7	335	PRC	3352627PC3902	AD	ADC012026000000308705	0000001000582815	Kinzler Const Services	9480.01-RETAINAGE	Inv. 9480.01-Retainage	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	1,676.28
01/21/26	2026	2026	7	335	PRC	3352623PA0902	AD	ADC012126000000310271	0000001000587540	TB RIGID EDGE EXTERIORS LLC	9480.01-001	Inv. 9480.01-001	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	72,339.73
01/26/26	2026	2026	7	335	PRC	3352627PC2906	AD	ADC012626000000317222	0000001000594618	Hilsabeck Schacht Inc	9480.01-03	Inv. 9480.01-03	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	970.00
02/05/26	2026	2026	8	335	PRC	3352627PD2905	AD	ADC020526000000336850	0000001000621249	Hilsabeck Schacht Inc	9480.01-RETAINAGE	Inv. 9480.01-Retainage	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	891.00
02/16/26	2026	2026	8	335	PRC	3352625PF2403	EFT	ADC021626000000576371	0000020000719927	McGough Construction Co LLC	101368.011-CA06	Inv. 101368.011-CA06	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	1,123.22
03/17/26	2026	2026	9	335	PRC	3352625PG2403	EFT	ADC031726000000659003	0000020000791008	McGough Construction Co LLC	101368.011-CA07	Inv. 101368.011-CA07	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	1,426.96
03/27/26	2026	2026	9	335	PRC	3352623PB0902	AD	ADC032726000000405734	0000001000740264	TB RIGID EDGE EXTERIORS LLC	1046-2	Inv. 1046-2	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	19,949.55
03/31/26	2026	2026	9	335	PRC	3352627PC3902	AD	ADC012026000000308705	0000001000582815	Kinzler Const Services	9480.01-RETAINAGE	Inv. 9480.01-Retainage	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	-1,676.28
04/01/26	2026	2026	10	335	GAX	33526091900	AD	ADC040126000000412414	0000001000748897	Kinzler Const Services	9480.01-RETAINAGE REISSUE	Inv. 9480.01-RETAINAGE REISSUE	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	1,676.28
05/05/26	2026	2026	11	335	PRC	3352623PC0902	AD	ADC050526000000472966	0000001000865205	TB RIGID EDGE EXTERIORS LLC	1046-3	Inv. 1046-3	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	970.00
05/11/26	2026	2026	11	335	PRC	3352623PD0902	AD	ADC051126000000481003	0000001000883193	TB RIGID EDGE EXTERIORS LLC	1046-4 -RETAINAGE	Inv. 1046-4 -Retainage	0506	335	DA26	0000	3D02	948001	3D02	BRUM	9255	901	2,884.32
06/02/26	2026	2026	12	335	PRC	3352618PD1901A	AD	ADC060226000000512792	0000001000932771	Genesis Architectural	2503-04 FINAL	Inv. 2503-04 FINAL	0506	335	DA26	0000	3D02	948001	3D02	DSGN	9260	901	2,750.00
06/02/26	2026	2026	12	335	PRC	3352625PH2403	EFT	ADC060226000000849319	0000020000991028	McGough Construction Co LLC	101368.011-CA08 - FINAL	Inv. 101368.011-CA08 - FINAL	0506	335	DA26	0000	3D02	948001	3D02	CMGR	9255	901	1,208.90

Memorandum of Understanding (MOU)
between the Department of Health and Human Services (HHS) and the
Iowa Department of Administrative Services (DAS)
Project No. 9480.01, HHS STS Canteen Roof Repair Construction (29C20) Amendment #1

This MOU provides funding for the construction to repair damaged masonry and replace the EPDM roof section at the Canteen at the State Training School, located at 3211 Edgington Avenue, Eldora, IA 50627.

Pursuant to Iowa Code Chapter 8A, DAS shall provide capital improvement/construction project administration services for the above referenced project. All project related contracts, purchase orders, and MOU between HHS and DAS will be kept on file in DAS.

Pursuant to Iowa Code Chapter 8A, HHS agrees to transfer $35,000.00 to DAS to funding source 0506-335-DA26-0304-948001, within 10 business days of the date of execution of this MOU to be used in conjunction with other funds that may be allocated for this project. *If a different revenue source code is necessary to comply with SAE guidelines, please make the appropriate change to the MOU.* A copy of the transfer document shall be forwarded to DAS and should include a description of the work to be funded in the LINE_DESC field of Iowa Advantage and reference Project Number 948001 in the program field. If the transfer of funds is made by check the check shall be made payable to DAS, must be received on or before the date noted above, and should include a reference to the above stated project number and name.

These funds will be used to cover direct and indirect costs associated with the project including but not limited to the following: construction project management, printing, travel, contract administration, site visits, and any other costs related to completion of Project Number 9480.01. It is mutually agreed upon and understood by both parties that any additional funds necessary to complete the project will be provided by HHS, based upon discussion and agreement to alternative project/funding solution by both parties through an amended MOU.

DAS shall provide guidance in resolving questions that arise as this work is undertaken. DAS agrees to maintain an accounting of this work and shall monthly post financial reports detailing the use and disposition of funds for this work to the DAS website:

https://das.iowa.gov/general-services/design-and-construction-resource-bureau/infrastructure-financials

If the project is funded by non-appropriated resources and the project extends beyond the current fiscal year, the funds will remain with DAS until the completion of the agreed upon project.

If the project is funded by an appropriation, DAS will work with SAE and DOM to determine necessary actions, if any, at fiscal year-end and upon completion of the project. Actions may include the reversion of funds.

Please circle the funding source type:
General Fund RIIF Federal
Other (please specify): _____

Any year-end actions necessary at the agency level are the sole responsibility of the agency.

Any funds remaining at the completion of the project will be returned to the originating agency.

Until the MOU is fully executed and funds to cover the estimated costs of this project have been received by DAS, work on the project will not commence.

Signed and dated:

Kelly Garcia 09/30/2025
Agency Director (date)
Department of Health and Human Services

9/30/25
Chief Financial Manager (date)
Iowa Department of Administrative Services

IOWA

IET 400 4200 400EL26274001 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

DOCUMENT NAME:
MOU 9480.01 HHS Canteen Roof Repair - Amendment 1

BFY: **2026** FY: **2026** PERIOD: DOCUMENT TOTAL: **$35,000.00** CREATION DATE: **10-01-2025**

DOCUMENT DESCRIPTION:
MOU 9480.01 Amendment 1

EXTENDED DESCRIPTION:
Project 9480.01, HHS Canteen Roof Repair Construction (29C20) Amendment #1

INITIATOR: **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY: **rwarrin**

LAST USER: **rwarrin**

IOWA

IET 400 4200 400EL26274001 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$35,000.00**

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	**335**	**DA26**	**0000**		**0304**

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	**948001**		**3D02**

2nd PARTY LINE NBR: **1** EVENT TYPE: **IN04** LINE AMOUNT: **$35,000.00**

REF DOC: REF VNDR LN: **0** REF ACTG LN: **0** REF TYPE: **PARTIAL**

SERVICE FROM: **10-01-2025** SERVICE TO: **10-01-2025**

ACCT LINE DESC:
MOU 9480.01 Amend #1

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4212**	**K61**	**3904**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

IOWA

IET 400 4200 400EL26274001 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$35,000.00**

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA26	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948001		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: **IN04** LINE AMOUNT: **$35,000.00**

REF DOC: REF VNDR LN: **0** REF ACTG LN: **0** REF TYPE: **PARTIAL**

SERVICE FROM: **10-01-2025** SERVICE TO: **10-01-2025**

ACCT LINE DESC:
MOU 9480.01 Amend #1

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
INTERNAL EXCHANGE TRANSFERS

2026 Doc Cd: IET Dept: 335 Doc #: 33526160909 Vers: 1 Cycle: 06/09/26

Seller Line (1st Party Accounting Line):

Ln No	Fund	Dept	Unit	Sub Unit	Activity	Function	Rev	Sub Rev	Dept Rev	Appr	Task	Program
1	0506	335	DA26				0304			0000		948001

2nd Party Accounting Line(s):

Ln No	Fund	Dept	Unit	Sub Unit	Activity	Function	Obj	Sub Obj	Dept Obj	Appr	Task	Program	Description	Amount
1	0001	400	4212				3904			K61		ELDOR1	Returning Funds - Closing Project	(22,934.32)
													Sum:	**(22,934.32)**

MOU 9480.01

Department of Administrative Services
MOU Project Improvements DA26
RECAP #9480.01
6/9/2026

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001 Major Program 3D02
Recap
Acct. Codes-0506-335-DA26
Project Manager - Jennifer K.

		TRANSFERS	CONTRACTED	EXPENDED	CONTRACTED, NOT EXPENDED	UNDER(OVER) Budget
	Funds received per MOU	242,065.68				
C	TB Rigid Edge Exteriors		96,143.60	96,143.60	0.00	
C	PM TIME		10,005.97	10,005.97	0.00	
C	Misc.		0.00	0.00	0.00	
C	Genesis Architectural		16,700.00	16,700.00	0.00	
C	McGough Construction		30,122.00	30,122.00	0.00	
C	Hilsabeck Schacht		29,700.00	29,700.00	0.00	
C	MTS Contracting		3,518.11	3,518.11	0.00	
C	Kinzler Construction		55,876.00	55,876.00	0.00	
	Total Project Cost	**242,065.68**	**242,065.68**	**242,065.68**	**0.00**	**0.00**

Closed 06/09/26

Department of Administrative Services
MOU Project Improvements DA26
#9480.01 Funds Rec'd
6/9/2026

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001 Major Program 3D02
Funds Rec'd
Acct Code: 0506-335-DA26-0304
Project Manager - Jennifer K.

Date	DAS Document #	Amount	Vendor	Document #	Date of Transfer	Amount	Total amount of transfer
			MOU	IET 400EL26216003	08/06/25	$ 230,000.00	$ 230,000.00
			MOU Amendment #1	IET 400EL26274001	10/02/25	35,000.00	35,000.00
			Returning Funds - Closing Project	IET 33526160909	06/09/26	(22,934.32)	(22,934.32)
	Total Requested	0.00	Total Transferred			$ 242,065.68	$ 242,065.68

Acct Codes 0506-335-DA26

Department of Administrative Services
MOU Project Improvements DA26
#9480.01 TB Rigid Edge Exterior
6/9/2026

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001
TB Rigid Edge Exteriors
Acct. Codes-0506-335-DA26-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003193199
Emergency
Activity code: BRUM

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	Retainage
PO 33526230902	08/18/25	PO Procore	70,820.24	70,820.24			70,820.24	
PO 33526230902	09/16/25	CO #1	4,076.18	74,896.42		0.00	74,896.42	
PO 33526230902	10/21/25	CO #2	23,398.77	98,295.19		0.00	98,295.19	
PO 33526230902	12/23/25	CO #3	540.00	98,835.19		0.00	98,835.19	
PRC 3352623PA0902	01/21/26	Inv. 9480.01-001		98,835.19	72,339.73	72,339.73	26,495.46	2,237.32
PO 33526230902	03/09/26	CO #4	(2,691.59)	96,143.60		72,339.73	23,803.87	
PRC 3352623PB0902	03/27/26	Inv. 1046-2		96,143.60	19,949.55	92,289.28	3,854.32	2,854.32
PRC 3352623PC0902	05/04/26	Inv. 1046-3		96,143.60	970.00	93,259.28	2,884.32	2,884.32
PRC 3352623PD0902	05/11/26	Inv. 1046-4 -Retainage		96,143.60	2,884.32	96,143.60	0.00	
				96,143.60		96,143.60	0.00	
				96,143.60		96,143.60	0.00	
				96,143.60		96,143.60	0.00	
				96,143.60		96,143.60	0.00	
		Totals:	$ 96,143.60		$ 96,143.60		$ -	FINAL

Retainage 3%

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

TB Rigid Edge Exteriors LLC
616 Main St PO Box 218
Anita, Iowa 50020

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 001
PERIOD: 08/19/25 - 12/15/25
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-005
CONTRACT DATE: 08/18/2025
CERTIFICATE DATE: 01/21/2026
SUBMITTED DATE:

CONTRACT FOR: TB Rigid Edge Exteriors - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$70,820.24
2.	Net change by change orders		$27,474.95
3.	Contract Sum to date (Line 1 ± 2)		$98,295.19
4.	Total completed and stored to date (Column G on detail sheet)		$74,577.05
5.	Retainage:		
	a. 3.00% of completed work	$2,237.32	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$2,237.32
6.	Total earned less retainage (Line 4 less Line 5 Total)		$72,339.73
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$72,339.73
9.	Balance to finish, including retainage (Line 3 less Line 6)		$25,955.46

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$27,474.95	$0.00
Totals:	$27,474.95	$0.00
Net change by change orders:	$27,474.95	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: TB Rigid Edge Exteriors LLC

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 12/15/2025
PERIOD: 08/19/25 - 12/15/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roof Tear-Off Labor	$8,153.58	$0.00	$8,153.58	$0.00	$8,153.58	100.00%	$0.00	$244.61
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Decking & Shingle Installation	$7,555.55	$0.00	$7,555.55	$0.00	$7,555.55	100.00%	$0.00	$226.67
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Gutter & Edge Metal Installation	$4,328.35	$0.00	$0.00	$0.00	$0.00	0.00%	$4,328.35	$0.00
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	EPDM Tie-In Labor	$2,089.55	$0.00	$0.00	$0.00	$0.00	0.00%	$2,089.55	$0.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Disposal	$4,477.80	$0.00	$4,477.80	$0.00	$4,477.80	100.00%	$0.00	$134.33
6	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roofing Material (Lumber, Shingles, Underlayment, Fasteners, etc.)	$43,215.41	$0.00	$43,215.41	$0.00	$43,215.41	100.00%	$0.00	$1,296.46
7	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$0.00	$0.00	$0.00	0.00%	$1,000.00	$0.00
		TOTALS:	**$70,820.24**	**$0.00**	**$63,402.34**	**$0.00**	**$63,402.34**	**89.53%**	**$7,417.90**	**$1,902.07**

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
8	CCO #001 Rigid Edge Exteriors Change Order #01								
8.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
8.2	DA26 9480.01.00-06.MOU-DHHS	$4,076.18	$0.00	$4,076.18	$0.00	$4,076.18	100.00%	$0.00	$122.29

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	ACT, Grid, & Insulation Demo								
9	CCO #002 Rigid Edge Change Order #02								
9.1	DA26 9480.01.00-06.MOU-DHHS CDX Plywood Sheathing	$1,848.53	$0.00	$1,848.53	$0.00	$1,848.53	100.00%	$0.00	$55.46
9.2	DA26 9480.01.00-06.MOU-DHHS EPDM Roof Replacement	$16,300.24	$0.00	$0.00	$0.00	$0.00	0.00%	$16,300.24	$0.00
9.3	DA26 9480.01.00-06.MOU-DHHS ASI #1	$5,250.00	$0.00	$5,250.00	$0.00	$5,250.00	100.00%	$0.00	$157.50
	TOTALS:	$27,474.95	$0.00	$11,174.71	$0.00	$11,174.71	40.67%	$16,300.24	$335.25

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$98,295.19	$0.00	$74,577.05	$0.00	$74,577.05	75.87%	$23,718.14	$2,237.32

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

TB Rigid Edge Exteriors LLC
616 Main St PO Box 218
Anita, Iowa 50020

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 1046-2
PERIOD: 12/16/25 - 03/09/26
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-005
CONTRACT DATE: 08/18/2025
CERTIFICATE DATE: 03/27/2026
SUBMITTED DATE:

CONTRACT FOR: TB Rigid Edge Exteriors - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$70,820.24
2.	Net change by change orders		$25,323.36
3.	Contract Sum to date (Line 1 ± 2)		$96,143.60
4.	Total completed and stored to date (Column G on detail sheet)		$95,143.60
5.	Retainage:		
	a. 3.00% of completed work	$2,854.32	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$2,854.32
6.	Total earned less retainage (Line 4 less Line 5 Total)		$92,289.28
7.	Less previous certificates for payment (Line 6 from prior certificate)		$72,339.73
8.	Current payment due:		$19,949.55
9.	Balance to finish, including retainage (Line 3 less Line 6)		$3,854.32

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$27,474.95	$0.00
Total approved this month:	$540.00	$(2,691.59)
Totals:	$28,014.95	$(2,691.59)
Net change by change orders:	$25,323.36	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: TB Rigid Edge Exteriors LLC

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 03/09/2026
PERIOD: 12/16/25 - 03/09/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roof Tear-Off Labor	$8,153.58	$8,153.58	$0.00	$0.00	$8,153.58	100.00%	$0.00	$244.61
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Decking & Shingle Installation	$7,555.55	$7,555.55	$0.00	$0.00	$7,555.55	100.00%	$0.00	$226.67
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Gutter & Edge Metal Installation	$4,328.35	$0.00	$4,328.35	$0.00	$4,328.35	100.00%	$0.00	$129.85
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	EPDM Tie-In Labor	$2,089.55	$0.00	$2,089.55	$0.00	$2,089.55	100.00%	$0.00	$62.69
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Disposal	$4,477.80	$4,477.80	$0.00	$0.00	$4,477.80	100.00%	$0.00	$134.33
6	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roofing Material (Lumber, Shingles, Underlayment, Fasteners, etc.)	$43,215.41	$43,215.41	$0.00	$0.00	$43,215.41	100.00%	$0.00	$1,296.46
7	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$0.00	$0.00	$0.00	0.00%	$1,000.00	$0.00
		TOTALS:	**$70,820.24**	**$63,402.34**	**$6,417.90**	**$0.00**	**$69,820.24**	**98.59%**	**$1,000.00**	**$2,094.61**

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
8	CCO #001 Rigid Edge Exteriors Change Order #01								
8.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
8.2	DA26 9480.01.00-06.MOU-DHHS	$4,076.18	$4,076.18	$0.00	$0.00	$4,076.18	100.00%	$0.00	$122.29

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	ACT, Grid, & Insulation Demo								
9	CCO #002 Rigid Edge Change Order #02								
9.1	DA26 9480.01.00-06.MOU-DHHS CDX Plywood Sheathing	$1,848.53	$1,848.53	$0.00	$0.00	$1,848.53	100.00%	$0.00	$55.46
9.2	DA26 9480.01.00-06.MOU-DHHS EPDM Roof Replacement	$16,300.24	$0.00	$16,300.24	$0.00	$16,300.24	100.00%	$0.00	$489.01
9.3	DA26 9480.01.00-06.MOU-DHHS ASI #1	$5,250.00	$5,250.00	$0.00	$0.00	$5,250.00	100.00%	$0.00	$157.50
10	CCO #003 Rigid Edge Exteriors Change Order #03								
10.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
10.2	DA26 9480.01.00-06.MOU-DHHS Gutter and Downspout Replacement	$540.00	$0.00	$540.00	$0.00	$540.00	100.00%	$0.00	$16.20
11	CCO #004 Rigid Edge Exteriors Change Order #04								
11.1	DA26 9480.01.00-06.MOU-DHHS Rigid Edge Exteriors Deductive Change Order	$(2,691.59)	$0.00	$(2,691.59)	$0.00	$(2,691.59)	100.00%	$0.00	$(80.75)
	TOTALS:	**$25,323.36**	**$11,174.71**	**$14,148.65**	**$0.00**	**$25,323.36**	**100.00%**	**$0.00**	**$759.71**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	**$96,143.60**	**$74,577.05**	**$20,566.55**	**$0.00**	**$95,143.60**	**98.96%**	**$1,000.00**	**$2,854.32**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

TB Rigid Edge Exteriors LLC
616 Main St PO Box 218
Anita, Iowa 50020

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 3
INVOICE NO: 1046-3
PERIOD: 03/10/26 - 04/30/26
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-005
CONTRACT DATE: 08/18/2025
CERTIFICATE DATE: 05/04/2026
SUBMITTED DATE:

CONTRACT FOR: TB Rigid Edge Exteriors - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$70,820.24
2.	Net change by change orders		$25,323.36
3.	Contract Sum to date (Line 1 ± 2)		$96,143.60
4.	Total completed and stored to date (Column G on detail sheet)		$96,143.60
5.	Retainage:		
	a. 3.00% of completed work	$2,884.32	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$2,884.32
6.	Total earned less retainage (Line 4 less Line 5 Total)		$93,259.28
7.	Less previous certificates for payment (Line 6 from prior certificate)		$92,289.28
8.	Current payment due:		$970.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$2,884.32

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$28,014.95	$(2,691.59)
Total approved this month:	$0.00	$0.00
Totals:	$28,014.95	$(2,691.59)
Net change by change orders:	$25,323.36	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: TB Rigid Edge Exteriors LLC

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 3
APPLICATION DATE: 04/30/2026
PERIOD: 03/10/26 - 04/30/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roof Tear-Off Labor	$8,153.58	$8,153.58	$0.00	$0.00	$8,153.58	100.00%	$0.00	$244.61
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Decking & Shingle Installation	$7,555.55	$7,555.55	$0.00	$0.00	$7,555.55	100.00%	$0.00	$226.67
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Gutter & Edge Metal Installation	$4,328.35	$4,328.35	$0.00	$0.00	$4,328.35	100.00%	$0.00	$129.85
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	EPDM Tie-In Labor	$2,089.55	$2,089.55	$0.00	$0.00	$2,089.55	100.00%	$0.00	$62.69
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Disposal	$4,477.80	$4,477.80	$0.00	$0.00	$4,477.80	100.00%	$0.00	$134.33
6	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roofing Material (Lumber, Shingles, Underlayment, Fasteners, etc.)	$43,215.41	$43,215.41	$0.00	$0.00	$43,215.41	100.00%	$0.00	$1,296.46
7	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$1,000.00	$0.00	$1,000.00	100.00%	$0.00	$30.00
		TOTALS:	$70,820.24	$69,820.24	$1,000.00	$0.00	$70,820.24	100.00%	$0.00	$2,124.61

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
8	CCO #001 Rigid Edge Exteriors Change Order #01								
8.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
8.2	DA26 9480.01.00-06.MOU-DHHS	$4,076.18	$4,076.18	$0.00	$0.00	$4,076.18	100.00%	$0.00	$122.29

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	ACT, Grid, & Insulation Demo								
9	CCO #002 Rigid Edge Change Order #02								
9.1	DA26 9480.01.00-06.MOU-DHHS CDX Plywood Sheathing	$1,848.53	$1,848.53	$0.00	$0.00	$1,848.53	100.00%	$0.00	$55.46
9.2	DA26 9480.01.00-06.MOU-DHHS EPDM Roof Replacement	$16,300.24	$16,300.24	$0.00	$0.00	$16,300.24	100.00%	$0.00	$489.01
9.3	DA26 9480.01.00-06.MOU-DHHS ASI #1	$5,250.00	$5,250.00	$0.00	$0.00	$5,250.00	100.00%	$0.00	$157.50
10	CCO #003 Rigid Edge Exteriors Change Order #03								
10.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
10.2	DA26 9480.01.00-06.MOU-DHHS Gutter and Downspout Replacement	$540.00	$540.00	$0.00	$0.00	$540.00	100.00%	$0.00	$16.20
11	CCO #004 Rigid Edge Exteriors Change Order #04								
11.1	DA26 9480.01.00-06.MOU-DHHS Rigid Edge Exteriors Deductive Change Order	$(2,691.59)	$(2,691.59)	$0.00	$0.00	$(2,691.59)	100.00%	$0.00	$(80.75)
	TOTALS:	$25,323.36	$25,323.36	$0.00	$0.00	$25,323.36	100.00%	$0.00	$759.71

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$96,143.60	$95,143.60	$1,000.00	$0.00	$96,143.60	100.00%	$0.00	$2,884.32

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

TB Rigid Edge Exteriors LLC
616 Main St PO Box 218
Anita, Iowa 50020

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 4
INVOICE NO: 1046-4 -Retainage
PERIOD: 05/01/26 - 05/01/26
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-005
CONTRACT DATE: 08/18/2025
CERTIFICATE DATE: 05/11/2026
SUBMITTED DATE:

CONTRACT FOR: TB Rigid Edge Exteriors - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$70,820.24
2.	Net change by change orders		$25,323.36
3.	Contract Sum to date (Line 1 ± 2)		$96,143.60
4.	Total completed and stored to date (Column G on detail sheet)		$96,143.60
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$96,143.60
7.	Less previous certificates for payment (Line 6 from prior certificate)		$93,259.28
8.	Current payment due:		$2,884.32
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$28,014.95	$(2,691.59)
Total approved this month:	$0.00	$0.00
Totals:	$28,014.95	$(2,691.59)
Net change by change orders:	$25,323.36	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: TB Rigid Edge Exteriors LLC

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 4
APPLICATION DATE: 05/01/2026
PERIOD: 05/01/26 - 05/01/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roof Tear-Off Labor	$8,153.58	$8,153.58	$0.00	$0.00	$8,153.58	100.00%	$0.00	$0.00
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Decking & Shingle Installation	$7,555.55	$7,555.55	$0.00	$0.00	$7,555.55	100.00%	$0.00	$0.00
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Gutter & Edge Metal Installation	$4,328.35	$4,328.35	$0.00	$0.00	$4,328.35	100.00%	$0.00	$0.00
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	EPDM Tie-In Labor	$2,089.55	$2,089.55	$0.00	$0.00	$2,089.55	100.00%	$0.00	$0.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Disposal	$4,477.80	$4,477.80	$0.00	$0.00	$4,477.80	100.00%	$0.00	$0.00
6	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Roofing Material (Lumber, Shingles, Underlayment, Fasteners, etc.)	$43,215.41	$43,215.41	$0.00	$0.00	$43,215.41	100.00%	$0.00	$0.00
7	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$1,000.00	$0.00	$0.00	$1,000.00	100.00%	$0.00	$0.00
		TOTALS:	**$70,820.24**	**$70,820.24**	**$0.00**	**$0.00**	**$70,820.24**	**100.00%**	**$0.00**	**$0.00**

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
8	**CCO #001 Rigid Edge Exteriors Change Order #01**								
8.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
8.2	DA26 9480.01.00-06.MOU-DHHS	$4,076.18	$4,076.18	$0.00	$0.00	$4,076.18	100.00%	$0.00	$0.00

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	ACT, Grid, & Insulation Demo								
9	CCO #002 Rigid Edge Change Order #02								
9.1	DA26 9480.01.00-06.MOU-DHHS CDX Plywood Sheathing	$1,848.53	$1,848.53	$0.00	$0.00	$1,848.53	100.00%	$0.00	$0.00
9.2	DA26 9480.01.00-06.MOU-DHHS EPDM Roof Replacement	$16,300.24	$16,300.24	$0.00	$0.00	$16,300.24	100.00%	$0.00	$0.00
9.3	DA26 9480.01.00-06.MOU-DHHS ASI #1	$5,250.00	$5,250.00	$0.00	$0.00	$5,250.00	100.00%	$0.00	$0.00
10	CCO #003 Rigid Edge Exteriors Change Order #03								
10.1	DA26 9480.01.00-06.MOU-DHHS No Cost Time Extension	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00	$0.00
10.2	DA26 9480.01.00-06.MOU-DHHS Gutter and Downspout Replacement	$540.00	$540.00	$0.00	$0.00	$540.00	100.00%	$0.00	$0.00
11	CCO #004 Rigid Edge Exteriors Change Order #04								
11.1	DA26 9480.01.00-06.MOU-DHHS Rigid Edge Exteriors Deductive Change Order	$(2,691.59)	$(2,691.59)	$0.00	$0.00	$(2,691.59)	100.00%	$0.00	$0.00
	TOTALS:	$25,323.36	$25,323.36	$0.00	$0.00	$25,323.36	100.00%	$0.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$96,143.60	$96,143.60	$0.00	$0.00	$96,143.60	100.00%	$0.00	$0.00

Department of Administrative Services
MOU Project Improvements DA26
#9480.01 PM TIME
6/9/2026

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001
PM TIME
Acct. Codes-0506-335-DA26-xxxx
Project Manager - Jennifer K.

Major Program 3D02
Internal documents

eDAS: 733M

Doc #	Date	Object Code	Activity Code	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance
			Budget	10,005.97	10,005.97			10,005.97
CDE 33526262901	09/18/25	9500	Moving Expense from 9480.00		10,005.97	1,355.98	1,355.98	8,649.99
IET DAS202603115300001	10/07/25	2507	Finance Support for September 01-30, 2025		10,005.97	527.07	1,883.05	8,122.92
IET DAS202603115300001	10/07/25	9500	DAS Support for September 01-30, 2025		10,005.97	2,712.30	4,595.35	5,410.62
IET DAS202604115300001	11/07/25	2507	Finance Support for October 01-31, 2025		10,005.97	113.05	4,708.40	5,297.57
IET DAS202604115300001	11/07/25	9500	DAS Support for October 01-31, 2025		10,005.97	1,116.80	5,825.20	4,180.77
IET DAS202605115300001	12/05/25	2507	Finance Support for November 1-30, 2025		10,005.97	187.50	6,012.70	3,993.27
IET DAS202605115300001	12/05/25	9500	DAS Support for November 1-30, 2025		10,005.97	1,193.70	7,206.40	2,799.57
IET DAS202606115300001	01/08/26	2507	Finance Support for December 1-31, 2025		10,005.97	72.78	7,279.18	2,726.79
IET DAS202606115300001	01/08/26	9500	DAS Support for December 1-31, 2025		10,005.97	826.70	8,105.88	1,900.09
IET DAS202607115300001	02/09/26	2507	Finance Support for January 1-31, 2026		10,005.97	21.39	8,127.27	1,878.70
IET DAS202607115300001	02/09/26	9500	DAS Support for January 1-31, 2026		10,005.97	270.10	8,397.37	1,608.60
IET DAS202608115300001	03/09/26	2507	Finance Support for February 1-28, 2026		10,005.97	45.91	8,443.28	1,562.69
IET DAS202608115300001	03/09/26	9500	DAS Support for February 1-28, 2026		10,005.97	522.70	8,965.98	1,039.99
IET DAS202609115300001	04/06/26	2507	Finance Support for March 01-31, 2026		10,005.97	27.70	8,993.68	1,012.29
IET DAS202609115300001	04/06/26	9500	DAS Support for March 01-31, 2026		10,005.97	223.60	9,217.28	788.69
IET DAS202610115300001	05/07/26	2507	Finance Support for April 01-30, 2026		10,005.97	8.60	9,225.88	780.09
IET DAS202610115300001	05/07/26	9500	DAS Support for April 01-30, 2026		10,005.97	89.20	9,315.08	690.89
IET DAS202611115300001	06/08/26	2507	Finance Support for May 01-31, 2026		10,005.97	51.89	9,366.97	639.00
IET DAS202611115300001	06/08/26	9500	DAS Support for May 01-31, 2026		10,005.97	639.00	10,005.97	0.00
					10,005.97		10,005.97	0.00
			Totals:	$ 10,005.97		$ 10,005.97		$ -

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001
Genesis Architectural
Acct. Codes-0506-335-DA26-9260
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00002092152
Emergency
Activity code: DSGN
Split w/DA25

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance
PO 33526181901	08/22/25	CO #1 Opening in DA26	16,700.00	16,700.00			16,700.00
PRC 3352618PB1901	09/23/25	Inv. 2503-02(Split w/DA25)		16,700.00	7,810.00	7,810.00	8,890.00
PO 33526181901	12/15/25	Closed PO to correct accounting lines link		16,700.00		7,810.00	8,890.00
PO 33526181901A	12/15/25	Reopened PO To correct links in IA		16,700.00		7,810.00	8,890.00
PRC 3352618PC1901A	12/15/25	Inv. 2503-03		16,700.00	6,140.00	13,950.00	2,750.00
PRC 3352618PD1901A	06/02/26	Inv. 2503-04 FINAL		16,700.00	2,750.00	16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
				16,700.00		16,700.00	0.00
		Totals:	**$ 16,700.00**		**$ 16,700.00**	**$ -**	**FINAL**
		DA25 Closed 09/23/25	10,750.00		10,750.00		0.00
		Total:	**$ 27,450.00**		**$ 27,450.00**		**$ -**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Genesis Architectural Design
4708 Stonebridge Rd
West Des Moines, Iowa 50265

CONTRACT FOR: Genesis Architectural Design

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 2503-02
PERIOD: 07/01/25 - 09/15/25
PROJECT NO: 9480.00-.01
CONTRACT NO: DP-9480.00-002
CONTRACT DATE: 06/30/2025
CERTIFICATE DATE: 09/23/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$10,750.00
2.	Net change by change orders		$16,700.00
3.	Contract Sum to date (Line 1 ± 2)		$27,450.00
4.	Total completed and stored to date (Column G on detail sheet)		$18,560.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$18,560.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$3,010.00
8.	Current payment due:		$15,550.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$8,890.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$16,700.00	$0.00
Totals:	$16,700.00	$0.00
Net change by change orders:	$16,700.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Genesis Architectural Design

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 09/18/2025
PERIOD: 07/01/25 - 09/15/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-04.MOU-DHHS Design.MOU-DHHS	Construction Documents	$10,750.00	$3,010.00	$7,740.00	$0.00	$10,750.00	100.00%	$0.00	$0.00
		TOTALS:	$10,750.00	$3,010.00	$7,740.00	$0.00	$10,750.00	100.00%	$0.00	$0.00

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
2	CCO #001 Genesis Architecture Change Order #01								
2.1	DA26 9480.01.00-04.MOU-DHHS Roof Quoting & Construction Administration	$7,000.00	$0.00	$3,010.00	$0.00	$3,010.00	43.00%	$3,990.00	$0.00
2.2	DA26 9480.01.00-04.MOU-DHHS Insulation Design & Quoting	$3,700.00	$0.00	$3,700.00	$0.00	$3,700.00	100.00%	$0.00	$0.00
2.3	DA26 9480.01.00-04.MOU-DHHS Insulation Construction Administration	$3,500.00	$0.00	$0.00	$0.00	$0.00	0.00%	$3,500.00	$0.00
2.4	DA26 9480.01.00-04.MOU-DHHS Ceiling Replacement Design, Quote and CA services	$2,500.00	$0.00	$1,100.00	$0.00	$1,100.00	44.00%	$1,400.00	$0.00
	TOTALS:	$16,700.00	$0.00	$7,810.00	$0.00	$7,810.00	46.77%	$8,890.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$27,450.00	$3,010.00	$15,550.00	$0.00	$18,560.00	67.61%	$8,890.00	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Genesis Architectural Design
4708 Stonebridge Rd
West Des Moines, Iowa 50265

CONTRACT FOR: Genesis Architectural Design

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 3
INVOICE NO: 2503-03
PERIOD: 09/16/25 - 12/05/25
PROJECT NO: 9480.00-.01
CONTRACT NO: DP-9480.00-002
CONTRACT DATE: 06/30/2025
CERTIFICATE DATE: 12/15/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$10,750.00
2.	Net change by change orders		$16,700.00
3.	Contract Sum to date (Line 1 ± 2)		$27,450.00
4.	Total completed and stored to date (Column G on detail sheet)		$24,700.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$24,700.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$18,560.00
8.	Current payment due:		$6,140.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$2,750.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$16,700.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$16,700.00	$0.00
Net change by change orders:	$16,700.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Genesis Architectural Design

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 3
APPLICATION DATE: 12/07/2025
PERIOD: 09/16/25 - 12/05/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-04.MOU-DHHS Design.MOU-DHHS	Construction Documents	$10,750.00	$10,750.00	$0.00	$0.00	$10,750.00	100.00%	$0.00	$0.00
		TOTALS:	$10,750.00	$10,750.00	$0.00	$0.00	$10,750.00	100.00%	$0.00	$0.00

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
2	CCO #001 Genesis Architecture Change Order #01								
2.1	DA26 9480.01.00-04.MOU-DHHS Roof Quoting & Construction Administration	$7,000.00	$3,010.00	$3,290.00	$0.00	$6,300.00	90.00%	$700.00	$0.00
2.2	DA26 9480.01.00-04.MOU-DHHS Insulation Design & Quoting	$3,700.00	$3,700.00	$0.00	$0.00	$3,700.00	100.00%	$0.00	$0.00
2.3	DA26 9480.01.00-04.MOU-DHHS Insulation Construction Administration	$3,500.00	$0.00	$2,450.00	$0.00	$2,450.00	70.00%	$1,050.00	$0.00
2.4	DA26 9480.01.00-04.MOU-DHHS Ceiling Replacement Design, Quote and CA services	$2,500.00	$1,100.00	$400.00	$0.00	$1,500.00	60.00%	$1,000.00	$0.00
	TOTALS:	$16,700.00	$7,810.00	$6,140.00	$0.00	$13,950.00	83.53%	$2,750.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$27,450.00	$18,560.00	$6,140.00	$0.00	$24,700.00	89.98%	$2,750.00	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Genesis Architectural Design
4708 Stonebridge Rd
West Des Moines, Iowa 50265

CONTRACT FOR: Genesis Architectural Design

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 4
INVOICE NO: 2503-04 FINAL
PERIOD: 12/06/25 - 05/28/26
PROJECT NO: 9480.00-.01
CONTRACT NO: DP-9480.00-002
CONTRACT DATE: 06/30/2025
CERTIFICATE DATE: 06/02/2026
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$10,750.00
2.	Net change by change orders		$16,700.00
3.	Contract Sum to date (Line 1 ± 2)		$27,450.00
4.	Total completed and stored to date (Column G on detail sheet)		$27,450.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$27,450.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$24,700.00
8.	Current payment due:		$2,750.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$16,700.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$16,700.00	$0.00
Net change by change orders:	$16,700.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Genesis Architectural Design

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 4
APPLICATION DATE: 05/28/2026
PERIOD: 12/06/25 - 05/28/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	00-04.MOU-DHHS Design.MOU-DHHS	Construction Documents	$10,750.00	$10,750.00	$0.00	$0.00	$10,750.00	100.00%	$0.00	$0.00
		TOTALS:	$10,750.00	$10,750.00	$0.00	$0.00	$10,750.00	100.00%	$0.00	$0.00

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
2	CCO #001 Genesis Architecture Change Order #01								
2.1	DA26 9480.01.00-04.MOU-DHHS Roof Quoting & Construction Administration	$7,000.00	$6,300.00	$700.00	$0.00	$7,000.00	100.00%	$0.00	$0.00
2.2	DA26 9480.01.00-04.MOU-DHHS Insulation Design & Quoting	$3,700.00	$3,700.00	$0.00	$0.00	$3,700.00	100.00%	$0.00	$0.00
2.3	DA26 9480.01.00-04.MOU-DHHS Insulation Construction Administration	$3,500.00	$2,450.00	$1,050.00	$0.00	$3,500.00	100.00%	$0.00	$0.00
2.4	DA26 9480.01.00-04.MOU-DHHS Ceiling Replacement Design, Quote and CA services	$2,500.00	$1,500.00	$1,000.00	$0.00	$2,500.00	100.00%	$0.00	$0.00
	TOTALS:	$16,700.00	$13,950.00	$2,750.00	$0.00	$16,700.00	100.00%	$0.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$27,450.00	$24,700.00	$2,750.00	$0.00	$27,450.00	100.00%	$0.00	$0.00

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001
Mc Gough Construction
Acct. Codes-0506-335-DA26-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003193334
RFP1821335228-McGought11012021
Activity code: CMGR

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance
PO 33526252403	09/09/25	PO Procore	30,122.00	30,122.00			30,122.00
PRC 3352625PA2403	09/16/25	Inv. 101368.011-CA01		30,122.00	2,589.80	2,589.80	27,532.20
PRC 3352625PB2403	10/16/25	Inv. 101368.011-CA02		30,122.00	9,881.74	12,471.54	17,650.46
PRC 3352625PC2403	11/17/25	Inv. 101368.011-CA03		30,122.00	9,467.15	21,938.69	8,183.31
PRC 3352625PD2403	12/10/25	Inv. 101368.011-CA04		30,122.00	3,417.43	25,356.12	4,765.88
PRC 3352625PE2403	01/09/26	Inv. 101368.011-CA05		30,122.00	1,006.80	26,362.92	3,759.08
PRC 3352625PF2403	02/16/26	Inv. 101368.011-CA06		30,122.00	1,123.22	27,486.14	2,635.86
PRC 3352625PG2403	03/17/26	Inv. 101368.011-CA07		30,122.00	1,426.96	28,913.10	1,208.90
PRC 3352625PH2403	06/02/26	Inv. 101368.011-CA08 - FINAL		30,122.00	1,208.90	30,122.00	0.00
				30,122.00		30,122.00	0.00
				30,122.00		30,122.00	0.00
				30,122.00		30,122.00	0.00
				30,122.00		30,122.00	0.00
		Totals:	**$ 30,122.00**		**$ 30,122.00**	**$ -**	**FINAL**
		CM Services	29,082.00		29,082.00		0.00
		Reimbursables	1,040.00		1,040.00		0.00
		Total:	**$ 30,122.00**		**$ 30,122.00**	**$ -**	

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 101368.011-CA01
PERIOD: 08/22/25 - 08/31/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 09/16/2025
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$2,589.80
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$2,589.80
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$2,589.80
9.	Balance to finish, including retainage (Line 3 less Line 6)		$27,532.20

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 09/09/2025
PERIOD: 08/22/25 - 08/31/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$0.00	$2,589.80	$0.00	$2,589.80	8.91%	$26,492.20	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$0.00	$0.00	$0.00	$0.00	0.00%	$1,040.00	$0.00
		TOTALS:	$30,122.00	$0.00	$2,589.80	$0.00	$2,589.80	8.60%	$27,532.20	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$0.00	$2,589.80	$0.00	$2,589.80	8.60%	$27,532.20	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 101368.011-CA02
PERIOD: 09/01/25 - 09/28/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 10/17/2025
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$12,471.54
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$12,471.54
7.	Less previous certificates for payment (Line 6 from prior certificate)		$2,589.80
8.	Current payment due:		$9,881.74
9.	Balance to finish, including retainage (Line 3 less Line 6)		$17,650.46

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 10/08/2025
PERIOD: 09/01/25 - 09/28/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$2,589.80	$9,641.74	$0.00	$12,231.54	42.06%	$16,850.46	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$0.00	$240.00	$0.00	$240.00	23.08%	$800.00	$0.00
		TOTALS:	$30,122.00	$2,589.80	$9,881.74	$0.00	$12,471.54	41.40%	$17,650.46	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$2,589.80	$9,881.74	$0.00	$12,471.54	41.40%	$17,650.46	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 3
INVOICE NO: 101368.011-CA03
PERIOD: 09/29/25 - 10/26/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 11/17/2025
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$21,938.69
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$21,938.69
7.	Less previous certificates for payment (Line 6 from prior certificate)		$12,471.54
8.	Current payment due:		$9,467.15
9.	Balance to finish, including retainage (Line 3 less Line 6)		$8,183.31

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 3
APPLICATION DATE: 11/04/2025
PERIOD: 09/29/25 - 10/26/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$12,231.54	$8,987.15	$0.00	$21,218.69	72.96%	$7,863.31	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$240.00	$480.00	$0.00	$720.00	69.23%	$320.00	$0.00
		TOTALS:	$30,122.00	$12,471.54	$9,467.15	$0.00	$21,938.69	72.83%	$8,183.31	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$12,471.54	$9,467.15	$0.00	$21,938.69	72.83%	$8,183.31	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 4
INVOICE NO: 101368.011-CA04
PERIOD: 10/27/25 - 11/30/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 12/10/2025
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$25,356.12
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$25,356.12
7.	Less previous certificates for payment (Line 6 from prior certificate)		$21,938.69
8.	Current payment due:		$3,417.43
9.	Balance to finish, including retainage (Line 3 less Line 6)		$4,765.88

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 4
APPLICATION DATE: 12/08/2025
PERIOD: 10/27/25 - 11/30/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$21,218.69	$3,257.43	$0.00	$24,476.12	84.16%	$4,605.88	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$720.00	$160.00	$0.00	$880.00	84.62%	$160.00	$0.00
		TOTALS:	$30,122.00	$21,938.69	$3,417.43	$0.00	$25,356.12	84.18%	$4,765.88	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$21,938.69	$3,417.43	$0.00	$25,356.12	84.18%	$4,765.88	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 5
INVOICE NO: 101368.011-CA05
PERIOD: 12/01/25 - 12/21/25
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 01/09/2026
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$26,362.92
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$26,362.92
7.	Less previous certificates for payment (Line 6 from prior certificate)		$25,356.12
8.	Current payment due:		$1,006.80
9.	Balance to finish, including retainage (Line 3 less Line 6)		$3,759.08

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 5
APPLICATION DATE: 01/08/2026
PERIOD: 12/01/25 - 12/21/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$24,476.12	$1,006.80	$0.00	$25,482.92	87.62%	$3,599.08	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$880.00	$0.00	$0.00	$880.00	84.62%	$160.00	$0.00
		TOTALS:	$30,122.00	$25,356.12	$1,006.80	$0.00	$26,362.92	87.52%	$3,759.08	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$25,356.12	$1,006.80	$0.00	$26,362.92	87.52%	$3,759.08	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 6
INVOICE NO: 101368.011-CA06
PERIOD: 12/22/25 - 01/25/26
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 02/16/2026
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$27,486.14
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$27,486.14
7.	Less previous certificates for payment (Line 6 from prior certificate)		$26,362.92
8.	Current payment due:		$1,123.22
9.	Balance to finish, including retainage (Line 3 less Line 6)		$2,635.86

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 6
APPLICATION DATE: 02/09/2026
PERIOD: 12/22/25 - 01/25/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$25,482.92	$1,123.22	$0.00	$26,606.14	91.49%	$2,475.86	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$880.00	$0.00	$0.00	$880.00	84.62%	$160.00	$0.00
		TOTALS:	$30,122.00	$26,362.92	$1,123.22	$0.00	$27,486.14	91.25%	$2,635.86	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$26,362.92	$1,123.22	$0.00	$27,486.14	91.25%	$2,635.86	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 7
INVOICE NO: 101368.011-CA07
PERIOD: 01/26/26 - 02/15/26
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 03/17/2026
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$28,913.10
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$28,913.10
7.	Less previous certificates for payment (Line 6 from prior certificate)		$27,486.14
8.	Current payment due:		$1,426.96
9.	Balance to finish, including retainage (Line 3 less Line 6)		$1,208.90

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 7
APPLICATION DATE: 03/10/2026
PERIOD: 01/26/26 - 02/15/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$26,606.14	$1,266.96	$0.00	$27,873.10	95.84%	$1,208.90	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$880.00	$160.00	$0.00	$1,040.00	100.00%	$0.00	$0.00
		TOTALS:	$30,122.00	$27,486.14	$1,426.96	$0.00	$28,913.10	95.99%	$1,208.90	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$27,486.14	$1,426.96	$0.00	$28,913.10	95.99%	$1,208.90	$0.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

McGough Construction
2737 Fairview Ave N
Saint Paul, Minnesota 55113

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 8
INVOICE NO: 101368.011-CA08 - FINAL
PERIOD: 02/16/26 - 05/28/26
PROJECT NO: 9480.00-.01
CONTRACT NO: CMCA-9480.01-006
CONTRACT DATE: 09/09/2025
CERTIFICATE DATE: 06/02/2026
SUBMITTED DATE:

CONTRACT FOR: McGough Construction Exhibit #101368.011CA

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$30,122.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$30,122.00
4.	Total completed and stored to date (Column G on detail sheet)		$30,122.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$30,122.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$28,913.10
8.	Current payment due:		$1,208.90
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: McGough Construction

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 8
APPLICATION DATE: 05/28/2026
PERIOD: 02/16/26 - 05/28/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	CM Services	$29,082.00	$27,873.10	$1,208.90	$0.00	$29,082.00	100.00%	$0.00	$0.00
2	DA26 9480.01.00-03.MOU-DHHS DA26 9480.01.Construction Manager CA.MOU-DHHS	Reimbursables	$1,040.00	$1,040.00	$0.00	$0.00	$1,040.00	100.00%	$0.00	$0.00
		TOTALS:	$30,122.00	$28,913.10	$1,208.90	$0.00	$30,122.00	100.00%	$0.00	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$30,122.00	$28,913.10	$1,208.90	$0.00	$30,122.00	100.00%	$0.00	$0.00

Department of Administrative Services
MOU Project Improvements DA26
#9480.01 Hilsabeck Schacht
6/9/2026

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001
Hilsabeck Schacht
Acct. Codes-0506-335-DA26-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003178029
Emergency
Activity code: BRUM

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	Retainage
PO 3526272906	09/29/25	PO Procore	29,700.00	29,700.00			29,700.00	
PRC 3352627PA2906	11/04/25	Inv. HS2172		29,700.00	21,940.43	21,940.43	7,759.57	678.57
PRC 3352627PB2906	12/03/25	Inv. 9480.01-02		29,700.00	6,898.57	27,839.00	1,861.00	861.00
PRC 3352627PC2906	01/26/26	Inv. 9480.01-03		29,700.00	970.00	28,809.00	891.00	891.00
PRC 3352627PD2906	02/05/26	Inv. 9480.01-Retainage		29,700.00	891.00	29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
				29,700.00		29,700.00	0.00	
		Totals:	**$ 29,700.00**		**$ 29,700.00**		**$ -**	**FINAL**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Hilsabeck Schacht, Inc.
617 S 19th St
West Des Moines, Iowa 50265

CONTRACT FOR: Hilsabeck Schacht, Inc.

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: HS2172
PERIOD: 10/01/25 - 10/22/25
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-007
CONTRACT DATE: 09/29/2025
CERTIFICATE DATE: 11/04/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$29,700.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$29,700.00
4.	Total completed and stored to date (Column G on detail sheet)		$22,619.00
5.	Retainage:		
	a. 3.00% of completed work	$678.57	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$678.57
6.	Total earned less retainage (Line 4 less Line 5 Total)		$21,940.43
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$21,940.43
9.	Balance to finish, including retainage (Line 3 less Line 6)		$7,759.57

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Hilsabeck Schacht, Inc.

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 10/22/2025
PERIOD: 10/01/25 - 10/22/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Material	$9,980.00	$0.00	$7,984.00	$0.00	$7,984.00	80.00%	$1,996.00	$239.52
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Labor	$8,170.00	$0.00	$4,085.00	$0.00	$4,085.00	50.00%	$4,085.00	$122.55
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Material	$1,750.00	$0.00	$1,750.00	$0.00	$1,750.00	100.00%	$0.00	$52.50
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Labor	$8,800.00	$0.00	$8,800.00	$0.00	$8,800.00	100.00%	$0.00	$264.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$0.00	$0.00	$0.00	0.00%	$1,000.00	$0.00
		TOTALS:	**$29,700.00**	**$0.00**	**$22,619.00**	**$0.00**	**$22,619.00**	**76.16%**	**$7,081.00**	**$678.57**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	**$29,700.00**	**$0.00**	**$22,619.00**	**$0.00**	**$22,619.00**	**76.16%**	**$7,081.00**	**$678.57**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Hilsabeck Schacht, Inc.
617 S 19th St
West Des Moines, Iowa 50265

CONTRACT FOR: Hilsabeck Schacht, Inc.

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 2
PERIOD: 10/23/25 - 11/14/25
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-007
CONTRACT DATE: 09/29/2025
CERTIFICATE DATE: 12/03/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$29,700.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$29,700.00
4.	Total completed and stored to date (Column G on detail sheet)		$28,700.00
5.	Retainage:		
	a. 3.00% of completed work	$861.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$861.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$27,839.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$21,940.43
8.	Current payment due:		$5,898.57
9.	Balance to finish, including retainage (Line 3 less Line 6)		$1,861.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Hilsabeck Schacht, Inc.

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 11/14/2025
PERIOD: 10/23/25 - 11/14/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Material	$9,980.00	$7,984.00	$1,996.00	$0.00	$9,980.00	100.00%	$0.00	$299.40
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Labor	$8,170.00	$4,085.00	$4,085.00	$0.00	$8,170.00	100.00%	$0.00	$245.10
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Material	$1,750.00	$1,750.00	$0.00	$0.00	$1,750.00	100.00%	$0.00	$52.50
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Labor	$8,800.00	$8,800.00	$0.00	$0.00	$8,800.00	100.00%	$0.00	$264.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$0.00	$0.00	$0.00	0.00%	$1,000.00	$0.00
		TOTALS:	**$29,700.00**	**$22,619.00**	**$6,081.00**	**$0.00**	**$28,700.00**	**96.63%**	**$1,000.00**	**$861.00**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	**$29,700.00**	**$22,619.00**	**$6,081.00**	**$0.00**	**$28,700.00**	**96.63%**	**$1,000.00**	**$861.00**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Hilsabeck Schacht, Inc.
617 S 19th St
West Des Moines, Iowa 50265

CONTRACT FOR: Hilsabeck Schacht, Inc.

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 3
INVOICE NO: 3
PERIOD: 11/15/25 - 12/15/25
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-007
CONTRACT DATE: 09/29/2025
CERTIFICATE DATE: 01/26/2026
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$29,700.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$29,700.00
4.	Total completed and stored to date (Column G on detail sheet)		$29,700.00
5.	Retainage:		
	a. 3.00% of completed work	$891.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$891.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$28,809.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$27,839.00
8.	Current payment due:		$970.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$891.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Hilsabeck Schacht, Inc.

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 3
APPLICATION DATE: 12/15/2025
PERIOD: 11/15/25 - 12/15/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Material	$9,980.00	$9,980.00	$0.00	$0.00	$9,980.00	100.00%	$0.00	$299.40
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Labor	$8,170.00	$8,170.00	$0.00	$0.00	$8,170.00	100.00%	$0.00	$245.10
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Material	$1,750.00	$1,750.00	$0.00	$0.00	$1,750.00	100.00%	$0.00	$52.50
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Labor	$8,800.00	$8,800.00	$0.00	$0.00	$8,800.00	100.00%	$0.00	$264.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$1,000.00	$0.00	$1,000.00	100.00%	$0.00	$30.00
		TOTALS:	$29,700.00	$28,700.00	$1,000.00	$0.00	$29,700.00	100.00%	$0.00	$891.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$29,700.00	$28,700.00	$1,000.00	$0.00	$29,700.00	100.00%	$0.00	$891.00

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Hilsabeck Schacht, Inc.
617 S 19th St
West Des Moines, Iowa 50265

CONTRACT FOR: Hilsabeck Schacht, Inc.

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 4
INVOICE NO: Retainage
PERIOD: 12/16/25 - 01/28/26
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-007
CONTRACT DATE: 09/29/2025
CERTIFICATE DATE: 02/05/2026
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$29,700.00
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$29,700.00
4.	Total completed and stored to date (Column G on detail sheet)		$29,700.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$29,700.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$28,809.00
8.	Current payment due:		$891.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Hilsabeck Schacht, Inc.

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 4
APPLICATION DATE: 01/28/2026
PERIOD: 12/16/25 - 01/28/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Material	$9,980.00	$9,980.00	$0.00	$0.00	$9,980.00	100.00%	$0.00	$0.00
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	ACT Ceiling Grid - Labor	$8,170.00	$8,170.00	$0.00	$0.00	$8,170.00	100.00%	$0.00	$0.00
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Material	$1,750.00	$1,750.00	$0.00	$0.00	$1,750.00	100.00%	$0.00	$0.00
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Louver Demo & Infill - Labor	$8,800.00	$8,800.00	$0.00	$0.00	$8,800.00	100.00%	$0.00	$0.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$1,000.00	$0.00	$0.00	$1,000.00	100.00%	$0.00	$0.00
		TOTALS:	**$29,700.00**	**$29,700.00**	**$0.00**	**$0.00**	**$29,700.00**	**100.00%**	**$0.00**	**$0.00**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	**$29,700.00**	**$29,700.00**	**$0.00**	**$0.00**	**$29,700.00**	**100.00%**	**$0.00**	**$0.00**

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001
MTS Contracting
Acct. Codes-0506-335-DA26-9255
Project Manager - Jennifer K.

Major Program 3D02
Vendor: 00003067019
MA00520243D
Activity code: BRUM

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance
PO 33526272908	09/29/25	PO Procore	4,907.48	4,907.48			4,907.48
PRC 3352627PA2908	12/16/25	Inv. 25-6194 - FINAL	(1,389.37)	3,518.11	3,518.11	3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
				3,518.11		3,518.11	0.00
		Totals:	$ 3,518.11		$ 3,518.11		$ - FINAL

Tuckpointing	1,874.50	1,874.50	0.00
Materials & Supplies	1,643.61	1,643.61	0.00
Total:	$ 3,518.11	$ 3,518.11	$ -

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

MTS Contracting
1019 Swift Ave.
North Kansas City , Missouri 64116

CONTRACT FOR: MTS Contracting - Masonry Repair

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 25-6194 - FINAL
PERIOD: 09/26/25 - 11/20/25
PROJECT NO: 9480.00-.01
CONTRACT NO: DO-9480.01-009
CONTRACT DATE:
CERTIFICATE DATE: 12/16/2025
SUBMITTED DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$4,907.48
2.	Net change by change orders		$0.00
3.	Contract Sum to date (Line 1 ± 2)		$4,907.48
4.	Total completed and stored to date (Column G on detail sheet)		$3,518.11
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$3,518.11
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$3,518.11
9.	Balance to finish, including retainage (Line 3 less Line 6)		$1,389.37

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$0.00
Net change by change orders:	$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: MTS Contracting

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 11/20/2025
PERIOD: 09/26/25 - 11/20/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Contract Line 1 - Masonry and Stone Tuckpointing (38 hours at $81.50/hr)	$3,097.00	$0.00	$1,874.50	$0.00	$1,874.50	60.53%	$1,222.50	$0.00
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Contract Line 3 - Materials and Supplies ($1,616.50 + 12%)	$1,810.48	$0.00	$1,643.61	$0.00	$1,643.61	90.78%	$166.87	$0.00
		TOTALS:	$4,907.48	$0.00	$3,518.11	$0.00	$3,518.11	71.69%	$1,389.37	$0.00

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$4,907.48	$0.00	$3,518.11	$0.00	$3,518.11	71.69%	$1,389.37	$0.00

Department of Administrative Services
MOU Project Improvements DA26
#9480.01 Kinzler Construction
6/9/2026

HHS STS Canteen Roof Repair Construction (29C20)
Project # 9480.01
Program code 948001 — **Major Program 3D02**
Kinzler Construction — **Vendor: 00003169106**
Acct. Codes-0506-335-DA26-9255 — **Emergency**
Project Manager - Jennifer K. — *Activity code: BRUM*

Doc #	Date	Activity	Contract & C.O.'s	Contract Total	Payment Amount	Total Paid	Balance	Retainage
PO 33526273902	09/30/25	PO Procore	**57,958.00**	57,958.00			57,958.00	
PO 33526273902	10/20/25	CO #1	**(2,082.00)**	55,876.00		0.00	55,876.00	
PRC 3352627PA3902	11/24/25	Inv. 2519028		55,876.00	**53,229.72**	53,229.72	2,646.28	**1,646.28**
PRC 3352627PB3902	12/04/25	Inv. 2519028.0014		55,876.00	**970.00**	54,199.72	1,676.28	**1,676.28**
PRC 3352627PC3902	01/20/26	Inv. 9480.01-Retainage		55,876.00	**1,676.28**	55,876.00	0.00	
	03/31/26	Warrant Cancelled- Lost In Mail		55,876.00	**(1,676.28)**	54,199.72	1,676.28	
GAX 33526091900	04/01/26	Inv. 9480.01-Retainage-Reissue		55,876.00	**1,676.28**	55,876.00	0.00	
				55,876.00		55,876.00	0.00	
				55,876.00		55,876.00	0.00	
				55,876.00		55,876.00	0.00	
				55,876.00		55,876.00	0.00	
				55,876.00		55,876.00	0.00	
				55,876.00		55,876.00	0.00	
		Totals:	**$ 55,876.00**		**$ 55,876.00**		**$ -**	**FINAL**

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Kinzler Const Services
700 SE Oralabor Rd Ste 1
Ankeny , Iowa 50021

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 1
INVOICE NO: 2519028
PERIOD: 10/02/25 - 10/28/25
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-008
CONTRACT DATE: 09/30/2025
CERTIFICATE DATE: 11/24/2025
SUBMITTED DATE:

CONTRACT FOR: Kinzler Construction Services - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$57,958.00
2.	Net change by change orders		$(2,082.00)
3.	Contract Sum to date (Line 1 ± 2)		$55,876.00
4.	Total completed and stored to date (Column G on detail sheet)		$54,876.00
5.	Retainage:		
	a. 3.00% of completed work	$1,646.28	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$1,646.28
6.	Total earned less retainage (Line 4 less Line 5 Total)		$53,229.72
7.	Less previous certificates for payment (Line 6 from prior certificate)		$0.00
8.	Current payment due:		$53,229.72
9.	Balance to finish, including retainage (Line 3 less Line 6)		$2,646.28

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$0.00
Total approved this month:	$0.00	$(2,082.00)
Totals:	$0.00	$(2,082.00)
Net change by change orders:	$(2,082.00)	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Kinzler Const Services

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 1
APPLICATION DATE: 10/28/2025
PERIOD: 10/02/25 - 10/28/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Spray Foam Roof Underside & Gables - Labor	$15,720.97	$0.00	$15,720.97	$0.00	$15,720.97	100.00%	$0.00	$471.63
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Spray Foam Roof Underside & Gables - Material	$33,407.03	$0.00	$33,407.03	$0.00	$33,407.03	100.00%	$0.00	$1,002.21
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Thermal Barrier Over Spray Foam - Labor	$2,971.58	$0.00	$2,971.58	$0.00	$2,971.58	100.00%	$0.00	$89.15
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Thermal Barrier Over Spray Foam - Material	$4,858.42	$0.00	$4,858.42	$0.00	$4,858.42	100.00%	$0.00	$145.75
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$0.00	$0.00	$0.00	0.00%	$1,000.00	$0.00
		TOTALS:	**$57,958.00**	**$0.00**	**$56,958.00**	**$0.00**	**$56,958.00**	**98.27%**	**$1,000.00**	**$1,708.74**

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
6	CCO #001 Kinzler Construction Change Order #001								
6.1	DA26 9480.01.00-06.MOU-DHHS Spray Foam Gable Ends Deduct	$(2,082.00)	$0.00	$(2,082.00)	$0.00	$(2,082.00)	100.00%	$0.00	$(62.46)
	TOTALS:	**$(2,082.00)**	**$0.00**	**$(2,082.00)**	**$0.00**	**$(2,082.00)**	**100.00%**	**$0.00**	**$(62.46)**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$55,876.00	$0.00	$54,876.00	$0.00	$54,876.00	98.21%	$1,000.00	$1,646.28

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Kinzler Const Services
700 SE Oralabor Rd Ste 1
Ankeny , Iowa 50021

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 2
INVOICE NO: 2519028.0014
PERIOD: 10/29/25 - 11/17/25
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-008
CONTRACT DATE: 09/30/2025
CERTIFICATE DATE: 12/04/2025
SUBMITTED DATE:

CONTRACT FOR: Kinzler Construction Services - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$57,958.00
2.	Net change by change orders		$(2,082.00)
3.	Contract Sum to date (Line 1 ± 2)		$55,876.00
4.	Total completed and stored to date (Column G on detail sheet)		$55,876.00
5.	Retainage:		
	a. 3.00% of completed work	$1,676.28	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$1,676.28
6.	Total earned less retainage (Line 4 less Line 5 Total)		$54,199.72
7.	Less previous certificates for payment (Line 6 from prior certificate)		$53,229.72
8.	Current payment due:		$970.00
9.	Balance to finish, including retainage (Line 3 less Line 6)		$1,676.28

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$(2,082.00)
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$(2,082.00)
Net change by change orders:	$(2,082.00)	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Kinzler Const Services

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 2
APPLICATION DATE: 11/17/2025
PERIOD: 10/29/25 - 11/17/25

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Spray Foam Roof Underside & Gables - Labor	$15,720.97	$15,720.97	$0.00	$0.00	$15,720.97	100.00%	$0.00	$471.63
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Spray Foam Roof Underside & Gables - Material	$33,407.03	$33,407.03	$0.00	$0.00	$33,407.03	100.00%	$0.00	$1,002.21
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Thermal Barrier Over Spray Foam - Labor	$2,971.58	$2,971.58	$0.00	$0.00	$2,971.58	100.00%	$0.00	$89.15
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Thermal Barrier Over Spray Foam - Material	$4,858.42	$4,858.42	$0.00	$0.00	$4,858.42	100.00%	$0.00	$145.75
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$0.00	$1,000.00	$0.00	$1,000.00	100.00%	$0.00	$30.00
		TOTALS:	$57,958.00	$56,958.00	$1,000.00	$0.00	$57,958.00	100.00%	$0.00	$1,738.74

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
6	CCO #001 Kinzler Construction Change Order #001								
6.1	DA26 9480.01.00-06.MOU-DHHS Spray Foam Gable Ends Deduct	$(2,082.00)	$(2,082.00)	$0.00	$0.00	$(2,082.00)	100.00%	$0.00	$(62.46)
	TOTALS:	$(2,082.00)	$(2,082.00)	$0.00	$0.00	$(2,082.00)	100.00%	$0.00	$(62.46)

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$55,876.00	$54,876.00	$1,000.00	$0.00	$55,876.00	100.00%	$0.00	$1,676.28

TO OWNER/CLIENT:

State of Iowa - Department of Administrative Services
109 SE 13th St.
Des Moines, Iowa 50319

FROM CONTRACTOR:

Kinzler Const Services
700 SE Oralabor Rd Ste 1
Ankeny , Iowa 50021

PROJECT:

HHS STS Canteen Roof Repair (29C20)
3211 Edgington Ave
Eldora, Iowa 50627

APPLICATION NO: 3
INVOICE NO: Retainage
PERIOD: 11/18/25 - 01/16/26
PROJECT NO: 9480.00-.01
CONTRACT NO: TC-9480.01-008
CONTRACT DATE: 09/30/2025
CERTIFICATE DATE: 01/20/2026
SUBMITTED DATE:

CONTRACT FOR: Kinzler Construction Services - Canteen Roof Repair

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	Original Contract Sum		$57,958.00
2.	Net change by change orders		$(2,082.00)
3.	Contract Sum to date (Line 1 ± 2)		$55,876.00
4.	Total completed and stored to date (Column G on detail sheet)		$55,876.00
5.	Retainage:		
	a. 0.00% of completed work	$0.00	
	b. 0.00% of stored material	$0.00	
	Total retainage (Line 5a + 5b or total in column I of detail sheet)		$0.00
6.	Total earned less retainage (Line 4 less Line 5 Total)		$55,876.00
7.	Less previous certificates for payment (Line 6 from prior certificate)		$54,199.72
8.	Current payment due:		$1,676.28
9.	Balance to finish, including retainage (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Funding Source:	$0.00	$(2,082.00)
Total approved this month:	$0.00	$0.00
Totals:	$0.00	$(2,082.00)
Net change by change orders:	$(2,082.00)	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Funding Source, and that current payments shown herein is now due.

CONTRACTOR: Kinzler Const Services

By: _____ Date: _____

State of:
County of:
Subscribed and sworn to before
me this day of
Notary Public:
My commission expires:

Document SUMMARY SHEET, APPLICATION AND CERTIFICATE FOR PAYMENT, containing
Contractor's signed Certification is attached.
Use Column I on Contracts where variable retainage for line items apply.

APPLICATION NUMBER: 3
APPLICATION DATE: 01/16/2026
PERIOD: 11/18/25 - 01/16/26

Contract Lines

A		B	C	D	E	F	G		H	I
ITEM NO.	BUDGET CODE	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
				FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Spray Foam Roof Underside & Gables - Labor	$15,720.97	$15,720.97	$0.00	$0.00	$15,720.97	100.00%	$0.00	$0.00
2	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Spray Foam Roof Underside & Gables - Material	$33,407.03	$33,407.03	$0.00	$0.00	$33,407.03	100.00%	$0.00	$0.00
3	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Thermal Barrier Over Spray Foam - Labor	$2,971.58	$2,971.58	$0.00	$0.00	$2,971.58	100.00%	$0.00	$0.00
4	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Thermal Barrier Over Spray Foam - Material	$4,858.42	$4,858.42	$0.00	$0.00	$4,858.42	100.00%	$0.00	$0.00
5	DA26 9480.01.00-06.MOU-DHHS DA26 9480.01.Construction BRUM.MOU-DHHS	Closeout	$1,000.00	$1,000.00	$0.00	$0.00	$1,000.00	100.00%	$0.00	$0.00
		TOTALS:	**$57,958.00**	**$57,958.00**	**$0.00**	**$0.00**	**$57,958.00**	**100.00%**	**$0.00**	**$0.00**

Change Orders

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
6	**CCO #001 Kinzler Construction Change Order #001**								
6.1	DA26 9480.01.00-06.MOU-DHHS Spray Foam Gable Ends Deduct	$(2,082.00)	$(2,082.00)	$0.00	$0.00	$(2,082.00)	100.00%	$0.00	$0.00
	TOTALS:	**$(2,082.00)**	**$(2,082.00)**	**$0.00**	**$0.00**	**$(2,082.00)**	**100.00%**	**$0.00**	**$0.00**

Grand Totals

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	APPROVED WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
	GRAND TOTALS:	$55,876.00	$55,876.00	$0.00	$0.00	$55,876.00	100.00%	$0.00	$0.00

IOWA

PRC 335 DA26 3352627PC3902 1

STATE OF IOWA
PAYMENT REQUEST - COMMODITY BASED

BFY: **2026** FY: **2026** PERIOD: **7**

CREATION DATE: **01-20-2026**
DOCUMENT TOTAL: **$1,676.28**

DOCUMENT DESCRIPTION:
HHS STS Canteen Roof Repair Design (29C20)
Emergency

ENTERED BY: **jhuggin**
LAST USER: **cgibatchadm**

IOWA

PRC 335 DA26 3352627PC3902 1

STATE OF IOWA
PAYMENT REQUEST - COMMODITY BASED

VNDR LN: 1 VENDOR#: 00003169106 DISB TYPE: Check AMOUNT: $1,676.28

Kinzler Const Services

700 SE Oralabor Rd Ste 1
Ankeny, IA 50021-9326
OVERRIDE ADDRESS:

COMM LN: 1 COMM#: 912 TYPE: Service RECEIVED SERVICE FROM: 01-20-2026 TO: 01-20-2026

QTY: 0.00000 UNIT: UNIT PRICE: 0.000000 TOTAL: $1,676.28

DISC UNIT PRICE: 0.000000 CONTRACT AMT: $1,676.28

INV#: 9480.01-RETAINAGE INV LN#: 1 VND INV DT: TRACKING DT:

REF DOC: PO 335 33526273902 REF VNDR LN: 1 REF COMM LN: 1 REF TYPE: FINAL

COMMODITY

CONSTRUCTION SVCS - GENERAL, INCLDG MAINT/REPAIR

CL DESCRIPTION:

CONSTRUCTION SVCS - GENERAL, INCLDG MAINT/REPAIR

ACCT 1 BFY: 2026 FY: 2026 PERIOD: 7 EVENT TYPE: AP01 LINE AMOUNT: $1,676.28

REF DOC: PO 335 33526273902 REF VNDR LN: 1 REF ACTG LN: 1 REF TYPE: FINAL

CHECK DESCR:

Inv. 9480.01-Retainage

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA26	0000	9255	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
	BRUM				
MJRPRG		PROGM	PHASE	PRG PERIOD	
3D02		948001		3D02	

Check/EFT	Bank	Trans CD	Disb Type	Vendor Name	Vendor ID	Issue Date	Cancel Date	Fund	Approp	Dept	Unit	Obj	Program	Ref Trx Code	Ref Transaction ID	Amount	Cancel Reason: 8 - EFT Cancel 100=Cancel Warrant 101-EFT Return 102-EFT Reverse 103-EFT Delete
0000001000582815	0800	AD	Check	Kinzler Const Services	00003169106	01-20-26	03-31-26	0506	0000	335	DA26	9255	948001	PRC	3352627PC3902	(1,676.28)	100

29C.20
AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
3	McDowell & Sons	Roll-off dumpter for building debris	64644	7/1/2025	$ 502.40	9/23/2025	400EL26266001 - GAX	000002000374240	400EL26266001 - PRC

Invoice

McDowell & Sons Sanitation, LLC

PO Box 664
Iowa Falls, IA 50126

641-648-5071
e: info@mcdowellandsons.com

Date	Invoice #
7/1/2025	64644

PAID 08/05/2025

Bill To

Iowa State Training School For Boys
3211 Edgington Ave
Eldora, IA 50627

P.O. No.	Terms	Project
	Due on receipt	

Description	Qty	Rate	Amount
3211 Edgington Ave - Eldora			
ROLLOFF		175.00	175.00
LANDFILL FEES		315.15	315.15
Delivered 6/20/25			
Dumped & Done 6/23/25 - 5.73T			
Credit card processing fee		12.25	12.25
Paid via Credit card with Danae Block 8/5/25			

1.5% SERVICE CHARGE WILL BE ADDED TO ALL ACCOUNTS OVER 30 DAYS FROM INVOICE DATE. MINIMUM $1.50.

Subtotal	$502.40
Sales Tax (7.0%)	$0.00
Total	$502.40
Payments/Credits	-$502.40
Balance Due	$0.00

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 7-29-25

Request the purchase of the following items:

From (Business name): McDowell & Ssons Sanitation - Fy25

For the purpose of:
Rolloff and landfill fees. Delivered 6/20/25, dumped & done 6/23/25. Invoice # 64644.

Cost - ~~$512.21~~ 502.40 - Removed sales tax

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: _____

Business Office approval: _____

Fund: Org: 406 4211 - 2520

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
US Bank - Credit Card (7/22/25 - 8/20/25) - FY26

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$43,014.45** CREATION DATE: **09-23-2025**

DOCUMENT DESCRIPTION:
US Bank - Credit Card (7/22/25 - 8/20/25) - FY26

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

MR 9-24-25
9/24/25
Co 9/24/25

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: **00003018232** ADDR ID: **AD001** AMOUNT: **$43,014.45**

DISB TYPE: **EFT**

US BANK CARDMEMBER SERV

PO BOX 790428
SAINT LOUIS, MO 63179-0428

OVERRIDE ADDRESS:

ACCT LN: **1** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$10.05**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2212	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: **2** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$196.00**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2219	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: **3** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$280.00**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2489	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 4 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$1,469.97**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2833	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 5 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$414.72**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2616	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 6 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$18,585.54**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4210	K61	2261	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 7 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$633.93**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2222	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 8 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$7,379.14**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2224	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 9 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$1,153.93**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2229	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 10 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$31.92**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4221	K61	2264	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 11 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$49.00**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2423	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: **12** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$153.50**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4211**	**K61**	**2513**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **13** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$502.40**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4211**	**K61**	**2520**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **14** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$1,819.96**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4211**	**K61**	**3306**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **15** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$194.80**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4212**	**K61**	**2512**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: **16** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$74.95**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4213**	**K61**	**2234**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **17** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$5,383.80**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4221**	**K61**	**2264**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **18** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$726.48**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4223**	**K61**	**2265**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **19** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$189.98**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4223**	**K61**	**3316**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: **20** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$1,062.41**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4242**	**K61**	**2243**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **21** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$100.00**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4243**	**K61**	**2537**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **22** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$120.94**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4209**	**K61**	**2548**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

ACCT LN: **23** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$307.60**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	**400**	**4246**	**K61**	**2447**	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	**ELDOR1**		**FCLTY**

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 24 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$180.54**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4247	K61	2242	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 26 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$150.10**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4260	K61	2285	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 27 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$69.99**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4260	K61	2306	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 28 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$271.35**
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4260	K61	2484	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: **29** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$891.96**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
013Q	**400**	**4900**	**0000**	**2396**	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
				C117	
MJR PRG	PROGM	PHASE	PRG PERIOD		
FCLTY	**ELDOR1**		**FCLTY**		

ACCT LN: **30** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$600.00**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
013Q	**400**	**4900**	**0000**	**3820**	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
				C002	
MJR PRG	PROGM	PHASE	PRG PERIOD		
FCLTY	**ELDOR1**		**FCLTY**		

ACCT LN: **31** BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$9.49**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
013Q	**400**	**4900**	**0000**	**3830**	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
				C117	
MJR PRG	PROGM	PHASE	PRG PERIOD		
FCLTY	**ELDOR1**		**FCLTY**		

29C.20

AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
4	Servpro of Marshalltown	Cleaning and restoration of canteen interior	208895	1/30/2026	$ 5,671.75	2/5/2026	400EL26036002 - GAX	000001000621288	400EL26036002 - GAX

Servpro of Marshalltown
2316 230th St. Suite 703
Ames, IA 50014
5152334544
office@servproames.com
www.servproames.com

INVOICE

BILL TO
Iowa State Training School for Boys
3211 Edgingtonn Rd
Eldora, IA 50627 USA

SHIP TO
Iowa State Training School for Boys
Ryan Schrage
32111 Edgingtonn Rd
Eldora, IA 50627 USA

INVOICE # 208895
DATE 01/30/2026
DUE DATE 01/30/2026
TERMS Due on receipt

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
12/08/2025	**General Cleaning**	General Cleaning, Cleaning Non Restoration	1	5,671.75	5,671.75

Servpro of Ames and Marshalltown allows payments via credit card with a 4.0% fee added. Please call or email if you would like to pay via this option.

Attached to this communication are itemized charges for work completed.

Pay invoice

SUBTOTAL	5,671.75
TAX	0.00
TOTAL	5,671.75
BALANCE DUE	**$5,671.75**

We accept credit cards. Please call Servpro Office at 515-233-4544.

IOWA

GAX 400 4200 400EL26036002 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
Servpro - Invoice # 208895

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$5,671.75** CREATION DATE: **02-05-2026**

DOCUMENT DESCRIPTION:
Servpro - Invoice # 208895

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

AB 2-5-2026

RJ 2/5/26

IOWA

GAX 400 4200 400EL26036002 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: **VS000005828** ADDR ID: **AD003** AMOUNT: **$5,671.75**

DISB TYPE: **Check**

Mac Rizzo LLC
Servpro of Ames

2316 230th St Ste 703
Ames, IA 50014-6335

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$5,671.75**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:
Servpro - Invoice # 208895

ACCT LINE DESC:
Servpro - Invoice # 208895

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4218	K61	2490	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 2-5-26

Request the purchase of the following items:

From (Business name): Servpro of Marshalltown

For the purpose of:
Invoice # 208895. Cleaning of Canteen.

Cost: $5,671.75

Requested By: Ryan Schrage / Danae Block 2/6/26

Authorizing Supervisor: RS

Business Office approval: AB

Fund: Org: 406 4218 - 2490

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

29C.20

AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
5	Siemens	Canteen Fire Detertor replacem	5332183363	11/14/2025	$ 8,721.22	12/8/2026	400EL26342003 - GAX	000002000550649	400EL26342003 - GAX

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
Signed Approval: Chris Olson	11/14/2025		5332183363	11/14/2025
Sales Order No	Sales Ord Date	Lock Box No	Customer No	
3802840672	11/14/2025		30137256	Page 1 of 4

Bill To:	Sold To:	Ship To:
STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362

Contact Person: Brian Smith

Remit Incoming ACH's To:(Preferred)	Remit Incoming Wires To:	Remit payments to:
(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ACH Rtg# 028000024 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ABA# 021000021; SWIFT BIC: CHASUS33 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	ACH Debit or Credit Card Payments: https://flexlync-pay.siemens.com/flexlyncpay OR Remit Check Payments to: Siemens Industry, Inc. PO Box 2134 Carol Stream, IL 60132-2134

Delivery#: Ship Date:

INCO Terms: Prepaid and Add PLANTS Carrier/Route: Best Way

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
1300	**Service Order Number: 5005054844** **Building Name: ELDORA STATE TRAINING SCHOOL BUILDING** A7F55000057 Billing Item - labor per quote ECCN: EAR99 Customer PO item #: 001300 Notes: Issue: FQC-FA-QTD-$8,721.22-Canteen Bldg Svc External comment: External Description | # Replace all devices in the Canteen building following roof repair. clear any troubles that remain. Resolution: Arrived on site Matt was security got keys and met with maintenance. He showed me around canteen. They did have grid up and tiles cu t. I didn#t immediately have power coming off the panel. Did you check the fuses and did a full reset power returned started at the panel worked my way around the building site has three troubles left on the panel. One is for a wiring mismatch which I could not fi nd the other two are for bases that were unusable site is to order bases when they arrive. He would like us to come back out and ins tall them and canteen should be fully operational. Fire protection is on now tested devices. Everything is working except for the tw o troubles that I had to wire straight through. Resolution: The worked performed was a visual inspection of the job and reported for	AU	1	8,721.22	8,721.22

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
Signed Approval: Chris Olson	11/14/2025		5332183363	11/14/2025
Sales Order No	Sales Ord Date	Lock Box No	Customer No	
3802840672	11/14/2025		30137256	Page 2 of 4

more items to be met to do the job.
Resolution:
I met Ross and delivered materials to the site. We surveyed damage and what was all going to be needed. I reported all findings to J
ustin to determine how to proceed. The customer stated that the new ceiling would be going in in about a week.

Contact: Customer Service

Siemens Industry, Inc.
Des Moines Sales Office
7901 Birchwood Court,Suite 109
Johnston IA 50131
Phone: (515)963-1400
Fax: (515)963-1401

State Taxes 0.00

Total Wt.: 0 KG **Currency: USD** **Invoice Total:** 8,721.22

Siemens preferred payment method is ACH/EFT funds transfer. **Our Dunn and Bradstreet # is 01-094-4650**
Payment made via credit card may be subject to a surcharge of up to 2%, where applicable by law.
Payment Terms: Net Due 30 Days

SIEMENS

Contact Information

Proposal #:	9989172-1517170
Date:	August 28, 2025

Sales Executive:	Maria Rosas
Branch Address:	7901 Birchwood Ct. Johnston, IA 50131
Telephone:	214-236-5256
Email Address:	mariarosas@siemens.com
Customer Contact:	RYAN SCHRAGE
Customer:	ELDORA STATE TRAINING SCHOOL
Address:	3211 EDGINGTON AVE ELDORA, IA 50627
Si-Quote ID:	f224baaa-0c14-4b05-a79e-057a81b2f25c

Equipment List

Qty	Ref #	Description
26	FDO421	Smoke detector
2	FDOOTC441	Multi-Crit. Fire/CO Det.
2	XMS-D	Address, double act MPS Isolation
2	FDT421	Heat detector
2	TSM-1X	INTEL TEST SW WALL PLT & ISOLTR
1	XTRI-R	RELAY VERSION

Sell Price

Total Quote Price	**$8,721.22***

Siemens Material pricing includes applicable Tariff Surcharges

This price is firm for 30 days from the date of this proposal.

Siemens reserves the right to adjust prices to reflect the impact of any new or modified taxes, duties, tariffs, or equivalent measures, whether direct or indirect, imposed by any U.S. or foreign governmental authority that are applicable to our offering, including any hardware, software, or service components contained therein.

SIEMENS

Signature Page

Proposed by:	Accepted by:
Siemens Industry, Inc.	Eldora State Training School
Company	Company
Maria Rosas	Chris Olson
Name	Name (Printed)
9989172	
Proposal #	Signature
$8,721.22	Interim Superintendent
Proposal Amount	Title
August 28, 2025	8/29/2025
Date	Date

Purchase Order # ☐ PO for billing/pmnt only ☒ PO not required

IOWA

GAX 400 4200 400EL26342003 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
Siemens - Invoice # 5332183363

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$8,721.22** CREATION DATE: **12-08-2025**

DOCUMENT DESCRIPTION:
Siemens - Invoice # 5332183363

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

AB 12-8-2025
DSB 12/8/25
[illegible] 12/8/25

FILE COPY

IOWA

GAX 400 4200 400EL26342003 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: **00002089901** ADDR ID: **AD008** AMOUNT: **$8,721.22**

DISB TYPE: **EFT**

Siemens Industry Inc

C/O CITIBANK BLDG TECH
PO BOX 2134
CAROL STREAM, IL 60132-2134

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: **AP01** LINE AMOUNT: **$8,721.22**

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: **PARTIAL**

CHECK DESCR:
Siemens - Invoice # 5332183363
ACCT LINE DESC:
Siemens - Invoice # 5332183363

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	2516	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 10-2-25

Request the purchase of the following items:

From (Business name): Siemens

For the purpose of:

Replace all devices in Canteen building following roof repair.

Cost - $8,721.22

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: [signature]

Business Office approval: [signature]

Fund: Org: 409 4212 - 2516

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

872-0060

29C.20
AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Line	Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	Internal Exchange Transfer	Warrant #	Notes
6	Siemens	Install remaining base in Cantee	5332265521	1/20/2026	$ 434.11	2/5/2026	400EL26342005 - GAX	000002000711838	400EL26342005 - GAX

RECEIVED JAN 3 0 2026

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
State of Iowa	01/20/2026		5332265521	01/20/2026
Sales Order No	**Sales Ord Date**	**Lock Box No**	**Customer No**	
3802867237	01/20/2026		30137256	Page 1 of 4

Bill To:	Sold To:	Ship To:
STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362

Contact Person: Brian Smith

Remit Incoming ACH's To:(Preferred)	Remit Incoming Wires To:	Remit payments to:
(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ACH Rtg# 028000024 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ABA# 021000021; SWIFT BIC: CHASUS33 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	ACH Debit or Credit Card Payments: https://flexlync-pay.siemens.com/flexlyncpay OR Remit Check Payments to: Siemens Industry, Inc. PO Box 2134 Carol Stream, IL 60132-2134

Delivery#: Ship Date:

INCO Terms: Prepaid and Add PLANTS Carrier/Route: Best Way

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
	Service Order Number: 5005100010 **Building Name: ELDORA STATE TRAINING SCHOOL BUILDING**				
100	A7F55000007 Specialist - work normal time ECCN: EAR99 Customer PO item #: 000100 **Service Rendered:** until	H	2.30	170.09	391.21
200	A7F55000082 Trip Charge ECCN: EAR99 Customer PO item #: 000200 **Service Rendered:** until	PC	1	42.90	42.90
	Notes: Issue: Canteen Building External comment: External Description | Install remaining bases. Customer supplied POC Ryan 319-404-7110 Resolution: Installed the remainder of the bases one in the bathroom and one mid building number 22 and 18 I did have to extend the wires on 18 they were too short. Everything is installed in the panel is normal. I will be doing the semi annual right after closing this call.				

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
State of Iowa	01/20/2026		5332265521	01/20/2026
Sales Order No	**Sales Ord Date**	**Lock Box No**	**Customer No**	
3802867237	01/20/2026		30137256	Page 2 of 4

Contact: Customer Service

Siemens Industry, Inc.
Des Moines Sales Office
7901 Birchwood Court,Suite 109
Johnston IA 50131
Phone: (515)963-1400
Fax: (515)963-1401

State Taxes 0.00

Total Wt.: 0 KG **Currency: USD** **Invoice Total:** 434.11

Siemens preferred payment method is ACH/EFT funds transfer. **Our Dunn and Bradstreet # is 01-094-4650**
Payment made via credit card may be subject to a surcharge of up to 2%, where applicable by law.
Payment Terms: Net Due 30 Days

March 11, 2025

To: All Siemens Industry, Inc. Customers

From: Nicola Bates
President and CEO, Siemens Capital Company LLC

Re: Payment Instructions

Dear Customer,

Please be advised that Siemens Industry, Inc. (Buildings) has entered a new banking relationship with JPMorgan Chase. All future payments sent to this bank account must be electronic per details in the attached letter from JPMorgan Chase.

Virtual Account Number	Virtual Entity Name	Currency
3817882989	Siemens Industry Inc.(01)	USD

DO NOT MAIL CHECKS TO THE BELOW JPMORGAN CHASE ADDRESS

CCY (CURRENCY)

Beneficiary Bank:	JPMorgan Chase Bank, N.A. 270 Park Avenue New York, NY 10017
Beneficiary Bank Swift BIC:	CHASUS33
Beneficiary Bank Routing Code:	021000021 - Wires 028000024 - ACH (preferred)
Beneficiary Virtual Account Number:	As per 3817882989 details above

For customers paying electronically: Our preferred payment method is ACH (Automated Clearing House) with remittance details being sent in the CTX (Corporate Trade Exchange) addenda record. CTX is a standard format that allows a large amount of payment-related information, such as multiple invoices or detailed remittance data, to be included with the payment in a single transaction.
If ACH CTX is not available, the ACH CCD or ACH CCD+ formats or wire transfer are also acceptable. If paying by ACH CCD, CCD+, or wire transfer, please email invoice details to bfgarwires.us.sbt@siemens.com before initiating payment.

For customers who wish to pay by credit card or ACH Direct Debit can do so via the FlexLync Pay portal at https://flexlync-pay.siemens.com/flexlyncpay. To proceed, please navigate to the self-registration option.

For customers paying by check: please refer to the lockbox details provided on your Siemens invoice.

If you have any questions or need assistance, please contact your Siemens Industry business representative or Accounts Receivable to confirm this bank transition.

Sincerely,

Nicola Bates
President and CEO
Siemens Capital Company LLC

J.P.Morgan

Siemens Capital Company LLC
200 Wood Avenue South FL 2
Iselin, NJ 08830

April 3, 2025

Bank Confirmation of Routing/Settlement Instructions

Dear Sir, Madam,

We make reference to the Virtual Account Management Services provided to you by JP Morgan Chase Bank, N.A. As requested, we hereby confirm that as of the date of this letter, according to our records, the following routing details at JP Morgan Chase Bank, N.A. are correct:

Virtual Account Number*	Virtual Entity Name	Currency
3817882989	Siemens Industry Inc.(01)	USD

Standard Settlement Table
CCY (CURRENCY)

Beneficiary Bank:	JPMorgan Chase Bank, N.A. 270 Park Avenue New York, NY 10017
Beneficiary Bank Swift BIC:	CHASUS33
Beneficiary Bank Routing Code:	021000021 - Wires 028000024 - ACH (preferred)
Beneficiary Virtual Account Number:	As per 3817882989 details above

*Note that the payment will be routed to an account in the name of the Demand Deposit Account (DDA)/Physical Account Holder Siemens Capital Company LLC acting as the Group's entity through which all payments and receipts are routed, as applicable. A virtual account is a reporting representation of the activity taking place in an aligned demand deposit account.
A virtual account has a unique account number (specified above) that allows a customizable reporting structure against the demand deposit account, enabling clients to organize and report data according to how they manage their business.

Michelle Brown
Client Service Account Manager
JP Morgan Chase Bank, N.A.

IOWA

GAX 400 4200 400EL26036005 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
Siemens - Invoice # 5332265521

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$434.11** CREATION DATE: **02-05-2026**

DOCUMENT DESCRIPTION:
Siemens - Invoice # 5332265521

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

AB 2-5-2026

BW 1/5/26

IOWA

GAX 400 4200 400EL26036005 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: 00002089901 ADDR ID: AD008 AMOUNT: $434.11
DISB TYPE: EFT

Siemens Industry Inc

C/O CITIBANK BLDG TECH
PO BOX 2134
CAROL STREAM, IL 60132-2134

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $434.11
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
Siemens - Invoice # 5332265521
ACCT LINE DESC:
Siemens - Invoice # 5332265521

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	2519	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 2-5-26

Request the purchase of the following items:

From (Business name): Siemens

For the purpose of:

Invoice # 5332265521. Install remaining bases in canteen building.

Cost - $434.11

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: RW

Business Office approval: AB

Fund: Org: 409 4212 - 2519

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

IOWA | Health and Human Services

Signature Request

February 11, 2026

Memorandum for the Director
Through: Cory Turner, M.L.S., Division Director, State-Operated Specialty Care (SOSC)
From: Eric W. DeTemmerman, MHA, Executive Officer 2, SOSC
Subject: STS 29C.20 Request 6/19/2025
Return to: Eric W. DeTemmerman, MHA
Bobbi Jo Erskine, Executive Officer 1, SOSC

Purpose:
The purpose of this memorandum is to obtain the Director's signature on the document titled "Reimbursement Request" authorizing the review of a 29C.20 request for reimbursement by the Office of Auditor of State and Executive Council.

Background/Summary:
On June 19, 2025, the State Training School (STS) at Eldora facility sustained damage to their canteen roof and fire detector system due to severe storms. The damage was reported to the Auditor's Office on the following day June 20, 2025, with resulting AOS claim #4088.

Discussion:
Repairs have been completed totaling $259,304.58. I am requesting allocation and reimbursement of this amount to remediate the damage caused by the lightning. Invoices and proof of payment are enclosed for review.

Recommendation:
Please sign the enclosed letter allowing for Auditor's Office and Executive Council review and reimbursement of STS costs due to storm damage.

Priority and Explanation of Time-Sensitive Factors:
The request for allocation for reimbursement will first be reviewed by the Office of the State, followed by the Executive Council, and it is important to get the requests to them for review as soon as possible to recoup costs.

Participants:
Chris Olson, Superintendent, STS
Victoria Newton, Executive Council/Treasurer of State

Director's Decision:

☑ Approved

☐ Not Approved

☐ Modify

IOWA | Health and Human Services

☐ Schedule Briefing

Comments/Acknowledgement

IOWA | Health and Human Services

Kim Reynolds, Governor

Larry Johnson, Director

Tammy Hollingsworth
Office of Auditor of State
Local

Dear Ms. Hollingsworth:

On June 19, 2025, the State Training School (STS) at Eldora sustained damage to their canteen roof and fire detector system due to severe storms. The damage was reported to the Auditor's Office on the following day June 20, 2025, with resulting AOS claim #4088.

Repairs have been completed totaling $259,304.58. I am requesting allocation and reimbursement of this amount to remediate the damage caused by the lightning. Invoices and proof of payment are enclosed for review.

If you have any questions or need additional information, please contact Eric W. DeTemmerman directly via phone at (515) 377-0058. I appreciate your consideration of this matter.

Sincerely,

Larry Johnson,
Director
LJ/edt

Enclosures

Cc: Victoria Newton, Executive Council/Treasurer of State
Chris Olson, Superintendent, STS

29C.20
AOS Claim #4142
State Training School Lightning Strike

Vendor	Invoice #	Invoice Date	Cost	Date Paid	STS - GAX	Lightning Strike Date
Cummins	J5-250749081	7/16/2025	$ 5,033.50	7/25/2025	400EL25206009	6/26/2025
Siemens	5332013626	7/9/2025	$ 433.91	7/25/2025	400EL25206019	6/26/2025
		Total	**$ 5,467.41**			

PAID with IET 654202629300, dated 1/8/20265

29C.20

AOS Claim #

State Training School Lightning Strike 7/23/2025

Vendor	Invoice #	Invoice Date	Cost	Date Paid	STS - GAX	Lightning Strike Date
Siemens	5332040637	7/29/2025	$ 5,490.18	8/12/2025	400EL26224033	7/23/2025
Tri-City Electric	337667	8/5/2025	$ 830.00	8/26/2025	400EL25238007	7/23/2025
Siemens	5332070120	8/22/2025	$ 1,697.03	9/8/2025	400EL26251005	7/23/2025
Siemens	5332086673	9/10/2025	$ 3,430.00	9/24/2025	400EL26267003	7/23/2025
Amazon	113-5678965-3805864	8/13/2025	$ 1,279.99	10/22/2025	400EL26290002	7/23/2025
		Total	**$ 12,727.20**			

29C.20

AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	STS - IET	Notes
DAS MOU	HHS STS Canteen Roof Repair Design (29	MOU 9480.00	6/23/2025	$ 25,000.00	6/24/2025	400EL25175007 - IET	400EL25175007 - IET
DAS MOU	HHS STS Canteen Roof Repair Design (29C20) - Return Funds			$ (21,024.90)	8/12/2025	33525224924 - IET	33525224924 - IET
DAS MOU	HHS STS Canteen Roof Repair Construction	MOU 9480.01	8/5/2025	$ 230,000.00	8/26/2025	400EL26216003 - IET	400EL26216003 - IET
McDowell & Sons	Roll-off dumpter for building debris	64644	7/1/2025	$ 502.40	9/23/2025	400EL26266001 - PRC	400EL26266001 - PRC
DAS MOU	HHS STS Canteen Roof Repair Construction Amend #1	MOU 9480.01	10/1/2025	$ 35,000.00	10/1/2025	400EL26274001 - IET	400EL26274001 - IET
Servpro of Marshalltown	Cleaning and restoration of canteen interior	208895	1/30/2026	$ 5,671.75	2/5/2026	400EL26036002 - GAX	400EL26036002 - GAX
Siemens	Canteen Fire Detertor replacement	5332183363	11/14/2025	$ 8,721.22	12/8/2026	400EL26342003 - GAX	400EL26342003 - GAX
Siemens	Install remaining base in Canteen	5332265521	1/20/2026	$ 434.11	2/5/2026	400EL26342005 - GAX	400EL26342005 - GAX
			Total	**$ 259,304.58**			

29C.20
AOS Claim #

State Training School - Canteen Building Storm Damage - 6/19/2025

Vendor	Service	Invoice #	Invoice Date	Cost	Date Paid	STS - IET	Notes
DAS MOU	HHS STS Canteen Roof Repair Design (29	MOU 9480.00	6/23/2025	$ 25,000.00	6/24/2025	400EL25175007 - IET	400EL25175007 - IET
DAS MOU	HHS STS Canteen Roof Repair Design (29C20) - Return Funds			$ (21,024.90)	8/12/2025	33525224924 - IET	33525224924 - IET
DAS MOU	HHS STS Canteen Roof Repair Construction	MOU 9480.01	8/5/2025	$ 230,000.00	8/26/2025	400EL26216003 - IET	400EL26216003 - IET
McDowell & Sons	Roll-off dumpter for building debris	64644	7/1/2025	$ 502.40	9/23/2025	400EL26266001 - PRC	400EL26266001 - PRC
DAS MOU	HHS STS Canteen Roof Repair Construction Amend #1	MOU 9480.01	10/1/2025	$ 35,000.00	10/1/2025	400EL26274001 - IET	400EL26274001 - IET
Servpro of Marshalltown	Cleaning and restoration of canteen interior	208895	1/30/2026	$ 5,671.75	2/5/2026	400EL26036002 - GAX	400EL26036002 - GAX
Siemens	Canteen Fire Detertor replacement	5332183363	11/14/2025	$ 8,721.22	12/8/2026	400EL26342003 - GAX	400EL26342003 - GAX
Siemens	Install remaining base in Canteen	5332265521	1/20/2026	$ 434.11	2/5/2026	400EL26342005 - GAX	400EL26342005 - GAX
			Total	**$ 259,304.58**			

Memorandum of Understanding (MOU)
between the Department of Health and Human Services (HHS) and the
Iowa Department of Administrative Services (DAS)
Project No. 9480.00, HHS STS Canteen Roof Repair Design (29C20)

This MOU provides funding for the design to repair the storm damaged roof at the Canteen at the State Training School, located at 3211 Edgington Avenue, Eldora, IA 50627. Construction of the repairs will be funded by a separate MOU.

Pursuant to Iowa Code Chapter 8A, DAS shall provide capital improvement/construction project administration services for the above referenced project. All project related contracts, purchase orders, and MOU between HHS and DAS will be kept on file in DAS.

Pursuant to Iowa Code Chapter 8A, HHS agrees to transfer $25,000.00 to DAS to funding source 0506-335-DA25-0304-948000, within 10 business days of the date of execution of this MOU to be used in conjunction with other funds that may be allocated for this project. *If a different revenue source code is necessary to comply with SAE guidelines, please make the appropriate change to the MOU.* A copy of the transfer document shall be forwarded to DAS and should include a description of the work to be funded in the LINE_DESC field of Iowa Advantage and reference Project Number 948000 in the program field. If the transfer of funds is made by check the check shall be made payable to DAS, must be received on or before the date noted above, and should include a reference to the above stated project number and name.

These funds will be used to cover direct and indirect costs associated with the project including but not limited to the following: construction project management, printing, travel, contract administration, site visits, and any other costs related to completion of Project Number 9480.00. It is mutually agreed upon and understood by both parties that any additional funds necessary to complete the project will be provided by HHS, based upon discussion and agreement to alternative project/funding solution by both parties through an amended MOU.

DAS shall provide guidance in resolving questions that arise as this work is undertaken. DAS agrees to maintain an accounting of this work and shall monthly post financial reports detailing the use and disposition of funds for this work to the DAS website:

https://das.iowa.gov/general-services/design-and-construction-resource-bureau/infrastructure-financials

If the project is funded by non-appropriated resources and the project extends beyond the current fiscal year, the funds will remain with DAS until the completion of the agreed upon project.

If the project is funded by an appropriation, DAS will work with SAE and DOM to determine necessary actions, if any, at fiscal year-end and upon completion of the project. Actions may include the reversion of funds.

Please circle the funding source type:
General Fund RIIF Federal
Other (please specify): _____

Any year-end actions necessary at the agency level are the sole responsibility of the agency.

Any funds remaining at the completion of the project will be returned to the originating agency.

Until the MOU is fully executed and funds to cover the estimated costs of this project have been received by DAS, work on the project will not commence.

Signed and dated:

Kelly Garcia 06/25/2025
Agency Director (date)
Department of Health and Human Services

6/25/25
Chief Financial Manager (date)
Iowa Department of Administrative Services

IOWA

IET 400 4200 400EL25175007 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

DOCUMENT NAME:
MOU 9480.00 HHS ST Canteen Roof Repair

BFY: **2025** FY: **2025** PERIOD: **12** DOCUMENT TOTAL: **$25,000.00** CREATION DATE: **06-24-2025**

DOCUMENT DESCRIPTION:
MOU 9480.00 Transfer to DAS

EXTENDED DESCRIPTION:

INITIATOR: **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY: **rwarrin**

LAST USER: **jmorris**

IOWA

IET 400 4200 400EL25175007 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: IN04 LINE AMOUNT: $25,000.00

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA25	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948000		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: IN04 LINE AMOUNT: $25,000.00

REF DOC: REF VNDR LN: 0 REF ACTG LN: 0 REF TYPE: PARTIAL

SERVICE FROM: 06-24-2025 SERVICE TO: 06-24-2025

ACCT LINE DESC:
MOU 9480.00

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 7-29-25

Request the purchase of the following items:

From (Business name): McDowell & Ssons Sanitation – Fy25

For the purpose of:

Rolloff and landfill fees. Delivered 6/20/25, dumped & done 6/23/25. Invoice # 64644.

Cost - $512.21

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: _____

Business Office approval: _____

Fund: Org: 406 4211 - 2520

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

McDowell & Sons Sanitation, LLC

PO Box 664
Iowa Falls, IA 50126

RECEIVED JUL 2 8 2025

Invoice

Date	Invoice #
7/1/2025	64644

Bill To
Iowa State Training School For Boys 3211 Edgington Ave Eldora, IA 50627

p: 641-648-5071
e: info@mcdowellandsons.com

P.O. No.	Terms	Project
	Due on receipt	

Description	Qty	Rate	Amount
3211 Edgington Ave - Eldora			
ROLLOFF		175.00	175.00
LANDFILL FEES		315.15	315.15T
Delivered 6/20/25			
Dumped & Done 6/23/25 - 5.73T			

1.5% SERVICE CHARGE WILL BE ADDED TO ALL ACCOUNTS OVER 30 DAYS FROM INVOICE DATE. MINIMUM $1.50.

Subtotal	$490.15
Sales Tax (7.0%)	$22.06
Total	$512.21
Payments/Credits	$0.00
Balance Due	$512.21

IOWA

GAX 400 4200 400EL26266001 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
US Bank - Credit Card (7/22/25 - 8/20/25) - FY26

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$43,014.45** CREATION DATE: **09-23-2025**

DOCUMENT DESCRIPTION:
US Bank - Credit Card (7/22/25 - 8/20/25) - FY26

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

TMR 9-24-25
RW 9/24/25
Co 9/24/25

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: 00003018232 ADDR ID: AD001 AMOUNT: $43,014.45

DISB TYPE: EFT

US BANK CARDMEMBER SERV

PO BOX 790428
SAINT LOUIS, MO 63179-0428

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $10.05

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2212	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 2 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $196.00

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2219	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 3 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $280.00

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL

CHECK DESCR:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366

ACCT LINE DESC:

US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2489	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 4 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $1,469.97
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2833	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 5 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $414.72
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2616	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 6 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $18,585.54
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4210	K61	2261	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 7 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $633.93
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2222	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 8 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $7,379.14
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2224	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 9 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $1,153.93
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2229	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 10 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $31.92
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4221	K61	2264	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 11 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $49.00
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2423	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 12 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $153.50
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2513	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 13 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $502.40
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	2520	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 14 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $1,819.96
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4211	K61	3306	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 15 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $194.80
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	2512	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 16 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $74.95
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4213	K61	2234	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 17 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $5,383.80
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4221	K61	2264	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 18 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $726.48
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4223	K61	2265	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 19 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $189.98
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4223	K61	3316	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 20 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $1,062.41
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4242	K61	2243	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 21 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $100.00
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4243	K61	2537	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 22 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $120.94
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4209	K61	2548	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 23 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $307.60
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4246	K61	2447	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 24 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $180.54
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4247	K61	2242	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 26 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $150.10
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4260	K61	2285	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 27 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $69.99
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4260	K61	2306	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

ACCT LN: 28 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $271.35
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4260	K61	2484	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

ACCT LN: 29 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $891.96
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
013Q	400	4900	0000	2396	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
				C117	
MJR PRG	PROGM	PHASE	PRG PERIOD		
FCLTY	ELDOR1		FCLTY		

ACCT LN: 30 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $600.00
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
013Q	400	4900	0000	3820	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
				C002	
MJR PRG	PROGM	PHASE	PRG PERIOD		
FCLTY	ELDOR1		FCLTY		

ACCT LN: 31 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $9.49
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - Account #: xxxx-xxxx-xxxx-0366
ACCT LINE DESC:
US Bank - Credit Card Charges (7/22/25 - 8/20/25) - FY26

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
013Q	400	4900	0000	3830	
LOC	ACTY	FUNC	REPT	TASK / SUB	TSK ORD
				C117	
MJR PRG	PROGM	PHASE	PRG PERIOD		
FCLTY	ELDOR1		FCLTY		

Memorandum of Understanding (MOU)
between the Department of Health and Human Services (HHS) and the
Iowa Department of Administrative Services (DAS)
Project No. 9480.01, HHS STS Canteen Roof Repair Construction (29C20)

This MOU provides funding for the construction to repair the storm damaged roof at the Canteen at the State Training School, located at 3211 Edgington Avenue, Eldora, IA 50627.

Pursuant to Iowa Code Chapter 8A, DAS shall provide capital improvement/construction project administration services for the above referenced project. All project related contracts, purchase orders, and MOU between HHS and DAS will be kept on file in DAS.

Pursuant to Iowa Code Chapter 8A, HHS agrees to transfer $230,000.00 to DAS to funding source 0506-335-DA26-0304-948001, within 10 business days of the date of execution of this MOU to be used in conjunction with other funds that may be allocated for this project. *If a different revenue source code is necessary to comply with SAE guidelines, please make the appropriate change to the MOU.* A copy of the transfer document shall be forwarded to DAS and should include a description of the work to be funded in the LINE_DESC field of Iowa Advantage and reference Project Number 948001 in the program field. If the transfer of funds is made by check the check shall be made payable to DAS, must be received on or before the date noted above, and should include a reference to the above stated project number and name.

These funds will be used to cover direct and indirect costs associated with the project including but not limited to the following: construction project management, printing, travel, contract administration, site visits, and any other costs related to completion of Project Number 9480.01. It is mutually agreed upon and understood by both parties that any additional funds necessary to complete the project will be provided by HHS, based upon discussion and agreement to alternative project/funding solution by both parties through an amended MOU.

DAS shall provide guidance in resolving questions that arise as this work is undertaken. DAS agrees to maintain an accounting of this work and shall monthly post financial reports detailing the use and disposition of funds for this work to the DAS website:

https://das.iowa.gov/general-services/design-and-construction-resource-bureau/infrastructure-financials

If the project is funded by non-appropriated resources and the project extends beyond the current fiscal year, the funds will remain with DAS until the completion of the agreed upon project.

If the project is funded by an appropriation, DAS will work with SAE and DOM to determine necessary actions, if any, at fiscal year-end and upon completion of the project. Actions may include the reversion of funds.

Please circle the funding source type:
General Fund RIIF Federal
Other (please specify): _____

Any year-end actions necessary at the agency level are the sole responsibility of the agency.

Any funds remaining at the completion of the project will be returned to the originating agency.

Until the MOU is fully executed and funds to cover the estimated costs of this project have been received by DAS, work on the project will not commence.

Signed and dated:

Kelly Garcia 08/05/2025
Agency Director (date)
Department of Health and Human Services

8/5/25
Chief Financial Manager (date)
Iowa Department of Administrative Services

IOWA

IET 400 4200 400EL26216003 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

DOCUMENT NAME:
MOU 9480.01 HHS Canteen Repair Construction

BFY: **2026** FY: **2026** PERIOD: **2** DOCUMENT TOTAL: **$230,000.00** CREATION DATE: **08-05-2025**

DOCUMENT DESCRIPTION:
MOU 9480.01 Transfer to DAS

EXTENDED DESCRIPTION:

INITIATOR: **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY: **rwarrin**

LAST USER: **clangeb**

IOWA

IET 400 4200 400EL26216003 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: IN04 LINE AMOUNT: $230,000.00

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA26	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948001		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: IN04 LINE AMOUNT: $230,000.00

REF DOC: REF VNDR LN: 0 REF ACTG LN: 0 REF TYPE: PARTIAL

SERVICE FROM: 08-05-2025 SERVICE TO: 08-05-2025

ACCT LINE DESC:
MOU 9480.01

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

2025 Doc Cd: IET Dept: 335 Doc #: 33525224924 Vers: 1 Cycle: 08/12/25

Seller Line:

Ln No	Fund	Dept	Unit	Sub Unit	Activity	Function	Rev	Sub Rev	Dept Rev	Appr	Task	Program
1	0506	335	DA25				0304			0000		948000

Accounting Line(s):

Ln No	Fund	Dept	Unit	Sub Unit	Activity	Function	Obj	Sub Obj	Dept Obj	Appr	Task	Program	Description	Amount
1	0001	400	4212				3904			K61		ELDOR1	Returning FY25 Funds to Agency	(21,024.90)
													Sum:	**(21,024.90)**

MAU 9480.00
HHS SES CENTRAL ROOF REPAIR DESIGN

Memorandum of Understanding (MOU)
between the Department of Health and Human Services (HHS) and the
Iowa Department of Administrative Services (DAS)
Project No. 9480.01, HHS STS Canteen Roof Repair Construction (29C20) Amendment #1

This MOU provides funding for the construction to repair damaged masonry and replace the EPDM roof section at the Canteen at the State Training School, located at 3211 Edgington Avenue, Eldora, IA 50627.

Pursuant to Iowa Code Chapter 8A, DAS shall provide capital improvement/construction project administration services for the above referenced project. All project related contracts, purchase orders, and MOU between HHS and DAS will be kept on file in DAS.

Pursuant to Iowa Code Chapter 8A, HHS agrees to transfer $35,000.00 to DAS to funding source 0506-335-DA26-0304-948001, within 10 business days of the date of execution of this MOU to be used in conjunction with other funds that may be allocated for this project. *If a different revenue source code is necessary to comply with SAE guidelines, please make the appropriate change to the MOU.* A copy of the transfer document shall be forwarded to DAS and should include a description of the work to be funded in the LINE_DESC field of Iowa Advantage and reference Project Number 948001 in the program field. If the transfer of funds is made by check the check shall be made payable to DAS, must be received on or before the date noted above, and should include a reference to the above stated project number and name.

These funds will be used to cover direct and indirect costs associated with the project including but not limited to the following: construction project management, printing, travel, contract administration, site visits, and any other costs related to completion of Project Number 9480.01. It is mutually agreed upon and understood by both parties that any additional funds necessary to complete the project will be provided by HHS, based upon discussion and agreement to alternative project/funding solution by both parties through an amended MOU.

DAS shall provide guidance in resolving questions that arise as this work is undertaken. DAS agrees to maintain an accounting of this work and shall monthly post financial reports detailing the use and disposition of funds for this work to the DAS website:

https://das.iowa.gov/general-services/design-and-construction-resource-bureau/infrastructure-financials

If the project is funded by non-appropriated resources and the project extends beyond the current fiscal year, the funds will remain with DAS until the completion of the agreed upon project.

If the project is funded by an appropriation, DAS will work with SAE and DOM to determine necessary actions, if any, at fiscal year-end and upon completion of the project. Actions may include the reversion of funds.

~~Please circle the~~ funding source type:
(General Fund) RIIF Federal
Other (please specify): _____

Any year-end actions necessary at the agency level are the sole responsibility of the agency.

Any funds remaining at the completion of the project will be returned to the originating agency.

Until the MOU is fully executed and funds to cover the estimated costs of this project have been received by DAS, work on the project will not commence.

Signed and dated:

Kelly Garcia 09/30/2025
Agency Director (date)
Department of Health and Human Services

9/30/25
Chief Financial Manager (date)
Iowa Department of Administrative Services

IOWA

IET 400 4200 400EL26274001 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

DOCUMENT NAME:
MOU 9480.01 HHS Canteen Roof Repair - Amendment 1

BFY: **2026** FY: **2026** PERIOD: DOCUMENT TOTAL: **$35,000.00** CREATION DATE: **10-01-2025**

DOCUMENT DESCRIPTION:
MOU 9480.01 Amendment 1

EXTENDED DESCRIPTION:
Project 9480.01, HHS Canteen Roof Repair Construction (29C20) Amendment #1

INITIATOR: **Provider/Seller**

ADDITIONAL INFO:

ENTERED BY: **rwarrin**

LAST USER: **rwarrin**

IOWA

IET 400 4200 400EL26274001 1

STATE OF IOWA
INTERNAL EXCHANGE TRANSFER

1st PARTY LINE NBR: 1 EVENT TYPE: IN04 LINE AMOUNT: $35,000.00

FUND	DEPT	ORGN / SUB	APPR	OBJIT / SUB	REV / SUB
0506	335	DA26	0000		0304

MJRPRG	PROGM	PHASE	PRG PERIOD
3D02	948001		3D02

2nd PARTY LINE NBR: 1 EVENT TYPE: IN04 LINE AMOUNT: $35,000.00

REF DOC: REF VNDR LN: 0 REF ACTG LN: 0 REF TYPE: PARTIAL

SERVICE FROM: 10-01-2025 SERVICE TO: 10-01-2025

ACCT LINE DESC:
MOU 9480.01 Amend #1

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	3904	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 2-5-26

Request the purchase of the following items:

From (Business name): Servpro of Marshalltown

For the purpose of:
Invoice # 208895. Cleaning of Canteen.

Cost: $5,671.75

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: RW

Business Office approval: AB

Fund: Org: 406 4218 - 2490

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

Servpro of Marshalltown
2316 230th St. Suite 703
Ames, IA 50014
5152334544
office@servproames.com
www.servproames.com

INVOICE

BILL TO
Iowa State Training School for Boys
3211 Edgingtonn Rd
Eldora, IA 50627 USA

SHIP TO
Iowa State Training School for Boys
Ryan Schrage
32111 Edgingtonn Rd
Eldora, IA 50627 USA

INVOICE # 208895
DATE 01/30/2026
DUE DATE 01/30/2026
TERMS Due on receipt

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
12/08/2025	**General Cleaning**	General Cleaning, Cleaning Non Restoration	1	5,671.75	5,671.75

Servpro of Ames and Marshalltown allows payments via credit card with a 4.0% fee added. Please call or email if you would like to pay via this option.

Attached to this communication are itemized charges for work completed.

SUBTOTAL	5,671.75
TAX	0.00
TOTAL	5,671.75
BALANCE DUE	**$5,671.75**

Pay invoice

We accept credit cards. Please call Servpro Office at 515-233-4544.

IOWA

GAX 400 4200 400EL26036002 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
Servpro - Invoice # 208895

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$5,671.75** CREATION DATE: **02-05-2026**

DOCUMENT DESCRIPTION:
Servpro - Invoice # 208895

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

AB 2-5-2026

RJ 2/5/26

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: VS000005828 ADDR ID: AD003 AMOUNT: $5,671.75

DISB TYPE: Check

Mac Rizzo LLC
Servpro of Ames

2316 230th St Ste 703
Ames, IA 50014-6335

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $5,671.75

REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL

CHECK DESCR:
Servpro - Invoice # 208895

ACCT LINE DESC:
Servpro - Invoice # 208895

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4218	K61	2490	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 10-2-25

Request the purchase of the following items:

From (Business name): Siemens

For the purpose of:

Replace all devices in Canteen building following roof repair.

Cost - $8,721.22

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: CO

Business Office approval:

Fund: Org: 409 4212 - 2516

Account:

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

IOWA

GAX 400 4200 400EL26342003 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
Siemens - Invoice # 5332183363

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$8,721.22** CREATION DATE: **12-08-2025**

DOCUMENT DESCRIPTION:
Siemens - Invoice # 5332183363

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

AB 12-8-2025
DSB 12/8/25
[signature] 12/8/25

FILE COPY

IOWA

GAX 400 4200 400EL26342003 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: 00002089901 ADDR ID: AD008 AMOUNT: $8,721.22
DISB TYPE: EFT

Siemens Industry Inc

C/O CITIBANK BLDG TECH
PO BOX 2134
CAROL STREAM, IL 60132-2134

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $8,721.22
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
Siemens - Invoice # 5332183363
ACCT LINE DESC:
Siemens - Invoice # 5332183363

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	2516	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
Signed Approval: Chris Olson	11/14/2025		5332183363	11/14/2025
Sales Order No	Sales Ord Date	Lock Box No	Customer No	
3802840672	11/14/2025		30137256	Page 1 of 4

Bill To:	Sold To:	Ship To:
STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362

Contact Person: Brian Smith

Remit Incoming ACH's To:(Preferred)	Remit Incoming Wires To:	Remit payments to:
(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ACH Rtg# 028000024 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ABA# 021000021; SWIFT BIC: CHASUS33 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	ACH Debit or Credit Card Payments: https://flexlync-pay.siemens.com/flexlyncpay OR Remit Check Payments to: Siemens Industry, Inc. PO Box 2134 Carol Stream, IL 60132-2134

Delivery#: Ship Date:

INCO Terms: Prepaid and Add PLANTS Carrier/Route: Best Way

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
1300	**Service Order Number: 5005054844** **Building Name: ELDORA STATE TRAINING SCHOOL BUILDING** A7F55000057 Billing Item - labor per quote ECCN: EAR99 Customer PO Item #: 001300 Notes: Issue: FQC-FA-QTD-$8,721.22-Canteen Bldg Svc External comment: External Description | # Replace all devices in the Canteen building following roof repair. clear any troubles that remain. Resolution: Arrived on site Matt was security got keys and met with maintenance. He showed me around canteen. They did have grid up and tiles cu t. I didn#t immediately have power coming off the panel. Did you check the fuses and did a full reset power returned started at the panel worked my way around the building site has three troubles left on the panel. One is for a wiring mismatch which I could not fi nd the other two are for bases that were unusable site is to order bases when they arrive. He would like us to come back out and ins tall them and canteen should be fully operational. Fire protection is on now tested devices. Everything is working except for the tw o troubles that I had to wire straight through. Resolution: The worked performed was a visual inspection of the job and reported for	AU	1	8,721.22	8,721.22

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
Signed Approval: Chris Olson	11/14/2025		5332183363	11/14/2025
Sales Order No	Sales Ord Date	Lock Box No	Customer No	
3802840672	11/14/2025		30137256	Page 2 of 4

more items to be met to do the job.
Resolution:
I met Ross and delivered materials to the site. We surveyed damage and what was all going to be needed. I reported all findings to J
ustin to determine how to proceed. The customer stated that the new ceiling would be going in in about a week.

Contact: Customer Service

Siemens Industry, Inc.
Des Moines Sales Office
7901 Birchwood Court,Suite 109
Johnston IA 50131
Phone: (515)963-1400
Fax: (515)963-1401

State Taxes 0.00

Total Wt.: 0 KG Currency: USD Invoice Total: 8,721.22

Siemens preferred payment method is ACH/EFT funds transfer. **Our Dunn and Bradstreet # is 01-094-4650**
Payment made via credit card may be subject to a surcharge of up to 2%, where applicable by law.
Payment Terms: Net Due 30 Days

SIEMENS

Contact Information

Proposal #:	9989172-1517170
Date:	August 28, 2025

Sales Executive:	Maria Rosas
Branch Address:	7901 Birchwood Ct. Johnston, IA 50131
Telephone:	214-236-5256
Email Address:	mariarosas@siemens.com
Customer Contact:	RYAN SCHRAGE
Customer:	ELDORA STATE TRAINING SCHOOL
Address:	3211 EDGINGTON AVE ELDORA, IA 50627
Si-Quote ID:	f224baaa-0c14-4b05-a79e-057a81b2f25c

SIEMENS

Equipment List

Qty	Ref #	Description
26	FDO421	Smoke detector
2	FDOOTC441	Multi-Crit. Fire/CO Det.
2	XMS-D	Address, double act MPS Isolation
2	FDT421	Heat detector
2	TSM-1X	INTEL TEST SW WALL PLT & ISOLTR
1	XTRI-R	RELAY VERSION

Sell Price

Total Quote Price **$8,721.22***

Siemens Material pricing includes applicable Tariff Surcharges

This price is firm for 30 days from the date of this proposal.

Siemens reserves the right to adjust prices to reflect the impact of any new or modified taxes, duties, tariffs, or equivalent measures, whether direct or indirect, imposed by any U.S. or foreign governmental authority that are applicable to our offering, including any hardware, software, or service components contained therein.

SIEMENS

Signature Page

Proposed by:	Accepted by:
Siemens Industry, Inc.	Eldora State Training School
Company	Company
Maria Rosas	Chris Olson
Name	Name (Printed)
9989172	
Proposal #	Signature
$8,721.22	Interim Superintendent
Proposal Amount	Title
August 28, 2025	8/29/2025
Date	Date

Purchase Order # ☐ PO for billing/pmnt only ☒ PO not required

Business Office Use
Check #: _____
Date: _____

State Training School
Eldora, Iowa

PURCHASE ORDER
Must be completed and approved before purchase is made

1. Complete Purchase order.
2. Submit to your Supervisor for approval.
3. Supervisor, submit to the Business office for approval of funds.
4. Make purchase.
5. Submit Purchase order and receipt to Business Office

Date: 2-5-26

Request the purchase of the following items:

From (Business name): Siemens

For the purpose of:

Invoice # 5332265521. Install remaining bases in canteen building.

Cost - $434.11

Requested By: Ryan Schrage / Danae Block

Authorizing Supervisor: RW

Business Office approval: AB

Fund: Org: 409 4212 - 2519

Account: _____

Note: After the purchase the invoice, packing slip, or the receipt must be attached to the Purchase Order and submitted to the Business Office the same day as the purchase. If the Business Office is closed please place form in the Business Office door night drop box.

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
State of Iowa	01/20/2026		5332265521	01/20/2026
Sales Order No	**Sales Ord Date**	**Lock Box No**	**Customer No**	
3802867237	01/20/2026		30137256	Page 1 of 4

Bill To:	Sold To:	Ship To:
STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362	STATE OF IOWA DEPARTMENT OF HUMAN SERVICES 3211 EDGINGTON AVE ELDORA IA 50627-8362

Contact Person: Brian Smith

Remit Incoming ACH's To:(Preferred)	Remit Incoming Wires To:	Remit payments to:
(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ACH Rtg# 028000024 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	(No Check Payments) JPMorgan Chase Bank, N.A. New York, NY 10017 ABA# 021000021; SWIFT BIC: CHASUS33 Siemens Industry Inc. Account: 3817882989 Email Detailed Remittance Advice to: bfgarwires.us.sbt@siemens.com	ACH Debit or Credit Card Payments: https://flexlync-pay.siemens.com/flexlyncpay OR Remit Check Payments to: Siemens Industry, Inc. PO Box 2134 Carol Stream, IL 60132-2134

Delivery#: Ship Date:

INCO Terms: Prepaid and Add PLANTS Carrier/Route: Best Way

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
	Service Order Number: 5005100010 **Building Name: ELDORA STATE TRAINING SCHOOL BUILDING**				
100	A7F55000007 Specialist - work normal time ECCN: EAR99 Customer PO Item #: 000100 **Service Rendered:** until	H	2.30	170.09	391.21
200	A7F55000082 Trip Charge ECCN: EAR99 Customer PO Item #: 000200 **Service Rendered:** until	PC	1	42.90	42.90
	Notes: Issue: Canteen Building External comment: External Description | Install remaining bases. Customer supplied POC Ryan 319-404-7110 Resolution: Installed the remainder of the bases one in the bathroom and one mid building number 22 and 18 I did have to extend the wires on 18 they were too short. Everything is installed in the panel is normal. I will be doing the semi annual right after closing this call.				

SIEMENS

Invoice FIRE

Cust PO No	Cust PO Date	Quotation No	Invoice No	Date
State of Iowa	01/20/2026		5332265521	01/20/2026
Sales Order No	**Sales Ord Date**	**Lock Box No**	**Customer No**	
3802867237	01/20/2026		30137256	Page 2 of 4

Contact: Customer Service

Siemens Industry, Inc.
Des Moines Sales Office
7901 Birchwood Court,Suite 109
Johnston IA 50131
Phone: (515)963-1400
Fax: (515)963-1401

State Taxes	0.00

Total Wt.: 0 KG **Currency: USD** **Invoice Total:** 434.11

Siemens preferred payment method is ACH/EFT funds transfer. **Our Dunn and Bradstreet # is 01-094-4650**
Payment made via credit card may be subject to a surcharge of up to 2%, where applicable by law.
Payment Terms: Net Due 30 Days

"These items are controlled by the U.S. Government (when labeled with "ECCN" unequal "N") and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. Government or as otherwise authorized by U.S. law and regulations. Items labeled with "AL" unequal "N" are subject to European Union export authorization. Items without label, with label "AL:N" / "ECCN:N" or label "AL 9X9999" / "ECCN 9X9999" may require authorization from responsible authorities depending on the final end-use, or the destination."

"We hereby certify that these goods were produced in compliance with all the applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and regulations and orders of the United States Department of Labor issued under Section 14, thereof."
For shipment to California, "Displays exceeding 4" include the e-Waste recycle fee up to $10 per item.

March 11, 2025

To: All Siemens Industry, Inc. Customers

From: Nicola Bates
President and CEO, Siemens Capital Company LLC

Re: Payment Instructions

Dear Customer,

Please be advised that Siemens Industry, Inc. (Buildings) has entered a new banking relationship with JPMorgan Chase. All future payments sent to this bank account must be electronic per details in the attached letter from JPMorgan Chase.

Virtual Account Number	Virtual Entity Name	Currency
3817882989	Siemens Industry Inc.(01)	USD

DO NOT MAIL CHECKS TO THE BELOW JPMORGAN CHASE ADDRESS

CCY (CURRENCY)

Beneficiary Bank:	JPMorgan Chase Bank, N.A. 270 Park Avenue New York, NY 10017
Beneficiary Bank Swift BIC:	CHASUS33
Beneficiary Bank Routing Code:	021000021 - Wires 028000024 - ACH (preferred)
Beneficiary Virtual Account Number:	As per 3817882989 details above

For customers paying electronically: Our preferred payment method is ACH (Automated Clearing House) with remittance details being sent in the CTX (Corporate Trade Exchange) addenda record. CTX is a standard format that allows a large amount of payment-related information, such as multiple invoices or detailed remittance data, to be included with the payment in a single transaction.
If ACH CTX is not available, the ACH CCD or ACH CCD+ formats or wire transfer are also acceptable. If paying by ACH CCD, CCD+, or wire transfer, please email invoice details to bfgarwires.us.sbt@siemens.com before initiating payment.

For customers who wish to pay by credit card or ACH Direct Debit can do so via the FlexLync Pay portal at https://flexlync-pay.siemens.com/flexlyncpay. To proceed, please navigate to the self-registration option.

For customers paying by check: please refer to the lockbox details provided on your Siemens invoice.

If you have any questions or need assistance, please contact your Siemens Industry business representative or Accounts Receivable to confirm this bank transition.

Sincerely,

Nicola Bates
President and CEO
Siemens Capital Company LLC

J.P.Morgan

Siemens Capital Company LLC
200 Wood Avenue South FL 2
Iselin, NJ 08830

April 3, 2025

Bank Confirmation of Routing/Settlement Instructions

Dear Sir, Madam,

We make reference to the Virtual Account Management Services provided to you by JP Morgan Chase Bank, N.A. As requested, we hereby confirm that as of the date of this letter, according to our records, the following routing details at JP Morgan Chase Bank, N.A. are correct:

Virtual Account Number*	Virtual Entity Name	Currency
3817882989	Siemens Industry Inc.(01)	USD

Standard Settlement Table
CCY (CURRENCY)

Beneficiary Bank:	JPMorgan Chase Bank, N.A. 270 Park Avenue New York, NY 10017
Beneficiary Bank Swift BIC:	CHASUS33
Beneficiary Bank Routing Code:	021000021 - Wires 028000024 - ACH (preferred)
Beneficiary Virtual Account Number:	As per 3817882989 details above

*Note that the payment will be routed to an account in the name of the Demand Deposit Account (DDA)/Physical Account Holder Siemens Capital Company LLC acting as the Group's entity through which all payments and receipts are routed, as applicable. A virtual account is a reporting representation of the activity taking place in an aligned demand deposit account.
A virtual account has a unique account number (specified above) that allows a customizable reporting structure against the demand deposit account, enabling clients to organize and report data according to how they manage their business.

Michelle Brown
Client Service Account Manager
JP Morgan Chase Bank, N.A.

IOWA

GAX 400 4200 400EL26036005 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

DOCUMENT NAME:
Siemens - Invoice # 5332265521

BFY: **2026** FY: **2026** PERIOD: VENDOR LINES: **1** DOCUMENT TOTAL: **$434.11** CREATION DATE: **02-05-2026**

DOCUMENT DESCRIPTION:
Siemens - Invoice # 5332265521

EXTENDED DESCRIPTION:

ENTERED BY: **dblock**
LAST USER: **dblock**

AB 2-5-2026

BW 2/5/26

IOWA

GAX 400 4200 400EL26036005 1

STATE OF IOWA
GENERAL ACCOUNTING EXPENDITURE

VNDR LN: 1 VENDOR NUMBER: 00002089901 ADDR ID: AD008 AMOUNT: $434.11
DISB TYPE: EFT

Siemens Industry Inc

C/O CITIBANK BLDG TECH
PO BOX 2134
CAROL STREAM, IL 60132-2134

OVERRIDE ADDRESS:

ACCT LN: 1 BFY: FY: PERIOD: EVENT TYPE: AP01 LINE AMOUNT: $434.11
REF DOC: REF VNDR LN: REF ACTG LN: REF TYPE: PARTIAL
CHECK DESCR:
Siemens - Invoice # 5332265521
ACCT LINE DESC:
Siemens - Invoice # 5332265521

FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	400	4212	K61	2519	

MJR PRG	PROGM	PHASE	PRG PERIOD
FCLTY	ELDOR1		FCLTY

SOSC - SN26194 - Reimbursement Request authorizing the review of request for reimbursement by the Office of Auditor of State and Executive Council STS 29C.20 Request 6/19/2025

Final Audit Report 2026-02-12

Created:	2026-02-12
By:	Laura Myers (lmyers@dhs.state.ia.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAv4fB14Tgmjezb1TPIsoJi_UMBw9ASD-9

"SOSC - SN26194 - Reimbursement Request authorizing the review of request for reimbursement by the Office of Auditor of State and Executive Council STS 29C.20 Request 6/19/2025" History

Document created by Laura Myers (lmyers@dhs.state.ia.us)
2026-02-12 - 4:08:04 PM GMT- IP address: 165.206.57.242

Document emailed to Larry Johnson (Larry.Johnson@hhs.iowa.gov) for signature
2026-02-12 - 4:16:20 PM GMT

Email viewed by Larry Johnson (Larry.Johnson@hhs.iowa.gov)
2026-02-12 - 7:16:00 PM GMT- IP address: 104.47.64.254

Document e-signed by Larry Johnson (Larry.Johnson@hhs.iowa.gov)
Signature Date: 2026-02-12 - 7:16:28 PM GMT - Time Source: server- IP address: 165.206.57.242

Agreement completed.
2026-02-12 - 7:16:28 PM GMT