



Instructions for completion of Renewable Fuels Infrastructure Program (RFIP) Reimbursement Form and Cost Summary

IMPORTANT NOTES:

- 1- This form can be completed on a computer using the free Adobe Reader Program: <https://get.adobe.com/reader/>
- 2- You can save and finish completion of this form until the point where the Claimant Signature box is completed, which locks the form and the only actions that can be completed are attaching invoices and submitting to RFIP.
- 3- Applicable DNR forms and PMMIC (proof of insurance) forms can be emailed directly to the RFIP Admin at renewablefuelgrants@iowaagriculture.gov. Include your grant number(s) (Ex. 26-RFIP-001E) in the subject line.

Cost Summary page-

1. Complete red sections (Labeled in red and/or red boxes).
 - a. Fill out the RFIP Grant Number as listed on your Cost Share Agreement and Project Address.
 - b. Select the Project Type dropdown (Ethanol grant - E15 or E85; Biodiesel grant - Biodiesel or Biodiesel Terminal)
 - c. Select the Ethanol Tier (if applicable, for Biodiesel reimbursements, this section will be ignored).
2. Complete the Invoice section.
 - a. Invoice # and Vendor Name - As listed on the paid invoice
 - b. Invoice Amount - The total amount of the entire invoice.
 - c. Eligible Portion of Invoice Amount - The amount on the invoice relevant to this grant. Common examples for calculating the Eligible Amount are below (and on the cost summary form):
 - i. One grant for one location, the invoice and eligible amounts should be the same.
 - ii. Multiple grants for one location without an itemized invoice per type of work (E85, E15 and/or Biodiesel) - list the percentage of the Invoice Amount per invoice (Ex. 1/2 the invoice total for E15 reimbursement and 1/2 for Biodiesel reimbursement).
 - iii. Multiple grants for one location with an itemized invoice per type of work - please list the total for those items that are relevant to this particular grant.
 - iv. Multiple Location on one invoice, list the amount for this location only.
 - d. Check # or ACH Reference # - For ACH - any reference number, document number, entry number etc. may be used.

Reimbursement Form-

IMPORTANT: Do NOT complete the Claimant Signature box until ready to submit, as that locks down the ability to add to or edit the form. *****I recommend saving a local copy to your computer prior to signing.***** After that point the only actions that can be completed are attaching invoices and submitting to RFIP.

1. Complete red sections that have not been copied over from the previous page. Total Award Amount is listed on your original Cost Share Agreement.
2. Attach your invoices and proofs of payment. Note for checks: If possible, redact the account information at the bottom of the check.
 - a. Click the red box on the lower left hand corner of the page.
 - i. In the pop-up file window, navigate to and select your invoices and proofs of payment.
3. Confirm that all the information has been completed on both pages and invoice files attached, then click the "Claimant Signature" box and digitally sign the form. (If a box pops up saying "Digital ID Configuration Required", see page 4 of this document for instructions.)
4. To submit, click the button labeled "Submit Completed and Signed Form to RFIP". And continue via your email program. If this doesn't work, please contact us at the email or phone number below.

Please contact renewablefuelgrants@iowaagriculture.gov or 515-281-8604 with any questions.



Renewable Fuel Infrastructure Program Reimbursement Form

Grant Number

Organization Name:

Organization Street Address:

Organization City, St, Zip:

Point of Contact Name:

Point of Contact Phone:

Point of Contact Email:

TOTAL AWARD AMOUNT: (from award letter)

Reimbursement Summary (Please attach invoices)

Cells marked in red are required to be filled out by claimant.

Project Address

[Redacted input box]

Project Type

[Redacted input box]

Date First Used to Store or Dispense Renewable Fuel

[Redacted input box]

Total Cost of Project

[Redacted input box]

Reimbursement Request

[Redacted input box]

Lesser of Cost Share Amount and Award Amount

I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID.

Claimant Signature:

Claimant Name & Title:

Date:

IDALS USE ONLY

Unit to be Charged: 9441

Claim Approved for Payment:

[Signature box]

[Date box]

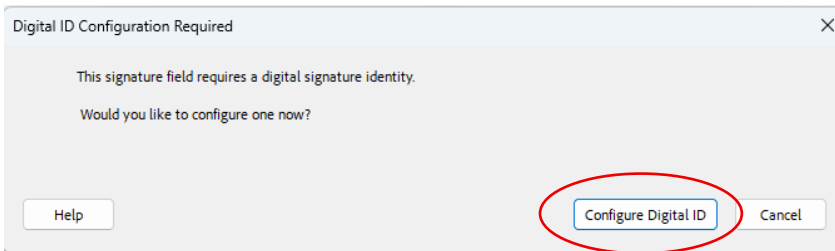
Signature

Date

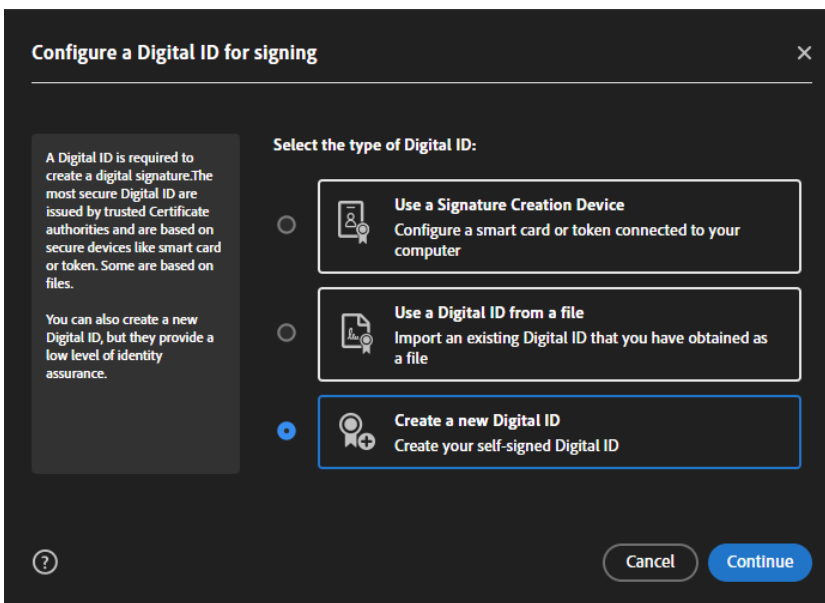
Digital ID Configuration Instructions

If when attempting to sign the Reimbursement form, the following box pops up, follow these instructions.

1- Click "Configure Digital ID" (circled).



2- Select "Create a new Digital ID" then click Continue.



3- Fill out the required information (red boxes), then click "Save".

