

Prime

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) <p align="center">Financial Progress Report (FPR) Prime</p>
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1	DUNS Number*	808349138
2	Legal Entity Name *	IOWA DEPARTMENT MANAGEMENT
3	Address Line 1 *	STATE CAPITOL BLDG, RM G13
4	Address Line 2	
5	Address Line 3	
6	City Name *	DES MOINES
7	State Code *	IA
8	Zip+4 *	50319
11	Country Name *	United States
10	Country Code *	USA
9	Congressional District *	03
12	Recipient Type*	State Government
13	CFDA Number *	21.019
14	Total Coronavirus Relief Funds Received*	\$1,250,000,000.00
15	Point of Contact Name *	Joel Lunde
16	Point of Contact Title *	Fiscal/Policy Principal
17	Point of Contact Email *	joel.lunde@iowa.gov
18	Point of Contact Phone *	(515) 281-7072

Projects

U.S. DEPARTMENT OF THE TREASURY			
Office of Inspector General (OIG)			
Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR)			
Projects			
19 A	19 B	19 C	19 D
Project Name*	Project Identification Number*	Description*	Status*
Renewable Fuel Retail Recovery Program	IA-009-1136	To help gas stations, truck stops and other fuel retailers recover from lost demand caused by COVID-19. Iowa fuel retailers that dispense, or have plans to dispense, ethanol blends of E15 or higher or biodiesel blends of B11 or higher, and biodiesel terminal facilities are eligible to apply for the relief funds.	Fully completed
Livestock Disposal Assistance	IA-009-1137	To help producers cover disposal costs of livestock that could not be harvested due to unprecedented market disruptions caused by COVID-19	Fully completed
Broadband Grants	IA-185-00BB	To address the increased need for internet connectivity due to the COVID-19 pandemic. Communication Service Providers who install broadband infrastructure or facilitate broadband service in Iowa are eligible to receive funds.	Less than 50% completed
Master Data Management	IA-185-1010	To design and develop a statewide data system and prioritized data streams associated with public health, human services, corrections, workforce development and revenue that provide the backbone for analytics during another pandemic.	Not started
Improving Enterprise Applications	IA-185-1020	To create a single centralized login and citizen identity for state government services available online, including unemployment, food assistance, and public health services to improve responsiveness during public health emergencies.	Completed 50% or more
State Biofuel Grant Program	IA-269-0045	Biofuels producers were excluded from receiving aid under other parts of the CARES Act; this program will provide relief to those Iowa ethanol and biodiesel producers based on gallons produced.	Fully completed
Iowa County Fair Relief Program	IA-269-0047	To provide short-term relief to eligible county and district fairs for the purpose of continuing or resuming operations in the context of the public health emergency.	Fully completed
Movie Theater Relief Program	IA-269-0048	To provide short-term relief to eligible movie theatres for the purpose of continuing or resuming operations in the context of the public health emergency.	Fully completed
Iowa Hospital COVID-19 Relief Program	IA-269-0049	To provide direct relief to Iowa's hospitals to support their staffing needs due to COVID-19.	Fully completed
Small Business Relief Grants	IA-269-0379	To provide financial assistance to eligible businesses, non-profit organizations, and utilities that have been impacted by the COVID-19 pandemic.	Fully completed
Eviction and Foreclosure Prevention Program	IA-270-0035	To provide short-term relief to income-eligible renters and homeowners who have been economically impacted by COVID-19 and may be facing housing hardships and are at risk of eviction or foreclosure	Fully completed
Iowa Beginning Farmer Debt Relief	IA-270-0036	COVID-19 has negatively and disproportionately impacted a large number of beginning farmers in Iowa, creating the potential for longer-term generational damage to Iowa agriculture. This program will provide eligible beginning farmers with a long-term debt service payment of up to \$10,000, to be paid directly to their lender.	Fully completed
Iowa Livestock Producer Relief	IA-270-0037	To provide grants of up to \$10,000 to eligible producers of pork, beef, chicken, turkeys, dairy, fish or sheep to serve as working capital to stabilize livestock producers.	Fully completed
Future Ready Iowa Last-Dollar Scholarship	IA-284-0232	To assist covering remaining gap between federal and state grants/scholarships and tuition and qualified fees for new high school graduates or adult learners participating in eligible programs based on job demand.	Fully completed
Meals for Vulnerable Older Adults	IA-297-3485	To provide emergency relief funding to the Iowa Area Agencies on Aging for vital nutrition services to the food insecure, homebound, and socially isolated which saw a 256% increase in the number of home delivered meals served due to the pandemic.	Fully completed
Registered Apprenticeship Incentive Grant Program	IA-309-AAAV	The purpose of the grant program is to fund projects that support the creation and expansion of short-term training programs and support services resulting in industry-recognized credentials. The projects must serve Iowans whose jobs have been affected by the pandemic.	Fully completed
Earn and Learn Grants	IA-309-AAEH	To fund projects that support the creation and expansion of short-term training programs and support services resulting in industry-recognized credentials.	Fully completed

Future Ready Iowa Employer Innovation	IA-309-AAIF	The Future Ready Iowa Employer Innovation provides grants to carry out creative solutions that address local workforce issues. It encourages employers, community leaders, and others to lead efforts for developing regional workforce talent pools. Employers can promote credit and non-credit education and training opportunities in high-demand jobs. The fund can be used in innovative ways to help Iowans achieve their training and education goals.	Fully completed
Unemployment Insurance Benefits	IA-309-IUTF	To ensure eligible Iowans continue to receive unemployment insurance benefits and minimize the pandemic's impact on employers so they can focus on growing and reinvesting in Iowa.	Fully completed
DHS COVID Mitigation	IA-401-009V	To assist the Iowa Department of Human Services deliver services and mitigate disruptions caused by COVID-19.	Completed 50% or more
Double Up Bucks	IA-413-0170	To provide emergency relief for Iowans who are facing food insecurity due to COVID-19 related unemployment and income losses.	Fully completed
Long-Term Care Services	IA-413-LTCS	To be distributed to Medicaid providers of home and community based services (HCBS) and habilitation services under the HCBS waiver programs to cover increased costs associated with the pandemic for providing long-term care services and supports to people in their home or community rather than an institutional setting.	Fully completed
Mental Health Services	IA-413-MHS	To address increased need and costs associated with mental health services due to the stressors and isolation associated with the pandemic.	Fully completed
Long-Term Nursing Facilities Infection Control Surveys	IA-427-5701	To provide the technological infrastructure to make infection control surveys conducted in long-term nursing facilities available for citizen and facility access.	Fully completed
Court Technology	IA-444-CARES	To provide technology upgrades for courtrooms and other areas of courthouses, as well as COVID related technology, equipment for staff and clients, and PSAs regarding "Serving Safely" as a juror.	Fully completed
Legislative Technology Upgrades	IA-502-2020	To facilitate telework and provide ease of access to the Iowa Legislature while following recommended health protocols.	Fully completed
Local FEMA PA Match	IA-583-0011	To support local agency match to the Federal Emergency Management Agency (FEMA) Public Assistance (PA) program	Not started
State FEMA PA Match	IA-583-0012	To support state department match to the Federal Emergency Management Agency (FEMA) Public Assistance (PA) program	Not started
Local Government Relief	IA-625-009W	To reimburse cities and counties for expenditures incurred due to the public health emergency with respect to COVID-19, or provide required match for local governments seeking reimbursement for expenses through the U.S. Department of Homeland Security, Federal Emergency Management Agency's public assistance program. Eligible expenses include such items as personal protective equipment, sanitizing products, necessary medical supplies and equipment, and temporary emergency staffing and overtime costs for staff that is substantially dedicated to the mitigation or response to the COVID-19 public health emergency.	Fully completed
Feeding Iowans Initiative	IA-FII2020	To help Iowa food pantries and food banks meet increasing demands due to the COVID-19 pandemic by increasing refrigeration capacity to offer more perishable, locally-grown foods, increasing the supply of meat available, and funding bulk purchase or repackaging of food products and supplies.	Fully completed
State Government COVID Staffing	IA-PER-EXP	To support payroll expenses for whose services were diverted to a substantially different use as a result of COVID-19, and assist employees who used Emergency Paid Sick Leave due to the COVID-19 pandemic.	Fully completed
COVID Technology Support	IA-TECH	To support ongoing technology needs for Iowa response to the pandemic and economic recovery, and make technology and other purchases that allow for working remotely, conducting virtual meetings, and move to a contactless and physically distanced environment.	Less than 50% completed
Nano Vaccine Development	IA-269-ISUV	To support the development of a next-generation COVID-19 vaccine through a partnership between Iowa State University and the University of Iowa.	Fully completed
Iowa Arts and Cultural Recovery Program	IA-259-1422	To provide short-term relief to arts venues, cultural organizations and creative workers who have lost significant business or income due to the pandemic	Fully completed
COVID-19 Surge Medical Support	IA-583-0014	To provide medical and emergency management support in response to the COVID-19 public health emergency.	Less than 50% completed
Iowa COVID-19 Hospital Transfer Line	IA-588-2002	To support a platform designed to coordinate care of patients by recommending the nearest hospital to admit each patient based on bed availability, the patient's level of care needs and current location; and help ensure hospitals do not become overloaded with COVID-19 transfers.	Fully completed
CRF Audit	IA-CRF-Aud	To support audits of the Coronavirus Relief Fund.	

			Not started
Iowa Child Care	IA-401-G09V	To provide space and supervision for children so parents could go to work.	Fully completed
Volunteer Assistance Recovery Program	IA-269-VARP	Funding supports the ramp up of volunteer efforts in response to the COVID-19 pandemic.	Fully completed
Arts & Cultural Marketing	IA-259-1424	Iowa Arts & Culture Marketing Grants support arts and cultural organizations in their efforts to remarket their reopening or to publicize the resumption of activities and steps taken to ensure a safe experience re-engaging in creative and cultural experiences	Fully completed
COVID Administration & Oversight	IA-CRF-ADM	To support administrative, oversight, and auditing expenses associated with COVID response and recovery.	Fully completed
COVID Response Efforts	IA-582-0018	Project supports expenses associated with public utility services and other governmental and non-profit response efforts during the COVID-19 pandemic.	Less than 50% completed
World Food Prize	IA-259-1423	Project provides economic relief to the World Food Prize Foundation whose normal operations have been interrupted due to the pandemic and ongoing public health emergency.	Fully completed

Sub-Recipient Organizations

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report(FPR) Sub-Recipient Organizations			
DUNS/Identification Number	Name	Status	
3048541CH	CHRISTENSEN FARMS & FEEDLOTS INC	Saved -- Validated	Go to Sub Screen
3179708D2	D2K	Saved -- Validated	Go to Sub Screen
3179707TI	TITAN SWINE	Saved -- Validated	Go to Sub Screen
3179706IS	ISF PRODUCTION LLLP	Saved -- Validated	Go to Sub Screen
3181055AL	ALAN GENE KANENGIETER	Saved -- Validated	Go to Sub Screen
3067929CE	CENTRUM VALLEY FARMS LLP	Saved -- Validated	Go to Sub Screen
2102522DA	DAYBREAK FOODS INC	Saved -- Validated	Go to Sub Screen
2125338RE	REMBRANDT ENTERPRISES	Saved -- Validated	Go to Sub Screen
3181419SP	SPARBOE FARMS INC	Saved -- Validated	Go to Sub Screen
3181095FR	FREMONT FARMS OF IOWA LLP	Saved -- Validated	Go to Sub Screen
3180933SO	SOUTHWEST IOWA EGG COOPERATIVE	Saved -- Validated	Go to Sub Screen
3181297HA	HAWKEYE PRIDE EGG FARM LLP	Saved -- Validated	Go to Sub Screen
3181229CA	IOWA CAGE FREE LLLP	Saved -- Validated	Go to Sub Screen
3181199CE	CENTER FRESH EGG FARM LLP	Saved -- Validated	Go to Sub Screen
2121640CA	IOWA CATTLEMENS FOUNDATION	Saved -- Validated	Go to Sub Screen
2127464ST	IOWA STATE UNIVERSITY	Saved -- Validated	Go to Sub Screen
3013544FO	IOWA FOOD BANK ASSOCIATION	Saved -- Validated	Go to Sub Screen
2132142EA	EAST BUCHANAN TELEPHONE	Saved -- Validated	Go to Sub Screen
2144755KI	KILLDUFF TELEPHONE CO	Saved -- Validated	Go to Sub Screen
2122438PR	PREMIER COMMUNICATIONS	Saved -- Validated	Go to Sub Screen
3114737SH	SHARON TELEPHONE CO	Saved -- Validated	Go to Sub Screen
3171612SU	SULLY TELEPHONE ASSOCIATION	Saved -- Validated	Go to Sub Screen
2106606WE	WEST IOWA TELEPHONE	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	Saved -- Validated	Go to Sub Screen
3019623AL	Allamakee-Clayton Electric Cooperative, Inc.	Saved -- Validated	Go to Sub Screen
2122188AL	Alpine Communications, LC	Saved -- Validated	Go to Sub Screen
3006415BT	BTC INC	Saved -- Validated	Go to Sub Screen
T185BUTLE	Butler-Bremer Mutual Telephone Company	Saved -- Validated	Go to Sub Screen
T185CLOUD	Cloudburst9 LLC	Saved -- Validated	Go to Sub Screen
T185COLOT	Colo Telephone Company	Saved -- Validated	Go to Sub Screen
0063500CO	Cooperative Telephone Exchange	Saved -- Validated	Go to Sub

			Screen
2105731DA	Danville Mutual Telephone Company	Saved -- Validated	Go to Sub Screen
0065500DU	Dumont Telephone Company	Saved -- Validated	Go to Sub Screen
2114094DU	Dunkerton Telephone Cooperative	Saved -- Validated	Go to Sub Screen
2105889FA	Farmers Mutual Cooperative Telephone Company	Saved -- Validated	Go to Sub Screen
3108531FA	Farmers Mutual Cooperative Telephone Company	Saved -- Validated	Go to Sub Screen
3104198GR	Grand Mound Cooperative Telephone	Saved -- Validated	Go to Sub Screen
2133692GR	Grand River Mutual Telephone Corporation	Saved -- Validated	Go to Sub Screen
T185HARMO	Harmony Telephone Company	Saved -- Validated	Go to Sub Screen
T185HEART	Heart of Iowa Ventures, LLC	Saved -- Validated	Go to Sub Screen
2106036HU	Huxley Communications Cooperative	Saved -- Validated	Go to Sub Screen
3094623IM	ImOn Communications, LLC	Saved -- Validated	Go to Sub Screen
2106803KA	Kalona Cooperative Telephone Company	Saved -- Validated	Go to Sub Screen
2107812LA	LA MOTTE TELEPHONE CO	Saved -- Validated	Go to Sub Screen
2107673LE	Lehigh Valley Cooperative Telephone Association	Saved -- Validated	Go to Sub Screen
T185LOCKR	Lockridge Networks	Saved -- Validated	Go to Sub Screen
T185MARTE	Martelle Cooperative Telephone Association	Saved -- Validated	Go to Sub Screen
3183744MA	MASSENA TELEPHONE COMPANY INC	Saved -- Validated	Go to Sub Screen
2089134ME	Mediacom, LLC.	Saved -- Validated	Go to Sub Screen
T185MIBRO	MiBroadband LLC	Saved -- Validated	Go to Sub Screen
2107974MI	Miles Communications LLC	Saved -- Validated	Go to Sub Screen
2124456MI	Minburn Telecommunications, Inc.	Saved -- Validated	Go to Sub Screen
3075913MI	Minburn Telephone Company	Saved -- Validated	Go to Sub Screen
T185NEITS	NEIT Services, LLC	Saved -- Validated	Go to Sub Screen
T185NIGHT	Night Owl, Wireless	Saved -- Validated	Go to Sub Screen
2117141NO	Northwest Communications Cooperative Association	Saved -- Validated	Go to Sub Screen
2132646OM	Omnitel Communications, Inc.	Saved -- Validated	Go to Sub Screen
2130110OS	Osage Municipal Utilities	Saved -- Validated	Go to Sub Screen
T185REINB	Reinbeck Telecommunications	Saved -- Validated	Go to Sub Screen
2110010RI	River Valley Telecommunications Cooperative	Saved -- Validated	Go to Sub Screen
T185ROCKW	Rockwell Cooperative Telephone Association	Saved -- Validated	Go to Sub Screen
T185ROUTE	Router12 Networks LLC	Saved -- Validated	Go to Sub Screen
2108250SO	South Slope Telephone Company	Saved -- Validated	Go to Sub Screen
T185UNITE	United States Cellular Corporation	Saved -- Validated	Go to Sub Screen
T185VINTO	Vinton Municipal Communications Utility	Saved -- Validated	Go to Sub Screen
2107496WI	Winnebago Cooperative Telecom Association	Saved -- Validated	Go to Sub Screen
2121533MI	MIDAMERICAN ENERGY CO	Saved -- Validated	Go to Sub Screen

2103831AR	ARCHER DANIELS MIDLAND	Saved -- Validated	Go to Sub Screen
3183307BI	BIG RIVER UNITED ENERGY LLC	Saved -- Validated	Go to Sub Screen
3183308CO	CORN LP	Saved -- Validated	Go to Sub Screen
2093431HO	HOMELAND ENERGY SOLUTION	Saved -- Validated	Go to Sub Screen
2091741LI	LINCOLNWAY ENERGY LLC	Saved -- Validated	Go to Sub Screen
3183314LO	LOUIS DREYFUS COMPANY HOLDING INC	Saved -- Validated	Go to Sub Screen
3183325LS	LSCP LLC	Saved -- Validated	Go to Sub Screen
3183328PL	PLYMOUTH ENERGY LLC	Saved -- Validated	Go to Sub Screen
3183323PO	POET HOLDING COMPANY LLC	Saved -- Validated	Go to Sub Screen
2125644QU	QUAD COUNTY CORN PROCESS	Saved -- Validated	Go to Sub Screen
3183324SI	SIOUXLAND ENERGY COOPERATIVE	Saved -- Validated	Go to Sub Screen
2092800SO	SOUTHWEST IOWA RENEWABLE	Saved -- Validated	Go to Sub Screen
3183327VA	VALERO RENEWABLE FUELS COMPANY LLC	Saved -- Validated	Go to Sub Screen
2093406WE	WESTERN DUBUQUE BIODIESE	Saved -- Validated	Go to Sub Screen
2105352WE	WESTERN IOWA ENERGY LLC	Saved -- Validated	Go to Sub Screen
2093393AB	ABSOLUTE ENERGY LLC	Saved -- Validated	Go to Sub Screen
3111756EL	ELITE OCTANE LLC	Saved -- Validated	Go to Sub Screen
3183329PL	PLCP LLLP	Saved -- Validated	Go to Sub Screen
3183309FH	FHR ARTHUR LLC	Saved -- Validated	Go to Sub Screen
2088013GO	GOLDEN GRAIN ENERGY LLC	Saved -- Validated	Go to Sub Screen
3183326AN	THE ANDERSONS MARATHON HOLDINGS LLC	Saved -- Validated	Go to Sub Screen
3183649GR	GRAIN PROCESSING CORPORATION	Saved -- Validated	Go to Sub Screen
2144009GR	GREEN PLAINS RENEWABLE	Saved -- Validated	Go to Sub Screen
0000753GL	GLOBAL REACH INTERNET PRODUCTIONS, LLC	Saved -- Validated	Go to Sub Screen
0002918CO	IOWA COMMUNITY ACTION ASSOCIATION	Saved -- Validated	Go to Sub Screen
2109498DE	DES MOINES AREA COMM COL	Saved -- Validated	Go to Sub Screen
2109562SO	SOUTHWESTERN COMM COLLEG	Saved -- Validated	Go to Sub Screen
2107135CA	CATHOLIC HEALTH INITIAT	Saved -- Validated	Go to Sub Screen
2109477HA	HAWKEYE COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2104181CE	IOWA CENTRAL COMM COLLEG	Saved -- Validated	Go to Sub Screen
2109614LA	IOWA LAKES COMM COLLEGE	Validated - with Warnings	Go to Sub Screen
2109511VA	IOWA VALLEY COMMUNITY COLLEGE DISTRICT	Saved -- Validated	Go to Sub Screen
2109627NO	NORTH IOWA AREA COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109523SO	SOUTHEASTERN COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109530WE	WESTERN IOWA TECH CC	Saved -- Validated	Go to Sub Screen
2109413EA	EASTERN IA COMM COLLEGE	Saved -- Validated	Go to Sub Screen
2109450WE	IOWA WESTERN COMMUNITY COLLEGE	Saved -- Validated	Go to Sub

			Screen
2109431KI	KIRKWOOD COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109495NO	NORTHWEST IOWA COMM COLL	Saved -- Validated	Go to Sub Screen
0025000BAN	B and D Services Inc.	Saved -- Validated	Go to Sub Screen
3046015MA	Marshall County Comms Commission	Saved -- Validated	Go to Sub Screen
2130583ST	City of State Center	Saved -- Validated	Go to Sub Screen
3183185AP	Apprenticeship America	Saved -- Validated	Go to Sub Screen
2120627CI	Circle Computer Resources	Saved -- Validated	Go to Sub Screen
3106449CE	The CEU Authority	Saved -- Validated	Go to Sub Screen
2109410EA	Eastern Iowa Community College	Saved -- Validated	Go to Sub Screen
2116818FO	Four Mounds Foundation	Saved -- Validated	Go to Sub Screen
2111488HE	Heartland AEA	Saved -- Validated	Go to Sub Screen
3015626IN	Involta	Saved -- Validated	Go to Sub Screen
2105326CH	Iowa Chronic Care Consortium	Saved -- Validated	Go to Sub Screen
2106718RE	Iowa Restaurant Association	Saved -- Validated	Go to Sub Screen
2121775WO	Iowa Women's Foundation	Saved -- Validated	Go to Sub Screen
2109497DE	DES MOINES AREA COMM COL	Saved -- Validated	Go to Sub Screen
2109376IN	Indian Hills Comm College	Saved -- Validated	Go to Sub Screen
2109515VA	Iowa Valley Comm College	Saved -- Validated	Go to Sub Screen
2118592GR	Gregory Design and Manufacturing	Saved -- Validated	Go to Sub Screen
2125815ME	Mercy College of Health Sciences	Saved -- Validated	Go to Sub Screen
2113851HO	Horizons A Family Service Alliance	Saved -- Validated	Go to Sub Screen
2107423AL	Allen Memorial Hospital - Waterloo	Saved -- Validated	Go to Sub Screen
3088192BD	BDC Group Inc	Saved -- Validated	Go to Sub Screen
2107002CE	Central College	Saved -- Validated	Go to Sub Screen
3183379GE	Generativity LLC	Saved -- Validated	Go to Sub Screen
3037802GR	Greater Dubuque Development Corp	Saved -- Validated	Go to Sub Screen
3013226PR	Pro Tow LLC	Saved -- Validated	Go to Sub Screen
3183388ON	One City United	Saved -- Validated	Go to Sub Screen
2109432KI	Kirkwood Community College	Saved -- Validated	Go to Sub Screen
3078872NE	The New Bohemian Collaborative Inc	Saved -- Validated	Go to Sub Screen
3056889PR	Project Iowa	Saved -- Validated	Go to Sub Screen
2110071UN	United Way of Story County	Saved -- Validated	Go to Sub Screen
3007933WI	Willis Dady Emergency Shelter	Saved -- Validated	Go to Sub Screen
2124745JO	Iowa Job for America's Graduates	Saved -- Validated	Go to Sub Screen
2111132SO	Southeast Iowa Regional Planning Commission	Saved -- Validated	Go to Sub Screen
3024592WE	Iowa Western Community College	Saved -- Validated	Go to Sub Screen

3017072HS	HS Medical Billing Services	Saved -- Validated	Go to Sub Screen
3079062ET	ETHNIC MINORITIES OF BURMA ADVOCACY AND	Saved -- Validated	Go to Sub Screen
2131924WO	WOODBINE COMM SCH DIST	Saved -- Validated	Go to Sub Screen
2116253JB	JB HOLLAND CONST INC	Saved -- Validated	Go to Sub Screen
3181170CO	COUNTY SOCIAL SERVICES	Saved -- Validated	Go to Sub Screen
2127342DA	DALLAS CO AUDITOR	Saved -- Validated	Go to Sub Screen
2127740DE	DES MOINES CO AUDITOR	Saved -- Validated	Go to Sub Screen
3071900ME	MENTAL HEALTH DISABILITY SERVICES OF THE EAST	Saved -- Validated	Go to Sub Screen
2127377MO	MONROE CO AUDITOR	Saved -- Validated	Go to Sub Screen
3071904NO	NORTHWEST IOWA CARE CONNECTIONS	Saved -- Validated	Go to Sub Screen
2128566PO	POLK COUNTY HEALTH DEPARTMENT	Saved -- Validated	Go to Sub Screen
2128127PO	POTTAWATTAMIE CO AUDITOR	Saved -- Validated	Go to Sub Screen
3071905RO	ROLLING HILLS COMMUNITY SERVICES REGION	Saved -- Validated	Go to Sub Screen
2128218SC	SCOTT COUNTY	Saved -- Validated	Go to Sub Screen
2130083SI	SIOUX CO AUDITOR	Saved -- Validated	Go to Sub Screen
2129933ST	STORY CO AUDITOR	Saved -- Validated	Go to Sub Screen
2128173UN	UNION CO AUDITOR	Saved -- Validated	Go to Sub Screen
2130166WA	WAPELLO CO AUDITOR	Saved -- Validated	Go to Sub Screen
2114643NO	NORTHEAST IA FOOD BANK	Saved -- Validated	Go to Sub Screen
2100184RI	RIVER BEND FOOD RESERVOIR	Saved -- Validated	Go to Sub Screen
2114861FO	FOOD BANK OF IOWA	Saved -- Validated	Go to Sub Screen
3177689DR	DRE HEALTH CORPORATION	Saved -- Validated	Go to Sub Screen
3177663JJ	J.J. JINKLEHEIMER	Saved -- Validated	Go to Sub Screen
3177748KK	KKM GLOBAL GROUP LLC	Saved -- Validated	Go to Sub Screen
3178141BR	BROKER BROTHERS LOGISTICS INC	Saved -- Validated	Go to Sub Screen
3178191FO	FOCUS INDUSTRIES LLC	Saved -- Validated	Go to Sub Screen
0006472DI	DICKSON INDUSTRIES INC	Saved -- Validated	Go to Sub Screen
3178351NO	NOMI HEALTH INC	Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	Saved -- Validated	Go to Sub Screen
2117365DI	DIMENSIONAL GRAPHIC CORP (THE DIMENSIONAL GROUP)	Saved -- Validated	Go to Sub Screen
2116164CO	COMPETITIVE EDGE INC	Saved -- Validated	Go to Sub Screen
3077494US	iPromo	Saved -- Validated	Go to Sub Screen
3179087TA	TAIDA SPORTS INC (DBA BADA SPORT)	Saved -- Validated	Go to Sub Screen
2123757VE	VERIDIAN LIMITED	Saved -- Validated	Go to Sub Screen
0006361HO	HONEYCORR ACQUISITION LLC	Saved -- Validated	Go to Sub Screen
2099406WW	WW GRAINGER INC.	Saved -- Validated	Go to Sub Screen
0006438SE	SEAT KING LLC	Saved -- Validated	Go to Sub

			Screen
3120277AC	ACRO SERVICE CORPORATION	Saved -- Validated	Go to Sub Screen
2107546ME	METALCRAFT ID PLATES	Saved -- Validated	Go to Sub Screen
2090136LA	LAB CORP OF AMERICA	Saved -- Validated	Go to Sub Screen
0025000PR	IOWA PRISON INDUSTRIES	Saved -- Validated	Go to Sub Screen
2128202DA	DAVENPORT CITY OF	Saved -- Validated	Go to Sub Screen
2130589ST	STORM LAKE CITY OF	Saved -- Validated	Go to Sub Screen
2127951CH	CHEROKEE CITY OF	Saved -- Validated	Go to Sub Screen
2130111OS	OSCEOLA CITY OF	Saved -- Validated	Go to Sub Screen
2128143CR	CRESO CITY OF	Saved -- Validated	Go to Sub Screen
2130836WA	WAVERLY CITY OF	Saved -- Validated	Go to Sub Screen
2130489SI	SIOUX CENTER CITY OF	Saved -- Validated	Go to Sub Screen
0001403LE	IOWA LEGAL AID	Saved -- Validated	Go to Sub Screen
0004239AU	AUREON	Saved -- Validated	Go to Sub Screen
0006803PA	PAYDAY INC	Saved -- Validated	Go to Sub Screen
0026900AL	ALAN KRULL	Validated - with Warnings	Go to Sub Screen
0026900AM	AMERICAN MULTI-CINEMA INC	Validated - with Warnings	Go to Sub Screen
0026900BB	B&B THEATRES OPERATING CO INC	Validated - with Warnings	Go to Sub Screen
0026900CI	CINEMARK USA INC	Validated - with Warnings	Go to Sub Screen
0026900CO	COLLINS ROAD THEATRES INC	Saved -- Validated	Go to Sub Screen
0026900FI	FILMSCENE	Validated - with Warnings	Go to Sub Screen
0026900FL	FLIX BREWHOUSE LLC	Validated - with Warnings	Go to Sub Screen
0026900KI	KING THEATER	Validated - with Warnings	Go to Sub Screen
0026900MA	MARCUS THEATRES CORPORATION	Validated - with Warnings	Go to Sub Screen
0026900OD	ODYSSEY ENTERTAINMENT INC	Validated - with Warnings	Go to Sub Screen
0026900PC	P-CORN ACQUISITIONS MISSOURI CORPORATION	Validated - with Warnings	Go to Sub Screen
0026900PH	PHOENIX THEATRES DUBUQUE LLC	Validated - with Warnings	Go to Sub Screen
0026900RL	RL FRIDLEY THEATRES INC	Saved -- Validated	Go to Sub Screen
0026900SI	SILVER SCREEN MAGIC LLC	Validated - with Warnings	Go to Sub Screen
2087900SE	SELECT SPECIALTY HOSPITAL-QUAD CITIES	Saved -- Validated	Go to Sub Screen
2087927HU	HUMILITY HOMES AND SERVICES INC	Saved -- Validated	Go to Sub Screen
2095202VE	Verizon	Saved -- Validated	Go to Sub Screen
2096383BL	BLACK HILLS ENERGY	Saved -- Validated	Go to Sub Screen
2096396LU	LUCAS COUNTY FAIR ASSOC	Saved -- Validated	Go to Sub Screen
2099587SA	SALVATION ARMY	Saved -- Validated	Go to Sub Screen
2099931TR	TRINITY MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
2101886CO	Compuware	Saved -- Validated	Go to Sub Screen

2102611FI	FIRST JUDICIAL DISTRICT	Saved -- Validated	Go to Sub Screen
2104181IO	IOWA CENTRAL COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2105547AL	Allamakee-Clayton Electric Cooperative, Inc.	Saved -- Validated	Go to Sub Screen
2105668FI	FIVE STAR COOPERATIVE	Saved -- Validated	Go to Sub Screen
2105890FA	Farmers Mutual Cooperative Telephone Company	Saved -- Validated	Go to Sub Screen
2105986HA	HANCOCK CO COOP OIL ASSN	Saved -- Validated	Go to Sub Screen
2105988HA	HARDIN COUNTY AGRICULTUR	Saved -- Validated	Go to Sub Screen
2106031HO	HOWARD COUNTY AGRICULTUR	Saved -- Validated	Go to Sub Screen
2106037HY	HY VEE FOOD STORE	Saved -- Validated	Go to Sub Screen
2106184IN	INTERSTATE POWER & LIGHT	Saved -- Validated	Go to Sub Screen
2106364NO	NORTH IOWA FAIR ASSOC	Saved -- Validated	Go to Sub Screen
2107011FI	FINLEY HOSPITAL	Saved -- Validated	Go to Sub Screen
2107016JE	JENNIE EDMUNDSON MEMORIAL HOSPITAL	Saved -- Validated	Go to Sub Screen
2107068GR	GREAT RIVER MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
2107154CA	CATHOLIC HEALTH INITIATI	Saved -- Validated	Go to Sub Screen
2107158CE	CENTRAL IOWA HOSPITAL CORPORATION	Saved -- Validated	Go to Sub Screen
2107159CE	CENTRAL IOWA HOSPITAL CORPORATION	Saved -- Validated	Go to Sub Screen
2107251WI	WINNESHIEK MEDICAL CENTER HOSPITAL	Saved -- Validated	Go to Sub Screen
2107261WE	WESTERN HOME COMMUNITY	Saved -- Validated	Go to Sub Screen
2107352LE	LEE COUNTY FAIR INC	Saved -- Validated	Go to Sub Screen
2107422AL	ALLEN MEMORIAL HOSPITAL	Saved -- Validated	Go to Sub Screen
2107472ME	MERCY MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
2107538AD	ADAIR COUNTY FAIR ASSN	Saved -- Validated	Go to Sub Screen
2107581WI	WILLIAM PENN UNIVERSITY	Saved -- Validated	Go to Sub Screen
2107638GU	GUTHRIE CO AG SOCIETY	Saved -- Validated	Go to Sub Screen
2107745ST	ST ANTHONY REGIONAL HOSPITAL AND NURSING	Saved -- Validated	Go to Sub Screen
2107749ST	ST ANTHONY REGIONAL HOSPITAL AND NURSING	Saved -- Validated	Go to Sub Screen
2107879SA	SARTORI MEMORIAL HOSP	Saved -- Validated	Go to Sub Screen
2108077SI	SIOUX CENTER HEALTH	Saved -- Validated	Go to Sub Screen
2108139SU	SUNRISE RETIREMENT COMM	Saved -- Validated	Go to Sub Screen
2108419PE	PELLA REGIONAL HEALTH CENTER	Saved -- Validated	Go to Sub Screen
2109209HA	HAWKEYE AREA COMMUNITY ACTION PROGRAM INC	Saved -- Validated	Go to Sub Screen
2109295CA	CASS COUNTY MEMORIAL HOS	Saved -- Validated	Go to Sub Screen
2109372GO	GOODWILL INDUSTRIES OF THE HEARTLAND	Saved -- Validated	Go to Sub Screen
2109381IN	INDIAN HILLS COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109438NO	NORTHEAST IOWA COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109450IO	IOWA WESTERN COMMUNITY COLLEGE	Saved -- Validated	Go to Sub

			Screen
2109454IO	IOWA WESTERN COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109508NO	NORTH LIBERTY CITY OF	Saved -- Validated	Go to Sub Screen
2109561SO	SOUTHWESTERN COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109614IO	IOWA LAKES COMMUNITY COLLEGE	Saved -- Validated	Go to Sub Screen
2109664EL	ELLIOTT OIL	Saved -- Validated	Go to Sub Screen
2109737CA	CASEYS GENERAL STORES	Saved -- Validated	Go to Sub Screen
2109904JO	JOHNSON COUNTY AG ASSOC	Saved -- Validated	Go to Sub Screen
2110881KO	KOSSUTH COUNTY HOSPITAL	Saved -- Validated	Go to Sub Screen
2111241PO	POLK CITY TOWN OF	Validated - with Warnings	Go to Sub Screen
2111252NO	NORTHWEST IOWA HOSPITAL CORP	Saved -- Validated	Go to Sub Screen
2111270WH	WHITING COMMERCIAL DEVEL	Saved -- Validated	Go to Sub Screen
2111291WE	WESTFAIR ASSOCIATIONS	Saved -- Validated	Go to Sub Screen
2111460SE	SEVENTH JUDICIAL DISTRICT	Saved -- Validated	Go to Sub Screen
2111773CO	COUNTRY STORES OF CARROLL LTD	Saved -- Validated	Go to Sub Screen
2112223NE	NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOWA	Saved -- Validated	Go to Sub Screen
2112431SE	SECOND JUDICIAL DISTRICT	Saved -- Validated	Go to Sub Screen
2112794MA	MADISON CO LIVESTOCK&FAI	Saved -- Validated	Go to Sub Screen
2113069MO	MONTGOMERY COUNTY MEMORIAL HOSPITAL	Saved -- Validated	Go to Sub Screen
2113245CO	COBB OIL CO	Saved -- Validated	Go to Sub Screen
2113330RE	REIF OIL COMPANY	Saved -- Validated	Go to Sub Screen
2113576DO	DOMESTIC VIOLENCE INTERVENTION PROGRAM INC	Saved -- Validated	Go to Sub Screen
2113622EI	EIGHTH JUDICIAL DISTRICT	Saved -- Validated	Go to Sub Screen
2114088CO	CONNECTIONS AREA AGENCY ON AGING	Saved -- Validated	Go to Sub Screen
2114334EL	ELDERBRIDGE AREA AGENCY ON AGING	Saved -- Validated	Go to Sub Screen
2114968PO	POCAHONTAS COUNTY FAIR	Saved -- Validated	Go to Sub Screen
2114976FO	FOURTH JUDICIAL DISTRICT	Saved -- Validated	Go to Sub Screen
2115045AG	AGING RESOURCES OF CENTRAL IOWA	Saved -- Validated	Go to Sub Screen
2115164SI	SIXTH JUDICIAL DIST	Saved -- Validated	Go to Sub Screen
2115828UN	UNION COUNTY FAIR ASSOCI	Saved -- Validated	Go to Sub Screen
2116132LI	LINN CO FAIRBOARD	Saved -- Validated	Go to Sub Screen
21165615T	5TH JUD DISTRICT DCS	Saved -- Validated	Go to Sub Screen
2116792CO	COVENANT MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
2117183DE	DECATUR CO FAIR BOARD	Saved -- Validated	Go to Sub Screen
2117417MI	MICAH HOUSE CORP	Saved -- Validated	Go to Sub Screen
2117879HO	HOMES OF OAKRIDGE HUMAN	Saved -- Validated	Go to Sub Screen
2118011EN	ENERGY GROUP CO INC THE	Saved -- Validated	Go to Sub Screen

2118458BR	BREMER COUNTY FAIR ASSOC	Saved -- Validated	Go to Sub Screen
2118516ME	MERCY MEDICAL CENTER CLINTON	Saved -- Validated	Go to Sub Screen
2118831MA	MARY GREELEY MEDICAL CTR	Saved -- Validated	Go to Sub Screen
2119879FO	FOOD BANK OF SIOUXLAND	Saved -- Validated	Go to Sub Screen
2120267CE	CENTRAL IOWA SHELTER & SERVICES	Saved -- Validated	Go to Sub Screen
2120371CH	CHILDREN & FAMILY URBAN MINISTRIES	Saved -- Validated	Go to Sub Screen
2121245GE	GENESIS HEALTH SYSTEM	Saved -- Validated	Go to Sub Screen
2122056ME	MERCY HEALTH SERVICES	Saved -- Validated	Go to Sub Screen
2122476GL	GLOBAL REACH INTERNET PR	Saved -- Validated	Go to Sub Screen
2122755CS	CSOI CORP	Saved -- Validated	Go to Sub Screen
2126609RK	R K FUELS INC	Saved -- Validated	Go to Sub Screen
2127105CL	CLEAR LAKE COMM SCH DIST	Saved -- Validated	Go to Sub Screen
2127109CO	COUNCIL BLUFFS COMM SCHOOL	Saved -- Validated	Go to Sub Screen
2127121DA	DAVENPORT COMM SCH DIST	Saved -- Validated	Go to Sub Screen
2127317WA	WAUKEE COMMUNITY SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
2127333DA	DALLAS COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2127354AD	ADEL CITY OF	Saved -- Validated	Go to Sub Screen
2127370MO	MONROE CO TREASURER	Saved -- Validated	Go to Sub Screen
2127385KO	KOSSUTH CO TREASURER	Validated - with Warnings	Go to Sub Screen
2127403BU	BUTLER CO TREASURER	Saved -- Validated	Go to Sub Screen
2127430AL	ALTOONA CITY OF	Saved -- Validated	Go to Sub Screen
2127436AM	AMES CITY OF	Saved -- Validated	Go to Sub Screen
2127444ST	IOWA STATE UNIVERSITY	Validated - with Warnings	Go to Sub Screen
2127517AN	ANAMOSA CITY OF	Saved -- Validated	Go to Sub Screen
2127543AN	ANKENY CITY OF	Saved -- Validated	Go to Sub Screen
2127570AT	ATLANTIC CITY OF	Saved -- Validated	Go to Sub Screen
2127575CA	CASS CO TREASURER	Saved -- Validated	Go to Sub Screen
2127600AU	AUDUBON COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2127632TA	TAYLOR CO TREASURER	Saved -- Validated	Go to Sub Screen
2127647BE	BELLEVUE CITY OF	Saved -- Validated	Go to Sub Screen
2127656BE	BETTENDORF CITY OF	Saved -- Validated	Go to Sub Screen
2127685BO	BONDURANT CITY OF	Saved -- Validated	Go to Sub Screen
2127688BO	BOONE CITY OF	Saved -- Validated	Go to Sub Screen
2127692BO	BOONE CO TREASURER	Saved -- Validated	Go to Sub Screen
2127727BU	BURLINGTON CITY OF	Saved -- Validated	Go to Sub Screen
2127731DE	DES MOINES COUNTY	Saved -- Validated	Go to Sub Screen
2127758CA	CARLISLE CITY OF	Saved -- Validated	Go to Sub

			Screen
2127764CA	CARROLL CITY OF	Saved -- Validated	Go to Sub Screen
2127767CA	CARROLL COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2127791CA	CASCADE CITY OF	Saved -- Validated	Go to Sub Screen
2127795CE	CEDAR FALLS CITY OF	Saved -- Validated	Go to Sub Screen
2127843CE	CEDAR RAPIDS CITY OF	Saved -- Validated	Go to Sub Screen
2127861LI	LINN COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2127875LI	LINN CO EMA	Saved -- Validated	Go to Sub Screen
2127885CE	CENTERVILLE CITY OF	Saved -- Validated	Go to Sub Screen
2127891AP	APPANOOSE CO TREASURER	Saved -- Validated	Go to Sub Screen
2127909CH	CHARITON CITY OF	Saved -- Validated	Go to Sub Screen
2127927CH	CHARLES CITY CITY OF	Saved -- Validated	Go to Sub Screen
2127929FL	FLOYD CO TREASURER	Saved -- Validated	Go to Sub Screen
2127955CH	CHEROKEE COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2127975CL	CLARINDA CITY OF	Saved -- Validated	Go to Sub Screen
2127980PA	PAGE CO TREASURER	Saved -- Validated	Go to Sub Screen
2127994CL	CLARION CITY OF	Saved -- Validated	Go to Sub Screen
2127998WR	WRIGHT CO TREASURER	Saved -- Validated	Go to Sub Screen
2128016CL	CLEAR LAKE CITY OF	Saved -- Validated	Go to Sub Screen
2128028CL	CLINTON CO TREASURER	Saved -- Validated	Go to Sub Screen
2128093WA	WAYNE CO TREASURER	Saved -- Validated	Go to Sub Screen
2128106CO	COUNCIL BLUFFS CITY OF	Saved -- Validated	Go to Sub Screen
2128118PO	POTTAWATTAMIE CO TREASUR	Saved -- Validated	Go to Sub Screen
2128147HO	HOWARD CO TREASURER	Saved -- Validated	Go to Sub Screen
2128160CR	CRESTON CITY OF	Saved -- Validated	Go to Sub Screen
2128164UN	UNION CO TREASURER	Saved -- Validated	Go to Sub Screen
2128183HU	HUMBOLDT CO TREASURER	Saved -- Validated	Go to Sub Screen
2128211SC	SCOTT CO TREASURER	Saved -- Validated	Go to Sub Screen
2128243WI	WINNESHIEK CO TREASURER	Saved -- Validated	Go to Sub Screen
2128266CR	CRAWFORD CO TREASURER	Saved -- Validated	Go to Sub Screen
2128279DE	DENISON CITY OF	Saved -- Validated	Go to Sub Screen
2128536DE	DES MOINES CITY OF	Saved -- Validated	Go to Sub Screen
2128551PO	POLK CO TREASURER	Saved -- Validated	Go to Sub Screen
2128586DE	DES MOINES WATER WORKS	Saved -- Validated	Go to Sub Screen
2128598ST	IOWA STATE FAIR	Saved -- Validated	Go to Sub Screen
2128700UR	URBANDALE CITY OF	Saved -- Validated	Go to Sub Screen
2128705WI	WINDSOR HEIGHTS CITY OF	Saved -- Validated	Go to Sub Screen

2128708DE	DE WITT CITY OF	Saved -- Validated	Go to Sub Screen
2128725DU	DUBUQUE CITY OF	Saved -- Validated	Go to Sub Screen
2128743DU	DUBUQUE COUNTY	Saved -- Validated	Go to Sub Screen
2128772DY	DYERSVILLE CITY OF	Saved -- Validated	Go to Sub Screen
2128777EA	EAGLE GROVE CITY OF	Saved -- Validated	Go to Sub Screen
2128798HA	HARDIN COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2128812EL	ELDRIDGE CITY OF	Saved -- Validated	Go to Sub Screen
2128817CL	CLAYTON CO TREASURER	Saved -- Validated	Go to Sub Screen
2128846EM	EMMETSBURG CITY OF	Saved -- Validated	Go to Sub Screen
2128849PA	PALO ALTO CO TREASURER	Saved -- Validated	Go to Sub Screen
2128868ES	ESTHERVILLE CITY OF	Saved -- Validated	Go to Sub Screen
2128871EM	EMMET COUNTY	Saved -- Validated	Go to Sub Screen
2128891FA	FAIRFIELD CITY OF	Saved -- Validated	Go to Sub Screen
2128895JE	JEFFERSON CO TREASURER	Validated - with Warnings	Go to Sub Screen
2128924FO	FOREST CITY CITY OF	Saved -- Validated	Go to Sub Screen
2128928WI	WINNEBAGO CO TREASURER	Saved -- Validated	Go to Sub Screen
2128941FO	FORT DODGE CITY OF	Saved -- Validated	Go to Sub Screen
2128948WE	WEBSTER CO TREASURER	Saved -- Validated	Go to Sub Screen
2128973FO	FORT MADISON CITY OF	Saved -- Validated	Go to Sub Screen
2128981LE	LEE CO TREASURER	Saved -- Validated	Go to Sub Screen
2129024GA	GARNER TOWN OF	Saved -- Validated	Go to Sub Screen
2129047MI	MILLS CO TREASURER	Saved -- Validated	Go to Sub Screen
2129081AD	ADAIR CO TREASURER	Saved -- Validated	Go to Sub Screen
2129093GR	GRIMES CITY OF	Saved -- Validated	Go to Sub Screen
2129096GR	GRINNELL CITY OF	Saved -- Validated	Go to Sub Screen
2129102GR	GRUNDY CENTER CITY OF	Saved -- Validated	Go to Sub Screen
2129106GR	GRUNDY CO TREASURER	Saved -- Validated	Go to Sub Screen
2129125GU	GUTHRIE CO TREASURER	Saved -- Validated	Go to Sub Screen
2129147HA	HAMPTON CITY OF	Saved -- Validated	Go to Sub Screen
2129149FR	FRANKLIN CO TREASURER	Saved -- Validated	Go to Sub Screen
2129167HA	HARLAN CITY OF	Saved -- Validated	Go to Sub Screen
2129171SH	SHELBY CO TREASURER	Saved -- Validated	Go to Sub Screen
2129191HA	HAWARDEN CITY OF	Saved -- Validated	Go to Sub Screen
2129212HU	HUDSON CITY OF	Saved -- Validated	Go to Sub Screen
2129220HU	HUMBOLDT CITY OF	Saved -- Validated	Go to Sub Screen
2129227ID	IDA CO TREASURER	Saved -- Validated	Go to Sub Screen
2129241IN	INDEPENDENCE CITY OF	Saved -- Validated	Go to Sub

			Screen
2129245BU	BUCHANAN CO TREASURER	Saved -- Validated	Go to Sub Screen
2129260IN	INDIANOLA CITY OF	Saved -- Validated	Go to Sub Screen
2129263WA	WARREN CO TREASURER	Saved -- Validated	Go to Sub Screen
2129283CI	IOWA CITY CITY OF	Saved -- Validated	Go to Sub Screen
2129305JO	JOHNSON CO EMA	Saved -- Validated	Go to Sub Screen
2129313JO	JOHNSON COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2129415CO	CORALVILLE CITY OF	Saved -- Validated	Go to Sub Screen
2129424FA	IOWA FALLS CITY OF	Saved -- Validated	Go to Sub Screen
2129429JE	JEFFERSON CITY OF	Saved -- Validated	Go to Sub Screen
2129434GR	GREENE CO TREASURER	Saved -- Validated	Go to Sub Screen
2129447JE	JESUP CITY OF	Saved -- Validated	Go to Sub Screen
2129458KE	KEOKUK CITY OF	Saved -- Validated	Go to Sub Screen
2129492MA	MARION CO TREASURER	Saved -- Validated	Go to Sub Screen
2129525LA	LAMONI CITY OF	Saved -- Validated	Go to Sub Screen
2129536LA	LA PORTE CITY CITY OF	Saved -- Validated	Go to Sub Screen
2129552LE	LE MARS CITY OF	Saved -- Validated	Go to Sub Screen
2129556PL	PLYMOUTH CO TREASURER	Saved -- Validated	Go to Sub Screen
2129574DE	DECATUR CO TREASURER	Saved -- Validated	Go to Sub Screen
2129600HA	HARRISON COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2129649MA	MADRID CITY OF	Saved -- Validated	Go to Sub Screen
2129661MA	MANCHESTER CITY OF	Saved -- Validated	Go to Sub Screen
2129696MA	MAQUOKETA CITY OF	Saved -- Validated	Go to Sub Screen
2129699JA	JACKSON CO TREASURER	Saved -- Validated	Go to Sub Screen
2129719MA	MARENGO CITY OF	Saved -- Validated	Go to Sub Screen
2129722CO	IOWA CO TREASURER	Saved -- Validated	Go to Sub Screen
2129737MA	MARION CITY OF	Saved -- Validated	Go to Sub Screen
2129742MA	MARSHALLTOWN CITY OF	Saved -- Validated	Go to Sub Screen
2129750MA	MARSHALL CO TREASURER	Saved -- Validated	Go to Sub Screen
2129752MA	MARSHALL CO ATTORNEY	Saved -- Validated	Go to Sub Screen
2129765MA	MASON CITY CITY OF	Saved -- Validated	Go to Sub Screen
2129773CE	CERRO GORDO CO TREASURER	Saved -- Validated	Go to Sub Screen
2129822MI	MISSOURI VALLEY CITY OF	Saved -- Validated	Go to Sub Screen
2129825MI	MITCHELLVILLE CITY OF	Saved -- Validated	Go to Sub Screen
2129836PO	POWESHIEK CO TREASURER	Saved -- Validated	Go to Sub Screen
2129852MO	MONTICELLO CITY OF	Saved -- Validated	Go to Sub Screen
2129862RI	RINGGOLD CO TREASURER	Saved -- Validated	Go to Sub Screen

2129875MO	MOUNT PLEASANT CITY OF	Saved -- Validated	Go to Sub Screen
2129877HE	HENRY CO TREASURER	Saved -- Validated	Go to Sub Screen
2129893MO	MOUNT VERNON CITY OF	Saved -- Validated	Go to Sub Screen
2129898MU	MUSCATINE CITY OF	Saved -- Validated	Go to Sub Screen
2129921NE	NEVADA CITY OF	Saved -- Validated	Go to Sub Screen
2129924ST	STORY CO TREASURER	Saved -- Validated	Go to Sub Screen
2129956CH	CHICKASAW COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2129991JA	JASPER CO TREASURER	Saved -- Validated	Go to Sub Screen
2130037OE	OELWEIN CITY OF	Saved -- Validated	Go to Sub Screen
2130049ON	ONAWA CITY OF	Saved -- Validated	Go to Sub Screen
2130052MO	MONONA CO TREASURER	Saved -- Validated	Go to Sub Screen
2130075SI	SIOUX CO TREASURER	Saved -- Validated	Go to Sub Screen
2130088OR	ORANGE CITY CITY OF	Saved -- Validated	Go to Sub Screen
2130094OS	OSAGE CITY OF	Saved -- Validated	Go to Sub Screen
2130097MI	MITCHELL CO TREASURER	Saved -- Validated	Go to Sub Screen
2130128OS	OSKALOOSA CITY OF	Saved -- Validated	Go to Sub Screen
2130132MA	MAHASKA CO TREASURER	Saved -- Validated	Go to Sub Screen
2130148OT	OTTUMWA CITY OF	Saved -- Validated	Go to Sub Screen
2130205PE	PELLA CITY OF	Saved -- Validated	Go to Sub Screen
2130212PE	PERRY CITY OF	Saved -- Validated	Go to Sub Screen
2130225PO	POCAHONTAS CO TREASURER	Saved -- Validated	Go to Sub Screen
2130280RE	RED OAK CITY OF	Saved -- Validated	Go to Sub Screen
2130319RO	ROCK RAPIDS CITY OF	Saved -- Validated	Go to Sub Screen
2130346CA	CALHOUN CO TREASURER	Saved -- Validated	Go to Sub Screen
2130383SA	SAC CO TREASURER	Saved -- Validated	Go to Sub Screen
2130420SE	SERGEANT BLUFF CITY OF	Saved -- Validated	Go to Sub Screen
2130429SH	SHELDON CITY OF	Saved -- Validated	Go to Sub Screen
2130436SH	SHENANDOAH CITY OF	Saved -- Validated	Go to Sub Screen
2130440SI	SIBLEY CITY OF	Saved -- Validated	Go to Sub Screen
2130442OS	OSCEOLA CO TREASURER	Saved -- Validated	Go to Sub Screen
2130453FR	FREMONT CO TREASURER	Saved -- Validated	Go to Sub Screen
2130476KE	KEOKUK CO TREASURER	Saved -- Validated	Go to Sub Screen
2130494SI	SIOUX CITY CITY OF	Saved -- Validated	Go to Sub Screen
2130510WO	WOODBURY CO TREASURER	Saved -- Validated	Go to Sub Screen
2130538SP	SPENCER CITY OF	Saved -- Validated	Go to Sub Screen
2130541CL	CLAY CO TREASURER	Saved -- Validated	Go to Sub Screen
2130555SP	SPIRIT LAKE CITY OF	Saved -- Validated	Go to Sub

			Screen
2130558DI	DICKINSON CO TREASURER	Saved -- Validated	Go to Sub Screen
2130593BU	BUENA VISTA COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2130641TA	TAMA CITY OF	Saved -- Validated	Go to Sub Screen
2130653TI	TIPTON CITY OF	Saved -- Validated	Go to Sub Screen
2130656CE	CEDAR COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2130671TO	TOLEDO CITY OF	Saved -- Validated	Go to Sub Screen
2130675TA	TAMA CO TREASURER	Saved -- Validated	Go to Sub Screen
2130718VI	VINTON CITY OF	Saved -- Validated	Go to Sub Screen
2130722BE	BENTON CO TREASURER	Saved -- Validated	Go to Sub Screen
2130751LO	LOUISA CO TREASURER	Saved -- Validated	Go to Sub Screen
2130772WA	WASHINGTON CO TREa	Saved -- Validated	Go to Sub Screen
2130788WA	WATERLOO CITY OF	Saved -- Validated	Go to Sub Screen
2130796BL	BLACK HAWK CO TREASURER	Saved -- Validated	Go to Sub Screen
2130819WA	WAUKON CITY OF	Saved -- Validated	Go to Sub Screen
2130822AL	ALLAMAKEE CO TREASURER	Saved -- Validated	Go to Sub Screen
2130839BR	BREMER CO TREASURER	Saved -- Validated	Go to Sub Screen
2130858WE	WEBSTER CITY CITY OF	Saved -- Validated	Go to Sub Screen
2130886WE	WEST BRANCH CITY OF	Saved -- Validated	Go to Sub Screen
2130889WE	WEST BURLINGTON CITY OF	Saved -- Validated	Go to Sub Screen
2130891WE	WEST DES MOINES CITY OF	Saved -- Validated	Go to Sub Screen
2130899WE	WEST LIBERTY CITY OF	Saved -- Validated	Go to Sub Screen
2130915FA	FAYETTE CO TREASURER	Saved -- Validated	Go to Sub Screen
2130940WI	WILLIAMSBURG CITY OF	Saved -- Validated	Go to Sub Screen
2130943WI	WILTON CITY OF	Saved -- Validated	Go to Sub Screen
2130951WI	WINTERSET CITY OF	Saved -- Validated	Go to Sub Screen
2130993BR	BROADLAWNS MEDICAL CTR	Saved -- Validated	Go to Sub Screen
2131017SP	SPENCER MUNICIPAL HOSPITAL	Saved -- Validated	Go to Sub Screen
2131048SP	IOWA SPECIALTY HOSPITAL	Saved -- Validated	Go to Sub Screen
2131061EV	EVANSDALE CITY OF	Saved -- Validated	Go to Sub Screen
2131064LE	LECLAIRE CITY OF	Saved -- Validated	Go to Sub Screen
2131085WA	WAUKEE CITY OF	Saved -- Validated	Go to Sub Screen
2131106WA	WAYNE COUNTY FAIR ASSOC	Saved -- Validated	Go to Sub Screen
2131288HU	HUXLEY CITY OF	Saved -- Validated	Go to Sub Screen
2131291ST	ST VINCENT DEPAUL SOCIET	Saved -- Validated	Go to Sub Screen
2131379NO	NORTH SCOTT CSD	Saved -- Validated	Go to Sub Screen
2131432HI	HIAWATHA CITY OF	Saved -- Validated	Go to Sub Screen

2131503NO	NORWALK CITY OF	Saved -- Validated	Go to Sub Screen
2131511CL	CLIVE CITY OF	Saved -- Validated	Go to Sub Screen
2131534PL	PLEASANT HILL CITY OF	Saved -- Validated	Go to Sub Screen
2131643LA	LAKES REGIONAL HLTH CARE	Saved -- Validated	Go to Sub Screen
2131658GR	GREATER REGIONAL MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
2131672HA	HANCOCK COUNTY HEALTH SYSTEM	Saved -- Validated	Go to Sub Screen
2131674DE	DELAWARE COUNTY MEMORIAL HOSPITAL	Saved -- Validated	Go to Sub Screen
2131838MA	MAHASKA COUNTY HOSPITAL	Saved -- Validated	Go to Sub Screen
2131843WA	WAYNE COUNTY HOSPITAL	Saved -- Validated	Go to Sub Screen
2131877HA	HAMILTON COUNTY HOSPITAL	Saved -- Validated	Go to Sub Screen
2131887OR	ORANGE CITY MUNICIPAL HO	Saved -- Validated	Go to Sub Screen
2132085CO	IOWA COUNTY FAIR	Validated - with Warnings	Go to Sub Screen
2132128DI	DICKINSON CO AG SOCIETY	Saved -- Validated	Go to Sub Screen
2132216DA	DALLAS CO FAIR ASSOC	Saved -- Validated	Go to Sub Screen
2132226MO	MONROE CO FAIRGROUNDS	Saved -- Validated	Go to Sub Screen
2132301BO	BOYS & GIRLS CLUBS OF THE CEDAR VALLEY	Saved -- Validated	Go to Sub Screen
2132450JO	JOHNSTON CITY OF	Saved -- Validated	Go to Sub Screen
2133866AV	AVI SYSTEMS INC	Saved -- Validated	Go to Sub Screen
2134780AL	ALEGENT HEALTH BERGAN MERCY HEALTH SYSTEM	Saved -- Validated	Go to Sub Screen
2135170FO	FOOD BANK FOR THE HEARTLAND INC	Saved -- Validated	Go to Sub Screen
2137722IN	INTERNATIONAL ROLL-CALL	Saved -- Validated	Go to Sub Screen
2145540HP	HP INC	Saved -- Validated	Go to Sub Screen
3003979CA	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION	Saved -- Validated	Go to Sub Screen
3004868AD	ADAMS COUNTY	Saved -- Validated	Go to Sub Screen
3007408DE	DELAWARE COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3009282DA	DANLEE CORPORATION	Saved -- Validated	Go to Sub Screen
3009844SA	SAC COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3010455CA	CALHOUN COUNTY EXPO	Saved -- Validated	Go to Sub Screen
3010856CL	CLAY COUNTY FAIR ASSOC	Saved -- Validated	Go to Sub Screen
3012538ME	MERCY HEALTH SERVICES-IOWA CORP	Saved -- Validated	Go to Sub Screen
3013544IO	IOWA FOOD BANK ASSOCIATION	Saved -- Validated	Go to Sub Screen
3016248CH	CHEROKEE COUNTY FAIR ASS	Saved -- Validated	Go to Sub Screen
3019182SH	SHELTER HOUSE COMM SHEL	Saved -- Validated	Go to Sub Screen
3021002HA	HAMILTON COUNTY EXPOSITI	Saved -- Validated	Go to Sub Screen
3021154CE	CENTRAL IOWA HOSPITAL CO	Saved -- Validated	Go to Sub Screen
3025259WA	WASHINGTON COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3025282JA	JASPER COUNTY AGRICULTUR	Validated - with	Go to Sub

		Warnings	Screen
3031875FA	FAIR AND EXPOSITION SOCIETY OF JONES COUNTY	Saved -- Validated	Go to Sub Screen
3033135CL	Cloudburst9 LLC	Saved -- Validated	Go to Sub Screen
3039009ZU	ZUB'S SHOP INC	Saved -- Validated	Go to Sub Screen
3041506RC	RCHP OTTUMWA LLC	Saved -- Validated	Go to Sub Screen
3041546RS	RSM US LLP	Saved -- Validated	Go to Sub Screen
3044651SA	SANFORD HEALTH NETWORK	Saved -- Validated	Go to Sub Screen
3044909FL	FLOYD COUNTY FAIR SOCIETY	Saved -- Validated	Go to Sub Screen
3046206BE	BENTON COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3053309ON	ONENECK IT SOLUTIONS LLC	Saved -- Validated	Go to Sub Screen
3058285WE	WEBSTER COUNTY AGRICULTURE ASSOCIATION	Saved -- Validated	Go to Sub Screen
3059358PO	POTTAWATTAMIE COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3060979CR	CRAWFORD COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3061175UN	UNITED WAYS OF IOWA	Saved -- Validated	Go to Sub Screen
3063090AL	ALLEN MEMORIAL HOSPITAL CORPORATION	Saved -- Validated	Go to Sub Screen
3065177WI	WILRONA LLC	Saved -- Validated	Go to Sub Screen
3067626ST	ST LUKES METHODIST HOSPITAL	Saved -- Validated	Go to Sub Screen
3068035MI	MIKE MCMURRIN TRUCKING INC	Saved -- Validated	Go to Sub Screen
3068153HE	IOWA HEALTHIEST STATE INITIATIVE	Saved -- Validated	Go to Sub Screen
3071295PR	PRO COOPERATIVE	Saved -- Validated	Go to Sub Screen
3073056DU	DUBUQUE COUNTY FAIR ASSOCIATION INC	Saved -- Validated	Go to Sub Screen
3075485ME	MERCY HEALTH SERVICES-IOWA CORP	Saved -- Validated	Go to Sub Screen
3076090RE	RENEWABLE ENERGY GROUP INC	Saved -- Validated	Go to Sub Screen
3078379ST	STATE HYGIENIC LABORATORY - UNIVERSITY OF IOWA	Saved -- Validated	Go to Sub Screen
3078917DE	DEJEAR INCORPORATED	Saved -- Validated	Go to Sub Screen
3078917ET	ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER	Saved -- Validated	Go to Sub Screen
3081450SE	SELECT SPECIALTY HOSPITAL DES MOINES INC	Saved -- Validated	Go to Sub Screen
3082491HE	HEARTLAND COOP	Saved -- Validated	Go to Sub Screen
3082930MI	MILESTONES AREA AGENCY ON AGING	Saved -- Validated	Go to Sub Screen
3083965MI	MILLS COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3084564TR	TRINITY REGIONAL MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
3085840GR	GRINNELL REGIONAL MEDICAL CENTER	Saved -- Validated	Go to Sub Screen
3087542BO	BOONE COUNTY AGRICULTURAL ASSOCIATION	Saved -- Validated	Go to Sub Screen
3087979PL	PLUMBERS AND STEAMFITTERS EDUCATION FUND	Saved -- Validated	Go to Sub Screen
3088226LO	LOCAL 263 CEDAR RAPIDS SHEET METAL WORKERS	Saved -- Validated	Go to Sub Screen
3088401IN	INTERCULTURAL CENTER OF IOWA	Saved -- Validated	Go to Sub Screen
3091195WR	WRIGHT COUNTY DISTRICT JUNIOR FAIR	Saved -- Validated	Go to Sub Screen

3091946NO	NORTHEAST IOWA IRONWORKERS LOCAL 89 JATC	Saved -- Validated	Go to Sub Screen
3092026ME	MERCY HOSPITAL	Saved -- Validated	Go to Sub Screen
3092675LO	LOCAL UNION NO 125 JATC FUND	Saved -- Validated	Go to Sub Screen
3094486TF	TFJSC LLC	Saved -- Validated	Go to Sub Screen
3094669JW	J W BELL LLC	Saved -- Validated	Go to Sub Screen
3100551CA	CATHERINE MCAULEY CENTER INC	Saved -- Validated	Go to Sub Screen
3100894JE	JEFFERSON COUNTY HOSPITAL	Saved -- Validated	Go to Sub Screen
3101306DU	DUBUQUE DREAM CENTER	Saved -- Validated	Go to Sub Screen
3102072SU	SUNDSTOP II LLC	Saved -- Validated	Go to Sub Screen
3102728GR	GREENE COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3104387SA	SALVATION ARMY	Saved -- Validated	Go to Sub Screen
3104650RA	RAINBO OIL COMPANY	Saved -- Validated	Go to Sub Screen
3105752GR	GROWMARK INC	Saved -- Validated	Go to Sub Screen
3106414NA	NATIONAL CATTLE CONGRESS	Saved -- Validated	Go to Sub Screen
3107534GE	GERTEN HOLLOW INC	Saved -- Validated	Go to Sub Screen
3108202UN	UNITY POINT HEALTH MARSHALLTOWN	Saved -- Validated	Go to Sub Screen
3113628A1	A1 MORRIS HEATING & COOLING INC	Saved -- Validated	Go to Sub Screen
3115365WY	WYOMING FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3123758KI	KIMMES ENTERPRISES LLC	Saved -- Validated	Go to Sub Screen
3123982AU	IOWA AUDIO VIDEO INC	Saved -- Validated	Go to Sub Screen
3166711MA	MARION CO FAIR BOARD	Saved -- Validated	Go to Sub Screen
3167825CH	CHILDREN'S JUNGLE THE	Saved -- Validated	Go to Sub Screen
3179662WE	WELL RESOURCE CENTER THE	Saved -- Validated	Go to Sub Screen
3179711JR	J&R EXCAVATING LLC	Saved -- Validated	Go to Sub Screen
3179964CH	CHRISTIAN RETIREMENT SERVICES INC	Saved -- Validated	Go to Sub Screen
3180474WE	WESTERN HOME SERVICES INC	Saved -- Validated	Go to Sub Screen
3182466FR	FRANKLIN COUNTY AGRICULTURE AND FAIR ASSOC	Validated - with Warnings	Go to Sub Screen
3182513AT	ATC INC	Saved -- Validated	Go to Sub Screen
3182679MI	MISSISSIPPI VALLEY FAIR INC	Saved -- Validated	Go to Sub Screen
3182681CE	CEDAR COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3183166CE	CEDAR RAPIDS TANK WASH INC	Saved -- Validated	Go to Sub Screen
3183189HO	HOMES FOR IOWA INC	Saved -- Validated	Go to Sub Screen
3183326ER	THE ANDERSONS MARATHON HOLDINGS LLC	Saved -- Validated	Go to Sub Screen
3183630EZ	EZ MART LLC	Validated - with Warnings	Go to Sub Screen
3183711NE	NEW VISIONS HOMELESS SERVICES	Saved -- Validated	Go to Sub Screen
3184000NE	NEIT Services, LLC	Saved -- Validated	Go to Sub Screen
3184070CO	COUNTRY MEATS INC	Validated - with	Go to Sub

		Warnings	Screen
3184100LI	LINCOLN HEIGHTS STATION LLC	Saved -- Validated	Go to Sub Screen
3184101LI	LINCOLN FARM AND HOME 3 LLC	Saved -- Validated	Go to Sub Screen
3184225BO	BOVARD STUDIO INC	Saved -- Validated	Go to Sub Screen
3184227FA	FAMILY PET VETERINARY CENTERS MANAGEMENT CO	Saved -- Validated	Go to Sub Screen
3184229IN	INFORMED CHOICE OF IOWA CORPORATION	Saved -- Validated	Go to Sub Screen
3184232KN	KNIGHT MOVES	Saved -- Validated	Go to Sub Screen
3184233KO	KOCH LANDSCAPING & HAULING INC	Saved -- Validated	Go to Sub Screen
3184241YW	YWCA OF THE QUAD CITIES	Saved -- Validated	Go to Sub Screen
3184274GE	GEHLPRO INDUSTRIES INC	Saved -- Validated	Go to Sub Screen
3184278MP	MPIRE HEATING & COOLING	Saved -- Validated	Go to Sub Screen
3184335WO	WORTH COUNTY FAIR SOCIETY	Saved -- Validated	Go to Sub Screen
3184336WO	WOODBURY COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3184337WI	WINNESHIEK COUNTY AGRICULTURAL ASSN	Saved -- Validated	Go to Sub Screen
3184341WA	WARREN COUNTY AGRICULTURAL ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184344AL	ALLAMAKEE COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184352AP	APPANOOSE COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184353AU	AUDUBON COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184355BU	BUCHANAN COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184357BU	BUENA VISTA COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184359WA	WAPELLO COUNTY FAIR INC	Saved -- Validated	Go to Sub Screen
3184365CA	CARROLL COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184366CA	CASS COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184367TA	TAYLOR COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184368CE	CENTRAL IOWA FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184369TA	TAMA COUNTY LIVESTOCK AND FAIR ASSN	Saved -- Validated	Go to Sub Screen
3184370ST	STORY COUNTY 4H FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184371BI	BIG FOUR FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184373CL	CLARKE COUNTY 4-H FAIR ASSOCIATION INC	Saved -- Validated	Go to Sub Screen
3184374SO	SOUTHERN IOWA FAIR AND EXPOSITION	Saved -- Validated	Go to Sub Screen
3184375CL	CLAYTON COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184376SI	SIOUX COUNTY YOUTH FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184377CL	CLINTON COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184378SH	SHELBY COUNTY FAIR CORPORATION	Saved -- Validated	Go to Sub Screen
3184379DA	DAVIS COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184380RI	RINGGOLD COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184381DE	DES MOINES COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen

3184382PO	POWESHIEK COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184383EM	EMMET COUNTY AGRICULTURAL SHOW	Saved -- Validated	Go to Sub Screen
3184388PL	PLYMOUTH COUNTY 4H AND AG SOCIETY	Saved -- Validated	Go to Sub Screen
3184389PA	PALO ALTO FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184390PA	PAGE COUNTY AGRICULTURAL FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184391OS	OSCEOLA COUNTY LIVESTOCK SHOW	Saved -- Validated	Go to Sub Screen
3184392OB	OBRIEN COUNTY LIVESTOCK SHOW AND AGRICULTURAL	Saved -- Validated	Go to Sub Screen
3184393MU	MUSCATINE COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3184396MO	MONTGOMERY COUNTY AG SOCIETY	Saved -- Validated	Go to Sub Screen
3184397MO	MONONA COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184399MI	MITCHELL COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184408FA	FAYETTE COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184410FR	FREMONT COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184414HA	HANCOCK COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184416HA	HARRISON COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184418HE	HENRY COUNTY FAIR	Saved -- Validated	Go to Sub Screen
3184420HU	HUMBOLDT COUNTY AGRICULTURAL SOCIETY	Saved -- Validated	Go to Sub Screen
3184421ID	IDA COUNTY AGRICULTURAL SOCIETY INC	Saved -- Validated	Go to Sub Screen
3184422LY	LYON COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184423JA	JACKSON COUNTY FAIR ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184426KE	KEOKUK COUNTY EXPO INC	Saved -- Validated	Go to Sub Screen
3184427KO	KOSSUTH COUNTY AGRICULTURAL ASSOCIATION	Saved -- Validated	Go to Sub Screen
3184432HA	HAMILTON-RYKER GROUP INC THE	Saved -- Validated	Go to Sub Screen
3184457AL	ALLSQUARE CABINET COMPANY	Saved -- Validated	Go to Sub Screen
3184638JM	JMCC Corp/Mediacom, LLC.	Saved -- Validated	Go to Sub Screen
3184639NI	Night Owl, Wireless	Saved -- Validated	Go to Sub Screen
3184659SC	SCOTT ENTERPRISES & CONSULTING PLLC	Saved -- Validated	Go to Sub Screen
3184685ST	STARTS RIGHT HERE	Saved -- Validated	Go to Sub Screen
3185113MO	MONTEZUMA EXPRESS LLC	Saved -- Validated	Go to Sub Screen
336-ICN	IOWA COMMUNICATIONS NETWORK	Saved -- Validated	Go to Sub Screen
2127365AL	ALBIA CITY OF	Saved -- Validated	Go to Sub Screen
2127381AL	ALGONA CITY OF	Saved -- Validated	Go to Sub Screen
0005328AM	AMERICAN PRISON DATA SYSTEMS PBC	Saved -- Validated	Go to Sub Screen
2110830AS	ASBURY CITY OF	Saved -- Validated	Go to Sub Screen
2145973BA	BALLET THEATRE OF DSM	Saved -- Validated	Go to Sub Screen
2127643BE	BELLE PLAINE CITY OF	Saved -- Validated	Go to Sub Screen
2114700BL	BLANK PARK ZOO FOUNDATION	Saved -- Validated	Go to Sub

			Screen
2127667BL	BLOOMFIELD CITY OF	Saved -- Validated	Go to Sub Screen
3180311BR	BREW LLC	Saved -- Validated	Go to Sub Screen
2123749BR	BRIDGE VIEW CENTER INC	Saved -- Validated	Go to Sub Screen
0026900CA	CARLOS O'KELLY'S INC	Saved -- Validated	Go to Sub Screen
2127786CA	CARTER LAKE CITY OF	Saved -- Validated	Go to Sub Screen
2131363CE	CEDAR RAPIDS CSD	Saved -- Validated	Go to Sub Screen
2106946CE	CEDAR RAPIDS MUSEUM OF ART	Saved -- Validated	Go to Sub Screen
2107920CE	CEDAR RAPIDS SYMPHONY	Saved -- Validated	Go to Sub Screen
2095899CI	CIVIC MUSIC ASSOCIATION	Saved -- Validated	Go to Sub Screen
2130115CL	CLARKE COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2128023CL	CLINTON CITY OF	Saved -- Validated	Go to Sub Screen
2109054CO	COMMUNITY THEATRE OF CEDAR RAPIDS	Saved -- Validated	Go to Sub Screen
3055217CO	CONFERENCE TECHNOLOGIES	Saved -- Validated	Go to Sub Screen
2127670DA	DAVIS COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2128240DE	DECORAH CITY OF	Saved -- Validated	Go to Sub Screen
2129664DE	DELAWARE COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2113030DE	DEL CAR INC	Saved -- Validated	Go to Sub Screen
2141639DE	DELL MARKETING LP	Saved -- Validated	Go to Sub Screen
2123639DE	DES MOINES ARTS FESTIVAL	Saved -- Validated	Go to Sub Screen
2095893DE	DES MOINES METRO OPERA INC	Saved -- Validated	Go to Sub Screen
2136692DE	DES MOINES PERFORMING ARTS	Saved -- Validated	Go to Sub Screen
2107593DE	DES MOINES PLAYHOUSE	Saved -- Validated	Go to Sub Screen
2132065DE	DES MOINES SYMPHONY	Saved -- Validated	Go to Sub Screen
2132163DU	DUBUQUE COUNTY HISTORICA	Saved -- Validated	Go to Sub Screen
2095960DU	DUBUQUE SYMPHONY ORCHESTRA	Saved -- Validated	Go to Sub Screen
2128794EL	ELDORA CITY OF	Saved -- Validated	Go to Sub Screen
2125591EN	ENGLERT CIVIC THEATRE INC	Saved -- Validated	Go to Sub Screen
3006683FA	FAVORITE HEALTCARE STAF	Saved -- Validated	Go to Sub Screen
2132319FI	FIGGE ART MUSEUM	Saved -- Validated	Go to Sub Screen
3115501FI	FILMSCENE	Saved -- Validated	Go to Sub Screen
2128535FO	FORT DODGE CORRECTIONAL FACILITY	Saved -- Validated	Go to Sub Screen
2129043GL	GLENWOOD CITY OF	Saved -- Validated	Go to Sub Screen
2113812GR	GRAND OPERA HOUSE THE	Saved -- Validated	Go to Sub Screen
2106521GR	GREATER DES MOINES BOTANICAL GARDEN	Saved -- Validated	Go to Sub Screen
3186773GR	GRUNDY COUNTY HERITAGE CENTER LLC	Saved -- Validated	Go to Sub Screen
2130860HA	HAMILTON COUNTY	Saved -- Validated	Go to Sub Screen

2129010HA	HANCOCK COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2104736HA	HARMONY TELEPHONE COMPANY	Saved -- Validated	Go to Sub Screen
2108521HE	HERBERT HOOVER PRESI-	Saved -- Validated	Go to Sub Screen
0026900HO	HOA HOTELS LLC	Saved -- Validated	Go to Sub Screen
2121918HO	HOYT SHERMAN PLACE FOUNDATION	Saved -- Validated	Go to Sub Screen
2129218HU	HULL CITY OF	Saved -- Validated	Go to Sub Screen
2123091IO	IOWA CHILDREN'S MUSEUM	Saved -- Validated	Go to Sub Screen
026900JOH	JOHNNYS ITALIAN STEAKHOUSE LLC	Saved -- Validated	Go to Sub Screen
2127523JO	JONES CO TREASURER	Saved -- Validated	Go to Sub Screen
2105825KE	KEY COOPERATIVE	Saved -- Validated	Go to Sub Screen
3186562KK	KK3 LLC	Saved -- Validated	Go to Sub Screen
2129489KN	KNOXVILLE CITY OF	Saved -- Validated	Go to Sub Screen
2129590LI	LISBON CITY OF	Saved -- Validated	Go to Sub Screen
2132398LI	LIVING HISTORY FARMS	Saved -- Validated	Go to Sub Screen
2127913LU	LUCAS COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2130320LY	LYON COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2130954MA	MADISON COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
3186388MA	MARTELLE COOPERATIVE TELEPHONE ASSOCIATION	Saved -- Validated	Go to Sub Screen
2107953MI	MIDWEST OLD SETTLERS AND THRESHERS ASSOC	Saved -- Validated	Go to Sub Screen
2130284MO	MONTGOMERY CO TREASURER	Saved -- Validated	Go to Sub Screen
2129902MU	MUSCATINE COUNTY	Saved -- Validated	Go to Sub Screen
3006510MU	MUSEUM OF DANISH AMERICA	Saved -- Validated	Go to Sub Screen
2136720NA	NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY	Saved -- Validated	Go to Sub Screen
2135176NE	NEBRASKA METHODIST HEALTH SYSTEM	Saved -- Validated	Go to Sub Screen
2129953NE	NEW HAMPTON CITY OF	Saved -- Validated	Go to Sub Screen
2129985NE	NEWTON CITY OF	Saved -- Validated	Go to Sub Screen
3045809NO	NORTH IOWA CUTURAL CENTER AND MUSEUM	Saved -- Validated	Go to Sub Screen
2130257OB	OBRIEN COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2118587OR	ORPHEUM THEATRE PRESERVATION PROJECT	Saved -- Validated	Go to Sub Screen
2109636PE	PEARSON LAKES ART CENTER	Validated - with Warnings	Go to Sub Screen
2135956PE	PEOPLE SERVICES CENTER INC (DBA CATCH INTELLIGENCE)	Saved -- Validated	Go to Sub Screen
2107254PU	PUTNAM MUSEUM	Saved -- Validated	Go to Sub Screen
2108978RO	ROBINS CITY OF	Saved -- Validated	Go to Sub Screen
2130335RO	ROCK VALLEY CITY OF	Saved -- Validated	Go to Sub Screen
3186140RO	ROCKWELL COOPERATIVE TELEPHONE ASSOCIATION	Saved -- Validated	Go to Sub Screen
2121108SA	SALISBURY HOUSE FOUND	Saved -- Validated	Go to Sub Screen
2132356SC	SCIENCE CENTER OF IOWA	Saved -- Validated	Go to Sub

			Screen
2131083SI	SIOUX CITY SYMPHONY ORCHESTRA	Saved -- Validated	Go to Sub Screen
2130536SO	SOLON CITY OF	Saved -- Validated	Go to Sub Screen
2130609ST	STORY CITY CITY OF	Saved -- Validated	Go to Sub Screen
3082086ST	STUS PETROLEUM	Saved -- Validated	Go to Sub Screen
2108759TI	TIFFIN CITY OF	Saved -- Validated	Go to Sub Screen
2127837UN	UNIVERSITY OF NORTHERN IOWA	Saved -- Validated	Go to Sub Screen
2139815US	US CELLULAR	Saved -- Validated	Go to Sub Screen
2129462VA	VAN BUREN CO TREASURER	Saved -- Validated	Go to Sub Screen
2130157WA	WAPELLO COUNTY TREASURER	Saved -- Validated	Go to Sub Screen
2107909WA	WATERLOO-CEDAR FALLS SYMPHONY ORCHESTRA	Saved -- Validated	Go to Sub Screen
2130011WO	WORTH CO TREASURER	Saved -- Validated	Go to Sub Screen
0000797FA	FAMILY MGMT FINANCIAL SOLUTIONS	Saved -- Validated	Go to Sub Screen
5830012PT	PANGAEA TECHNOLOGY INC.	Saved -- Validated	Go to Sub Screen
2106541ST	STRATFORD MUTUAL TELEPHONE COMPANY	Saved -- Validated	Go to Sub Screen
2105671CI	CITIZENS MUTUAL TELEPHONE COOPERATIVE	Saved -- Validated	Go to Sub Screen
2132646FM	FMTC-I35, INC. DBA OMNITEL COM	Saved -- Validated	Go to Sub Screen
3187763HE	HEART OF IOWA VENTURES, LLC	Saved -- Validated	Go to Sub Screen
2108638IA	IAMO COMMUNICATIONS, INC.	Saved -- Validated	Go to Sub Screen
2132646IN	INTERSTATE CABLEVISION, LLC DBA OMNITEL COM	Saved -- Validated	Go to Sub Screen
3185794KA	KALONA CO-OPERATIVE TELEPHONE CO.	Saved -- Validated	Go to Sub Screen
0008018LT	LTD BROADBAND, LLC	Validated - with Warnings	Go to Sub Screen
3181412ME	MEDIAPOLIS TELEPHONE COMPANY	Saved -- Validated	Go to Sub Screen
3184322SH	SHELLBURG CABLEVISION, INC. DBA USA COM	Saved -- Validated	Go to Sub Screen
3185690SP	SPRING GROVE COMMUNICATIONS	Saved -- Validated	Go to Sub Screen
3190963BO	BOWLERAMA INC	Saved -- Validated	Go to Sub Screen
3026006BU	BURLINGTON BASEBALL ASSOCIATION	Saved -- Validated	Go to Sub Screen
3025557CE	CEDAR RAPIDS BALL CLUB	Saved -- Validated	Go to Sub Screen
3043994CI	CIT CHARTERS INC	Saved -- Validated	Go to Sub Screen
2105695CO	COLO TELEPHONE COMPANY	Saved -- Validated	Go to Sub Screen
2106160DU	DUMONT TELEPHONE COMPANY	Saved -- Validated	Go to Sub Screen
2114748GR	GREATER DM BASEBALL CO	Saved -- Validated	Go to Sub Screen
2108128HA	HAWKEYE STAGES INC	Saved -- Validated	Go to Sub Screen
3113167KI	KIMBERLY ENTERTAINMENT LLC	Saved -- Validated	Go to Sub Screen
3171625LO	LOCKRIDGE NETWORKS	Saved -- Validated	Go to Sub Screen
3012619MA	MAIN STREET IOWA LLC	Saved -- Validated	Go to Sub Screen
3192161MI	MINNESOTA HOCKEY VENTURES GROUP LP	Saved -- Validated	Go to Sub Screen

3114417MI	MINNESOTA TIMBERWOLVES BASKETBALL LIMITED PAR	Saved -- Validated	Go to Sub Screen
3173176NO	NORTHERN LIGHTS HOCKEY LLC	Saved -- Validated	Go to Sub Screen
2108933NO	NORTHWEST TELEPHONE COOP	Saved -- Validated	Go to Sub Screen
2126446OS	OSAGE MUNICIPAL TELECOM	Saved -- Validated	Go to Sub Screen
3190916RO	ROSEBROS LLC	Saved -- Validated	Go to Sub Screen
3059336SC	SCM LLC	Saved -- Validated	Go to Sub Screen
3192160SI	SIOUX CITY BANDITS FOOTBALL LLC	Saved -- Validated	Go to Sub Screen
2103452SI	SIOUX CITY EXPLORERS	Saved -- Validated	Go to Sub Screen
3190929SS	SSCD LLC	Saved -- Validated	Go to Sub Screen
3190970BE	THE BETTPLEX	Validated - with Warnings	Go to Sub Screen
3190897TR	TRCKA ENTERTAINMENTS INC	Saved -- Validated	Go to Sub Screen
3007118TB	T-BOWL INVESTMENTS INC	Saved -- Validated	Go to Sub Screen
3089041WA	WATERLOO BALL CLUB LLC	Saved -- Validated	Go to Sub Screen
3107939WA	WATERLOO BLACK HAWKS HOCKEY LLC	Saved -- Validated	Go to Sub Screen
3006161WS	WS LINES INC	Saved -- Validated	Go to Sub Screen
2090272BU	BURLINGTON AREA YMCA INC	Saved -- Validated	Go to Sub Screen
3193200LE	LEMARS AREA FAMILY YMCA	Saved -- Validated	Go to Sub Screen
2129376MA	MARSHALLTOWN YMCA	Saved -- Validated	Go to Sub Screen
2119085WO	WORLD FOOD PRIZE FOUNDATION	Saved -- Validated	Go to Sub Screen
2110818AL	ALL MAKES OFFICE EQUIPMENT CO. OF DES MOINES	Saved -- Validated	Go to Sub Screen
2102525BA	BAYCOM INC	Saved -- Validated	Go to Sub Screen
3044597CO	CONTRADO BBH HOLDINGS LLC	Saved -- Validated	Go to Sub Screen
2108708IN	INFOMAX OFFICE SYSTEMS	Saved -- Validated	Go to Sub Screen
2127538AN	ANAMOSA STATE PENITENTIARY	Saved -- Validated	Go to Sub Screen
3184573ET	ETERNITY CHURCH	Saved -- Validated	Go to Sub Screen
2131381CS	IOWA CITY COMM SCH DIST	Saved -- Validated	Go to Sub Screen
0024400MC	IOWA MEDICAL & CLASSIFICATION CENTER	Saved -- Validated	Go to Sub Screen
2128999SP	IOWA STATE PENITENTIARY	Saved -- Validated	Go to Sub Screen
2127528JO	JONES CO BOARD OF SUPERVISORS	Saved -- Validated	Go to Sub Screen
2128707MO	MT PLEASANT CORRECTIONAL FACILITY	Saved -- Validated	Go to Sub Screen
2128557PO	POLK COUNTY EMA	Saved -- Validated	Go to Sub Screen
0059500PS	PUBLIC SAFETY, DEPT OF - STATE PATROL	Saved -- Validated	Go to Sub Screen
2137454EX	EXECUTIVE INFORMATION SYSTEMS LLC	Saved -- Validated	Go to Sub Screen
2108197PI	PIGOTT INC	Saved -- Validated	Go to Sub Screen
2116026AL	ALGONA FAMILY YMCA	Saved -- Validated	Go to Sub Screen
2107613AM	AMERICAN HOME FINDING ASSOCIATION	Saved -- Validated	Go to Sub Screen
2089903BH	B&H FOTO & ELECTRONICS	Saved -- Validated	Go to Sub

			Screen
2132212BO	BOYS & GIRLS CLUB OF CENTRAL IOWA	Saved -- Validated	Go to Sub Screen
2134760BO	BOYS & GIRLS CLUBS OF THE MIDLANDS	Saved -- Validated	Go to Sub Screen
2108991BO	BOYS AND GIRLS CLUB OF AMES INC	Saved -- Validated	Go to Sub Screen
2109881BO	BOYS AND GIRLS CLUBS OF SIOUXLAND INC	Saved -- Validated	Go to Sub Screen
2121925BO	BOYS AND GIRLS OF CEDAR RAPIDS	Saved -- Validated	Go to Sub Screen
3094051BR	BRUNOW CONTRACTING LLC	Saved -- Validated	Go to Sub Screen
2107228CA	CAMP FIRE USA HEART OF T	Saved -- Validated	Go to Sub Screen
2110365CA	CAMP FOSTER YOUNG MENS CHRISTIAN ASSOCIATION	Saved -- Validated	Go to Sub Screen
2100942CD	CDW GOVERNMENT INC	Saved -- Validated	Go to Sub Screen
3192516CE	CEDAR RAPIDS INFERNO SOCCER CLUB	Saved -- Validated	Go to Sub Screen
3056918CE	CEDAR RIVER RECREATION & FINE ARTS COMPLEX	Saved -- Validated	Go to Sub Screen
2106975CH	CHRISTIAN HOME ASSOCIATION CHILDRENS SQUARE	Saved -- Validated	Go to Sub Screen
3044702CO	COMPUTER AID INC	Saved -- Validated	Go to Sub Screen
3072465CO	COURAGE LEAGUE SPORTS	Saved -- Validated	Go to Sub Screen
2128588DE	DES MOINES WATER WORKS	Saved -- Validated	Go to Sub Screen
3173177DS	DSM HOCKEY LLC	Saved -- Validated	Go to Sub Screen
2109712DU	DUBUQUE COMMUNITY Y	Saved -- Validated	Go to Sub Screen
2107560EA	EASTER SEAL SOCIETY OF IOWA INC	Saved -- Validated	Go to Sub Screen
2107397FA	FAMILY RESOURCES INC	Saved -- Validated	Go to Sub Screen
2106972FA	FAMILY YMCA OF CHARLES CITY	Saved -- Validated	Go to Sub Screen
2112550FO	FOUNDATION 2 INC	Saved -- Validated	Go to Sub Screen
2110803FO	FOUR OAKS FAMILY AND CHILDRENS SERVICES	Saved -- Validated	Go to Sub Screen
3167098GE	GENESIS INCORPORATED	Saved -- Validated	Go to Sub Screen
3187150HI	HIGHLAND PARK COMMUNITY DEVELOPMENT ASSOC	Saved -- Validated	Go to Sub Screen
2107078HI	HILLCREST FAMILY SERVICE	Saved -- Validated	Go to Sub Screen
2107057HO	HOERNER YMCA OF KEOKUK	Saved -- Validated	Go to Sub Screen
3123460ID	IDA GROVE CITY OF	Saved -- Validated	Go to Sub Screen
3175135CO	IOWA CONGOLESE ORGANIZATION AND CENTER	Saved -- Validated	Go to Sub Screen
2107463LU	LUTHERAN SERVICES IN IOWA INC	Saved -- Validated	Go to Sub Screen
2106983MA	MASON CITY FAMILY YMCA-YOUNG MENS CHRISTIAN A	Saved -- Validated	Go to Sub Screen
3190265ME	MERCY REHABILITATION HOSPITAL LLC	Saved -- Validated	Go to Sub Screen
2109074MI	MIDWEST CHRISTIAN SERVIC	Saved -- Validated	Go to Sub Screen
2121898MO	MONTGOMERY COUNTY YMCA	Saved -- Validated	Go to Sub Screen
2106999MU	MUSCATINE COMMUNITY Y	Saved -- Validated	Go to Sub Screen
3002527NE	NEWCO RIDERS LLC	Saved -- Validated	Go to Sub Screen
2101464PE	PEOSTA CITY OF	Saved -- Validated	Go to Sub Screen

2097059RA	RATHBUN LAKE AREA YMCA	Saved -- Validated	Go to Sub Screen
3194285RE	REC CENTER LTD THE	Saved -- Validated	Go to Sub Screen
3185572RO	ROUTER12 NETWORKS LLC	Saved -- Validated	Go to Sub Screen
3192789SH	SHALOM COMMUNITY IMPACT CENTER	Saved -- Validated	Go to Sub Screen
2107551SI	SIOUX VALLEY MEMORIAL HOSPITAL	Saved -- Validated	Go to Sub Screen
2122010SO	SOUTHERN PRAIRIE YMCA	Saved -- Validated	Go to Sub Screen
2107008WA	WARTBURG COLLEGE	Saved -- Validated	Go to Sub Screen
3184186WE	WEST DES MOINES WATER WORKS	Saved -- Validated	Go to Sub Screen
2123023WO	WOODWARD YOUTH CORPORATION	Saved -- Validated	Go to Sub Screen
2106961YM	YMCA CEDAR RAPIDS METRO	Saved -- Validated	Go to Sub Screen
2107316YM	YMCA OF BLACKHAWK CO	Saved -- Validated	Go to Sub Screen
3093918YM	YMCA OF GREATER OMAHA	Saved -- Validated	Go to Sub Screen
2110398YO	YOUNG HOUSE FAMILY SERVICES INCORPORATED	Saved -- Validated	Go to Sub Screen
2108459YO	YOUNG MENS CHRISTIAN ASSOCIATION	Saved -- Validated	Go to Sub Screen
2107105YO	YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER	Saved -- Validated	Go to Sub Screen
2107681YO	YOUNG MENS CHRISTIAN ASSOCIATION OF OTTUMWA I	Saved -- Validated	Go to Sub Screen
3181500YO	YOUNG MENS CHRISTIAN ASSOCIATION OF WASH	Saved -- Validated	Go to Sub Screen
3194313YO	YOUNG MENS CHRISTIAN ASSTN OF THE IOWA MISSIS	Saved -- Validated	Go to Sub Screen
2112004YO	YOUTH & SHELTER SERVICES	Saved -- Validated	Go to Sub Screen
2107112YO	YOUTH HOMES OF MID AMERICA	Saved -- Validated	Go to Sub Screen
2113459YO	YOUTH SHELTER CARE OF NORTH CENTRAL IOWA INC	Saved -- Validated	Go to Sub Screen
2107623YW	YWCA OF CLINTON IOWA	Saved -- Validated	Go to Sub Screen
2144892ZE	ZETRON INC	Saved -- Validated	Go to Sub Screen

Contracts >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report (FPR)) Contract >= \$50,000							
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DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
2121640CA	IOWA CATTLEMENS FOUNDATION	IDALS - 1138	100000		Definitive Contract	Saved -- Validated	Go to Sub Screen
2127464ST	IOWA STATE UNIVERSITY	IDALS-0132	703951.79	101137.88	Definitive Contract	Saved -- Validated	Go to Sub Screen
3013544FO	IOWA FOOD BANK ASSOCIATION	IDALS-0131	300000		Definitive Contract	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	09162000396a	6694665	0	Purchase Order	Saved -- Validated	Go to Sub Screen
0000753GL	GLOBAL REACH INTERNET PRODUCTIONS, LLC	Global Reach	504337.15	385431.15	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
0002918CO	IOWA COMMUNITY ACTION ASSOCIATION	ICAA	160000		Definitive Contract	Saved -- Validated	Go to Sub Screen
3013544FO	IOWA FOOD BANK ASSOCIATION	5830010	1000000		Definitive Contract	Saved -- Validated	Go to Sub Screen
3178351NO	NOMI HEALTH INC	583202004151	0		Definitive Contract	Saved -- Validated	Go to Sub Screen
2123757VE	VERIDIAN LIMITED	MA00520316	0		Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
0006438SE	SEAT KING LLC	MA00520312	0		Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
3120277AC	ACRO SERVICE CORPORATION	MA00519058A	0		Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
2090136LA	LAB CORP OF AMERICA	583202004291	0		Definitive Contract	Saved -- Validated	Go to Sub Screen
0001403LE	IOWA LEGAL AID	0001403LE	124999.99		Definitive Contract	Saved -- Validated	Go to Sub Screen
0004239AU	AUREON	0004239AU	87189.11		Definitive Contract	Saved -- Validated	Go to Sub Screen
2114088CO	CONNECTIONS AREA AGENCY ON AGING	2120	73788		Definitive Contract	Saved -- Validated	Go to Sub Screen
2114334EL	ELDERBRIDGE AREA AGENCY ON AGING	2115	64897.2		Definitive Contract	Saved -- Validated	Go to Sub Screen
2115045AG	AGING RESOURCES OF CENTRAL IOWA	2117	58122.81		Definitive Contract	Saved -- Validated	Go to Sub Screen
2137722IN	INTERNATIONAL ROLL-CALL	2137722IN-502	445889.93		Purchase Order	Saved -- Validated	Go to Sub Screen
2145540HP	HP INC	2145540HP	124448.4		Purchase Order	Saved -- Validated	Go to Sub Screen
3053309ON	ONENECK IT SOLUTIONS LLC	3053309ON	73803.52		Purchase Order	Saved -- Validated	Go to Sub Screen
3082930MI	MILESTONES AREA AGENCY ON AGING	2119	55000		Definitive Contract	Saved -- Validated	Go to Sub Screen
3123982AU	IOWA AUDIO VIDEO INC	3123982AU	213050.84		Purchase Order	Saved -- Validated	Go to Sub

							Screen
3178351NO	NOMI HEALTH INC	5833178351202012311	0		Definitive Contract	Saved -- Validated	Go to Sub Screen
3041546RS	RSM US LLP	21019	5024142.5	427522.5	Definitive Contract	Saved -- Validated	Go to Sub Screen
2101886CO	Compuware	2101886CO	69094		Purchase Order	Saved -- Validated	Go to Sub Screen
336-ICN	IOWA COMMUNICATIONS NETWORK	336-ICN	55790.04		Purchase Order	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	2100702IN-185	353573.92		Purchase Order	Saved -- Validated	Go to Sub Screen
2095202VE	Verizon	2095202VE	135095.58		Purchase Order	Saved -- Validated	Go to Sub Screen
2133866AV	AVI SYSTEMS INC	2133866AV	67543.48		Purchase Order	Saved -- Validated	Go to Sub Screen
2122476GL	GLOBAL REACH INTERNET PR	269-0043-009Q-2122476GL	86547		Definitive Contract	Saved -- Validated	Go to Sub Screen
3061175UN	UNITED WAYS OF IOWA	269-0043-009Q-3061175UN	75000		Definitive Contract	Saved -- Validated	Go to Sub Screen
0006803PA	PAYDAY INC	MA00520413	183133.97		Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
2135956PE	PEOPLE SERVICES CENTER INC (DBA CATCH INTELLIGENCE)	12022001055	350000		Delivery Order	Saved -- Validated	Go to Sub Screen
2141639DE	DELL MARKETING LP	MA-005-16070A	109487.62	54510	Purchase Order	Saved -- Validated	Go to Sub Screen
2145540HP	HP INC	MA-005-16055A	954633.6	329720	Purchase Order	Saved -- Validated	Go to Sub Screen
0005328AM	AMERICAN PRISON DATA SYSTEMS PBC	44412112015	447014		Purchase Order	Validated - with Warnings	Go to Sub Screen
3055217CO	CONFERENCE TECHNOLOGIES	16055A	4944320.69	16855	Purchase Order	Saved -- Validated	Go to Sub Screen
2145540HP	HP INC	44410202001-44410212007	100221.7		Purchase Order	Validated - with Warnings	Go to Sub Screen
3006683FA	FAVORITE HEALTCARE STAF	5830014	0		Definitive Contract	Saved -- Validated	Go to Sub Screen
3003979CA	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION	5881CARES01	615153.89		Definitive Contract	Saved -- Validated	Go to Sub Screen
0000753GL	GLOBAL REACH INTERNET PRODUCTIONS, LLC	269-0379-0379-2122476GL	75000		Definitive Contract	Saved -- Validated	Go to Sub Screen
0000797FA	FAMILY MGMT FINANCIAL SOLUTIONS	0000797FA	210000		Definitive Contract	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	MA-005-16180A	1261514.73	17629.7	Purchase Order	Saved -- Validated	Go to Sub Screen
2089903BH	B&H FOTO & ELECTRONICS	08192100347	166552.5	126900	Delivery Order	Saved -- Validated	Go to Sub Screen
2099406WW	WW GRAINGER INC.	238MA 005 18298A	592000	592000	Purchase Order	Saved -- Validated	Go to Sub Screen
2099406WW	WW GRAINGER INC.	247221118211	148000	148000	Purchase Order	Saved -- Validated	Go to Sub Screen
2099406WW	WW GRAINGER INC.	2526396	207400	207400	Purchase Order	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	08042100134	1750147.6	113726.72	Purchase	Saved --	Go to

					Order	Validated	Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	08192100198	144195.49	86081.4	Purchase Order	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	08192100200	4986528.28	27716.94	Purchase Order	Saved -- Validated	Go to Sub Screen
2100702IN	INSIGHT PUBLIC SECTOR	08262100240	407157.94	45299.54	Purchase Order	Saved -- Validated	Go to Sub Screen
2100942CD	CDW GOVERNMENT INC	08192100196	377251.56	325188.29	Purchase Order	Saved -- Validated	Go to Sub Screen
2102525BA	BAYCOM INC	09012100410	1762800	0	Delivery Order	Saved -- Validated	Go to Sub Screen
2108197PI	PIGOTT INC	DO07232100173	72668.67	72668.67	Delivery Order	Validated - with Warnings	Go to Sub Screen
2108708IN	INFOMAX OFFICE SYSTEMS	00502	266525.25	266525.25	Delivery Order	Saved -- Validated	Go to Sub Screen
2110818AL	ALL MAKES OFFICE EQUIPMENT CO. OF DES MOINES	10052100623	392808.92	0	Delivery Order	Saved -- Validated	Go to Sub Screen
2137454EX	EXECUTIVE INFORMATION SYSTEMS LLC	238 2016-BUS-005 1-RCIUJ	147700	147700	Purchase Order	Saved -- Validated	Go to Sub Screen
2144892ZE	ZETRON INC	MA00518258	1826894.94	365677.89	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
3044597CO	CONTRADO BBH HOLDINGS LLC	00501	433026.77	433026.77	Delivery Order	Saved -- Validated	Go to Sub Screen
3044702CO	COMPUTER AID INC	MA 005 5630 2018-BUS-0521	422582.07	422582.07	Delivery Order	Saved -- Validated	Go to Sub Screen
3053309ON	ONENECK IT SOLUTIONS LLC	238MA 005 16091D	1043674.5	1043674.5	Purchase Order	Saved -- Validated	Go to Sub Screen
3055217CO	CONFERENCE TECHNOLOGIES	09142100297	1776533.77	0	Purchase Order	Saved -- Validated	Go to Sub Screen
3055217CO	CONFERENCE TECHNOLOGIES	10212100727	115516.18	0	Delivery Order	Saved -- Validated	Go to Sub Screen
3094051BR	BRUNOW CONTRACTING LLC	401-DHS-01	212070	212070	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen

Grants >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report (FPR) Grants >= \$50,000							
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DUNS/Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	
3048541CH	CHRISTENSEN FARMS & FEEDLOTS INC	IDAP # 7/16	1863960		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3179708D2	D2K	IDAP # 8/9/20/22	159240		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3179707TI	TITAN SWINE	IDAP # 1/13/14	313000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3179706IS	ISF PRODUCTION LLLP	IDAP # 10/12/42	352040		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3181055AL	ALAN GENE KANENGIETER	IDAP #61	51000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3067929CE	CENTRUM VALLEY FARMS LLP	IDAP #50	194817		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2102522DA	DAYBREAK FOODS INC	IDAP #41	173311.25		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2125338RE	REMBRANDT ENTERPRISES	IDAP #63	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3181419SP	SPARBOE FARMS INC	IDAP #64	134203.5		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3181095FR	FREMONT FARMS OF IOWA LLP	IDAP #29	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3180933SO	SOUTHWEST IOWA EGG COOPERATIVE	IDAP #30	56502		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3181297HA	HAWKEYE PRIDE EGG FARM LLP	IDAP #36	147137.75		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3181229CA	IOWA CAGE FREE LLLP	IDAP #44	134588.5		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3181199CE	CENTER FRESH EGG FARM LLP	IDAP #35	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132142EA	EAST BUCHANAN TELEPHONE	368079	2268235.76		Reimbursable	Saved -- Validated	Go to Sub Screen
2144755KI	KILLDUFF TELEPHONE CO	367061	112594.44		Reimbursable	Validated - with Warnings	Go to Sub Screen
2122438PR	PREMIER COMMUNICATIONS	366869	3883250		Reimbursable	Saved -- Validated	Go to Sub Screen
3114737SH	SHARON TELEPHONE CO	367908	647212.39		Reimbursable	Saved -- Validated	Go to Sub Screen
3171612SU	SULLY TELEPHONE ASSOCIATION	366262-366512-367301	392725.11		Reimbursable	Saved -- Validated	Go to Sub Screen
2106606WE	WEST IOWA TELEPHONE	367965	1084652.58	375277.51	Reimbursable	Saved -- Validated	Go to Sub Screen
3019623AL	Allamakee-Clayton Electric Cooperative, Inc.	367674	541916		Reimbursable	Saved -- Validated	Go to Sub Screen
2122188AL	Alpine Communications, LC	367535	2899978.39		Reimbursable	Saved --	Go to

						Validated	Sub Screen
3006415BT	BTC INC	367166	1955565.8		Reimbursable	Saved -- Validated	Go to Sub Screen
T185BUTLE	Butler-Bremer Mutual Telephone Company	367904	107850		Reimbursable	Saved -- Validated	Go to Sub Screen
T185CLOUD	Cloudburst9 LLC	367218	74945.73	22907.62	Reimbursable	Saved -- Validated	Go to Sub Screen
T185COLOT	Colo Telephone Company	368339-368263	153397.48		Reimbursable	Saved -- Validated	Go to Sub Screen
0063500CO	Cooperative Telephone Exchange	367486	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2105731DA	Danville Mutual Telephone Company	367309	2918970.03		Reimbursable	Saved -- Validated	Go to Sub Screen
0065500DU	Dumont Telephone Company	367653	145914.5		Reimbursable	Saved -- Validated	Go to Sub Screen
2114094DU	Dunkerton Telephone Cooperative	367813	126313.12		Reimbursable	Saved -- Validated	Go to Sub Screen
2105889FA	Farmers Mutual Cooperative Telephone Company	366848	125387.6	32488.59	Reimbursable	Saved -- Validated	Go to Sub Screen
3108531FA	Farmers Mutual Cooperative Telephone Company	367814	255149.07	118487.8	Reimbursable	Saved -- Validated	Go to Sub Screen
3104198GR	Grand Mound Cooperative Telephone	367634	233261.86	116671.23	Reimbursable	Saved -- Validated	Go to Sub Screen
2133692GR	Grand River Mutual Telephone Corporation	368077	0		Reimbursable	Saved -- Validated	Go to Sub Screen
T185HARMO	Harmony Telephone Company	367282	714083.31	357041.66	Reimbursable	Saved -- Validated	Go to Sub Screen
T185HEART	Heart of Iowa Ventures, LLC	367201	121844.54		Reimbursable	Saved -- Validated	Go to Sub Screen
2106036HU	Huxley Communications Cooperative	366854	234241.65		Reimbursable	Saved -- Validated	Go to Sub Screen
3094623IM	ImOn Communications, LLC	367416-367823	335530.36		Reimbursable	Saved -- Validated	Go to Sub Screen
2106803KA	Kalona Cooperative Telephone Company	367980	282827.05		Reimbursable	Saved -- Validated	Go to Sub Screen
2107812LA	LA MOTTE TELEPHONE CO	367104	200771.96	101006.96	Reimbursable	Saved -- Validated	Go to Sub Screen
2107673LE	Lehigh Valley Cooperative Telephone Association	367371	819750		Reimbursable	Saved -- Validated	Go to Sub Screen
T185LOCKR	Lockridge Networks	367817	112878.88		Reimbursable	Saved -- Validated	Go to Sub Screen
T185MARTE	Martelle Cooperative Telephone Association	368295	162009.84		Reimbursable	Saved -- Validated	Go to Sub Screen
3183744MA	MASSENA TELEPHONE COMPANY INC	368235	473363.04	236681.54	Reimbursable	Saved -- Validated	Go to Sub Screen
2089134ME	Mediacom, LLC.	367969-368019-368026	711082.33	296166.33	Reimbursable	Saved -- Validated	Go to Sub Screen
T185MIBRO	MiBroadband LLC	367771	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2107974MI	Miles Communications LLC	367902	466122.89		Reimbursable	Saved -- Validated	Go to Sub Screen

2124456MI	Minburn Telecommunications, Inc.	368371	0		Reimbursable	Saved -- Validated	Go to Sub Screen
3075913MI	Minburn Telephone Company	368355	0		Reimbursable	Saved -- Validated	Go to Sub Screen
T185NEITS	NEIT Services, LLC	368074	199184.77		Reimbursable	Saved -- Validated	Go to Sub Screen
T185NIGHT	Night Owl, Wireless	368406	379746.6		Reimbursable	Saved -- Validated	Go to Sub Screen
2117141NO	Northwest Communications Cooperative Association	367725-368361	304743		Reimbursable	Saved -- Validated	Go to Sub Screen
2132646OM	Omnitel Communications, Inc.	367423-367572-367585-367596	204560		Reimbursable	Saved -- Validated	Go to Sub Screen
2130110OS	Osage Municipal Utilities	368407	314240.23		Reimbursable	Saved -- Validated	Go to Sub Screen
T185REINB	Reinbeck Telecommunications	367583	51400		Reimbursable	Saved -- Validated	Go to Sub Screen
2110010RI	River Valley Telecommunications Cooperative	368167	85364.3		Reimbursable	Saved -- Validated	Go to Sub Screen
T185ROCKW	Rockwell Cooperative Telephone Association	368388	1561428.01		Reimbursable	Saved -- Validated	Go to Sub Screen
T185ROUTE	Router12 Networks LLC	367778	69666.09	21979.49	Reimbursable	Saved -- Validated	Go to Sub Screen
2108250SO	South Slope Telephone Company	366995	1143550		Reimbursable	Saved -- Validated	Go to Sub Screen
T185UNITE	United States Cellular Corporation	367925	5212278.84		Reimbursable	Saved -- Validated	Go to Sub Screen
T185VINTO	Vinton Municipal Communications Utility	367619	110000		Reimbursable	Saved -- Validated	Go to Sub Screen
2107496WI	Winnebago Cooperative Telecom Association	367228	1014304.55		Reimbursable	Saved -- Validated	Go to Sub Screen
0025000BAN	B and D Services Inc.	309-PFIF-0052-0025000	61124.31		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3046015MA	Marshall County Comms Commission	309-PFIF-0052-3046015	0		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130583ST	City of State Center	309-PFIF-0052-2130583	99900		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183185AP	Apprenticeship America	309-PFIF-0052-3183185	89611.37		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2120627CI	Circle Computer Resources	309-PFIF-0052-2120627	74762.44		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3106449CE	The CEU Authority	309-PFIF-0052-3106449	88000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109410EA	Eastern Iowa Community College	309-PFIF-0052-2109410	97655.57		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2116818FO	Four Mounds Foundation	309-PFIF-0052-2116818	97493		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2111488HE	Heartland AEA	309-PFIF-0052-2111488	55000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3015626IN	Involta	309-PFIF-0052-3015626	64350		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2104181CE	IOWA CENTRAL COMM COLLEG	309-PFIF-0052-2104181	99053.62		Lump Sum Payment(s)	Saved -- Validated	Go to Sub

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2105326CH	Iowa Chronic Care Consortium	309-PFIF-0052-2105326	94512		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106718RE	Iowa Restaurant Association	309-PFIF-0052-2106718	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2121775WO	Iowa Women's Foundation	309-PFIF-0052-2121775	79935.5		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109497DE	DES MOINES AREA COMM COL	309-PFIF-0052-2109497	98010		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109376IN	Indian Hills Comm College	309-PFIF-0052-2109376	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109614LA	IOWA LAKES COMM COLLEGE	309-PFIF-0052-2109614	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109515VA	Iowa Valley Comm College	309-PFIF-0052-2109515	82205		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2118592GR	Gregory Design and Manufacturing	309-PFIF-0052-2118592	80959		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2125815ME	Mercy College of Health Sciences	309-PFIF-0052-2125815	82500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113851HO	Horizons A Family Service Alliance	309-PFIF-0052-2113851	97490		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107423AL	Allen Memorial Hospital - Waterloo	309-PFIF-0052-2107423	71790.84		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3088192BD	BDC Group Inc	309-PFIF-0052-3088192	86597		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107002CE	Central College	309-PFIF-0052-2107002	80850		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183379GE	Generativity LLC	309-PFIF-0052-3183379	96800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3037802GR	Greater Dubuque Development Corp	309-PFIF-0052-3037802	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3013226PR	Pro Tow LLC	309-PFIF-0052-3013226	89654		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183388ON	One City United	309-PFIF-0052-3183388	63997		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109432KI	Kirkwood Community College	309-PFIF-0052-2109432	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3078872NE	The New Bohemian Collaborative Inc	309-PFIF-0052-3078872	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3056889PR	Project Iowa	309-PFIF-0052-3056889	98707.77		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2110071UN	United Way of Story County	309-PFIF-0052-2110071	87868		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3007933WI	Willis Dady Emergency Shelter	309-PFIF-0052-3007933	87234.99		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2124745JO	Iowa Job for America's Graduates	309-PFIF-0052-2124745	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2111132SO	Southeast Iowa Regional Planning Commission	309-PFIF-0052-2111132	99997.5		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3024592WE	Iowa Western Community College	309-PFIF-0052-3024592	99000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3017072HS	HS Medical Billing Services	309-PFIF-0052-	64658		Lump Sum	Saved --	Go to

		3017072				Payment(s)	Validated	Sub Screen
2109477HA	HAWKEYE COMMUNITY COLLEGE	309-PFIF-0052-2109477	100000			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	309-PFIF-0052-2129317	0			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3079062ET	ETHNIC MINORITIES OF BURMA ADVOCACY AND	309-PFIF-0052-3079062	50985			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131924WO	WOODBINE COMM SCH DIST	309-PFIF-0052-2131924	91398			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2116253JB	JB HOLLAND CONST INC	309-PFIF-0052-2116253	95441			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2114643NO	NORTHEAST IA FOOD BANK	ACFS-16-189	600000	342000		Reimbursable	Saved -- Validated	Go to Sub Screen
2100184RI	RIVER BEND FOOD RESERVOIR	ACFS-16-193	451400	200000		Reimbursable	Saved -- Validated	Go to Sub Screen
2114861FO	FOOD BANK OF IOWA	ACFS-16-190	1325400	389000		Reimbursable	Saved -- Validated	Go to Sub Screen
0000753GL	GLOBAL REACH INTERNET PRODUCTIONS, LLC	0000753GL	83750.74			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0002918CO	IOWA COMMUNITY ACTION ASSOCIATION	0002918CO	316677.18			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0026900AL	ALAN KRULL	269-0048-010C-0026900AL	80000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900AM	AMERICAN MULTI-CINEMA INC	269-0048-010C-0026900AM	920000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900BB	B&B THEATRES OPERATING CO INC	269-0048-010C-0026900BB	120000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900CI	CINEMARK USA INC	269-0048-010C-0026900CI	1060000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900CO	COLLINS ROAD THEATRES INC	269-0048-010C-0026900CO	50000			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0026900FI	FILMSCENE	269-0048-010C-0026900FI	50000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900FL	FLIX BREWHOUSE LLC	269-0048-010C-0026900FL	80000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900KI	KING THEATER	269-0048-010C-0026900KI	50000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900MA	MARCUS THEATRES CORPORATION	269-0048-010C-0026900MA	660000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900OD	ODYSSEY ENTERTAINMENT INC	269-0048-010C-0026900OD	70000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900PC	P-CORN ACQUISITIONS MISSOURI CORPORATION	269-0048-010C-0026900PC	160000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900PH	PHOENIX THEATRES DUBUQUE LLC	269-0048-010C-0026900PH	60000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
0026900RL	RL FRIDLEY THEATRES INC	269-0048-010C-0026900RL	940000			Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0026900SI	SILVER SCREEN MAGIC LLC	269-0048-010C-0026900SI	50000			Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
2087900SE	SELECT SPECIALTY HOSPITAL-QUAD CITIES	269-0049-010F-2087900SE	199272.91	81254.74		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen

2087927HU	HUMILITY HOMES AND SERVICES INC	269-0043-009Q-2087927HU	150000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2088013GO	GOLDEN GRAIN ENERGY LLC	269-0045-009X-2088013GO	749515		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2091741LI	LINCOLNWAY ENERGY LLC	269-0045-009X-2091741LI	371296		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2092800SO	SOUTHWEST IOWA RENEWABLE	269-0045-009X-2092800SO	679415		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2093393AB	ABSOLUTE ENERGY LLC	269-0045-009X-2093393AB	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2093406WE	WESTERN DUBUQUE BODIESE	269-0045-009X-2093406WE	113196		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2093431HO	HOMELAND ENERGY SOLUTION	269-0045-009X-2093431HO	750000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
2096383BL	BLACK HILLS ENERGY	269-0044-009R-2096383BL	67640		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2096396LU	LUCAS COUNTY FAIR ASSOC	269-0047-010D-2096396LU	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2099587SA	SALVATION ARMY	269-0043-009Q-2099587SA	193411		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2099931TR	TRINITY MEDICAL CENTER	269-0049-010F-2099931TR	427681.98	189635.4	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2103831AR	ARCHER DANIELS MIDLAND	269-0045-009X-2103831AR	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2104181IO	IOWA CENTRAL COMMUNITY COLLEGE	309-PFAV-0052-2104181	249509.68		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2105352WE	WESTERN IOWA ENERGY LLC	269-0045-009X-2105352WE	177170		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2105668FI	FIVE STAR COOPERATIVE	21-RFRP-135/147	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2105986HA	HANCOCK CO COOP OIL ASSN	21-RFRP-052/067-068	90000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2105988HA	HARDIN COUNTY AGRICULTUR	269-0047-010D-2105988HA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106031HO	HOWARD COUNTY AGRICULTUR	269-0047-010D-2106031HO	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106037HY	HY VEE FOOD STORE	21-RFRP-182-185	120000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106184IN	INTERSTATE POWER & LIGHT	269-0044-009R-2106184IN	2419152		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106364NO	NORTH IOWA FAIR ASSOC	269-0047-010D-2106364NO	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107002CE	Central College	309-PFAV-0052-2107002	209903		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107011FI	FINLEY HOSPITAL	269-0049-010F-2107011FI	534192.08	198062.27	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107016JE	JENNIE EDMUNDSON MEMORIAL HOSPITAL	269-0049-010F-2107016JE	712670.94	303921.01	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107068GR	GREAT RIVER MEDICAL CENTER	269-0049-010F-2107068GR	458671.03		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107154CA	CATHOLIC HEALTH INITIATI	269-0049-010F-2107154CA	259572.96		Lump Sum Payment(s)	Saved -- Validated	Go to Sub

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2107158CE	CENTRAL IOWA HOSPITAL CORPORATION	269-0049-010F-2107158CE	1190499.93	515392.47	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107159CE	CENTRAL IOWA HOSPITAL CORPORATION	269-0049-010F-2107159CE	3438644.8	1466091.35	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107251WI	WINNESHIEK MEDICAL CENTER HOSPITAL	269-0049-010F-2107251WI	89990.32	38812.82	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107261WE	WESTERN HOME COMMUNITY	309-PFAV-0052-2107261	243390		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107352LE	LEE COUNTY FAIR INC	269-0047-010D-2107352LE	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107422AL	ALLEN MEMORIAL HOSPITAL	309-PFAV-0052-2107422	199983		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107472ME	MERCY MEDICAL CENTER	309-PFAV-0052-2107472	183560		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107538AD	ADAIR COUNTY FAIR ASSN	269-0047-010D-2107538AD	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107581WI	WILLIAM PENN UNIVERSITY	309-PFAV-0052-2107581	247031		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107638GU	GUTHRIE CO AG SOCIETY	269-0047-010D-2107638GU	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107745ST	ST ANTHONY REGIONAL HOSPITAL AND NURSING	269-0049-010F-2107745ST	270773.62	99400.19	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107749ST	ST ANTHONY REGIONAL HOSPITAL AND NURSING	309-PFEH-0052-2107749	212033		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107879SA	SARTORI MEMORIAL HOSP	269-0049-010F-2107879SA	122594.95	54497.88	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108077SI	SIOUX CENTER HEALTH	269-0049-010F-2108077SI	84424.45	27802.53	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108139SU	SUNRISE RETIREMENT COMM	309-PFAV-0052-2109477SU	61970.31		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108419PE	PELLA REGIONAL HEALTH CENTER	269-0049-010F-2108419PE	150133.59	61263.98	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109209HA	HAWKEYE AREA COMMUNITY ACTION PROGRAM INC	ACFS-16-196	530400	229000	Reimbursable	Saved -- Validated	Go to Sub Screen
2109295CA	CASS COUNTY MEMORIAL HOS	269-0049-010F-2109295CA	95357.5	39489.43	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109372GO	GOODWILL INDUSTRIES OF THE HEARTLAND	309-PFEH-0052-2109372	249893		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109381IN	INDIAN HILLS COMMUNITY COLLEGE	309-PFAV-0052-2109381	227045		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109410EA	Eastern Iowa Community College	309-PFAV-0052-2109410	165256.05		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109432KI	Kirkwood Community College	309-PFAV-0052-2109432	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109438NO	NORTHEAST IOWA COMMUNITY COLLEGE	309-PFAV-0052-2109438	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109450IO	IOWA WESTERN COMMUNITY COLLEGE	309-PFAV-0052-2109450	146061.6		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109454IO	IOWA WESTERN COMMUNITY COLLEGE	309-PFIF-0052-21094540	99000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109477HA	HAWKEYE COMMUNITY	309-PFAV-0052-	250000		Lump Sum	Saved --	Go to

	COLLEGE	2109477HA			Payment(s)	Validated	Sub Screen
2109561SO	SOUTHWESTERN COMMUNITY COLLEGE	309-PFAV-0052-2109561	159782.54	-2034.48	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109614IO	IOWA LAKES COMMUNITY COLLEGE	309-PFAV-0052-2109614	249852		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109627NO	NORTH IOWA AREA COMMUNITY COLLEGE	309-PFAV-0052-2109627	136338.91		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109664EL	ELLIOTT OIL	21-RFRP-136-137	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109737CA	CASEYS GENERAL STORES	21-RFRP-069-128	1593880		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109904JO	JOHNSON COUNTY AG ASSOC	269-0047-010D-2109904JO	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2110881KO	KOSSUTH COUNTY HOSPITAL	269-0049-010F-2110881KO	102413.04	37582.62	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2111252NO	NORTHWEST IOWA HOSPITAL CORP	269-0049-010F-2111252NO	1171599.44	492387.72	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2111270WH	WHITING COMMERCIAL DEVEL	309-PFAV-0052-2111270	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2111291WE	WESTFAIR ASSOCIATIONS	269-0047-010D-2111291WE	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2111773CO	COUNTRY STORES OF CARROLL LTD	21-RFRP-027-034	239920		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2112223NE	NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOWA	269-0043-009Q-2112223NE	58180		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2112794MA	MADISON CO LIVESTOCK&FAI	269-0047-010D-2112794MA	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113069MO	MONTGOMERY COUNTY MEMORIAL HOSPITAL	269-0049-010F-2113069MO	62903.93		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113245CO	COBB OIL CO	21-RFRP-226-234	270000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113330RE	REIF OIL COMPANY	21-RFRP-044-051	203395		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113576DO	DOMESTIC VIOLENCE INTERVENTION PROGRAM INC	269-0043-009Q-2113576DO	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2114968PO	POCAHONTAS COUNTY FAIR	269-0047-010D-2114968PO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2115828UN	UNION COUNTY FAIR ASSOCI	269-0047-010D-2115828UN	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2116132LI	LINN CO FAIRBOARD	269-0047-010D-2116132LI	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2116792CO	COVENANT MEDICAL CENTER	269-0049-010F-2116792CO	970371.54	398707.96	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2116818FO	Four Mounds Foundation	309-PFEH-0052-2116818	122037		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2117183DE	DECATUR CO FAIR BOARD	269-0047-010D-2117183DE	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2117417MI	MICAH HOUSE CORP	269-0043-009Q-2117417MI	72000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2117879HO	HOMES OF OAKRIDGE HUMAN	269-0043-009Q-2117879HO	125000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen

2118011EN	ENERGY GROUP CO INC THE	269-0044-009R-2118011EN	69364		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2118458BR	BREMER COUNTY FAIR ASSOC	269-0047-010D-2118458BR	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2118516ME	MERCY MEDICAL CENTER CLINTON	269-0049-010F-2118516ME	339138.18	135014.5	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2118831MA	MARY GREELEY MEDICAL CTR	269-0049-010F-2118831MA	1163589.81	494848.12	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2119879FO	FOOD BANK OF SIOUXLAND	ACFS-16-191	231600	93000	Reimbursable	Saved -- Validated	Go to Sub Screen
2120267CE	CENTRAL IOWA SHELTER & SERVICES	269-0043-009Q-2120267CE	150000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2120267CE	CENTRAL IOWA SHELTER & SERVICES	309-PFEH-0052-2120267	59620		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2120371CH	CHILDREN & FAMILY URBAN MINISTRIES	269-0043-009Q-2120371CH	79291		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2121245GE	GENESIS HEALTH SYSTEM	269-0049-010F-2121245GE	2227307.35	988158.49	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2121533MI	MIDAMERICAN ENERGY CO	269-0044-009R-2121533MI	1376777		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2122056ME	MERCY HEALTH SERVICES	269-0049-010F-2122056ME	923450.62	375826.23	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2122755CS	CSOI CORP	21-RFRP-019-026	240000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2125644QU	QUAD COUNTY CORN PROCESS	269-0045-009X-2125644QU	173589		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2126609RK	R K FUELS INC	21-RFRP-139-142	120000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127105CL	CLEAR LAKE COMM SCH DIST	309-PFAV-0052-2127105	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127109CO	COUNCIL BLUFFS COMM SCHOOL	309-PFAV-0052-2127109	0		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127121DA	DAVENPORT COMM SCH DIST	309-PFAV-0052-2127121	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127317WA	WAUKEE COMMUNITY SCHOOL DISTRICT	5832127317202012311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2127464ST	IOWA STATE UNIVERSITY	269-ISUV-006C-2127464ST	2150000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127875LI	LINN CO EMA	5832127875202012311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2128586DE	DES MOINES WATER WORKS	269-0044-009R-2128586DE	80036		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128598ST	IOWA STATE FAIR	269-0047-010D-2128598ST	1000000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128743DU	DUBUQUE COUNTY	5832128743202012311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2128895JE	JEFFERSON CO TREASURER	269-0047-010D-2128895JE	100000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
2129305JO	JOHNSON CO EMA	5832129305202012311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	309-PFAV-0052-2129317	131953		Lump Sum Payment(s)	Saved -- Validated	Go to Sub

							Screen
2129317UN	UNIVERSITY OF IOWA	5832129317202012311	6021684.78		Reimbursable	Saved -- Validated	Go to Sub Screen
2129752MA	MARSHALL CO ATTORNEY	309-PFIF-0052-2129752	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130583ST	City of State Center	309-PFEH-0052-2130583	96250		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130993BR	BROADLAWNS MEDICAL CTR	269-0049-010F-2130993BR	722950.75	323665.73	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130993BR	BROADLAWNS MEDICAL CTR	309-PFAV-0052-2130993	171680.56		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131017SP	SPENCER MUNICIPAL HOSPITAL	269-0049-010F-2131017SP	199666.04	58865.09	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131048SP	IOWA SPECIALTY HOSPITAL	269-0049-010F-2131048SP	100264.05	38197.72	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131106WA	WAYNE COUNTY FAIR ASSOC	269-0047-010D-2131106WA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131291ST	ST VINCENT DEPAUL SOCIET	309-PFAV-0052-2131291	157249.87		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131379NO	NORTH SCOTT CSD	309-PFAV-0052-2131379	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131643LA	LAKES REGIONAL HLTH CARE	269-0049-010F-2131643LA	123160.39	51545.39	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131658GR	GREATER REGIONAL MEDICAL CENTER	269-0049-010F-2131658GR	96537.96	41088.69	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131672HA	HANCOCK COUNTY HEALTH SYSTEM	269-0049-010F-2131672HA	85315.56	34138.06	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131674DE	DELAWARE COUNTY MEMORIAL HOSPITAL	269-0049-010F-2131674DE	98482.84	38259.23	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131838MA	MAHASKA COUNTY HOSPITAL	269-0049-010F-2131838MA	131707.89	50376.71	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131843WA	WAYNE COUNTY HOSPITAL	269-0049-010F-2131843WA	83376.02	32784.84	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131877HA	HAMILTON COUNTY HOSPITAL	269-0049-010F-2131877HA	104656.1	44348.73	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131887OR	ORANGE CITY MUNICIPAL HO	269-0049-010F-2131887OR	58548.4		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132085CO	IOWA COUNTY FAIR	269-0047-010D-2132085CO	50000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
2132128DI	DICKINSON CO AG SOCIETY	269-0047-010D-2132128DI	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132216DA	DALLAS CO FAIR ASSOC	269-0047-010D-2132216DA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132226MO	MONROE CO FAIRGROUNDS	269-0047-010D-2132226MO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132301BO	BOYS & GIRLS CLUBS OF THE CEDAR VALLEY	269-0043-009Q-2132301BO	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2134780AL	ALEGENT HEALTH BERGAN MERCY HEALTH SYSTEM	269-0049-010F-2134780AL	662178.58	274703.75	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2135170FO	FOOD BANK FOR THE HEARTLAND INC	ACFS-16-192	861200	747000	Reimbursable	Saved -- Validated	Go to Sub Screen
2144009GR	GREEN PLAINS	269-0045-009X-	600204		Lump Sum	Saved --	Go to

	RENEWABLE	2144009GR			Payment(s)	Validated	Sub Screen
3003979CA	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION	269-0049-010F-3003979CA	1980004.9	1843885.9	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3003979CA	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION	309-PFAV-0052-3003979	125411.88		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3004868AD	ADAMS COUNTY	269-0047-010D-3004868AD	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3007408DE	DELAWARE COUNTY FAIR	269-0047-010D-3007408DE	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3007933WI	Willis Dady Emergency Shelter	269-0043-009Q-3007933WI	64500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3007933WI	Willis Dady Emergency Shelter	309-PFEH-0052-3007933	118175.92		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3009282DA	DANLEE CORPORATION	21-RFRRP-010-018/249	300000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3009844SA	SAC COUNTY FAIR	269-0047-010D-3009844SA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3010455CA	CALHOUN COUNTY EXPO	269-0047-010D-3010455CA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3010856CL	CLAY COUNTY FAIR ASSOC	269-0047-010D-3010856CL	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3012538ME	MERCY HEALTH SERVICES-IOWA CORP	269-0049-010F-3012538ME	1882137.6	1004581.66	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3013226PR	Pro Tow LLC	309-PFEH-0052-3013226	117018		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3016248CH	CHEROKEE COUNTY FAIR ASS	269-0047-010D-3016248CH	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3017072HS	HS Medical Billing Services	309-PFAV-0052-3017072	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3019182SH	SHELTER HOUSE COMM SHEL	269-0043-009Q-3019182SH	67500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3021002HA	HAMILTON COUNTY EXPOSITI	269-0047-010D-3021002HA	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3021154CE	CENTRAL IOWA HOSPITAL CO	269-0049-010F-3021154CE	340234.06		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3025259WA	WASHINGTON COUNTY FAIR	269-0047-010D-3025259WA	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3025282JA	JASPER COUNTY AGRICULTUR	269-0047-010D-3025282JA	50000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
3031875FA	FAIR AND EXPOSITION SOCIETY OF JONES COUNTY	269-0047-010D-3031875FA	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3039009ZU	ZUB'S SHOP INC	21-RFRRP-246-247/251-252	120000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3041506RC	RCHP OTTUMWA LLC	269-0049-010F-3041506RC	367600.22	167245.75	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3044651SA	SANFORD HEALTH NETWORK	269-0049-010F-3044651SA	97806.32	33645.98	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3044909FL	FLOYD COUNTY FAIR SOCIETY	269-0047-010D-3044909FL	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3046015MA	Marshall County Comms Commission	309-PFEH-0052-3046015	129800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen

3046206BE	BENTON COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3046206BE	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3058285WE	WEBSTER COUNTY AGRICULTURE ASSOCIATION	269-0047-010D-3058285WE	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3059358PO	POTTAWATTAMIE COUNTY FAIR	269-0047-010D-3059358PO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3060979CR	CRAWFORD COUNTY FAIR ASSOCIATION	269-0047-010D-3060979CR	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3061175UN	UNITED WAYS OF IOWA	269-0043-009Q-3061175UN	10000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3063090AL	ALLEN MEMORIAL HOSPITAL CORPORATION	269-0049-010F-3063090AL	1251774.09	531938.66	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3065177WI	WILRONA LLC	309-PFEH-0052-3065177	165187		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3067626ST	ST LUKES METHODIST HOSPITAL	269-0049-010F-3067626ST	1927347.88	802029.17	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3068035MI	MIKE MCMURRIN TRUCKING INC	309-PFEH-002-3068035	54834.64		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3071295PR	PRO COOPERATIVE	21-RFRP-218-223	167068	-5824	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3073056DU	DUBUQUE COUNTY FAIR ASSOCIATION INC	269-0047-010D-3073056DU	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3075485ME	MERCY HEALTH SERVICES-IOWA CORP	269-0049-010F-3075485ME	1319671.89	489189.2	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3076090RE	RENEWABLE ENERGY GROUP INC	21-RFRP-144-146	0		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3078917DE	DEJEAR INCORPORATED	309-PFEH-0052-3078917DE	199364.27		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3078917ET	ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER	309-PFEH-0052-3078917ET	198000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3079062ET	ETHNIC MINORITIES OF BURMA ADVOCACY AND	269-0043-009Q-3079062ET	198000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3081450SE	SELECT SPECIALTY HOSPITAL DES MOINES INC	269-0049-010F-3081450SE	229267.99	91649.93	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3082491HE	HEARTLAND COOP	21-RFRP-148-181	1020000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3083965MI	MILLS COUNTY FAIR ASSOCIATION	269-0047-010D-3083965MI	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3084564TR	TRINITY REGIONAL MEDICAL CENTER	269-0049-010F-3084564TR	364337.97	146393.85	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3085840GR	GRINNELL REGIONAL MEDICAL CENTER	269-0049-010F-3085840GR	134534.6	59234.15	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3087542BO	BOONE COUNTY AGRICULTURAL ASSOCIATION	269-0047-010D-3087542BO	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3087979PL	PLUMBERS AND STEAMFITTERS EDUCATION FUND	309-PFEH-0052-3087979	249052		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3088226LO	LOCAL 263 CEDAR RAPIDS SHEET METAL WORKERS	309-PFEH-0052-3088226	246105		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3088401IN	INTERCULTURAL CENTER OF IOWA	269-0043-009Q-3088401IN	150000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3091195WR	WRIGHT COUNTY DISTRICT JUNIOR FAIR	269-0047-010D-3091195WR	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub

							Screen
3091946NO	NORTHEAST IOWA IRONWORKERS LOCAL 89 JATC	309-PFEH-0052- 3091946	189063.89		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3092026ME	MERCY HOSPITAL	269-0049-010F- 3092026ME	786401.18	291126.93	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3092675LO	LOCAL UNION NO 125 JATC FUND	309-PFEH-0052- 3092675	104972		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3094486TF	TFJSC LLC	309-PFEH-0052- 3094486	250000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3094669JW	J W BELL LLC	309-PFEH-0052- 3094669	66150		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3100551CA	CATHERINE MCAULEY CENTER INC	269-0043-009Q- 3100551CA	54000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3100894JE	JEFFERSON COUNTY HOSPITAL	269-0049-010F- 3100894JE	138895.46	55051.47	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3101306DU	DUBUQUE DREAM CENTER	269-0043-009Q- 3101306DU	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3102072SU	SUNDSTOP II LLC	21-RFRRP-239-240	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3102728GR	GREENE COUNTY FAIR ASSOCIATION	269-0047-010D- 3102728GR	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3104387SA	SALVATION ARMY	269-0043-009Q- 3104387SA	147300		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3104650RA	RAINBO OIL COMPANY	21-RFRRP-034-036	76591		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3105752GR	GROWMARK INC	21-RFRRP-196-215	630000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3106414NA	NATIONAL CATTLE CONGRESS	269-0047-010D- 3106414NA	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3106449CE	The CEU Authority	309-PFAV-0052- 3106449	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3106449CE	The CEU Authority	309-PFEH-0052- 3106449	90200		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3107534GE	GERTEN HOLLOW INC	309-PFEH-0052- 3107534	79750		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3108202UN	UNITY POINT HEALTH MARSHALLTOWN	269-0049-010F- 3108202UN	98855.85	37459.6	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3111756EL	ELITE OCTANE LLC	269-0045-009X- 3111756EL	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3113628A1	A1 MORRIS HEATING & COOLING INC	309-PFEH-0052- 3113628	137170		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3115365WY	WYOMING FAIR ASSOCIATION	269-0047-010D- 3115365WY	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3123758KI	KIMMES ENTERPRISES LLC	21-RFRRP-001-007	209930		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3166711MA	MARION CO FAIR BOARD	269-0047-010D- 3166711MA	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3167825CH	CHILDREN'S JUNGLE THE	309-PFEH-0052- 3167825	203258.39		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3179662WE	WELL RESOURCE CENTER THE	309-PFEH-0052- 3179662	140184		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3179711JR	J&R EXCAVATING LLC	309-PFAV-0052-	50000		Lump Sum	Saved --	Go to

		3179711			Payment(s)	Validated	Sub Screen
3179964CH	CHRISTIAN RETIREMENT SERVICES INC	309-PFEH-0052-3179964	165000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3180474WE	WESTERN HOME SERVICES INC	309-PFAV-0052-3180474	232536.45		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3182466FR	FRANKLIN COUNTY AGRICULTURE AND FAIR ASSOC	269-0047-010D-3182466FR	75000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
3182513AT	ATC INC	309-PFEH-0052-3182513	243600		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3182679MI	MISSISSIPPI VALLEY FAIR INC	269-0047-010D-3182679MI	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3182681CE	CEDAR COUNTY FAIR ASSOCIATION	269-0047-010D-3182681CE	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183166CE	CEDAR RAPIDS TANK WASH INC	309-PFEH-0052-3183166	120226.06		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183189HO	HOMES FOR IOWA INC	309-PFAV-0052-3183189HO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183189HO	HOMES FOR IOWA INC	309-PFEH-0052-3183189	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183307BI	BIG RIVER UNITED ENERGY LLC	269-0045-009X-3183307BI	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183308CO	CORN LP	269-0045-009X-3183308CO	403700		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183309FH	FHR ARTHUR LLC	269-0045-009X-3183309FH	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183314LO	LOUIS DREYFUS COMPANY HOLDING INC	269-0045-009X-3183314LO	582989		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183323PO	POET HOLDING COMPANY LLC	269-0045-009X-3183323PO	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183324SI	SIOUXLAND ENERGY COOPERATIVE	269-0045-009X-3183324SI	249360		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183325LS	LSCP LLC	269-0045-009X-3183325LS	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183326ER	THE ANDERSONS MARATHON HOLDINGS LLC	269-0045-009X-3183326ER	353883		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183327VA	VALERO RENEWABLE FUELS COMPANY LLC	269-0045-009X-3183327VA	750000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183328PL	PLYMOUTH ENERGY LLC	269-0045-009X-3183328PL	232053		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183329PL	PLCP LLLP	269-0045-009X-3183329PL	427282		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183379GE	Generativity LLC	309-PFEH-0052-3183379	150000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183630EZ	EZ MART LLC	21-RFRP-008-009	60000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
3183649GR	GRAIN PROCESSING CORPORATION	269-0045-009X-3183649GR	221196		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183711NE	NEW VISIONS HOMELESS SERVICES	269-0043-009Q-3183711NE	54000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184070CO	COUNTRY MEATS INC	309-PFAV-0052-3184070CO	50000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen

3184070CO	COUNTRY MEATS INC	309-PFEH-0052-3184070	200000		Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
3184100LI	LINCOLN HEIGHTS STATION LLC	21-RFRP-065-066	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184101LI	LINCOLN FARM AND HOME 3 LLC	21-RFRP-040-041	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184225BO	BOVARD STUDIO INC	309-PFEH-0052-3184225	120085		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184227FA	FAMILY PET VETERINARY CENTERS MANAGEMENT CO	309-PFAV-0052-3184227	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184229IN	INFORMED CHOICE OF IOWA CORPORATION	309-PFAV-0052-3184229	165015.35		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184232KN	KNIGHT MOVES	309-PFEH-0052-3184232	248449		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184233KO	KOCH LANDSCAPING & HAULING INC	309-PFEH-0052-3184233	157960		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184241YW	YWCA OF THE QUAD CITIES	309-PFEH-0052-3184241	199000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184274GE	GEHLPRO INDUSTRIES INC	309-PFAV-0052-3184274	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184278MP	MPIRE HEATING & COOLING	309-PFAV-0052-3184278	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184335WO	WORTH COUNTY FAIR SOCIETY	269-0047-010D-3184335WO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184336WO	WOODBURY COUNTY FAIR	269-0047-010D-3184336WO	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184337WI	WINNESHIEK COUNTY AGRICULTURAL ASSN	269-0047-010D-3184337WI	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184341WA	WARREN COUNTY AGRICULTURAL ASSOCIATION	269-0047-010D-3184341WA	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184344AL	ALLAMAKEE COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184344AL	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184352AP	APPANOOSE COUNTY FAIR ASSOCIATION	269-0047-010D-3184352AP	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184353AU	AUDUBON COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184353AU	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184355BU	BUCHANAN COUNTY FAIR ASSOCIATION	269-0047-010D-3184355BU	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184357BU	BUENA VISTA COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184357BU	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184359WA	WAPELLO COUNTY FAIR INC	269-0047-010D-3184359WA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184365CA	CARROLL COUNTY FAIR ASSOCIATION	269-0047-010D-3184365CA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184366CA	CASS COUNTY FAIR ASSOCIATION	269-0047-010D-3184366CA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184367TA	TAYLOR COUNTY FAIR ASSOCIATION	269-0047-010D-3184367TA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184368CE	CENTRAL IOWA FAIR ASSOCIATION	269-0047-010D-3184368CE	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184369TA	TAMA COUNTY LIVESTOCK AND FAIR	269-0047-010D-3184369TA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub

	ASSN						Screen
3184370ST	STORY COUNTY 4H FAIR ASSOCIATION	269-0047-010D-3184370ST	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184371BI	BIG FOUR FAIR ASSOCIATION	269-0047-010D-3184371BI	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184373CL	CLARKE COUNTY 4-H FAIR ASSOCIATION INC	269-0047-010D-3184373CL	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184374SO	SOUTHERN IOWA FAIR AND EXPOSITION	269-0047-010D-3184374SO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184375CL	CLAYTON COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184375CL	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184376SI	SIOUX COUNTY YOUTH FAIR ASSOCIATION	269-0047-010D-3184376SI	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184377CL	CLINTON COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184377CL	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184378SH	SHELBY COUNTY FAIR CORPORATION	269-0047-010D-3184378SH	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184379DA	DAVIS COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184379DA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184380RI	RINGGOLD COUNTY FAIR ASSOCIATION	269-0047-010D-3184380RI	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184381DE	DES MOINES COUNTY FAIR ASSOCIATION	269-0047-010D-3184381DE	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184382PO	POWESHIEK COUNTY FAIR ASSOCIATION	269-0047-010D-3184382PO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184383EM	EMMET COUNTY AGRICULTURAL SHOW	269-0047-010D-3184383EM	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184388PL	PLYMOUTH COUNTY 4H AND AG SOCIETY	269-0047-010D-3184388PL	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184389PA	PALO ALTO FAIR ASSOCIATION	269-0047-010D-3184389PA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184390PA	PAGE COUNTY AGRICULTURAL FAIR ASSOCIATION	269-0047-010D-3184390PA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184391OS	OSCEOLA COUNTY LIVESTOCK SHOW	269-0047-010D-3184391OS	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184392OB	OBRIEN COUNTY LIVESTOCK SHOW AND AGRICULTURAL	269-0047-010D-3184392OB	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184393MU	MUSCATINE COUNTY FAIR	269-0047-010D-3184393MU	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184396MO	MONTGOMERY COUNTY AG SOCIETY	269-0047-010D-3184396MO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184397MO	MONONA COUNTY FAIR ASSOCIATION	269-0047-010D-3184397MO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184399MI	MITCHELL COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184399MI	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184408FA	FAYETTE COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184408FA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184410FR	FREMONT COUNTY FAIR ASSOCIATION	269-0047-010D-3184410FR	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184414HA	HANCOCK COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184414HA	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184416HA	HARRISON COUNTY	269-0047-010D-	50000		Lump Sum	Saved --	Go to

	AGRICULTURAL SOCIETY	3184416HA			Payment(s)	Validated	Sub Screen
3184418HE	HENRY COUNTY FAIR	269-0047-010D-3184418HE	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184420HU	HUMBOLDT COUNTY AGRICULTURAL SOCIETY	269-0047-010D-3184420HU	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184421ID	IDA COUNTY AGRICULTURAL SOCIETY INC	269-0047-010D-3184421ID	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184422LY	LYON COUNTY FAIR ASSOCIATION	269-0047-010D-3184422LY	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184423JA	JACKSON COUNTY FAIR ASSOCIATION	269-0047-010D-3184423JA	75000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184426KE	KEOKUK COUNTY EXPO INC	269-0047-010D-3184426KE	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184427KO	KOSSUTH COUNTY AGRICULTURAL ASSOCIATION	269-0047-010D-3184427KO	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184432HA	HAMILTON-RYKER GROUP INC THE	309-PFEH-0052-3184432	132440		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184457AL	ALLSQUARE CABINET COMPANY	309-PFEH-0052-3184457	145000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184659SC	SCOTT ENTERPRISES & CONSULTING PLLC	309-PFEH-0052-3184659	85800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3184685ST	STARTS RIGHT HERE	269-0043-009Q-3184685ST	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3185113MO	MONTEZUMA EXPRESS LLC	21-RFRRP-190-191	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3180311BR	BREW LLC	21-RFRRP-236-238	90000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113030DE	DEL CAR INC	21-RFRRP-129-130	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3186773GR	GRUNDY COUNTY HERITAGE CENTER LLC	21-RFRRP-133-134	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2105825KE	KEY COOPERATIVE	21-RFRRP-257-258	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3186562KK	KK3 LLC	21-RFRRP-131-132	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3082086ST	STUS PETROLEUM	21-RFRRP-245/259	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2145973BA	BALLET THEATRE OF DSM	202112-10178	57800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2114700BL	BLANK PARK ZOO FOUNDATION	202112-10183	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2123749BR	BRIDGE VIEW CENTER INC	202112-10187	64700		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106946CE	CEDAR RAPIDS MUSEUM OF ART	202112-10310	72600		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107920CE	CEDAR RAPIDS SYMPHONY	202112-10260	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2095899CI	CIVIC MUSIC ASSOCIATION	202112-10206	56300		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109054CO	COMMUNITY THEATRE OF CEDAR RAPIDS	202112-10306	142200		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen

2123639DE	DES MOINES ARTS FESTIVAL	202112-10333	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2095893DE	DES MOINES METRO OPERA INC	202112-10184	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2136692DE	DES MOINES PERFORMING ARTS	202112-10340	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107593DE	DES MOINES PLAYHOUSE	202112-10335	112500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132065DE	DES MOINES SYMPHONY	202112-10341	162100		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128725DU	DUBUQUE CITY OF	202112-10395	58000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132163DU	DUBUQUE COUNTY HISTORICA	202112-10353	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2095960DU	DUBUQUE SYMPHONY ORCHESTRA	202112-10309	79300		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2125591EN	ENGLERT CIVIC THEATRE INC	202112-10297	62000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132319FI	FIGGE ART MUSEUM	202112-10241	111500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3115501FI	FILMSCENE	202112-10396	59500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2113812GR	GRAND OPERA HOUSE THE	202112-10298	51800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106521GR	GREATER DES MOINES BOTANICAL GARDEN	202112-10384	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108521HE	HERBERT HOOVER PRESI-	202112-10370	93700		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2121918HO	HOYT SHERMAN PLACE FOUNDATION	202112-10368	108000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2123091IO	IOWA CHILDREN'S MUSEUM	202112-10300	114000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127444ST	IOWA STATE UNIVERSITY	202112-10420	118000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132398LI	LIVING HISTORY FARMS	202112-10347	92700		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107953MI	MIDWEST OLD SETTLERS AND THRESHERS ASSOC	202112-10238	76800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3006510MU	MUSEUM OF DANISH AMERICA	202112-10242	79500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2136720NA	NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY	202112-10246	84500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109627NO	NORTH IOWA AREA COMMUNITY COLLEGE	202112-10254	52700		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3045809NO	NORTH IOWA CUTURAL CENTER AND MUSEUM	202112-10227	95200		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2118587OR	ORPHEUM THEATRE PRESERVATION PROJECT	202112-10261	56600		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109636PE	PEARSON LAKES ART CENTER	202112-10417	60300		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107254PU	PUTNAM MUSEUM	202112-10235	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub

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2121108SA	SALISBURY HOUSE FOUND	202112-10273	69200		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2132356SC	SCIENCE CENTER OF IOWA	202112-10275	175000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131083SI	SIOUX CITY SYMPHONY ORCHESTRA	202112-10279	90800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	202112-10378	64500		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127837UN	UNIVERSITY OF NORTHERN IOWA	202112-10314	97600		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107909WA	WATERLOO-CEDAR FALLS SYMPHONY ORCHESTRA	202112-10319	55800		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0026900CA	CARLOS O'KELLY'S INC	269-IBAR-1528-1540-1544-148	60000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0026900HO	HOA HOTELS LLC	269-IBAR-598-622	50000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
026900JOH	JOHNNYS ITALIAN STEAKHOUSE LLC	269-IBAR-474-532-544	70000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2131363CE	CEDAR RAPIDS CSD	5832131356202103311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2135176NE	NEBRASKA METHODIST HEALTH SYSTEM	5832135176202103311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2127444ST	IOWA STATE UNIVERSITY	5832127498202103311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	5832129317202103311	0	-5128126.63	Reimbursable	Saved -- Validated	Go to Sub Screen
2105547AL	Allamakee-Clayton Electric Cooperative, Inc.	394995	4584200.45		Reimbursable	Saved -- Validated	Go to Sub Screen
2122188AL	Alpine Communications, LC	396714	1298737.9		Reimbursable	Saved -- Validated	Go to Sub Screen
3006415BT	BTC INC	395899	1530621.9		Reimbursable	Saved -- Validated	Go to Sub Screen
2105671CI	CITIZENS MUTUAL TELEPHONE COOPERATIVE	396047	743550		Reimbursable	Saved -- Validated	Go to Sub Screen
2132646FM	FMTC-I35, INC. DBA OMNITEL COM	395420	884026.84		Reimbursable	Saved -- Validated	Go to Sub Screen
2108638IA	IAMO COMMUNICATIONS, INC.	396486	1089150		Reimbursable	Saved -- Validated	Go to Sub Screen
2132646IN	INTERSTATE CABLEVISION, LLC DBA OMNITEL COM	395403	241139.69		Reimbursable	Saved -- Validated	Go to Sub Screen
3185794KA	KALONA CO-OPERATIVE TELEPHONE CO.	397331	229552.37		Reimbursable	Saved -- Validated	Go to Sub Screen
0008018LT	LTD BROADBAND, LLC	397832	181568.25		Reimbursable	Saved -- Validated	Go to Sub Screen
3181412ME	MEDIAPOLIS TELEPHONE COMPANY	395852	725475		Reimbursable	Saved -- Validated	Go to Sub Screen
3184322SH	SHELLBURG CABLEVISION, INC. DBA USA COM	397325	1690425		Reimbursable	Saved -- Validated	Go to Sub Screen
2108250SO	South Slope Telephone Company	395299	140500		Reimbursable	Saved -- Validated	Go to Sub Screen
3185690SP	SPRING GROVE	396993	592279.6		Reimbursable	Saved --	Go to

	COMMUNICATIONS					Validated	Sub Screen
2106541ST	STRATFORD MUTUAL TELEPHONE COMPANY	395739	1521075		Reimbursable	Saved -- Validated	Go to Sub Screen
3190963BO	BOWLERAMA INC	269-0060-010X-3190963	56000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3113167KI	KIMBERLY ENTERTAINMENT LLC	269-0060-010X-3113167	96000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3190916RO	ROSEBROS LLC	269-0060-010X-3190916	96000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3190929SS	SSCD LLC	269-0060-010X-3190929	64000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3007118TB	T-BOWL INVESTMENTS INC	269-0060-010X-3007118	72000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3190970BE	THE BETTPLEX	269-0060-010X-3190970	64000		Reimbursable	Validated - with Warnings	Go to Sub Screen
3190897TR	TRCKA ENTERTAINMENTS INC	269-0060-010X-3190897	64000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3043994CI	CIT CHARTERS INC	269-0061-010X-3043994	170000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108128HA	HAWKEYE STAGES INC	269-0061-010X-2108128	200000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3006161WS	WS LINES INC	269-0061-010X-3006161	480000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3026006BU	BURLINGTON BASEBALL ASSOCIATION	269-0062-010X-3026006	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3025557CE	CEDAR RAPIDS BALL CLUB	269-0062-010X-3025557	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2114748GR	GREATER DM BASEBALL CO	269-0062-010X-2114748	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3012619MA	MAIN STREET IOWA LLC	269-0062-010X-3012619	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3192161MI	MINNESOTA HOCKEY VENTURES GROUP LP	269-0062-010X-3192161	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3114417MI	MINNESOTA TIMBERWOLVES BASKETBALL LIMITED PAR	269-0062-010X-3114417	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3173176NO	NORTHERN LIGHTS HOCKEY LLC	269-0062-010X-3173176	434200		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3059336SC	SCM LLC	269-0062-010X-3059336	333679		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3192160SI	SIOUX CITY BANDITS FOOTBALL LLC	269-0062-010X-3192160	250471		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2103452SI	SIOUX CITY EXPLORERS	269-0062-010X-2103452	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3089041WA	WATERLOO BALL CLUB LLC	269-0062-010X-3089041	388583		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3107939WA	WATERLOO BLACK HAWKS HOCKEY LLC	269-0062-010X-3107939	500000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2090272BU	BURLINGTON AREA YMCA INC	269-0063-010X-2090272BU	379759.5	379759.5	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2097059RA	RATHBUN LAKE AREA YMCA	269-0063-010X-2097059RA	55461	55461	Lump Sum Payment(s)	Saved -- Validated	Go to Sub

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2101464PE	PEOSTA CITY OF	269-0063-010X-2101464PE	129220.76	129220.76	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106961YM	YMCA CEDAR RAPIDS METRO	269-0063-010X-2106961YM	1000000	1000000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106972FA	FAMILY YMCA OF CHARLES CITY	269-0063-010X-2106972FA	106487.66	106487.66	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106975CH	CHRISTIAN HOME ASSOCIATION CHILDRENS SQUARE	401-CC-9	173460	173460	Reimbursable	Saved -- Validated	Go to Sub Screen
2106983MA	MASON CITY FAMILY YMCA-YOUNG MENS CHRISTIAN A	269-0063-010X-2106983MA	329040.14	329040.14	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2106999MU	MUSCATINE COMMUNITY Y	269-0063-010X-2106999MU	475335	475335	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107008WA	WARTBURG COLLEGE	269-0063-010X-2107008WA	239977.5	239977.5	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107057HO	HOERNER YMCA OF KEOKUK	269-0063-010X-2107057HO	261314.6	261314.6	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107078HI	HILLCREST FAMILY SERVICE	401-CC-16	59804.67	59804.67	Reimbursable	Saved -- Validated	Go to Sub Screen
2107105YO	YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER	269-0063-010X-2107105YO	1000000	1000000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107112YO	YOUTH HOMES OF MID AMERICA	401-CC-25	842259.26	842259.26	Reimbursable	Saved -- Validated	Go to Sub Screen
2107228CA	CAMP FIRE USA HEART OF T	401-CC-8	150000	150000	Reimbursable	Saved -- Validated	Go to Sub Screen
2107316YM	YMCA OF BLACKHAWK CO	269-0063-010X-2107316YM	468354.02	468354.02	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107397FA	FAMILY RESOURCES INC	401-CC-11	225928	225928	Reimbursable	Saved -- Validated	Go to Sub Screen
2107463LU	LUTHERAN SERVICES IN IOWA INC	401-CC-19	387395.88	387395.88	Reimbursable	Saved -- Validated	Go to Sub Screen
2107472ME	MERCY MEDICAL CENTER	269-0049-010F-2107472ME	624142.18	624142.18	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107551SI	SIOUX VALLEY MEMORIAL HOSPITAL	269-0063-010X-2107551SI	71888.03	71888.03	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107560EA	EASTER SEAL SOCIETY OF IOWA INC	2213	100000	100000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107613AM	AMERICAN HOME FINDING ASSOCIATION	401-CC-1	139832	139832	Reimbursable	Saved -- Validated	Go to Sub Screen
2107623YW	YWCA OF CLINTON IOWA	269-0063-010X-2107623YW	134652.61	134652.61	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2107681YO	YOUNG MENS CHRISTIAN ASSOCIATION OF OTTUMWA I	269-0063-010X-2107681YO	233362.93	233362.93	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108459YO	YOUNG MENS CHRISTIAN ASSOCIATION	269-0063-010X-2108459YO	924247.18	924247.18	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2108991BO	BOYS AND GIRLS CLUB OF AMES INC	401-CC-5	139755	139755	Reimbursable	Saved -- Validated	Go to Sub Screen
2109074MI	MIDWEST CHRISTIAN SERVIC	401-CC-20	110000	110000	Reimbursable	Saved -- Validated	Go to Sub Screen
2109508NO	NORTH LIBERTY CITY OF	269-0063-010X-2109508NO	63839.28	63839.28	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2109712DU	DUBUQUE COMMUNITY Y	269-0063-010X-	531222	531222	Lump Sum	Saved --	Go to

		2109712DU				Payment(s)	Validated	Sub Screen
2109881BO	BOYS AND GIRLS CLUBS OF SIOUXLAND INC	401-CC-6	150000	150000	Reimbursable	Saved -- Validated	Go to Sub Screen	
2110365CA	CAMP FOSTER YOUNG MENS CHRISTIAN ASSOCIATION	269-0063-010X-2110365CA	939275.18	939275.18	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2110398YO	YOUNG HOUSE FAMILY SERVICES INCORPORATED	401-CC-23	97835	97835	Reimbursable	Saved -- Validated	Go to Sub Screen	
2110803FO	FOUR OAKS FAMILY AND CHILDRENS SERVICES	401-CC-13	1452640	1452640	Reimbursable	Saved -- Validated	Go to Sub Screen	
2112004YO	YOUTH & SHELTER SERVICES	401-CC-24	281080	281080	Reimbursable	Saved -- Validated	Go to Sub Screen	
2112550FO	FOUNDATION 2 INC	401-CC-12	118754	118754	Reimbursable	Saved -- Validated	Go to Sub Screen	
2113459YO	YOUTH SHELTER CARE OF NORTH CENTRAL IOWA INC	401-CC-26	161601	161601	Reimbursable	Saved -- Validated	Go to Sub Screen	
2116026AL	ALGONA FAMILY YMCA	269-0063-010X-2116026AL	248631.27	248631.27	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2117879HO	HOMES OF OAKRIDGE HUMAN	401-CC-17	143256	143256	Reimbursable	Saved -- Validated	Go to Sub Screen	
2118831MA	MARY GREELEY MEDICAL CTR	269-0063-010X-2118831MA	86593.93	86593.93	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2119085WO	WORLD FOOD PRIZE FOUNDATION	202212-11546	500000	500000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2121898MO	MONTGOMERY COUNTY YMCA	269-0063-010X-2121898MO	123333.53	123333.53	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2121925BO	BOYS AND GIRLS OF CEDAR RAPIDS	401-CC-7	590984.5	590984.5	Reimbursable	Saved -- Validated	Go to Sub Screen	
2122010SO	SOUTHERN PRAIRIE YMCA	269-0063-010X-2122010SO	219012	219012	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2123023WO	WOODWARD YOUTH CORPORATION	401-CC-22	741252.11	741252.11	Reimbursable	Saved -- Validated	Go to Sub Screen	
2127444ST	IOWA STATE UNIVERSITY	583001800002127498	248009.58	0	Reimbursable	Validated - with Warnings	Go to Sub Screen	
2127528JO	JONES CO BOARD OF SUPERVISORS	583001800002127528	90726.68	0	Reimbursable	Saved -- Validated	Go to Sub Screen	
2127764CA	CARROLL CITY OF	269-0063-010X-3028900CA	109219.26	109215.26	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2127764CA	CARROLL CITY OF	583001800002127764	74871.62	0	Reimbursable	Saved -- Validated	Go to Sub Screen	
2127795CE	CEDAR FALLS CITY OF	269-0063-010X-2127795CE	328333.94	328333.94	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2127837UN	UNIVERSITY OF NORTHERN IOWA	583001800002127827	120828.67	0	Reimbursable	Saved -- Validated	Go to Sub Screen	
2127843CE	CEDAR RAPIDS CITY OF	583001800002127843	162537.6	0	Reimbursable	Saved -- Validated	Go to Sub Screen	
2127927CH	CHARLES CITY CITY OF	2214	100000	100000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2128143CR	CRESO CITY OF	269-0063-010X-2128143CR	82119.55	82119.55	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen	
2128218SC	SCOTT COUNTY	583001800003108657	91966.46	0	Reimbursable	Saved -- Validated	Go to Sub Screen	

2128536DE	DES MOINES CITY OF	583001800002128536	104611.73	104611.73	Reimbursable	Saved -- Validated	Go to Sub Screen
2128557PO	POLK COUNTY EMA	583001400002128557	4997058	0	Reimbursable	Saved -- Validated	Go to Sub Screen
2128588DE	DES MOINES WATER WORKS	583001800002128588	963452.03	963452.03	Reimbursable	Saved -- Validated	Go to Sub Screen
2128708DE	DE WITT CITY OF	269-0063-010X-2128708DE	62922.8	62922.8	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2129220HU	HUMBOLDT CITY OF	269-0063-010X-2129220HU	356979.78	356979.78	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	269-0049-010F-2129317UN	2999413.16	2999413.16	Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
2129376MA	MARSHALLTOWN YMCA	269-0063-010X-2129376MA	374700.75	374700.75	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130212PE	PERRY CITY OF	269-0063-010X-2130212PE	106971.49	106971.49	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130788WA	WATERLOO CITY OF	269-0063-010X-2130794WA	288057.09	288057.09	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130819WA	WAUKON CITY OF	269-0063-010X-2130819WA	58333.67	58333.67	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130993BR	BROADLAWNS MEDICAL CTR	583001800002130993	199907.92	199907.92	Reimbursable	Saved -- Validated	Go to Sub Screen
2131381CS	IOWA CITY COMM SCH DIST	583001800002131381	168963.54	0	Reimbursable	Saved -- Validated	Go to Sub Screen
2132212BO	BOYS & GIRLS CLUB OF CENTRAL IOWA	401-CC-2	98990.1	98990.1	Reimbursable	Saved -- Validated	Go to Sub Screen
2132301BO	BOYS & GIRLS CLUBS OF THE CEDAR VALLEY	401-CC-3	708669.1	708669.1	Reimbursable	Saved -- Validated	Go to Sub Screen
2134760BO	BOYS & GIRLS CLUBS OF THE MIDLANDS	401-CC-4	300000	300000	Reimbursable	Saved -- Validated	Go to Sub Screen
3002527NE	NEWCO RIDERS LLC	269-0062-010X-3002527NE	500000	500000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3021154CE	CENTRAL IOWA HOSPITAL CO	269-0049-010F-3021154CE	264001.01	264001.01	Lump Sum Payment(s)	Validated - with Warnings	Go to Sub Screen
3056918CE	CEDAR RIVER RECREATION & FINE ARTS COMPLEX	269-0063-010X-3056918CE	123142.06	123142.06	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3072465CO	COURAGE LEAGUE SPORTS	401-CC-10	83623.1	83623.1	Reimbursable	Saved -- Validated	Go to Sub Screen
3093918YM	YMCA OF GREATER OMAHA	269-0063-010X-3093918YM	241309.98	241309.98	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3123460ID	IDA GROVE CITY OF	269-0063-010X-3123460ID	53776.88	53776.88	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3167098GE	GENESIS INCORPORATED	401-CC-14	150000	150000	Reimbursable	Saved -- Validated	Go to Sub Screen
3173177DS	DSM HOCKEY LLC	269-0062-010X-3173177DS	500000	500000	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3175135CO	IOWA CONGOLESE ORGANIZATION AND CENTER	401-CC-18	150000	150000	Reimbursable	Saved -- Validated	Go to Sub Screen
3181500YO	YOUNG MENS CHRISTIAN ASSOCIATION OF WASH	269-0063-010X-3181500YO	272149.5	272149.5	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3183711NE	NEW VISIONS HOMELESS SERVICES	583001800003183711	71542.87	0	Reimbursable	Saved -- Validated	Go to Sub

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3184186WE	WEST DES MOINES WATER WORKS	583001800003184186	169223.27	169223.27	Reimbursable	Saved -- Validated		Go to Sub Screen
3184573ET	ETERNITY CHURCH	583001800003184573	68561.42	0	Reimbursable	Saved -- Validated		Go to Sub Screen
3187150HI	HIGHLAND PARK COMMUNITY DEVELOPMENT ASSOC	401-CC-15	148026.77	148026.77	Reimbursable	Saved -- Validated		Go to Sub Screen
3190265ME	MERCY REHABILITATION HOSPITAL LLC	269-0049-010F-3190265ME	123819.67	123819.67	Lump Sum Payment(s)	Saved -- Validated		Go to Sub Screen
3192516CE	CEDAR RAPIDS INFERNO SOCCER CLUB	269-0062-010X-3192516CE	56530	56530	Lump Sum Payment(s)	Saved -- Validated		Go to Sub Screen
3192789SH	SHALOM COMMUNITY IMPACT CENTER	401-CC-21	79109.8	79109.8	Reimbursable	Saved -- Validated		Go to Sub Screen
3193200LE	LEMARS AREA FAMILY YMCA	269-0063-010X-3193200LE	98012.99	98012.99	Lump Sum Payment(s)	Saved -- Validated		Go to Sub Screen
3194285RE	REC CENTER LTD THE	269-0063-010X-3194285RE	89411.45	89411.45	Lump Sum Payment(s)	Saved -- Validated		Go to Sub Screen
3194313YO	YOUNG MENS CHRISTIAN ASSTN OF THE IOWA MISSIS	269-0063-010X-3194313YO	1000000	1000000	Lump Sum Payment(s)	Saved -- Validated		Go to Sub Screen

Loans >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)
Financial Progress Report (FPR) Loan >= \$50,000

DUNS/Identification Number	Borrower Name	Loan Number	Loan Amount	Current Quarter Payments	Status
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Transfers >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report (FPR) Transfers >=\$50,000							
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DUNS/Identification Number	Transferee/Government Unit Name	Transfer Number	Transfer Amount	Current Quarter Expenditures	Transfer Type	Status	
0025000PR	IOWA PRISON INDUSTRIES	309-PFIF-0052-0025000	100000		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127342DA	DALLAS CO AUDITOR	401-D09V-009V-2127342	1011417.41		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127740DE	DES MOINES CO AUDITOR	401-D09V-009V-2127740	1541716.24		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3071900ME	MENTAL HEALTH DISABILITY SERVICES OF THE EAST	401-D09V-009V-3071900	4878426.37	-1722.5	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2127377MO	MONROE CO AUDITOR	401-D09V-009V-2127377	746391.56		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3071904NO	NORTHWEST IOWA CARE CONNECTIONS	401-D09V-009V-3071904	608165.97		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128566PO	POLK COUNTY HEALTH DEPARTMENT	401-D09V-009V-2128566	4628358.74	-2645.22	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128127PO	POTTAWATTAMIE CO AUDITOR	401-D09V-009V-2128127	1788529.99		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
3071905RO	ROLLING HILLS COMMUNITY SERVICES REGION	401-D09V-009V-3071905	1714719.62		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128218SC	SCOTT COUNTY	401-D09V-009V-2128218	2831367.52		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130083SI	SIOUX CO AUDITOR	401-D09V-009V-2130083	977217.46		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2129933ST	STORY CO AUDITOR	401-D09V-009V-2129933	3184784.67	-2292.11	Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2128173UN	UNION CO AUDITOR	401-D09V-009V-2128173	278105.09		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
2130166WA	WAPELLO CO AUDITOR	401-D09V-009V-2130166	747674.77		Lump Sum Payment(s)	Saved -- Validated	Go to Sub Screen
0025000PR	IOWA PRISON INDUSTRIES	583202004061	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2111460SE	SEVENTH JUDICIAL DISTRICT	238A20CARE06	449600.36		Reimbursable	Saved -- Validated	Go to Sub Screen
21165615T	5TH JUD DISTRICT DCS	238A20CARE04	1069452.13		Reimbursable	Saved -- Validated	Go to Sub Screen
2115164SI	SIXTH JUDICIAL DIST	238A20CARE05	733490		Reimbursable	Saved -- Validated	Go to Sub Screen
2102611FI	FIRST JUDICIAL DISTRICT	238A20CARE01	900750		Reimbursable	Saved -- Validated	Go to Sub Screen
2113622EI	EIGHTH JUDICIAL DISTRICT	238A20CARE07	493559.27		Reimbursable	Saved -- Validated	Go to Sub Screen
2114976FO	FOURTH JUDICIAL DISTRICT	238A20CARE03	341362.97		Reimbursable	Saved -- Validated	Go to Sub Screen
2112431SE	SECOND JUDICIAL DISTRICT	238A20CARE02	743152.55		Reimbursable	Saved --	Go to

						Validated	Sub Screen
3078379ST	STATE HYGIENIC LABORATORY - UNIVERSITY OF IOWA	5833078379202012311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
2128535FO	FORT DODGE CORRECTIONAL FACILITY	5832128535202103311	0		Reimbursable	Saved -- Validated	Go to Sub Screen
21165615T	5TH JUD DISTRICT DCS	238A20CARE30	125412.25		Reimbursable	Saved -- Validated	Go to Sub Screen
2113622EI	EIGHTH JUDICAL DISTRICT	238A20CARE33	53286.75		Reimbursable	Saved -- Validated	Go to Sub Screen
2102611FI	FIRST JUDICIAL DISTRICT	238A20CARE26	94732		Reimbursable	Saved -- Validated	Go to Sub Screen
2112431SE	SECOND JUDICIAL DISTRICT	238A20CARE27	72125.5		Reimbursable	Saved -- Validated	Go to Sub Screen
2111460SE	SEVENTH JUDICIAL DISTRICT	238A20CARE32	53825		Reimbursable	Saved -- Validated	Go to Sub Screen
2115164SI	SIXTH JUDICIAL DIST	238A20CARE31	87734.75		Reimbursable	Saved -- Validated	Go to Sub Screen
0059500PS	PUBLIC SAFETY, DEPT OF - STATE PATROL	583001400000059000	309900	0	Reimbursable	Saved -- Validated	Go to Sub Screen
2127538AN	ANAMOSA STATE PENITENTIARY	583001800002127538	134753.25	0	Reimbursable	Saved -- Validated	Go to Sub Screen
0024400MC	IOWA MEDICAL & CLASSIFICATION CENTER	583001800000024400	62126.22	0	Reimbursable	Saved -- Validated	Go to Sub Screen
2128999SP	IOWA STATE PENITENTIARY	583001800002128999	128829.78	0	Reimbursable	Saved -- Validated	Go to Sub Screen
2128707MO	MT PLEASANT CORRECTIONAL FACILITY	583001800002128707	102105.77	0	Reimbursable	Saved -- Validated	Go to Sub Screen

Direct >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report(FPR) Direct Payments >=\$50,000					
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DUNS/Identification Number	Payee Name	Obligation Amount	Current Quarter Expenditures	Status	
2121533MI	MIDAMERICAN ENERGY CO	84301		Saved -- Validated	Go to Sub Screen
2103831AR	ARCHER DANIELS MIDLAND	0		Saved -- Validated	Go to Sub Screen
3183307BI	BIG RIVER UNITED ENERGY LLC	0		Saved -- Validated	Go to Sub Screen
3183308CO	CORN LP	0		Saved -- Validated	Go to Sub Screen
2093431HO	HOMELAND ENERGY SOLUTION	0		Saved -- Validated	Go to Sub Screen
2091741LI	LINCOLNWAY ENERGY LLC	0		Saved -- Validated	Go to Sub Screen
3183314LO	LOUIS DREYFUS COMPANY HOLDING INC	0		Saved -- Validated	Go to Sub Screen
3183325LS	LSCP LLC	0		Saved -- Validated	Go to Sub Screen
3183328PL	PLYMOUTH ENERGY LLC	0		Saved -- Validated	Go to Sub Screen
3183323PO	POET HOLDING COMPANY LLC	0		Saved -- Validated	Go to Sub Screen
2125644QU	QUAD COUNTY CORN PROCESS	0		Saved -- Validated	Go to Sub Screen
3183324SI	SIOUXLAND ENERGY COOPERATIVE	0		Saved -- Validated	Go to Sub Screen
2092800SO	SOUTHWEST IOWA RENEWABLE	0		Saved -- Validated	Go to Sub Screen
3183327VA	VALERO RENEWABLE FUELS COMPANY LLC	0		Saved -- Validated	Go to Sub Screen
2093406WE	WESTERN DUBUQUE BIODIESE	0		Saved -- Validated	Go to Sub Screen
2105352WE	WESTERN IOWA ENERGY LLC	0		Saved -- Validated	Go to Sub Screen
2093393AB	ABSOLUTE ENERGY LLC	0		Saved -- Validated	Go to Sub Screen
3111756EL	ELITE OCTANE LLC	0		Saved -- Validated	Go to Sub Screen
3183329PL	PLCP LLLP	0		Saved -- Validated	Go to Sub Screen
3183309FH	FHR ARTHUR LLC	0		Saved -- Validated	Go to Sub Screen
2088013GO	GOLDEN GRAIN ENERGY LLC	0		Saved -- Validated	Go to Sub Screen
3183326AN	THE ANDERSONS MARATHON HOLDINGS LLC	0		Saved -- Validated	Go to

					Sub Screen
3183649GR	GRAIN PROCESSING CORPORATION	0		Saved -- Validated	Go to Sub Screen
2144009GR	GREEN PLAINS RENEWABLE	0		Saved -- Validated	Go to Sub Screen
2109498DE	DES MOINES AREA COMM COL	1118041		Saved -- Validated	Go to Sub Screen
2109562SO	SOUTHWESTERN COMM COLLEG	152117		Saved -- Validated	Go to Sub Screen
2107135CA	CATHOLIC HEALTH INITIAT	100309		Saved -- Validated	Go to Sub Screen
2109477HA	HAWKEYE COMMUNITY COLLEGE	565625		Saved -- Validated	Go to Sub Screen
2104181CE	IOWA CENTRAL COMM COLLEG	324443		Saved -- Validated	Go to Sub Screen
2109614LA	IOWA LAKES COMM COLLEGE	346814		Saved -- Validated	Go to Sub Screen
2109511VA	IOWA VALLEY COMMUNITY COLLEGE DISTRICT	237678		Saved -- Validated	Go to Sub Screen
2109627NO	NORTH IOWA AREA COMMUNITY COLLEGE	315568		Saved -- Validated	Go to Sub Screen
2109523SO	SOUTHEASTERN COMMUNITY COLLEGE	203870		Saved -- Validated	Go to Sub Screen
2109530WE	WESTERN IOWA TECH CC	309819		Saved -- Validated	Go to Sub Screen
2109413EA	EASTERN IA COMM COLLEGE	234171		Saved -- Validated	Go to Sub Screen
2109450WE	IOWA WESTERN COMMUNITY COLLEGE	226691		Saved -- Validated	Go to Sub Screen
2109431KI	KIRKWOOD COMMUNITY COLLEGE	649375		Saved -- Validated	Go to Sub Screen
2109495NO	NORTHWEST IOWA COMM COLL	315479		Saved -- Validated	Go to Sub Screen
3177689DR	DRE HEALTH CORPORATION	0		Saved -- Validated	Go to Sub Screen
3177663JJ	J.J. JINKLEHEIMER	0		Saved -- Validated	Go to Sub Screen
3177748KK	KKM GLOBAL GROUP LLC	0		Saved -- Validated	Go to Sub Screen
3178141BR	BROKER BROTHERS LOGISTICS INC	0		Saved -- Validated	Go to Sub Screen
3178191FO	FOCUS INDUSTRIES LLC	0		Saved -- Validated	Go to Sub Screen
0006472DI	DICKSON INDUSTRIES INC	0		Saved -- Validated	Go to Sub Screen
2129317UN	UNIVERSITY OF IOWA	0		Saved -- Validated	Go to Sub Screen
2117365DI	DIMENSIONAL GRAPHIC CORP (THE DIMENSIONAL GROUP)	0		Saved -- Validated	Go to Sub Screen
2116164CO	COMPETITIVE EDGE INC	0		Saved -- Validated	Go to Sub Screen

3077494US	iPromo	0		Saved -- Validated	Go to Sub Screen
3179087TA	TAIDA SPORTS INC (DBA BADA SPORT)	0		Saved -- Validated	Go to Sub Screen
0006361HO	HONEYCORR ACQUISITION LLC	0		Saved -- Validated	Go to Sub Screen
2099406WW	WW GRAINGER INC.	0		Saved -- Validated	Go to Sub Screen
2107546ME	METALCRAFT ID PLATES	0		Saved -- Validated	Go to Sub Screen
2128202DA	DAVENPORT CITY OF	2414445.32		Saved -- Validated	Go to Sub Screen
2130589ST	STORM LAKE CITY OF	175424.88		Saved -- Validated	Go to Sub Screen
2127951CH	CHEROKEE CITY OF	92989.58		Saved -- Validated	Go to Sub Screen
2130111OS	OSCEOLA CITY OF	103388.9		Saved -- Validated	Go to Sub Screen
2128143CR	CRESCO CITY OF	70593.75		Saved -- Validated	Go to Sub Screen
2130836WA	WAVERLY CITY OF	207553.13		Saved -- Validated	Go to Sub Screen
2130489SI	SIOUX CENTER CITY OF	91781.25		Saved -- Validated	Go to Sub Screen
3181170CO	COUNTY SOCIAL SERVICES	4016726.1		Saved -- Validated	Go to Sub Screen
3068153HE	IOWA HEALTHIEST STATE INITIATIVE	1000000		Saved -- Validated	Go to Sub Screen
2129081AD	ADAIR CO TREASURER	97473.59		Saved -- Validated	Go to Sub Screen
2127354AD	ADEL CITY OF	129646.61		Saved -- Validated	Go to Sub Screen
2130822AL	ALLAMAKEE CO TREASURER	186538.17		Saved -- Validated	Go to Sub Screen
2127430AL	ALTOONA CITY OF	456817.14		Saved -- Validated	Go to Sub Screen
2127436AM	AMES CITY OF	1574725.05		Saved -- Validated	Go to Sub Screen
2127517AN	ANAMOSA CITY OF	131595.47		Saved -- Validated	Go to Sub Screen
2127543AN	ANKENY CITY OF	1600796.97		Saved -- Validated	Go to Sub Screen
2127891AP	APPANOOSE CO TREASURER	169352.19		Saved -- Validated	Go to Sub Screen
2127570AT	ATLANTIC CITY OF	155100.6		Saved -- Validated	Go to Sub Screen
2127600AU	AUDUBON COUNTY TREASURER	74904.2		Saved -- Validated	Go to Sub Screen
2127647BE	BELLEVUE CITY OF	52500.34		Saved -- Validated	Go to Sub Screen
2130722BE	BENTON CO TREASURER	349512.05		Saved -- Validated	Go to Sub

					Screen
2127656BE	BETTENDORF CITY OF	868501.58		Saved -- Validated	Go to Sub Screen
2130796BL	BLACK HAWK CO TREASURER	1788487.73		Saved -- Validated	Go to Sub Screen
2127685BO	BONDURANT CITY OF	165367.76		Saved -- Validated	Go to Sub Screen
2127688BO	BOONE CITY OF	294325.14		Saved -- Validated	Go to Sub Screen
2127692BO	BOONE CO TREASURER	357539.45		Saved -- Validated	Go to Sub Screen
2130839BR	BREMER CO TREASURER	341566.44		Saved -- Validated	Go to Sub Screen
2129245BU	BUCHANAN CO TREASURER	288591.06		Saved -- Validated	Go to Sub Screen
2130593BU	BUENA VISTA COUNTY TREASURER	267398.19		Saved -- Validated	Go to Sub Screen
2127727BU	BURLINGTON CITY OF	587343.12		Saved -- Validated	Go to Sub Screen
2127403BU	BUTLER CO TREASURER	196787.08		Saved -- Validated	Go to Sub Screen
2130346CA	CALHOUN CO TREASURER	131763.79		Saved -- Validated	Go to Sub Screen
2127758CA	CARLISLE CITY OF	102053.63		Saved -- Validated	Go to Sub Screen
2127764CA	CARROLL CITY OF	233696.63		Saved -- Validated	Go to Sub Screen
2127767CA	CARROLL COUNTY TREASURER	274825.91		Saved -- Validated	Go to Sub Screen
2127791CA	CASCADE CITY OF	55352.33		Saved -- Validated	Go to Sub Screen
2127575CA	CASS CO TREASURER	174940.02		Saved -- Validated	Go to Sub Screen
2130656CE	CEDAR COUNTY TREASURER	253864.73		Saved -- Validated	Go to Sub Screen
2127795CE	CEDAR FALLS CITY OF	963401.47		Saved -- Validated	Go to Sub Screen
2127843CE	CEDAR RAPIDS CITY OF	3174309.93		Saved -- Validated	Go to Sub Screen
2127885CE	CENTERVILLE CITY OF	129408.95		Saved -- Validated	Go to Sub Screen
2129773CE	CERRO GORDO CO TREASURER	578545.01		Saved -- Validated	Go to Sub Screen
2127909CH	CHARITON CITY OF	98417.34		Saved -- Validated	Go to Sub Screen
2127927CH	CHARLES CITY CITY OF	173662.29		Saved -- Validated	Go to Sub Screen
2127951CH	CHEROKEE CITY OF	22729.82		Saved -- Validated	Go to Sub Screen
2127955CH	CHEROKEE COUNTY TREASURER	153120.22		Saved -- Validated	Go to Sub Screen
2129956CH	CHICKASAW COUNTY TREASURER	162633.16		Saved -- Validated	Go to

					Sub Screen
2127975CL	CLARINDA CITY OF	127531.39		Saved -- Validated	Go to Sub Screen
2127994CL	CLARION CITY OF	64383.62		Saved -- Validated	Go to Sub Screen
2130541CL	CLAY CO TREASURER	218279.78		Saved -- Validated	Go to Sub Screen
2128817CL	CLAYTON CO TREASURER	239172.83		Saved -- Validated	Go to Sub Screen
2128016CL	CLEAR LAKE CITY OF	179437.56		Saved -- Validated	Go to Sub Screen
2128028CL	CLINTON CO TREASURER	632774.23		Saved -- Validated	Go to Sub Screen
2131511CL	CLIVE CITY OF	409783.11		Saved -- Validated	Go to Sub Screen
2129415CO	CORALVILLE CITY OF	529756.73		Saved -- Validated	Go to Sub Screen
2128106CO	COUNCIL BLUFFS CITY OF	1477472.27		Saved -- Validated	Go to Sub Screen
2128266CR	CRAWFORD CO TREASURER	229237.39		Saved -- Validated	Go to Sub Screen
2128143CR	CRESCO CITY OF	18269.44		Saved -- Validated	Go to Sub Screen
2128160CR	CRESTON CITY OF	183311.51		Saved -- Validated	Go to Sub Screen
2127333DA	DALLAS COUNTY TREASURER	1273657.64		Saved -- Validated	Go to Sub Screen
2128708DE	DE WITT CITY OF	123396		Saved -- Validated	Go to Sub Screen
2129574DE	DECATUR CO TREASURER	107259.11		Saved -- Validated	Go to Sub Screen
2128279DE	DENISON CITY OF	195931.56		Saved -- Validated	Go to Sub Screen
2128536DE	DES MOINES CITY OF	5091677.54		Saved -- Validated	Go to Sub Screen
2127731DE	DES MOINES COUNTY	531075.69		Saved -- Validated	Go to Sub Screen
2130558DI	DICKINSON CO TREASURER	235206.83		Saved -- Validated	Go to Sub Screen
2128725DU	DUBUQUE CITY OF	1375656.3		Saved -- Validated	Go to Sub Screen
2128743DU	DUBUQUE COUNTY	1326237.77		Saved -- Validated	Go to Sub Screen
2128772DY	DYERSVILLE CITY OF	102885.46		Saved -- Validated	Go to Sub Screen
2128777EA	EAGLE GROVE CITY OF	80948.92		Saved -- Validated	Go to Sub Screen
2128812EL	ELDRIDGE CITY OF	162705.9		Saved -- Validated	Go to Sub Screen
2128871EM	EMMET COUNTY	0		Saved -- Validated	Go to Sub Screen

2128871EM	EMMET COUNTY	125494.52		Saved -- Validated	Go to Sub Screen
2128846EM	EMMETSBURG CITY OF	87556.02		Saved -- Validated	Go to Sub Screen
2128868ES	ESTHERVILLE CITY OF	134661.36		Saved -- Validated	Go to Sub Screen
2131061EV	EVANSDALE CITY OF	112724.82		Saved -- Validated	Go to Sub Screen
2128891FA	FAIRFIELD CITY OF	247766.44		Saved -- Validated	Go to Sub Screen
2130915FA	FAYETTE CO TREASURER	267807.05		Saved -- Validated	Go to Sub Screen
2127929FL	FLOYD CO TREASURER	213182.59		Saved -- Validated	Go to Sub Screen
2128924FO	FOREST CITY CITY OF	95660.42		Saved -- Validated	Go to Sub Screen
2128941FO	FORT DODGE CITY OF	567735.7		Saved -- Validated	Go to Sub Screen
2128973FO	FORT MADISON CITY OF	245294.72		Saved -- Validated	Go to Sub Screen
2129149FR	FRANKLIN CO TREASURER	137242.6		Saved -- Validated	Go to Sub Screen
2130453FR	FREMONT CO TREASURER	94856.85		Saved -- Validated	Go to Sub Screen
2129024GA	GARNER TOWN OF	72083.99		Saved -- Validated	Go to Sub Screen
2129434GR	GREENE CO TREASURER	121133.29		Saved -- Validated	Go to Sub Screen
2129093GR	GRIMES CITY OF	351840.23		Saved -- Validated	Go to Sub Screen
2129096GR	GRINNELL CITY OF	216656		Saved -- Validated	Go to Sub Screen
2129102GR	GRUNDY CENTER CITY OF	63456.73		Saved -- Validated	Go to Sub Screen
2129106GR	GRUNDY CO TREASURER	166708.18		Saved -- Validated	Go to Sub Screen
2129125GU	GUTHRIE CO TREASURER	145678.86		Saved -- Validated	Go to Sub Screen
2129147HA	HAMPTON CITY OF	99938.4		Saved -- Validated	Go to Sub Screen
2128798HA	HARDIN COUNTY TREASURER	229591.74		Saved -- Validated	Go to Sub Screen
2129167HA	HARLAN CITY OF	113271.45		Saved -- Validated	Go to Sub Screen
2129600HA	HARRISON COUNTY TREASURER	191471.82		Saved -- Validated	Go to Sub Screen
2129191HA	HAWARDEN CITY OF	58085.48		Saved -- Validated	Go to Sub Screen
2129877HE	HENRY CO TREASURER	271950.22		Saved -- Validated	Go to Sub Screen
2131432HI	HIAWATHA CITY OF	176347.91		Saved -- Validated	Go to Sub

					Screen
2128147HO	HOWARD CO TREASURER	124813.08		Saved -- Validated	Go to Sub Screen
2129212HU	HUDSON CITY OF	58655.88		Saved -- Validated	Go to Sub Screen
2129220HU	HUMBOLDT CITY OF	109017.23		Saved -- Validated	Go to Sub Screen
2128183HU	HUMBOLDT CO TREASURER	130264.62		Saved -- Validated	Go to Sub Screen
2131288HU	HUXLEY CITY OF	95921.86		Saved -- Validated	Go to Sub Screen
2129227ID	IDA CO TREASURER	93493.96		Saved -- Validated	Go to Sub Screen
2129241IN	INDEPENDENCE CITY OF	145546.44		Saved -- Validated	Go to Sub Screen
2129260IN	INDIANOLA CITY OF	380621.54		Saved -- Validated	Go to Sub Screen
2129283CI	IOWA CITY CITY OF	1785582.01		Saved -- Validated	Go to Sub Screen
2129722CO	IOWA CO TREASURER	220569.44		Saved -- Validated	Go to Sub Screen
2129424FA	IOWA FALLS CITY OF	120235.05		Saved -- Validated	Go to Sub Screen
2129699JA	JACKSON CO TREASURER	264931.36		Saved -- Validated	Go to Sub Screen
2129991JA	JASPER CO TREASURER	506789.08		Saved -- Validated	Go to Sub Screen
2129429JE	JEFFERSON CITY OF	97490.45		Saved -- Validated	Go to Sub Screen
2129447JE	JESUP CITY OF	64241.02		Saved -- Validated	Go to Sub Screen
2129313JO	JOHNSON COUNTY TREASURER	2059865.55		Saved -- Validated	Go to Sub Screen
2132450JO	JOHNSTON CITY OF	536696.57		Saved -- Validated	Go to Sub Screen
2129458KE	KEOKUK CITY OF	241397		Saved -- Validated	Go to Sub Screen
2130476KE	KEOKUK CO TREASURER	139641.27		Saved -- Validated	Go to Sub Screen
2127385KO	KOSSUTH CO TREASURER	201884.27		Saved -- Validated	Go to Sub Screen
2129536LA	LA PORTE CITY CITY OF	53237.11		Saved -- Validated	Go to Sub Screen
2129525LA	LAMONI CITY OF	53451		Saved -- Validated	Go to Sub Screen
2129552LE	LE MARS CITY OF	239590.74		Saved -- Validated	Go to Sub Screen
2131064LE	LECLAIRE CITY OF	94234.43		Saved -- Validated	Go to Sub Screen
2128981LE	LEE CO TREASURER	458706.47		Saved -- Validated	Go to Sub Screen
2127861LI	LINN COUNTY TREASURER	3089743.81		Saved -- Validated	Go to

					Sub Screen
2130751LO	LOUISA CO TREASURER	150394.45		Saved -- Validated	Go to Sub Screen
2129649MA	MADRID CITY OF	60580.97		Saved -- Validated	Go to Sub Screen
2130132MA	MAHASKA CO TREASURER	301129.61		Saved -- Validated	Go to Sub Screen
2129661MA	MANCHESTER CITY OF	118500.09		Saved -- Validated	Go to Sub Screen
2129696MA	MAQUOKETA CITY OF	142361.72		Saved -- Validated	Go to Sub Screen
2129719MA	MARENGO CITY OF	58608.35		Saved -- Validated	Go to Sub Screen
2129737MA	MARION CITY OF	959194.79		Saved -- Validated	Go to Sub Screen
2129492MA	MARION CO TREASURER	453200.4		Saved -- Validated	Go to Sub Screen
2129750MA	MARSHALL CO TREASURER	536554.49		Saved -- Validated	Go to Sub Screen
2129742MA	MARSHALLTOWN CITY OF	633759.22		Saved -- Validated	Go to Sub Screen
2129765MA	MASON CITY CITY OF	640057.36		Saved -- Validated	Go to Sub Screen
2129047MI	MILLS CO TREASURER	205918.41		Saved -- Validated	Go to Sub Screen
2129822MI	MISSOURI VALLEY CITY OF	62149.57		Saved -- Validated	Go to Sub Screen
2129825MI	MITCHELLVILLE CITY OF	53664.9		Saved -- Validated	Go to Sub Screen
2130097MI	MITCHELL CO TREASURER	144275.08		Saved -- Validated	Go to Sub Screen
2130052MO	MONONA CO TREASURER	117412.61		Saved -- Validated	Go to Sub Screen
2127370MO	MONROE CO TREASURER	105037.61		Saved -- Validated	Go to Sub Screen
2129852MO	MONTICELLO CITY OF	92214.27		Saved -- Validated	Go to Sub Screen
2129875MO	MOUNT PLEASANT CITY OF	206008.58		Saved -- Validated	Go to Sub Screen
2129893MO	MOUNT VERNON CITY OF	106141.48		Saved -- Validated	Go to Sub Screen
2129898MU	MUSCATINE CITY OF	561627.69		Saved -- Validated	Go to Sub Screen
2129921NE	NEVADA CITY OF	158689.35		Saved -- Validated	Go to Sub Screen
2109508NO	NORTH LIBERTY CITY OF	463471.78		Saved -- Validated	Go to Sub Screen
2131503NO	NORWALK CITY OF	283725.25		Saved -- Validated	Go to Sub Screen
2130037OE	OELWEIN CITY OF	140222.73		Saved -- Validated	Go to Sub Screen

2130049ON	ONAWA CITY OF	65690.79		Saved -- Validated	Go to Sub Screen
2130088OR	ORANGE CITY CITY OF	146924.9		Saved -- Validated	Go to Sub Screen
2130094OS	OSAGE CITY OF	84490.14		Saved -- Validated	Go to Sub Screen
2130111OS	OSCEOLA CITY OF	21195.43		Saved -- Validated	Go to Sub Screen
2130442OS	OSCEOLA CO TREASURER	81200.74		Saved -- Validated	Go to Sub Screen
2130128OS	OSKALOOSA CITY OF	273458.09		Saved -- Validated	Go to Sub Screen
2130148OT	OTTUMWA CITY OF	579143.65		Saved -- Validated	Go to Sub Screen
2127980PA	PAGE CO TREASURER	205891.15		Saved -- Validated	Go to Sub Screen
2128849PA	PALO ALTO CO TREASURER	121106.03		Saved -- Validated	Go to Sub Screen
2130205PE	PELLA CITY OF	243298.32		Saved -- Validated	Go to Sub Screen
2130212PE	PERRY CITY OF	182432.15		Saved -- Validated	Go to Sub Screen
2131534PL	PLEASANT HILL CITY OF	238117.21		Saved -- Validated	Go to Sub Screen
2129556PL	PLYMOUTH CO TREASURER	343133.75		Saved -- Validated	Go to Sub Screen
2130225PO	POCAHONTAS CO TREASURER	90209.41		Saved -- Validated	Go to Sub Screen
2111241PO	POLK CITY TOWN OF	117905.93		Saved -- Validated	Go to Sub Screen
2128551PO	POLK CO TREASURER	6680334.51		Saved -- Validated	Go to Sub Screen
2128118PO	POTTAWATTAMIE CO TREASUR	88624.98		Saved -- Validated	Go to Sub Screen
2129836PO	POWESHIEK CO TREASURER	252188.38		Saved -- Validated	Go to Sub Screen
2130280RE	RED OAK CITY OF	125392.4		Saved -- Validated	Go to Sub Screen
2129862RI	RINGGOLD CO TREASURER	66699.63		Saved -- Validated	Go to Sub Screen
2130319RO	ROCK RAPIDS CITY OF	59939.28		Saved -- Validated	Go to Sub Screen
2130383SA	SAC CO TREASURER	132486.13		Saved -- Validated	Go to Sub Screen
2128211SC	SCOTT CO TREASURER	2357015.53		Saved -- Validated	Go to Sub Screen
2130420SE	SERGEANT BLUFF CITY OF	121851.18		Saved -- Validated	Go to Sub Screen
2129171SH	SHELBY CO TREASURER	156104.93		Saved -- Validated	Go to Sub Screen
2130429SH	SHELDON CITY OF	120781.68		Saved -- Validated	Go to Sub

					Screen
2130436SH	SHENANDOAH CITY OF	114554.84		Saved -- Validated	Go to Sub Screen
2130440SI	SIBLEY CITY OF	61175.14		Saved -- Validated	Go to Sub Screen
2130489SI	SIOUX CENTER CITY OF	88963.48		Saved -- Validated	Go to Sub Screen
2130494SI	SIOUX CITY CITY OF	1964330.35		Saved -- Validated	Go to Sub Screen
2130075SI	SIOUX CO TREASURER	475033.84		Saved -- Validated	Go to Sub Screen
2130538SP	SPENCER CITY OF	260291.42		Saved -- Validated	Go to Sub Screen
2130555SP	SPIRIT LAKE CITY OF	122516.64		Saved -- Validated	Go to Sub Screen
2130589ST	STORM LAKE CITY OF	69893.6		Saved -- Validated	Go to Sub Screen
2129924ST	STORY CO TREASURER	1323593.77		Saved -- Validated	Go to Sub Screen
2130641TA	TAMA CITY OF	64930.26		Saved -- Validated	Go to Sub Screen
2130675TA	TAMA CO TREASURER	229700.77		Saved -- Validated	Go to Sub Screen
2127632TA	TAYLOR CO TREASURER	83422.24		Saved -- Validated	Go to Sub Screen
2130653TI	TIPTON CITY OF	76599.64		Saved -- Validated	Go to Sub Screen
2130671TO	TOLEDO CITY OF	50931.75		Saved -- Validated	Go to Sub Screen
2128164UN	UNION CO TREASURER	92151.95		Saved -- Validated	Go to Sub Screen
2128700UR	URBANDALE CITY OF	1054736.38		Saved -- Validated	Go to Sub Screen
2130718VI	VINTON CITY OF	120615.32		Saved -- Validated	Go to Sub Screen
2129263WA	WARREN CO TREASURER	701422.79		Saved -- Validated	Go to Sub Screen
2130772WA	WASHINGTON CO TREa	299357.86		Saved -- Validated	Go to Sub Screen
2130788WA	WATERLOO CITY OF	1600155.27		Saved -- Validated	Go to Sub Screen
2131085WA	WAUKEE CITY OF	572512.78		Saved -- Validated	Go to Sub Screen
2130819WA	WAUKON CITY OF	86153.8		Saved -- Validated	Go to Sub Screen
2130836WA	WAVERLY CITY OF	34818.3		Saved -- Validated	Go to Sub Screen
2128093WA	WAYNE CO TREASURER	87783.47		Saved -- Validated	Go to Sub Screen
2130858WE	WEBSTER CITY CITY OF	182313.32		Saved -- Validated	Go to Sub Screen
2128948WE	WEBSTER CO TREASURER	489330.51		Saved -- Validated	Go to

					Sub Screen
2130886WE	WEST BRANCH CITY OF	59226.28		Saved -- Validated	Go to Sub Screen
2130889WE	WEST BURLINGTON CITY OF	68685.37		Saved -- Validated	Go to Sub Screen
2130891WE	WEST DES MOINES CITY OF	1613725.98		Saved -- Validated	Go to Sub Screen
2130899WE	WEST LIBERTY CITY OF	89504.88		Saved -- Validated	Go to Sub Screen
2130940WI	WILLIAMSBURG CITY OF	75197.41		Saved -- Validated	Go to Sub Screen
2130943WI	WILTON CITY OF	67116.78		Saved -- Validated	Go to Sub Screen
2128705WI	WINDSOR HEIGHTS CITY OF	114293.41		Saved -- Validated	Go to Sub Screen
2128928WI	WINNEBAGO CO TREASURER	141113.2		Saved -- Validated	Go to Sub Screen
2128243WI	WINNESHIEK CO TREASURER	272454.49		Saved -- Validated	Go to Sub Screen
2130951WI	WINTERSET CITY OF	127935.42		Saved -- Validated	Go to Sub Screen
2130510WO	WOODBURY CO TREASURER	1405230.63		Saved -- Validated	Go to Sub Screen
2127998WR	WRIGHT CO TREASURER	171205.71		Saved -- Validated	Go to Sub Screen
2129081AD	ADAIR CO TREASURER	51200.14		Saved -- Validated	Go to Sub Screen
2127365AL	ALBIA CITY OF	87484.73		Saved -- Validated	Go to Sub Screen
2127381AL	ALGONA CITY OF	128268.15		Saved -- Validated	Go to Sub Screen
2130822AL	ALLAMAKEE CO TREASURER	85377.9		Saved -- Validated	Go to Sub Screen
2127891AP	APPANOOSE CO TREASURER	106701.25		Saved -- Validated	Go to Sub Screen
2110830AS	ASBURY CITY OF	136586.45		Saved -- Validated	Go to Sub Screen
2127643BE	BELLE PLAINE CITY OF	57990.42		Saved -- Validated	Go to Sub Screen
2130722BE	BENTON CO TREASURER	229303.43		Saved -- Validated	Go to Sub Screen
2130796BL	BLACK HAWK CO TREASURER	517959.75		Saved -- Validated	Go to Sub Screen
2127667BL	BLOOMFIELD CITY OF	63670.63		Saved -- Validated	Go to Sub Screen
2127692BO	BOONE CO TREASURER	115773.35		Saved -- Validated	Go to Sub Screen
2130839BR	BREMER CO TREASURER	100145.47		Saved -- Validated	Go to Sub Screen
2129245BU	BUCHANAN CO TREASURER	121035.27		Saved -- Validated	Go to Sub Screen

2130593BU	BUENA VISTA COUNTY TREASURER	101312.6		Saved -- Validated	Go to Sub Screen
2127403BU	BUTLER CO TREASURER	104379.2		Saved -- Validated	Go to Sub Screen
2130346CA	CALHOUN CO TREASURER	117495.15		Saved -- Validated	Go to Sub Screen
2127767CA	CARROLL COUNTY TREASURER	157013.4		Saved -- Validated	Go to Sub Screen
2127786CA	CARTER LAKE CITY OF	89956.45		Saved -- Validated	Go to Sub Screen
2127575CA	CASS CO TREASURER	115383.17		Saved -- Validated	Go to Sub Screen
2130656CE	CEDAR COUNTY TREASURER	137012.08		Saved -- Validated	Go to Sub Screen
2129773CE	CERRO GORDO CO TREASURER	193776.95		Saved -- Validated	Go to Sub Screen
2127955CH	CHEROKEE COUNTY TREASURER	66735.45		Saved -- Validated	Go to Sub Screen
2129956CH	CHICKASAW COUNTY TREASURER	94582.79		Saved -- Validated	Go to Sub Screen
2130115CL	CLARKE COUNTY TREASURER	176137.68		Saved -- Validated	Go to Sub Screen
2130541CL	CLAY CO TREASURER	92157.79		Saved -- Validated	Go to Sub Screen
2128817CL	CLAYTON CO TREASURER	91961.37		Saved -- Validated	Go to Sub Screen
2128023CL	CLINTON CITY OF	596374.41		Saved -- Validated	Go to Sub Screen
2128028CL	CLINTON CO TREASURER	350173.65		Saved -- Validated	Go to Sub Screen
2128266CR	CRAWFORD CO TREASURER	137621.32		Saved -- Validated	Go to Sub Screen
2127333DA	DALLAS COUNTY TREASURER	374642.73		Saved -- Validated	Go to Sub Screen
2127670DA	DAVIS COUNTY TREASURER	163115.49		Saved -- Validated	Go to Sub Screen
2129574DE	DECATUR CO TREASURER	54345.08		Saved -- Validated	Go to Sub Screen
2128240DE	DECORAH CITY OF	180055.49		Saved -- Validated	Go to Sub Screen
2129664DE	DELAWARE COUNTY TREASURER	96546.87		Saved -- Validated	Go to Sub Screen
2127731DE	DES MOINES COUNTY	205627.19		Saved -- Validated	Go to Sub Screen
2130558DI	DICKINSON CO TREASURER	158694.74		Saved -- Validated	Go to Sub Screen
2128743DU	DUBUQUE COUNTY	426011.51		Saved -- Validated	Go to Sub Screen
2128794EL	ELDORA CITY OF	62078.27		Saved -- Validated	Go to Sub Screen
2128871EM	EMMET COUNTY	71265.74		Saved -- Validated	Go to Sub

					Screen
2130915FA	FAYETTE CO TREASURER	183967.84		Saved -- Validated	Go to Sub Screen
2127929FL	FLOYD CO TREASURER	103223.3		Saved -- Validated	Go to Sub Screen
2129149FR	FRANKLIN CO TREASURER	93245.64		Saved -- Validated	Go to Sub Screen
2130453FR	FREMONT CO TREASURER	95805.3		Saved -- Validated	Go to Sub Screen
2129043GL	GLENWOOD CITY OF	125762.63		Saved -- Validated	Go to Sub Screen
2129434GR	GREENE CO TREASURER	86851.61		Saved -- Validated	Go to Sub Screen
2129106GR	GRUNDY CO TREASURER	61806.11		Saved -- Validated	Go to Sub Screen
2129125GU	GUTHRIE CO TREASURER	86809.24		Saved -- Validated	Go to Sub Screen
2130860HA	HAMILTON COUNTY	264228.07		Saved -- Validated	Go to Sub Screen
2129010HA	HANCOCK COUNTY TREASURER	211275.03		Saved -- Validated	Go to Sub Screen
2128798HA	HARDIN COUNTY TREASURER	159708.76		Saved -- Validated	Go to Sub Screen
2129600HA	HARRISON COUNTY TREASURER	101731.28		Saved -- Validated	Go to Sub Screen
2129877HE	HENRY CO TREASURER	101038.11		Saved -- Validated	Go to Sub Screen
2128147HO	HOWARD CO TREASURER	67890.85		Saved -- Validated	Go to Sub Screen
2129218HU	HULL CITY OF	54639.33		Saved -- Validated	Go to Sub Screen
2128183HU	HUMBOLDT CO TREASURER	93877.98		Saved -- Validated	Go to Sub Screen
2129722CO	IOWA CO TREASURER	121029.78		Saved -- Validated	Go to Sub Screen
2129699JA	JACKSON CO TREASURER	125983.12		Saved -- Validated	Go to Sub Screen
2129991JA	JASPER CO TREASURER	181463.95		Saved -- Validated	Go to Sub Screen
2128895JE	JEFFERSON CO TREASURER	368073.75		Saved -- Validated	Go to Sub Screen
2129313JO	JOHNSON COUNTY TREASURER	626490.95		Saved -- Validated	Go to Sub Screen
2127523JO	JONES CO TREASURER	362666.57		Saved -- Validated	Go to Sub Screen
2130476KE	KEOKUK CO TREASURER	192240.24		Saved -- Validated	Go to Sub Screen
2129489KN	KNOXVILLE CITY OF	170358.74		Saved -- Validated	Go to Sub Screen
2127385KO	KOSSUTH CO TREASURER	145913.1		Saved -- Validated	Go to Sub Screen
2128981LE	LEE CO TREASURER	154899.53		Saved -- Validated	Go to

					Sub Screen
2127861LI	LINN COUNTY TREASURER	969950.13		Saved -- Validated	Go to Sub Screen
2129590LI	LISBON CITY OF	53403.47		Saved -- Validated	Go to Sub Screen
2130751LO	LOUISA CO TREASURER	76307.1		Saved -- Validated	Go to Sub Screen
2127913LU	LUCAS COUNTY TREASURER	165768.12		Saved -- Validated	Go to Sub Screen
2130320LY	LYON COUNTY TREASURER	276208.94		Saved -- Validated	Go to Sub Screen
2130954MA	MADISON COUNTY TREASURER	307038.32		Saved -- Validated	Go to Sub Screen
2130132MA	MAHASKA CO TREASURER	120707.99		Saved -- Validated	Go to Sub Screen
2129492MA	MARION CO TREASURER	218569.96		Saved -- Validated	Go to Sub Screen
2129750MA	MARSHALL CO TREASURER	199919.6		Saved -- Validated	Go to Sub Screen
2129047MI	MILLS CO TREASURER	93001.12		Saved -- Validated	Go to Sub Screen
2130097MI	MITCHELL CO TREASURER	51111.82		Saved -- Validated	Go to Sub Screen
2130052MO	MONONA CO TREASURER	62165.68		Saved -- Validated	Go to Sub Screen
2130284MO	MONTGOMERY CO TREASURER	176852		Saved -- Validated	Go to Sub Screen
2129902MU	MUSCATINE COUNTY	719958.66		Saved -- Validated	Go to Sub Screen
2129953NE	NEW HAMPTON CITY OF	80948.92		Saved -- Validated	Go to Sub Screen
2129985NE	NEWTON CITY OF	360823.99		Saved -- Validated	Go to Sub Screen
2130257OB	OBRIEN COUNTY TREASURER	91808.22		Saved -- Validated	Go to Sub Screen
2127980PA	PAGE CO TREASURER	73623.83		Saved -- Validated	Go to Sub Screen
2129556PL	PLYMOUTH CO TREASURER	216943.96		Saved -- Validated	Go to Sub Screen
2130225PO	POCAHONTAS CO TREASURER	86326.09		Saved -- Validated	Go to Sub Screen
2128551PO	POLK CO TREASURER	1916446.98		Saved -- Validated	Go to Sub Screen
2128118PO	POTTAWATTAMIE CO TREASUR	1647723.37		Saved -- Validated	Go to Sub Screen
2129836PO	POWESHIEK CO TREASURER	85545.36		Saved -- Validated	Go to Sub Screen
2108978RO	ROBINS CITY OF	84062.34		Saved -- Validated	Go to Sub Screen
2130335RO	ROCK VALLEY CITY OF	91596.34		Saved -- Validated	Go to Sub Screen

2128211SC	SCOTT CO TREASURER	787084.39		Saved -- Validated	Go to Sub Screen
2129171SH	SHELBY CO TREASURER	96325.95		Saved -- Validated	Go to Sub Screen
2130075SI	SIOUX CO TREASURER	219576.97		Saved -- Validated	Go to Sub Screen
2130536SO	SOLON CITY OF	63932.06		Saved -- Validated	Go to Sub Screen
2130609ST	STORY CITY CITY OF	78905		Saved -- Validated	Go to Sub Screen
2129924ST	STORY CO TREASURER	451536.03		Saved -- Validated	Go to Sub Screen
2130675TA	TAMA CO TREASURER	125195.21		Saved -- Validated	Go to Sub Screen
2127632TA	TAYLOR CO TREASURER	80290.55		Saved -- Validated	Go to Sub Screen
2108759TI	TIFFIN CITY OF	54922.61		Saved -- Validated	Go to Sub Screen
2128164UN	UNION CO TREASURER	62528.58		Saved -- Validated	Go to Sub Screen
2129462VA	VAN BUREN CO TREASURER	155652.03		Saved -- Validated	Go to Sub Screen
2130157WA	WAPELLO COUNTY TREASURER	200450.69		Saved -- Validated	Go to Sub Screen
2129263WA	WARREN CO TREASURER	247965.08		Saved -- Validated	Go to Sub Screen
2130772WA	WASHINGTON CO TREa	153629.33		Saved -- Validated	Go to Sub Screen
2128093WA	WAYNE CO TREASURER	113289.6		Saved -- Validated	Go to Sub Screen
2128948WE	WEBSTER CO TREASURER	235535.37		Saved -- Validated	Go to Sub Screen
2128928WI	WINNEBAGO CO TREASURER	83847.67		Saved -- Validated	Go to Sub Screen
2128243WI	WINNESHIEK CO TREASURER	114559.41		Saved -- Validated	Go to Sub Screen
2130510WO	WOODBURY CO TREASURER	561731.8		Saved -- Validated	Go to Sub Screen
2130011WO	WORTH CO TREASURER	58731.77		Saved -- Validated	Go to Sub Screen
2127998WR	WRIGHT CO TREASURER	123783.81		Saved -- Validated	Go to Sub Screen
3013544FO	IOWA FOOD BANK ASSOCIATION	5500000		Saved -- Validated	Go to Sub Screen
3068153HE	IOWA HEALTHIEST STATE INITIATIVE	1000000		Saved -- Validated	Go to Sub Screen
5830012PT	PANGAEA TECHNOLOGY INC.	0	-58680	Saved -- Validated	Go to Sub Screen
3181170CO	COUNTY SOCIAL SERVICES	3971522.13		Saved -- Validated	Go to Sub Screen
3181170CO	COUNTY SOCIAL SERVICES	3972466.21	3972466.21	Saved -- Validated	Go to Sub

					Screen
3068153HE	IOWA HEALTHIEST STATE INITIATIVE	1394000	1394000	Saved -- Validated	Go to Sub Screen

Aggregate Awards of <\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report(FPR) Aggregate Awards of <\$50,000					
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	Funding Type	A Updates this Quarter?*	B Current Quarter Obligation	C Cumulative Obligation	D Current Quarter Expenditure/Payments	E Cumulative Expenditure/Payments
109	Aggregate of Contracts Awarded for <\$50,000	Yes	\$5,261,629.65	\$12,161,376.23	\$5,250,500.00	\$12,150,246.58
110	Aggregate of Grants Awarded for <\$50,000	Yes	\$2,928,749.79	\$177,530,730.75	\$2,895,192.40	\$176,294,199.32
111	Aggregate of Loans Issued for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
112	Aggregate of Transfers <\$50,000	No	\$0.00	\$4,154,862.28	\$0.00	\$4,154,862.28
113	Aggregate of Direct Payments <\$50,000	No	\$0.00	\$106,508,611.34	\$0.00	\$106,508,611.34
Total:			\$8,190,379.44	\$300,355,580.60	\$8,145,692.40	\$299,107,919.52

Aggregate Payments to Individuals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report (FPR) Aggregate Payment to Individuals					
	A	B	C	D	E
	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure	Cumulative Expenditure
114	Aggregate of Direct Payments to Individuals Yes	\$1,398,917.66	\$554,412,514.58	\$1,398,917.66	\$554,412,514.58

Totals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC) Financial Progress Report(FPR) Totals
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115	Coronavirus Relief Funds Received				\$1,250,000,000.00
		A	B	C	D
		Obligations	Current Quarter Expenditures	Cumulative Expenditures	Net Obligation
116	Contracts >=\$50,000	\$43,153,444.90	\$5,969,044.27	\$29,806,943.78	\$13,346,501.12
117	Grants >=\$50,000	\$187,105,014.65	\$37,638,082.09	\$151,074,716.31	\$36,030,298.34
118	Transfers >=\$50,000	\$30,993,073.96	\$-6,659.83	\$30,255,358.94	\$737,715.02
119	Direct >=\$50,000	\$133,980,371.29	\$5,307,786.21	\$133,980,371.29	\$0.00
120	Aggregate Contracts <\$50,000	\$12,161,376.23	\$5,250,500.00	\$12,150,246.58	\$11,129.65
121	Aggregate Grants <\$50,000	\$177,530,730.75	\$2,895,192.40	\$176,294,199.32	\$1,236,531.43
122	Aggregate Transfers <\$50,000	\$4,154,862.28	\$0.00	\$4,154,862.28	\$0.00
123	Aggregate Direct <\$50,000	\$106,508,611.34	\$0.00	\$106,508,611.34	\$0.00
124	Aggregate Payments to Individuals	\$554,412,514.58	\$1,398,917.66	\$554,412,514.58	\$0.00
125	Total	\$1,249,999,999.98	\$58,452,862.80	\$1,198,637,824.42	\$51,362,175.56
		Obligations	Current Quarter Payments	Cumulative Payments	Net Obligation
126	Loans >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
127	Aggregate Loans <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
128	Total	\$0.00	\$0.00	\$0.00	\$0.00
129	Available Balance of CRF funds before Loan Repayment				\$0.02
130	Cumulative Loan Payments				\$0.00
131	Total Available Balance of CRF funds				\$0.02

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate, and the information is provided for the purposes and intent set forth in the CARES Act, P.L. 116-136. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code, Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812)

132a. Name of Authorized Official Kraig Paulsen	132b. Email Address kraig.paulsen@iowa.gov
132c. Signature of Authorized Certifying Official	132d. Date Report Submitted (Month, Day, Year) 01/10/2022

Completion of Coronavirus Relief Fund Financial Reporting

All obligations and expenditures have been reported for the Federal funds received for the Coronavirus Relief Fund(CRF) Program, no financial adjustments are expected in future reporting cycles and any unused funds have been returned to the Federal government. No future reporting is anticipated for the CRF Program.

Sub Screen: Sub-Recipient: 3048541CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3048541CH	
23	Legal Name*	CHRISTENSEN FARMS & FEEDLOTS INC	
24	Address Line 1*	PO BOX 3000	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sleepy Eye	
28	State Code*	MN	
29	Zip+4*	56085-0003	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179708D2

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179708D2	
23	Legal Name*	D2K	
24	Address Line 1*	4110 310th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Boyden	
28	State Code*	IA	
29	Zip+4*	51234-7509	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179707TI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179707TI	
23	Legal Name*	TITAN SWINE	
24	Address Line 1*	4650 Fir Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ireton	
28	State Code*	IA	
29	Zip+4*	51027-7429	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179706IS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179706IS	
23	Legal Name*	ISF PRODUCTION LLLP	
24	Address Line 1*	5034 Grand Ridge Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50265-5754	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181055AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181055AL	
23	Legal Name*	ALAN GENE KANENGIETER	
24	Address Line 1*	4424 160th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Little Rock	
28	State Code*	IA	
29	Zip+4*	51243-7530	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3067929CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3067929CE	
23	Legal Name*	CENTRUM VALLEY FARMS LLP	
24	Address Line 1*	PO BOX 538	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarion	
28	State Code*	IA	
29	Zip+4*	50525-0538	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2102522DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2102522DA	
23	Legal Name*	DAYBREAK FOODS INC	
24	Address Line 1*	PO BOX 800	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lake Mills	
28	State Code*	WI	
29	Zip+4*	53551-0800	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2125338RE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2125338RE	
23	Legal Name*	REMBRANDT ENTERPRISES	
24	Address Line 1*	1521 18th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spirit Lake	
28	State Code*	IA	
29	Zip+4*	51360-1023	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181419SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181419SP	
23	Legal Name*	SPARBOE FARMS INC	
24	Address Line 1*	23577 Minnesota Highway 22	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Litchfield	
28	State Code*	MN	
29	Zip+4*	55355-5841	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181095FR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181095FR	
23	Legal Name*	FREMONT FARMS OF IOWA LLP	
24	Address Line 1*	1600 W 19th St S	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Newton	
28	State Code*	IA	
29	Zip+4*	50208-6008	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3180933SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3180933SO	
23	Legal Name*	SOUTHWEST IOWA EGG COOPERATIVE	
24	Address Line 1*	74877 Clarke Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Massena	
28	State Code*	IA	
29	Zip+4*	50853-1054	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input checked="" type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3181297HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181297HA	
23	Legal Name*	HAWKEYE PRIDE EGG FARM LLP	
24	Address Line 1*	241 St Andrews Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-2957	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181229CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181229CA	
23	Legal Name*	IOWA CAGE FREE LLLP	
24	Address Line 1*	PO BOX 538	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarion	
28	State Code*	IA	
29	Zip+4*	50525-0538	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181199CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181199CE	
23	Legal Name*	CENTER FRESH EGG FARM LLP	
24	Address Line 1*	241 St Andrews Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-2957	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121640CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121640CA	
23	Legal Name*	IOWA CATTLEMENS FOUNDATION	
24	Address Line 1*	2055 Ironwood Ct	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50014-7874	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127464ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127464ST	
23	Legal Name*	IOWA STATE UNIVERSITY	
24	Address Line 1*	2221 Wanda Daley Dr	
25	Address Line 2	ASB Room 1810	
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50011-3632	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3013544FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3013544FO	
23	Legal Name*	IOWA FOOD BANK ASSOCIATION	
24	Address Line 1*	1606 Lafayette St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-4908	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132142EA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132142EA	
23	Legal Name*	EAST BUCHANAN TELEPHONE	
24	Address Line 1*	PO BOX 100	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winthrop	
28	State Code*	IA	
29	Zip+4*	50682-0100	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2144755KI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2144755KI	
23	Legal Name*	KILLDUFF TELEPHONE CO	
24	Address Line 1*	PO BOX 306	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sully	
28	State Code*	IA	
29	Zip+4*	50251-0306	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2122438PR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2122438PR	
23	Legal Name*	PREMIER COMMUNICATIONS	
24	Address Line 1*	PO BOX 200	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-0200	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3114737SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3114737SH	
23	Legal Name*	SHARON TELEPHONE CO	
24	Address Line 1*	PO BOX 280	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hills	
28	State Code*	IA	
29	Zip+4*	52235-0280	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3171612SU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3171612SU	
23	Legal Name*	SULLY TELEPHONE ASSOCIATION	
24	Address Line 1*	305 7th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sully	
28	State Code*	IA	
29	Zip+4*	50251-1061	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106606WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106606WE	
23	Legal Name*	WEST IOWA TELEPHONE	
24	Address Line 1*	PO BOX 330	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Remsen	
28	State Code*	IA	
29	Zip+4*	51050-0330	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2100702IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2100702IN	
23	Legal Name*	INSIGHT PUBLIC SECTOR	
24	Address Line 1*	PO BOX 731072	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dallas	
28	State Code*	TX	
29	Zip+4*	75373-1072	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3019623AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3019623AL	
23	Legal Name*	Allamakee-Clayton Electric Cooperative, Inc.	
24	Address Line 1*	229 Highway 51	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Postville	
28	State Code*	IA	
29	Zip+4*	52162-8608	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2122188AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2122188AL	
23	Legal Name*	Alpine Communications, LC	
24	Address Line 1*	923 Humphrey St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Elkader	
28	State Code*	IA	
29	Zip+4*	52043-7738	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3006415BT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3006415BT	
23	Legal Name*	BTC INC	
24	Address Line 1*	715 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Plainfield	
28	State Code*	IA	
29	Zip+4*	50666-7779	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185BUTLE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185BUTLE	
23	Legal Name*	Butler-Bremer Mutual Telephone Company	
24	Address Line 1*	413 N Calhoun St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Liberty	
28	State Code*	IA	
29	Zip+4*	52776-1344	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185CLOUD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185CLOUD	
23	Legal Name*	Cloudburst9 LLC	
24	Address Line 1*	303 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Colo	
28	State Code*	IA	
29	Zip+4*	50056-7722	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185COLOT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185COLOT	
23	Legal Name*	Colo Telephone Company	
24	Address Line 1*	516 Sherman St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Menlo	
28	State Code*	IA	
29	Zip+4*	50164-1027	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0063500CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0063500CO	
23	Legal Name*	Cooperative Telephone Exchange	
24	Address Line 1*	102 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Danville	
28	State Code*	IA	
29	Zip+4*	52623-9000	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105731DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105731DA	
23	Legal Name*	Danville Mutual Telephone Company	
24	Address Line 1*	506 Pine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dumont	
28	State Code*	IA	
29	Zip+4*	50625-7748	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0065500DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0065500DU	
23	Legal Name*	Dumont Telephone Company	
24	Address Line 1*	506 Pine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dumont	
28	State Code*	IA	
29	Zip+4*	50625-7748	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114094DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114094DU	
23	Legal Name*	Dunkerton Telephone Cooperative	
24	Address Line 1*	701 S Canfield St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dunkerton	
28	State Code*	IA	
29	Zip+4*	50626-9514	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105889FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105889FA	
23	Legal Name*	Farmers Mutual Cooperative Telephone Company	
24	Address Line 1*	PO BOX 311	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Harlan	
28	State Code*	IA	
29	Zip+4*	51537-0311	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3108531FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3108531FA	
23	Legal Name*	Farmers Mutual Cooperative Telephone Company	
24	Address Line 1*	101 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Moulton	
28	State Code*	IA	
29	Zip+4*	52572-1317	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3104198GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3104198GR	
23	Legal Name*	Grand Mound Cooperative Telephone	
24	Address Line 1*	705 Clinton St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grand Mound	
28	State Code*	IA	
29	Zip+4*	52751-7707	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2133692GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2133692GR	
23	Legal Name*	Grand River Mutual Telephone Corporation	
24	Address Line 1*	1001 Kentucky St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Princeton	
28	State Code*	MO	
29	Zip+4*	64673-1074	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	6	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185HARMO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185HARMO	
23	Legal Name*	Harmony Telephone Company	
24	Address Line 1*	35 1st Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Harmony	
28	State Code*	MN	
29	Zip+4*	55939-1209	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185HEART

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185HEART	
23	Legal Name*	Heart of Iowa Ventures, LLC	
24	Address Line 1*	502 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Union	
28	State Code*	IA	
29	Zip+4*	50258-7711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106036HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106036HU	
23	Legal Name*	Huxley Communications Cooperative	
24	Address Line 1*	102 N Main Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Huxley	
28	State Code*	IA	
29	Zip+4*	50124-9412	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3094623IM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3094623IM	
23	Legal Name*	ImOn Communications, LLC	
24	Address Line 1*	101 3rd Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-5736	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106803KA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106803KA	
23	Legal Name*	Kalona Cooperative Telephone Company	
24	Address Line 1*	510 B Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kalona	
28	State Code*	IA	
29	Zip+4*	52247-7720	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107812LA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107812LA	
23	Legal Name*	LA MOTTE TELEPHONE CO	
24	Address Line 1*	400 Pine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	La Motte	
28	State Code*	IA	
29	Zip+4*	52054-9488	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107673LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107673LE	
23	Legal Name*	Lehigh Valley Cooperative Telephone Association	
24	Address Line 1*	9090 Taylor Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lehigh	
28	State Code*	IA	
29	Zip+4*	50557-5018	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185LOCKR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185LOCKR	
23	Legal Name*	Lockridge Networks	
24	Address Line 1*	1201 Strome St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Seymour	
28	State Code*	IA	
29	Zip+4*	52590-1147	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185MARTE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185MARTE	
23	Legal Name*	Martelle Cooperative Telephone Association	
24	Address Line 1*	204 South St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Martelle	
28	State Code*	IA	
29	Zip+4*	52305-7707	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183744MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183744MA	
23	Legal Name*	MASSENA TELEPHONE COMPANY INC	
24	Address Line 1*	211 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Massena	
28	State Code*	IA	
29	Zip+4*	50853-1032	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2089134ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2089134ME	
23	Legal Name*	Mediacom, LLC.	
24	Address Line 1*	1 Mediacom Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mediacom Park	
28	State Code*	NY	
29	Zip+4*	10918-4810	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	18	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185MIBRO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185MIBRO	
23	Legal Name*	MiBroadband LLC	
24	Address Line 1*	35 1st Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Harmony	
28	State Code*	MN	
29	Zip+4*	55939-1209	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107974MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107974MI	
23	Legal Name*	Miles Communications LLC	
24	Address Line 1*	342 Ferry Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Miles	
28	State Code*	IA	
29	Zip+4*	52064-4400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2124456MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2124456MI	
23	Legal Name*	Minburn Telecommunications, Inc.	
24	Address Line 1*	100 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Woodward	
28	State Code*	IA	
29	Zip+4*	50276-7707	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3075913MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3075913MI	
23	Legal Name*	Minburn Telephone Company	
24	Address Line 1*	416 Chestnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Minburn	
28	State Code*	IA	
29	Zip+4*	50167-1003	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185NEITS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185NEITS	
23	Legal Name*	NEIT Services, LLC	
24	Address Line 1*	800 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Monona	
28	State Code*	IA	
29	Zip+4*	52159-8039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185NIGHT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185NIGHT	
23	Legal Name*	Night Owl, Wireless	
24	Address Line 1*	521 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Walcott	
28	State Code*	IA	
29	Zip+4*	52773-8500	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2117141NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2117141NO	
23	Legal Name*	Northwest Communications Cooperative Association	
24	Address Line 1*	844 Wood St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Havelock	
28	State Code*	IA	
29	Zip+4*	50546-7593	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132646OM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132646OM	
23	Legal Name*	Omnitel Communications, Inc.	
24	Address Line 1*	608 E Congress St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nora Springs	
28	State Code*	IA	
29	Zip+4*	50458-8634	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 21301100S

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	21301100S	
23	Legal Name*	Osage Municipal Utilities	
24	Address Line 1*	720 Chestnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osage	
28	State Code*	IA	
29	Zip+4*	50461-1462	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185REINB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185REINB	
23	Legal Name*	Reinbeck Telecommunications	
24	Address Line 1*	414 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Reinbeck	
28	State Code*	IA	
29	Zip+4*	50669-1050	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110010RI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110010RI	
23	Legal Name*	River Valley Telecommunications Cooperative	
24	Address Line 1*	106 E Robins St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Graettinger	
28	State Code*	IA	
29	Zip+4*	51342-7726	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185ROCKW

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185ROCKW	
23	Legal Name*	Rockwell Cooperative Telephone Association	
24	Address Line 1*	111 4th St N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockwell	
28	State Code*	IA	
29	Zip+4*	50469-7714	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185ROUTE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185ROUTE	
23	Legal Name*	Router12 Networks LLC	
24	Address Line 1*	402 19th St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-6435	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108250SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108250SO	
23	Legal Name*	South Slope Telephone Company	
24	Address Line 1*	980 N Front St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	North Liberty	
28	State Code*	IA	
29	Zip+4*	52317-9005	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185UNITE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185UNITE	
23	Legal Name*	United States Cellular Corporation	
24	Address Line 1*	8410 W Bryn Mawr Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60631-3408	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	9	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: T185VINTO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	T185VINTO	
23	Legal Name*	Vinton Municipal Communications Utility	
24	Address Line 1*	412 1st Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Vinton	
28	State Code*	IA	
29	Zip+4*	52349-1747	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107496WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107496WI	
23	Legal Name*	Winnebago Cooperative Telecom Association	
24	Address Line 1*	704 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lake Mills	
28	State Code*	IA	
29	Zip+4*	50450-1420	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121533MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121533MI	
23	Legal Name*	MIDAMERICAN ENERGY CO	
24	Address Line 1*	PO BOX 8020	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52808-8020	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2103831AR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2103831AR	
23	Legal Name*	ARCHER DANIELS MIDLAND	
24	Address Line 1*	4666 E Faries Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decatur	
28	State Code*	IL	
29	Zip+4*	62526-5630	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	13	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183307BI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183307BI	
23	Legal Name*	BIG RIVER UNITED ENERGY LLC	
24	Address Line 1*	3294 Vine Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dyersville	
28	State Code*	IA	
29	Zip+4*	52040-8714	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183308CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183308CO	
23	Legal Name*	CORN LP	
24	Address Line 1*	PO BOX 280	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Goldfield	
28	State Code*	IA	
29	Zip+4*	50542-0280	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2093431HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2093431HO	
23	Legal Name*	HOMELAND ENERGY SOLUTION	
24	Address Line 1*	PO BOX C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Riceville	
28	State Code*	IA	
29	Zip+4*	50466-0503	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2091741LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2091741LI	
23	Legal Name*	LINCOLNWAY ENERGY LLC	
24	Address Line 1*	975 W Lincoln Hwy Ste B	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nevada	
28	State Code*	IA	
29	Zip+4*	50201-7961	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183314LO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183314LO	
23	Legal Name*	LOUIS DREYFUS COMPANY HOLDING INC	
24	Address Line 1*	PO BOX 810	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wilton	
28	State Code*	CT	
29	Zip+4*	06897-0810	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183325LS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183325LS	
23	Legal Name*	LSCP LLC	
24	Address Line 1*	4808 F Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marcus	
28	State Code*	IA	
29	Zip+4*	51035-7070	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183328PL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183328PL	
23	Legal Name*	PLYMOUTH ENERGY LLC	
24	Address Line 1*	22234 K42	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Merrill	
28	State Code*	IA	
29	Zip+4*	51038-8603	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183323PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183323PO	
23	Legal Name*	POET HOLDING COMPANY LLC	
24	Address Line 1*	4615 N Lewis Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Falls	
28	State Code*	SD	
29	Zip+4*	57104-7116	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	0	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2125644QU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2125644QU	
23	Legal Name*	QUAD COUNTY CORN PROCESS	
24	Address Line 1*	PO BOX 208	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Galva	
28	State Code*	IA	
29	Zip+4*	51020-0208	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183324SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183324SI	
23	Legal Name*	SIOUXLAND ENERGY COOPERATIVE	
24	Address Line 1*	3890 Garfield Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-7596	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2092800SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2092800SO	
23	Legal Name*	SOUTHWEST IOWA RENEWABLE	
24	Address Line 1*	10868 189th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-6925	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183327VA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183327VA	
23	Legal Name*	VALERO RENEWABLE FUELS COMPANY LLC	
24	Address Line 1*	1 Valero Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	San Antonio	
28	State Code*	TX	
29	Zip+4*	78249-1616	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2093406WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2093406WE	
23	Legal Name*	WESTERN DUBUQUE BODIEESE	
24	Address Line 1*	PO BOX 82	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Farley	
28	State Code*	IA	
29	Zip+4*	52046-0082	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105352WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105352WE	
23	Legal Name*	WESTERN IOWA ENERGY LLC	
24	Address Line 1*	1220 S Center St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wall Lake	
28	State Code*	IA	
29	Zip+4*	51466-7038	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2093393AB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2093393AB	
23	Legal Name*	ABSOLUTE ENERGY LLC	
24	Address Line 1*	PO BOX 265	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Saint Ansgar	
28	State Code*	IA	
29	Zip+4*	50472-0265	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3111756EL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3111756EL	
23	Legal Name*	ELITE OCTANE LLC	
24	Address Line 1*	60502 Glacier Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlantic	
28	State Code*	IA	
29	Zip+4*	50022-8275	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183329PL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183329PL	
23	Legal Name*	PLCP LLLP	
24	Address Line 1*	33371 170th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Steamboat Rock	
28	State Code*	IA	
29	Zip+4*	50672-8096	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183309FH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183309FH	
23	Legal Name*	FHR ARTHUR LLC	
24	Address Line 1*	4111 E 37th St N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wichita	
28	State Code*	KS	
29	Zip+4*	67220-3203	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2088013GO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2088013GO	
23	Legal Name*	GOLDEN GRAIN ENERGY LLC	
24	Address Line 1*	1822 43rd St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-7071	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183326AN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183326AN	
23	Legal Name*	THE ANDERSONS MARATHON HOLDINGS LLC	
24	Address Line 1*	PO BOX 119	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Maumee	
28	State Code*	OH	
29	Zip+4*	43537-0119	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183649GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183649GR	
23	Legal Name*	GRAIN PROCESSING CORPORATION	
24	Address Line 1*	1600 Oregon St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Muscatine	
28	State Code*	IA	
29	Zip+4*	52761-1404	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2144009GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2144009GR	
23	Legal Name*	GREEN PLAINS RENEWABLE	
24	Address Line 1*	1811 Aksarben Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Omaha	
28	State Code*	NE	
29	Zip+4*	68106-2279	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0000753GL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0000753GL	
23	Legal Name*	GLOBAL REACH INTERNET PRODUCTIONS, LLC	
24	Address Line 1*	2321 N Loop Dr	
25	Address Line 2	Ste 210	
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-8281	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0002918CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0002918CO	
23	Legal Name*	IOWA COMMUNITY ACTION ASSOCIATION	
24	Address Line 1*	1620 Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-1675	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109498DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109498DE	
23	Legal Name*	DES MOINES AREA COMM COL	
24	Address Line 1*	2006 S Ankeny Blvd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ankeny	
28	State Code*	IA	
29	Zip+4*	50023-8995	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109562SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109562SO	
23	Legal Name*	SOUTHWESTERN COMM COLLEG	
24	Address Line 1*	1501 W Townline St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-1042	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107135CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107135CA	
23	Legal Name*	CATHOLIC HEALTH INITIAT	
24	Address Line 1*	928 6th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1225	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2109477HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109477HA	
23	Legal Name*	HAWKEYE COMMUNITY COLLEGE	
24	Address Line 1*	PO BOX 8015	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50704-8015	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2104181CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2104181CE	
23	Legal Name*	IOWA CENTRAL COMM COLLEG	
24	Address Line 1*	1 Triton Cir	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-5729	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109614LA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109614LA	
23	Legal Name*	IOWA LAKES COMM COLLEGE	
24	Address Line 1*	3200 COLLEGE DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ESTHERVILLE	
28	State Code*	IA	
29	Zip+4*	51334	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109511VA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109511VA	
23	Legal Name*	IOWA VALLEY COMMUNITY COLLEGE DISTRICT	
24	Address Line 1*	3405 S Center St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-4755	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109627NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109627NO	
23	Legal Name*	NORTH IOWA AREA COMMUNITY COLLEGE	
24	Address Line 1*	500 College Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-7213	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109523SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109523SO	
23	Legal Name*	SOUTHEASTERN COMMUNITY COLLEGE	
24	Address Line 1*	1500 W Agency Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Burlington	
28	State Code*	IA	
29	Zip+4*	52655-1698	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109530WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109530WE	
23	Legal Name*	WESTERN IOWA TECH CC	
24	Address Line 1*	PO BOX 5199	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51102-5199	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109413EA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109413EA	
23	Legal Name*	EASTERN IA COMM COLLEGE	
24	Address Line 1*	306 W River Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1201	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109450WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109450WE	
23	Legal Name*	IOWA WESTERN COMMUNITY COLLEGE	
24	Address Line 1*	2700 College Rd # C4	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-1057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109431KI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109431KI	
23	Legal Name*	KIRKWOOD COMMUNITY COLLEGE	
24	Address Line 1*	PO BOX 2068	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52406-2068	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109495NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109495NO	
23	Legal Name*	NORTHWEST IOWA COMM COLL	
24	Address Line 1*	603 W Park St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sheldon	
28	State Code*	IA	
29	Zip+4*	51201-1060	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0025000BAN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0025000BAN	
23	Legal Name*	B and D Services Inc.	
24	Address Line 1*	212 1st St E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Independence	
28	State Code*	IA	
29	Zip+4*	50644-2813	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3046015MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3046015MA	
23	Legal Name*	Marshall County Comms Commission	
24	Address Line 1*	909 S 2nd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-3217	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130583ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130583ST	
23	Legal Name*	City of State Center	
24	Address Line 1*	PO BOX 668	
25	Address Line 2		
26	Address Line 3		
27	City Name*	State Center	
28	State Code*	IA	
29	Zip+4*	50247-0668	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183185AP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183185AP	
23	Legal Name*	Apprenticeship America	
24	Address Line 1*	2341 SW Plaza Pkwy	
25	Address Line 2	Apt 205	
26	Address Line 3		
27	City Name*	Ankeny	
28	State Code*	IA	
29	Zip+4*	50023-7310	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2120627CI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2120627CI	
23	Legal Name*	Circle Computer Resources	
24	Address Line 1*	845 Capital Dr SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-9091	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3106449CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3106449CE	
23	Legal Name*	The CEU Authority	
24	Address Line 1*	5644 NE 17th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50313-1616	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109410EA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109410EA	
23	Legal Name*	Eastern Iowa Community College	
24	Address Line 1*	101 W 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1419	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2116818FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2116818FO	
23	Legal Name*	Four Mounds Foundation	
24	Address Line 1*	4900 Peru Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-8304	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111488HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111488HE	
23	Legal Name*	Heartland AEA	
24	Address Line 1*	6500 Corporate Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Johnston	
28	State Code*	IA	
29	Zip+4*	50131-1603	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3015626IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3015626IN	
23	Legal Name*	Involta	
24	Address Line 1*	PO BOX 1986	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52406-1986	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105326CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105326CH	
23	Legal Name*	Iowa Chronic Care Consortium	
24	Address Line 1*	2700 Westown Pkwy	
25	Address Line 2	STE 330	
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-1411	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106718RE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106718RE	
23	Legal Name*	Iowa Restaurant Association	
24	Address Line 1*	1501 42nd St	
25	Address Line 2	STE 294	
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-1005	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121775WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121775WO	
23	Legal Name*	Iowa Women's Foundation	
24	Address Line 1*	2201 E Grantview Dr	
25	Address Line 2	STE 200	
26	Address Line 3		
27	City Name*	Coralville	
28	State Code*	IA	
29	Zip+4*	52241-3488	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109497DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109497DE	
23	Legal Name*	DES MOINES AREA COMM COL	
24	Address Line 1*	2006 S Ankeny Blvd	
25	Address Line 2	Bld 1	
26	Address Line 3		
27	City Name*	Ankeny	
28	State Code*	IA	
29	Zip+4*	50023-8995	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109376IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109376IN	
23	Legal Name*	Indian Hills Comm College	
24	Address Line 1*	525 Grandview Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-1359	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109515VA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109515VA	
23	Legal Name*	Iowa Valley Comm College	
24	Address Line 1*	3702 S Center St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-4760	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2118592GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2118592GR	
23	Legal Name*	Gregory Design and Manufacturing	
24	Address Line 1*	2512 Henry Ladyn Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Madison	
28	State Code*	IA	
29	Zip+4*	52627-2519	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2125815ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2125815ME	
23	Legal Name*	Mercy College of Health Sciences	
24	Address Line 1*	928 6th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1225	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113851HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113851HO	
23	Legal Name*	Horizons A Family Service Alliance	
24	Address Line 1*	819 5th St SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-2128	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107423AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107423AL	
23	Legal Name*	Allen Memorial Hospital - Waterloo	
24	Address Line 1*	1825 Logan Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-1916	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3088192BD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3088192BD	
23	Legal Name*	BDC Group Inc	
24	Address Line 1*	1936 51st St NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52402-2459	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107002CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107002CE	
23	Legal Name*	Central College	
24	Address Line 1*	812 University St	
25	Address Line 2	Box 5300	
26	Address Line 3		
27	City Name*	Pella	
28	State Code*	IA	
29	Zip+4*	50219-1902	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input checked="" type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183379GE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183379GE	
23	Legal Name*	Generativity LLC	
24	Address Line 1*	2067 Highway 4	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Panora	
28	State Code*	IA	
29	Zip+4*	50216-8601	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3037802GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3037802GR	
23	Legal Name*	Greater Dubuque Development Corp	
24	Address Line 1*	900 Jackson St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-5006	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3013226PR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3013226PR	
23	Legal Name*	Pro Tow LLC	
24	Address Line 1*	1501 76th Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-7057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183388ON

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183388ON	
23	Legal Name*	One City United	
24	Address Line 1*	907 Independence Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-4203	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109432KI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109432KI	
23	Legal Name*	Kirkwood Community College	
24	Address Line 1*	6301 Kirkwood Blvd SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-5260	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3078872NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3078872NE	
23	Legal Name*	The New Bohemian Collaborative Inc	
24	Address Line 1*	415 12th Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-2449	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3056889PR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3056889PR	
23	Legal Name*	Project Iowa	
24	Address Line 1*	1420 Mulberry St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-3618	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110071UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110071UN	
23	Legal Name*	United Way of Story County	
24	Address Line 1*	315 Clark Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-3314	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3007933WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3007933WI	
23	Legal Name*	Willis Dady Emergency Shelter	
24	Address Line 1*	1247 4th Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52403-4020	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2124745JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2124745JO	
23	Legal Name*	Iowa Job for America's Graduates	
24	Address Line 1*	1111 9th St	
25	Address Line 2	STE 268	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-2527	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111132SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111132SO	
23	Legal Name*	Southeast Iowa Regional Planning Commission	
24	Address Line 1*	211 N Gear Ave	
25	Address Line 2	Ste 100	
26	Address Line 3		
27	City Name*	West Burlington	
28	State Code*	IA	
29	Zip+4*	52655-1011	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3024592WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3024592WE	
23	Legal Name*	Iowa Western Community College	
24	Address Line 1*	2700 College Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-1057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3017072HS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3017072HS	
23	Legal Name*	HS Medical Billing Services	
24	Address Line 1*	500 E Court Ave	
25	Address Line 2	SUITE 305	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3079062ET

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3079062ET	
23	Legal Name*	ETHNIC MINORITIES OF BURMA ADVOCACY AND	
24	Address Line 1*	2309 Euclid Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50310-5703	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131924WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131924WO	
23	Legal Name*	WOODBINE COMM SCH DIST	
24	Address Line 1*	501 Weare St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Woodbine	
28	State Code*	IA	
29	Zip+4*	51579-1225	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2116253JB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2116253JB	
23	Legal Name*	JB HOLLAND CONST INC	
24	Address Line 1*	2092 State Highway 9	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decorah	
28	State Code*	IA	
29	Zip+4*	52101-7807	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181170CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181170CO	
23	Legal Name*	COUNTY SOCIAL SERVICES	
24	Address Line 1*	1206 S Main St	
25	Address Line 2	STE D	
26	Address Line 3		
27	City Name*	Charles City	
28	State Code*	IA	
29	Zip+4*	50616-3435	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127342DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127342DA	
23	Legal Name*	DALLAS CO AUDITOR	
24	Address Line 1*	210 N 10th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Adel	
28	State Code*	IA	
29	Zip+4*	50003-1463	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127740DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127740DE	
23	Legal Name*	DES MOINES CO AUDITOR	
24	Address Line 1*	PO BOX 784	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-0784	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3071900ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3071900ME	
23	Legal Name*	MENTAL HEALTH DISABILITY SERVICES OF THE EAST	
24	Address Line 1*	855 S Dubuque St	
25	Address Line 2	STE 202B	
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-4281	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127377MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127377MO	
23	Legal Name*	MONROE CO AUDITOR	
24	Address Line 1*	10 Benton Ave E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Albia	
28	State Code*	IA	
29	Zip+4*	52531-2056	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3071904NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3071904NO	
23	Legal Name*	NORTHWEST IOWA CARE CONNECTIONS	
24	Address Line 1*	PO BOX 380	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Primghar	
28	State Code*	IA	
29	Zip+4*	51245-0380	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128566PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128566PO	
23	Legal Name*	POLK COUNTY HEALTH DEPARTMENT	
24	Address Line 1*	111 Court Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2218	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128127PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128127PO	
23	Legal Name*	POTTAWATTAMIE CO AUDITOR	
24	Address Line 1*	227 S 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51501-4269	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3071905RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3071905RO	
23	Legal Name*	ROLLING HILLS COMMUNITY SERVICES REGION	
24	Address Line 1*	PO BOX 253	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Storm Lake	
28	State Code*	IA	
29	Zip+4*	50588-0253	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128218SC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128218SC	
23	Legal Name*	SCOTT COUNTY	
24	Address Line 1*	500 W 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1106	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130083SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130083SI	
23	Legal Name*	SIOUX CO AUDITOR	
24	Address Line 1*	PO BOX 18	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Orange City	
28	State Code*	IA	
29	Zip+4*	51041-0018	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129933ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129933ST	
23	Legal Name*	STORY CO AUDITOR	
24	Address Line 1*	900 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nevada	
28	State Code*	IA	
29	Zip+4*	50201-2004	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128173UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128173UN	
23	Legal Name*	UNION CO AUDITOR	
24	Address Line 1*	300 N Pine St	
25	Address Line 2	STE 2	
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-2400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130166WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130166WA	
23	Legal Name*	WAPELLO CO AUDITOR	
24	Address Line 1*	101 W 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-2510	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114643NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114643NO	
23	Legal Name*	NORTHEAST IA FOOD BANK	
24	Address Line 1*	PO BOX 2397	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50704-2397	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2100184RI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2100184RI	
23	Legal Name*	RIVER BEND FOOD RESERVOIR	
24	Address Line 1*	4010 Kimmel Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52802-2404	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114861FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114861FO	
23	Legal Name*	FOOD BANK OF IOWA	
24	Address Line 1*	PO BOX 1517	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50305-1517	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3177689DR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3177689DR	
23	Legal Name*	DRE HEALTH CORPORATION	
24	Address Line 1*	1301 Oak St	
25	Address Line 2	Ste 510	
26	Address Line 3		
27	City Name*	Kansas City	
28	State Code*	MO	
29	Zip+4*	64106-2913	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3177663JJ

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3177663JJ	
23	Legal Name*	J.J. JINKLEHEIMER	
24	Address Line 1*	2705 E Grand River Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Howell	
28	State Code*	MI	
29	Zip+4*	48843-6634	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	8	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3177748KK

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3177748KK	
23	Legal Name*	KKM GLOBAL GROUP LLC	
24	Address Line 1*	18430 Mack Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grosse Pointe Farms	
28	State Code*	MI	
29	Zip+4*	48236-3221	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	14	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3178141BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3178141BR	
23	Legal Name*	BROKER BROTHERS LOGISTICS INC	
24	Address Line 1*	21770 State Road 54	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lutz	
28	State Code*	FL	
29	Zip+4*	33549-6921	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3178191FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3178191FO	
23	Legal Name*	FOCUS INDUSTRIES LLC	
24	Address Line 1*	PO BOX 1341	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Gold Beach	
28	State Code*	OR	
29	Zip+4*	97444-1341	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0006472DI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0006472DI	
23	Legal Name*	DICKSON INDUSTRIES INC	
24	Address Line 1*	2425 Dean Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50317-2247	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3178351NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3178351NO	
23	Legal Name*	NOMI HEALTH INC	
24	Address Line 1*	898 N 1200 W	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Orem	
28	State Code*	UT	
29	Zip+4*	84057-3509	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129317UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129317UN	
23	Legal Name*	UNIVERSITY OF IOWA	
24	Address Line 1*	105 Jessup Hall	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52242-1316	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2117365DI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2117365DI	
23	Legal Name*	DIMENSIONAL GRAPHIC CORP (THE DIMENSIONAL GROUP)	
24	Address Line 1*	325 N Jackson Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-2626	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2116164CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2116164CO	
23	Legal Name*	COMPETITIVE EDGE INC	
24	Address Line 1*	3500 109th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50322-8100	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3077494US

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3077494US	
23	Legal Name*	iPromo	
24	Address Line 1*	1035 W Lake St	
25	Address Line 2	2nd Floor	
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60607-1726	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179087TA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179087TA	
23	Legal Name*	TAIDA SPORTS INC (DBA BADA SPORT)	
24	Address Line 1*	660 Barnum Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Monterey Park	
28	State Code*	CA	
29	Zip+4*	91754-2421	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2123757VE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2123757VE	
23	Legal Name*	VERIDIAN LIMITED	
24	Address Line 1*	3710 W Milwaukee St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spencer	
28	State Code*	IA	
29	Zip+4*	51301-2529	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0006361HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0006361HO	
23	Legal Name*	HONEYCORR ACQUISITION LLC	
24	Address Line 1*	601 S 23rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fairfield	
28	State Code*	IA	
29	Zip+4*	52556-4214	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2099406WW

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2099406WW	
23	Legal Name*	WW GRAINGER INC.	
24	Address Line 1*	4950 NW 42nd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kansas City	
28	State Code*	MO	
29	Zip+4*	64150-7805	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0006438SE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0006438SE	
23	Legal Name*	SEAT KING LLC	
24	Address Line 1*	6 N Walnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hutchinson	
28	State Code*	KS	
29	Zip+4*	67501-7105	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3120277AC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3120277AC	
23	Legal Name*	ACRO SERVICE CORPORATION	
24	Address Line 1*	39209 6 Mile Rd	
25	Address Line 2	Ste 250	
26	Address Line 3		
27	City Name*	Livonia	
28	State Code*	MI	
29	Zip+4*	48152-2688	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	11	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107546ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107546ME	
23	Legal Name*	METALCRAFT ID PLATES	
24	Address Line 1*	3360 9th St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-7313	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2090136LA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2090136LA	
23	Legal Name*	LAB CORP OF AMERICA	
24	Address Line 1*	PO BOX 12140	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	NC	
29	Zip+4*	27216-2140	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	6	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0025000PR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0025000PR	
23	Legal Name*	IOWA PRISON INDUSTRIES	
24	Address Line 1*	406 N High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anamosa	
28	State Code*	IA	
29	Zip+4*	52205-1157	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128202DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128202DA	
23	Legal Name*	DAVENPORT CITY OF	
24	Address Line 1*	226 W 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1308	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130589ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130589ST	
23	Legal Name*	STORM LAKE CITY OF	
24	Address Line 1*	PO BOX 1086	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Storm Lake	
28	State Code*	IA	
29	Zip+4*	50588-1086	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127951CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127951CH	
23	Legal Name*	CHEROKEE CITY OF	
24	Address Line 1*	416 W Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cherokee	
28	State Code*	IA	
29	Zip+4*	51012-1735	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130111OS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130111OS	
23	Legal Name*	OSCEOLA CITY OF	
24	Address Line 1*	PO BOX 465	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osceola	
28	State Code*	IA	
29	Zip+4*	50213-0465	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128143CR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128143CR	
23	Legal Name*	CRESCO CITY OF	
24	Address Line 1*	130 N Park Pl	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cresco	
28	State Code*	IA	
29	Zip+4*	52136-1631	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130836WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130836WA	
23	Legal Name*	WAVERLY CITY OF	
24	Address Line 1*	PO BOX 616	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waverly	
28	State Code*	IA	
29	Zip+4*	50677-0616	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130489SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130489SI	
23	Legal Name*	SIOUX CENTER CITY OF	
24	Address Line 1*	335 1st Ave NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-1814	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0001403LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0001403LE	
23	Legal Name*	IOWA LEGAL AID	
24	Address Line 1*	1111 9th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-2527	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0004239AU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0004239AU	
23	Legal Name*	AUREON	
24	Address Line 1*	7760 Office Plaza Dr S	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-2336	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0006803PA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0006803PA	
23	Legal Name*	PAYDAY INC	
24	Address Line 1*	5011 Indian School Rd NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Albuquerque	
28	State Code*	NM	
29	Zip+4*	87110-3947	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900AL	
23	Legal Name*	ALAN KRULL	
24	Address Line 1*	317 CHARLES STREET	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ORANGE CITY	
28	State Code*	IA	
29	Zip+4*	51041	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900AM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900AM	
23	Legal Name*	AMERICAN MULTI-CINEMA INC	
24	Address Line 1*	126 N WALNUT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEAWOOD	
28	State Code*	KS	
29	Zip+4*	66211	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900BB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900BB	
23	Legal Name*	B&B THEATRES OPERATING CO INC	
24	Address Line 1*	203 1ST AVE EAST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LIBERTY	
28	State Code*	MO	
29	Zip+4*	64069	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	6	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900CI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900CI	
23	Legal Name*	CINEMARK USA INC	
24	Address Line 1*	1307 BROADWAY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PLANO	
28	State Code*	TX	
29	Zip+4*	75093	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900CO	
23	Legal Name*	COLLINS ROAD THEATRES INC	
24	Address Line 1*	1100 14th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marion	
28	State Code*	IA	
29	Zip+4*	52302-2560	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900FI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900FI	
23	Legal Name*	FILMSCENE	
24	Address Line 1*	417 SW 8TH STREET	
25	Address Line 2		
26	Address Line 3		
27	City Name*	IOWA CITY	
28	State Code*	IA	
29	Zip+4*	52240	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900FL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900FL	
23	Legal Name*	FLIX BREWHOUSE LLC	
24	Address Line 1*	2018 GRANT STREET	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ROUND ROCK	
28	State Code*	TX	
29	Zip+4*	78681	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	31	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900KI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900KI	
23	Legal Name*	KING THEATER	
24	Address Line 1*	3300 NORTHBROOK DRIVE SUITE B	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DENISON	
28	State Code*	IA	
29	Zip+4*	51442	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900MA	
23	Legal Name*	MARCUS THEATRES CORPORATION	
24	Address Line 1*	2060 SOVIA DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MILWAUKEE	
28	State Code*	WI	
29	Zip+4*	53202	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900OD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900OD	
23	Legal Name*	ODYSSEY ENTERTAINMENT INC	
24	Address Line 1*	22387 150TH AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CRYSTAL	
28	State Code*	MN	
29	Zip+4*	55429	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900PC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900PC	
23	Legal Name*	P-CORN ACQUISITIONS MISSOURI CORPORATION	
24	Address Line 1*	6312 NW 95TH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MILWAUKEE	
28	State Code*	WI	
29	Zip+4*	53202	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900PH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900PH	
23	Legal Name*	PHOENIX THEATRES DUBUQUE LLC	
24	Address Line 1*	1034 AVENUE E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FARMINGTON	
28	State Code*	MI	
29	Zip+4*	48336	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900RL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900RL	
23	Legal Name*	RL FRIDLEY THEATRES INC	
24	Address Line 1*	119 E Washington Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50316-2242	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900SI	
23	Legal Name*	SILVER SCREEN MAGIC LLC	
24	Address Line 1*	728 CENTRAL AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ELKADER	
28	State Code*	IA	
29	Zip+4*	52043	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2087900SE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2087900SE	
23	Legal Name*	SELECT SPECIALTY HOSPITAL-QUAD CITIES	
24	Address Line 1*	1111 W Kimberly Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52806-5711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2087927HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2087927HU	
23	Legal Name*	HUMILITY HOMES AND SERVICES INC	
24	Address Line 1*	3805 Mississippi Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52807-1816	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2095202VE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2095202VE	
23	Legal Name*	Verizon	
24	Address Line 1*	PO BOX 16810	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Newark	
28	State Code*	NJ	
29	Zip+4*	07101-6810	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	10	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2096383BL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2096383BL	
23	Legal Name*	BLACK HILLS ENERGY	
24	Address Line 1*	PO BOX 6001	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rapid City	
28	State Code*	SD	
29	Zip+4*	57709-6001	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	0	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2096396LU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2096396LU	
23	Legal Name*	LUCAS COUNTY FAIR ASSOC	
24	Address Line 1*	48495 260th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chariton	
28	State Code*	IA	
29	Zip+4*	50049-8172	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2099587SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2099587SA	
23	Legal Name*	SALVATION ARMY	
24	Address Line 1*	401 NE Adams St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Peoria	
28	State Code*	IL	
29	Zip+4*	61603-4201	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	17	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2099931TR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2099931TR	
23	Legal Name*	TRINITY MEDICAL CENTER	
24	Address Line 1*	2701 17th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rock Island	
28	State Code*	IL	
29	Zip+4*	61201-5351	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	17	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2101886CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2101886CO	
23	Legal Name*	Compuware	
24	Address Line 1*	PO BOX 74008120	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60674-8120	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2102611FI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2102611FI	
23	Legal Name*	FIRST JUDICIAL DISTRICT	
24	Address Line 1*	PO BOX 4030	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50704-4030	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2104181IO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2104181IO	
23	Legal Name*	IOWA CENTRAL COMMUNITY COLLEGE	
24	Address Line 1*	1 Triton Cir	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-5729	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105547AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105547AL	
23	Legal Name*	Allamakee-Clayton Electric Cooperative, Inc.	
24	Address Line 1*	229 Highway 51	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Postville	
28	State Code*	IA	
29	Zip+4*	52162-8608	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105668FI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105668FI	
23	Legal Name*	FIVE STAR COOPERATIVE	
24	Address Line 1*	1949 N Linn Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New Hampton	
28	State Code*	IA	
29	Zip+4*	50659-9406	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105890FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105890FA	
23	Legal Name*	Farmers Mutual Cooperative Telephone Company	
24	Address Line 1*	101 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Moulton	
28	State Code*	IA	
29	Zip+4*	52572-1317	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105986HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105986HA	
23	Legal Name*	HANCOCK CO COOP OIL ASSN	
24	Address Line 1*	615 W US Highway 18	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Garner	
28	State Code*	IA	
29	Zip+4*	50438-1019	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105988HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105988HA	
23	Legal Name*	HARDIN COUNTY AGRICULTUR	
24	Address Line 1*	PO BOX 247	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eldora	
28	State Code*	IA	
29	Zip+4*	50627-0247	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106031HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106031HO	
23	Legal Name*	HOWARD COUNTY AGRICULTUR	
24	Address Line 1*	PO BOX 83	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cresco	
28	State Code*	IA	
29	Zip+4*	52136-0083	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106037HY

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106037HY	
23	Legal Name*	HY VEE FOOD STORE	
24	Address Line 1*	5820 Westown Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-8223	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106184IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106184IN	
23	Legal Name*	INTERSTATE POWER & LIGHT	
24	Address Line 1*	PO BOX 3060	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52406-3060	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106364NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106364NO	
23	Legal Name*	NORTH IOWA FAIR ASSOC	
24	Address Line 1*	3700 4th St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-1590	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107011FI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107011FI	
23	Legal Name*	FINLEY HOSPITAL	
24	Address Line 1*	350 N Grandview Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-6388	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107016JE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107016JE	
23	Legal Name*	JENNIE EDMUNDSON MEMORIAL HOSPITAL	
24	Address Line 1*	933 E Pierce St Ste 2C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-4626	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107068GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107068GR	
23	Legal Name*	GREAT RIVER MEDICAL CENTER	
24	Address Line 1*	1221 S Gear Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Burlington	
28	State Code*	IA	
29	Zip+4*	52655-1679	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107154CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107154CA	
23	Legal Name*	CATHOLIC HEALTH INITIATI	
24	Address Line 1*	1755 59th Pl	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-7737	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2107158CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107158CE	
23	Legal Name*	CENTRAL IOWA HOSPITAL CORPORATION	
24	Address Line 1*	1200 Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1406	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107159CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107159CE	
23	Legal Name*	CENTRAL IOWA HOSPITAL CORPORATION	
24	Address Line 1*	1200 Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1406	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107251WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107251WI	
23	Legal Name*	WINNESHIEK MEDICAL CENTER HOSPITAL	
24	Address Line 1*	901 Montgomery St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decorah	
28	State Code*	IA	
29	Zip+4*	52101-2325	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107261WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107261WE	
23	Legal Name*	WESTERN HOME COMMUNITY	
24	Address Line 1*	420 E 11th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Falls	
28	State Code*	IA	
29	Zip+4*	50613-3364	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107352LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107352LE	
23	Legal Name*	LEE COUNTY FAIR INC	
24	Address Line 1*	PO BOX 179	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Donnellson	
28	State Code*	IA	
29	Zip+4*	52625-0179	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107422AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107422AL	
23	Legal Name*	ALLEN MEMORIAL HOSPITAL	
24	Address Line 1*	1825 Logan Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-1916	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107472ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107472ME	
23	Legal Name*	MERCY MEDICAL CENTER	
24	Address Line 1*	701 10th St SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52403-1251	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107538AD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107538AD	
23	Legal Name*	ADAIR COUNTY FAIR ASSN	
24	Address Line 1*	PO BOX 174	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Greenfield	
28	State Code*	IA	
29	Zip+4*	50849-0174	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107581WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107581WI	
23	Legal Name*	WILLIAM PENN UNIVERSITY	
24	Address Line 1*	201 Trueblood Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oskaloosa	
28	State Code*	IA	
29	Zip+4*	52577-1757	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107638GU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107638GU	
23	Legal Name*	GUTHRIE CO AG SOCIETY	
24	Address Line 1*	PO BOX 153	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Guthrie Center	
28	State Code*	IA	
29	Zip+4*	50115-0153	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107745ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107745ST	
23	Legal Name*	ST ANTHONY REGIONAL HOSPITAL AND NURSING	
24	Address Line 1*	311 S Clark St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-3038	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107749ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107749ST	
23	Legal Name*	ST ANTHONY REGIONAL HOSPITAL AND NURSING	
24	Address Line 1*	406 E Anthony St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-3027	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107879SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107879SA	
23	Legal Name*	SARTORI MEMORIAL HOSP	
24	Address Line 1*	515 College St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Falls	
28	State Code*	IA	
29	Zip+4*	50613-2500	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108077SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108077SI	
23	Legal Name*	SIOUX CENTER HEALTH	
24	Address Line 1*	1101 9th St SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-2501	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108139SU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108139SU	
23	Legal Name*	SUNRISE RETIREMENT COMM	
24	Address Line 1*	5501 Gordon Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51106-2008	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108419PE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108419PE	
23	Legal Name*	PELLA REGIONAL HEALTH CENTER	
24	Address Line 1*	404 Jefferson St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pella	
28	State Code*	IA	
29	Zip+4*	50219-1257	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109209HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109209HA	
23	Legal Name*	HAWKEYE AREA COMMUNITY ACTION PROGRAM INC	
24	Address Line 1*	PO BOX 490	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hiawatha	
28	State Code*	IA	
29	Zip+4*	52233-0490	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109295CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109295CA	
23	Legal Name*	CASS COUNTY MEMORIAL HOS	
24	Address Line 1*	1501 E 10th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlantic	
28	State Code*	IA	
29	Zip+4*	50022-1936	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109372GO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109372GO	
23	Legal Name*	GOODWILL INDUSTRIES OF THE HEARTLAND	
24	Address Line 1*	1410 S 1st Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-6038	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109381IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109381IN	
23	Legal Name*	INDIAN HILLS COMMUNITY COLLEGE	
24	Address Line 1*	525 Grandview Ave Bldg 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-1359	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109438NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109438NO	
23	Legal Name*	NORTHEAST IOWA COMMUNITY COLLEGE	
24	Address Line 1*	1625 Highway 150	
25	Address Line 2	PO BOX 400	
26	Address Line 3		
27	City Name*	Calmar	
28	State Code*	IA	
29	Zip+4*	52132-7606	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109450IO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109450IO	
23	Legal Name*	IOWA WESTERN COMMUNITY COLLEGE	
24	Address Line 1*	2700 College Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-1057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109454IO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109454IO	
23	Legal Name*	IOWA WESTERN COMMUNITY COLLEGE	
24	Address Line 1*	2700 College Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-1057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109508NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109508NO	
23	Legal Name*	NORTH LIBERTY CITY OF	
24	Address Line 1*	3 Quail Creek Cir	
25	Address Line 2		
26	Address Line 3		
27	City Name*	North Liberty	
28	State Code*	IA	
29	Zip+4*	52317-9571	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109561SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109561SO	
23	Legal Name*	SOUTHWESTERN COMMUNITY COLLEGE	
24	Address Line 1*	1501 W Townline St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-1042	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109614IO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109614IO	
23	Legal Name*	IOWA LAKES COMMUNITY COLLEGE	
24	Address Line 1*	19 S 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Estherville	
28	State Code*	IA	
29	Zip+4*	51334-2234	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109664EL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109664EL	
23	Legal Name*	ELLIOTT OIL	
24	Address Line 1*	PO BOX 473	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-0473	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109737CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109737CA	
23	Legal Name*	CASEYS GENERAL STORES	
24	Address Line 1*	PO BOX 3002	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ankeny	
28	State Code*	IA	
29	Zip+4*	50021-8046	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109904JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109904JO	
23	Legal Name*	JOHNSON COUNTY AG ASSOC	
24	Address Line 1*	4261 Oak Crest Hill Rd SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52246-5824	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110881KO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110881KO	
23	Legal Name*	KOSSUTH COUNTY HOSPITAL	
24	Address Line 1*	1515 S Phillips St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Algona	
28	State Code*	IA	
29	Zip+4*	50511-3649	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111241PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111241PO	
23	Legal Name*	POLK CITY TOWN OF	
24	Address Line 1*	112 3rd Street	
25	Address Line 2	PO Box 426	
26	Address Line 3		
27	City Name*	Polk City	
28	State Code*	IA	
29	Zip+4*	50226	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111252NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111252NO	
23	Legal Name*	NORTHWEST IOWA HOSPITAL CORP	
24	Address Line 1*	2720 Stone Park Blvd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51104-3734	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111270WH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111270WH	
23	Legal Name*	WHITING COMMERCIAL DEVEL	
24	Address Line 1*	200 Shannon Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Whiting	
28	State Code*	IA	
29	Zip+4*	51063-1021	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111291WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111291WE	
23	Legal Name*	WESTFAIR ASSOCIATIONS	
24	Address Line 1*	PO BOX 698	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51502-0698	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111460SE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111460SE	
23	Legal Name*	SEVENTH JUDICIAL DISTRICT	
24	Address Line 1*	605 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52803-5266	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2111773CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2111773CO	
23	Legal Name*	COUNTRY STORES OF CARROLL LTD	
24	Address Line 1*	624 N Crawford St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-2216	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2112223NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2112223NE	
23	Legal Name*	NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOWA	
24	Address Line 1*	PO BOX 2491	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52244-2491	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2112431SE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2112431SE	
23	Legal Name*	SECOND JUDICIAL DISTRICT	
24	Address Line 1*	111 Sherman Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-3361	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2112794MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2112794MA	
23	Legal Name*	MADISON CO LIVESTOCK&FAI	
24	Address Line 1*	PO BOX 542	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winterset	
28	State Code*	IA	
29	Zip+4*	50273-0542	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113069MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113069MO	
23	Legal Name*	MONTGOMERY COUNTY MEMORIAL HOSPITAL	
24	Address Line 1*	PO BOX 498	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Red Oak	
28	State Code*	IA	
29	Zip+4*	51566-0498	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113245CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113245CO	
23	Legal Name*	COBB OIL CO	
24	Address Line 1*	PO BOX 178	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Brighton	
28	State Code*	IA	
29	Zip+4*	52540-0178	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113330RE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113330RE	
23	Legal Name*	REIF OIL COMPANY	
24	Address Line 1*	801 N 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-5006	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113576DO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113576DO	
23	Legal Name*	DOMESTIC VIOLENCE INTERVENTION PROGRAM INC	
24	Address Line 1*	1105 Gilbert Ct Ste 300	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-4536	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113622EI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113622EI	
23	Legal Name*	EIGHTH JUDICAL DISTRICT	
24	Address Line 1*	PO BOX 1060	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fairfield	
28	State Code*	IA	
29	Zip+4*	52556-0018	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114088CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114088CO	
23	Legal Name*	CONNECTIONS AREA AGENCY ON AGING	
24	Address Line 1*	231 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-6504	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114334EL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114334EL	
23	Legal Name*	ELDERBRIDGE AREA AGENCY ON AGING	
24	Address Line 1*	1190 Briarstone Dr	
25	Address Line 2	STE 3	
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-4689	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114968PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114968PO	
23	Legal Name*	POCAHONTAS COUNTY FAIR	
24	Address Line 1*	57837 220th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pocahontas	
28	State Code*	IA	
29	Zip+4*	50574-8548	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114976FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114976FO	
23	Legal Name*	FOURTH JUDICIAL DISTRICT	
24	Address Line 1*	801 S 10th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51501-6351	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2115045AG

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2115045AG	
23	Legal Name*	AGING RESOURCES OF CENTRAL IOWA	
24	Address Line 1*	5835 Grand Ave	
25	Address Line 2	STE 106	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50312-1437	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2115164SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2115164SI	
23	Legal Name*	SIXTH JUDICIAL DIST	
24	Address Line 1*	951 29th Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-3414	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2115828UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2115828UN	
23	Legal Name*	UNION COUNTY FAIR ASSOCI	
24	Address Line 1*	PO BOX 283	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-0283	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2116132LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2116132LI	
23	Legal Name*	LINN CO FAIRBOARD	
24	Address Line 1*	PO BOX 329	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Central City	
28	State Code*	IA	
29	Zip+4*	52214-0329	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 21165615T

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	21165615T	
23	Legal Name*	5TH JUD DISTRICT DCS	
24	Address Line 1*	1000 Washington Ave	
25	Address Line 2	FLOOR 2	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-2433	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2116792CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2116792CO	
23	Legal Name*	COVENANT MEDICAL CENTER	
24	Address Line 1*	3421 W 9th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50702-5401	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2117183DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2117183DE	
23	Legal Name*	DECATUR CO FAIR BOARD	
24	Address Line 1*	309 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Leon	
28	State Code*	IA	
29	Zip+4*	50144-1451	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2117417MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2117417MI	
23	Legal Name*	MICAH HOUSE CORP	
24	Address Line 1*	1415 Avenue J	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51501-1168	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2117879HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2117879HO	
23	Legal Name*	HOMES OF OAKRIDGE HUMAN	
24	Address Line 1*	1401 Center St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-2285	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2118011EN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2118011EN	
23	Legal Name*	ENERGY GROUP CO INC THE	
24	Address Line 1*	2704 Easton Blvd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50317-6124	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2118458BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2118458BR	
23	Legal Name*	BREMER COUNTY FAIR ASSOC	
24	Address Line 1*	2771 150th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sumner	
28	State Code*	IA	
29	Zip+4*	50674-9076	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2118516ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2118516ME	
23	Legal Name*	MERCY MEDICAL CENTER CLINTON	
24	Address Line 1*	1410 N 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clinton	
28	State Code*	IA	
29	Zip+4*	52732-2940	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2118831MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2118831MA	
23	Legal Name*	MARY GREELEY MEDICAL CTR	
24	Address Line 1*	1111 Duff Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-5745	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2119879FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2119879FO	
23	Legal Name*	FOOD BANK OF SIOUXLAND	
24	Address Line 1*	PO BOX 985	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51102-0985	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2120267CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2120267CE	
23	Legal Name*	CENTRAL IOWA SHELTER & SERVICES	
24	Address Line 1*	1420 Mulberry St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-3618	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2120371CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2120371CH	
23	Legal Name*	CHILDREN & FAMILY URBAN MINISTRIES	
24	Address Line 1*	PO BOX 41125	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50311-0503	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2121245GE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121245GE	
23	Legal Name*	GENESIS HEALTH SYSTEM	
24	Address Line 1*	1227 E Rusholme St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52803-2459	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2122056ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2122056ME	
23	Legal Name*	MERCY HEALTH SERVICES	
24	Address Line 1*	250 Mercy Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-7320	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2122476GL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2122476GL	
23	Legal Name*	GLOBAL REACH INTERNET PR	
24	Address Line 1*	2321 N Loop Dr Ste 210	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-8218	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2122755CS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2122755CS	
23	Legal Name*	CSOI CORP	
24	Address Line 1*	101 S Jefferson Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-2619	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2126609RK

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2126609RK	
23	Legal Name*	R K FUELS INC	
24	Address Line 1*	PO BOX 26	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Diagonal	
28	State Code*	IA	
29	Zip+4*	50845-0026	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127105CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127105CL	
23	Legal Name*	CLEAR LAKE COMM SCH DIST	
24	Address Line 1*	1529 3rd Ave N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clear Lake	
28	State Code*	IA	
29	Zip+4*	50428-2111	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127109CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127109CO	
23	Legal Name*	COUNCIL BLUFFS COMM SCHOOL	
24	Address Line 1*	300 W Broadway Ste 1600	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-9054	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input checked="" type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2127121DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127121DA	
23	Legal Name*	DAVENPORT COMM SCH DIST	
24	Address Line 1*	1702 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52803-4845	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127317WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127317WA	
23	Legal Name*	WAUKEE COMMUNITY SCHOOL DISTRICT	
24	Address Line 1*	560 SE University Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waukee	
28	State Code*	IA	
29	Zip+4*	50263-8683	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input checked="" type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2127333DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127333DA	
23	Legal Name*	DALLAS COUNTY TREASURER	
24	Address Line 1*	902 Court St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Adel	
28	State Code*	IA	
29	Zip+4*	50003-1448	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127354AD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127354AD	
23	Legal Name*	ADEL CITY OF	
24	Address Line 1*	301 S 10th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Adel	
28	State Code*	IA	
29	Zip+4*	50003-1739	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127370MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127370MO	
23	Legal Name*	MONROE CO TREASURER	
24	Address Line 1*	10 Benton Ave E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Albia	
28	State Code*	IA	
29	Zip+4*	52531-2056	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127385KO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127385KO	
23	Legal Name*	KOSSUTH CO TREASURER	
24	Address Line 1*	114 W Satet St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Algona	
28	State Code*	IA	
29	Zip+4*	50511	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127403BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127403BU	
23	Legal Name*	BUTLER CO TREASURER	
24	Address Line 1*	428 6th St	
25	Address Line 2	PO Box 325	
26	Address Line 3		
27	City Name*	Allison	
28	State Code*	IA	
29	Zip+4*	50602-7771	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127430AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127430AL	
23	Legal Name*	ALTOONA CITY OF	
24	Address Line 1*	900 Venbury Dr	
25	Address Line 2	STE A	
26	Address Line 3		
27	City Name*	Altoona	
28	State Code*	IA	
29	Zip+4*	50009-2671	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127436AM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127436AM	
23	Legal Name*	AMES CITY OF	
24	Address Line 1*	515 Clark Ave	
25	Address Line 2	PO Box	
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-6122	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127444ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127444ST	
23	Legal Name*	IOWA STATE UNIVERSITY	
24	Address Line 1*	515 MORRILL DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AMES	
28	State Code*	IA	
29	Zip+4*	50011	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127517AN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127517AN	
23	Legal Name*	ANAMOSA CITY OF	
24	Address Line 1*	107 S Ford St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anamosa	
28	State Code*	IA	
29	Zip+4*	52205-1841	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127543AN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127543AN	
23	Legal Name*	ANKENY CITY OF	
24	Address Line 1*	410 W 1st St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ankeny	
28	State Code*	IA	
29	Zip+4*	50023-1557	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127570AT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127570AT	
23	Legal Name*	ATLANTIC CITY OF	
24	Address Line 1*	23 E 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlantic	
28	State Code*	IA	
29	Zip+4*	50022-1377	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127575CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127575CA	
23	Legal Name*	CASS CO TREASURER	
24	Address Line 1*	5 W 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlantic	
28	State Code*	IA	
29	Zip+4*	50022-1461	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127600AU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127600AU	
23	Legal Name*	AUDUBON COUNTY TREASURER	
24	Address Line 1*	318 Leroy St	
25	Address Line 2	#10	
26	Address Line 3		
27	City Name*	Audubon	
28	State Code*	IA	
29	Zip+4*	50025-1255	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127632TA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127632TA	
23	Legal Name*	TAYLOR CO TREASURER	
24	Address Line 1*	405 Jefferson St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bedford	
28	State Code*	IA	
29	Zip+4*	50833-1300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127647BE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127647BE	
23	Legal Name*	BELLEVUE CITY OF	
24	Address Line 1*	106 N 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bellevue	
28	State Code*	IA	
29	Zip+4*	52031-1235	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127656BE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127656BE	
23	Legal Name*	BETTENDORF CITY OF	
24	Address Line 1*	1609 State St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bettendorf	
28	State Code*	IA	
29	Zip+4*	52722-4937	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127685BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127685BO	
23	Legal Name*	BONDURANT CITY OF	
24	Address Line 1*	200 2nd St NE	
25	Address Line 2	PO Box 37	
26	Address Line 3		
27	City Name*	Bondurant	
28	State Code*	IA	
29	Zip+4*	50035-1021	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127688BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127688BO	
23	Legal Name*	BOONE CITY OF	
24	Address Line 1*	923 8th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Boone	
28	State Code*	IA	
29	Zip+4*	50036-2969	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127692BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127692BO	
23	Legal Name*	BOONE CO TREASURER	
24	Address Line 1*	201 State St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Boone	
28	State Code*	IA	
29	Zip+4*	50036-3922	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127727BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127727BU	
23	Legal Name*	BURLINGTON CITY OF	
24	Address Line 1*	400 Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-5142	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127731DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127731DE	
23	Legal Name*	DES MOINES COUNTY	
24	Address Line 1*	513 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-5221	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127758CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127758CA	
23	Legal Name*	CARLISLE CITY OF	
24	Address Line 1*	195 N 1st St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carlisle	
28	State Code*	IA	
29	Zip+4*	50047-7810	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127764CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127764CA	
23	Legal Name*	CARROLL CITY OF	
24	Address Line 1*	627 N Adams St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-2344	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127767CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127767CA	
23	Legal Name*	CARROLL COUNTY TREASURER	
24	Address Line 1*	114 E 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-2400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127791CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127791CA	
23	Legal Name*	CASCADE CITY OF	
24	Address Line 1*	320 1st Ave W	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cascade	
28	State Code*	IA	
29	Zip+4*	52033-7721	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127795CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127795CE	
23	Legal Name*	CEDAR FALLS CITY OF	
24	Address Line 1*	220 Clay St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Falls	
28	State Code*	IA	
29	Zip+4*	50613-2726	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127843CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127843CE	
23	Legal Name*	CEDAR RAPIDS CITY OF	
24	Address Line 1*	101 1st St SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-1205	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127861LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127861LI	
23	Legal Name*	LINN COUNTY TREASURER	
24	Address Line 1*	935 2nd St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-2164	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127875LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127875LI	
23	Legal Name*	LINN CO EMA	
24	Address Line 1*	6301 Kirkwood Blvd SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-5260	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127885CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127885CE	
23	Legal Name*	CENTERVILLE CITY OF	
24	Address Line 1*	312 E Maple St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Centerville	
28	State Code*	IA	
29	Zip+4*	52544-2238	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127891AP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127891AP	
23	Legal Name*	APPANOOSE CO TREASURER	
24	Address Line 1*	201 N 12th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Centerville	
28	State Code*	IA	
29	Zip+4*	52544-1711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127909CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127909CH	
23	Legal Name*	CHARITON CITY OF	
24	Address Line 1*	115 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chariton	
28	State Code*	IA	
29	Zip+4*	50049-1842	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127927CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127927CH	
23	Legal Name*	CHARLES CITY CITY OF	
24	Address Line 1*	105 Milwaukee Mall	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Charles City	
28	State Code*	IA	
29	Zip+4*	50616-2229	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127929FL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127929FL	
23	Legal Name*	FLOYD CO TREASURER	
24	Address Line 1*	101 S Main St	
25	Address Line 2	Ste 302	
26	Address Line 3		
27	City Name*	Charles City	
28	State Code*	IA	
29	Zip+4*	50616-2746	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127955CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127955CH	
23	Legal Name*	CHEROKEE COUNTY TREASURER	
24	Address Line 1*	520 W Main St	
25	Address Line 2	Box D	
26	Address Line 3		
27	City Name*	Cherokee	
28	State Code*	IA	
29	Zip+4*	51012-1700	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127975CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127975CL	
23	Legal Name*	CLARINDA CITY OF	
24	Address Line 1*	200 S 15th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarinda	
28	State Code*	IA	
29	Zip+4*	51632-2270	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127980PA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127980PA	
23	Legal Name*	PAGE CO TREASURER	
24	Address Line 1*	112 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarinda	
28	State Code*	IA	
29	Zip+4*	51632-2141	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127994CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127994CL	
23	Legal Name*	CLARION CITY OF	
24	Address Line 1*	121 1st St SW	
25	Address Line 2	PO Box 266	
26	Address Line 3		
27	City Name*	Clarion	
28	State Code*	IA	
29	Zip+4*	50525-1405	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127998WR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127998WR	
23	Legal Name*	WRIGHT CO TREASURER	
24	Address Line 1*	115 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarion	
28	State Code*	IA	
29	Zip+4*	50525-1459	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128016CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128016CL	
23	Legal Name*	CLEAR LAKE CITY OF	
24	Address Line 1*	15 N 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clear Lake	
28	State Code*	IA	
29	Zip+4*	50428-1859	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128028CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128028CL	
23	Legal Name*	CLINTON CO TREASURER	
24	Address Line 1*	1900 N 3rd St	
25	Address Line 2	PO Box 2957	
26	Address Line 3		
27	City Name*	Clinton	
28	State Code*	IA	
29	Zip+4*	52732-2534	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128093WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128093WA	
23	Legal Name*	WAYNE CO TREASURER	
24	Address Line 1*	100 N Lafayette St	
25	Address Line 2	PO Box 435	
26	Address Line 3		
27	City Name*	Corydon	
28	State Code*	IA	
29	Zip+4*	50060-1443	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128106CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128106CO	
23	Legal Name*	COUNCIL BLUFFS CITY OF	
24	Address Line 1*	209 Pearl St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-0826	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128118PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128118PO	
23	Legal Name*	POTTAWATTAMIE CO TREASUR	
24	Address Line 1*	227 S 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51501-4269	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input checked="" type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2128147HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128147HO	
23	Legal Name*	HOWARD CO TREASURER	
24	Address Line 1*	137 N Elm St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cresco	
28	State Code*	IA	
29	Zip+4*	52136-1501	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128160CR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128160CR	
23	Legal Name*	CRESTON CITY OF	
24	Address Line 1*	116 W Adams St	
25	Address Line 2	PO Box 449	
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-3103	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128164UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128164UN	
23	Legal Name*	UNION CO TREASURER	
24	Address Line 1*	300 N Pine St	
25	Address Line 2	Suite #2	
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-2400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128183HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128183HU	
23	Legal Name*	HUMBOLDT CO TREASURER	
24	Address Line 1*	203 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dakota City	
28	State Code*	IA	
29	Zip+4*	50529-5063	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128211SC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128211SC	
23	Legal Name*	SCOTT CO TREASURER	
24	Address Line 1*	600 W 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1003	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128243WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128243WI	
23	Legal Name*	WINNESHIEK CO TREASURER	
24	Address Line 1*	201 W Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decorah	
28	State Code*	IA	
29	Zip+4*	52101-1713	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128266CR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128266CR	
23	Legal Name*	CRAWFORD CO TREASURER	
24	Address Line 1*	1202 Broadway	
25	Address Line 2	STE 5	
26	Address Line 3		
27	City Name*	Denison	
28	State Code*	IA	
29	Zip+4*	51442-2646	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128279DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128279DE	
23	Legal Name*	DENISON CITY OF	
24	Address Line 1*	111 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Denison	
28	State Code*	IA	
29	Zip+4*	51442-1349	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128536DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128536DE	
23	Legal Name*	DES MOINES CITY OF	
24	Address Line 1*	400 Robert D Ray Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1813	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128551PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128551PO	
23	Legal Name*	POLK CO TREASURER	
24	Address Line 1*	111 Court Ave	
25	Address Line 2	Room #315	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2218	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128586DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128586DE	
23	Legal Name*	DES MOINES WATER WORKS	
24	Address Line 1*	PO BOX 9227	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50306-9227	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128598ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128598ST	
23	Legal Name*	IOWA STATE FAIR	
24	Address Line 1*	3000 E Grand Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50317-2465	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128700UR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128700UR	
23	Legal Name*	URBANDALE CITY OF	
24	Address Line 1*	3600 86th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Urbandale	
28	State Code*	IA	
29	Zip+4*	50322-4057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input checked="" type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2128705WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128705WI	
23	Legal Name*	WINDSOR HEIGHTS CITY OF	
24	Address Line 1*	1145 66th St	
25	Address Line 2	Suite 1	
26	Address Line 3		
27	City Name*	Windsor Heights	
28	State Code*	IA	
29	Zip+4*	50324-1705	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128708DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128708DE	
23	Legal Name*	DE WITT CITY OF	
24	Address Line 1*	510 9th St	
25	Address Line 2	PO Box 407	
26	Address Line 3		
27	City Name*	De Witt	
28	State Code*	IA	
29	Zip+4*	52742-1334	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128725DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128725DU	
23	Legal Name*	DUBUQUE CITY OF	
24	Address Line 1*	50 W 13th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-4805	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128743DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128743DU	
23	Legal Name*	DUBUQUE COUNTY	
24	Address Line 1*	720 Central Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-7079	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128772DY

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128772DY	
23	Legal Name*	DYERSVILLE CITY OF	
24	Address Line 1*	340 1st Ave E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dyersville	
28	State Code*	IA	
29	Zip+4*	52040-1203	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128777EA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128777EA	
23	Legal Name*	EAGLE GROVE CITY OF	
24	Address Line 1*	210 E Broadway St	
25	Address Line 2	PO BOX 165	
26	Address Line 3		
27	City Name*	Eagle Grove	
28	State Code*	IA	
29	Zip+4*	50533-1813	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128798HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128798HA	
23	Legal Name*	HARDIN COUNTY TREASURER	
24	Address Line 1*	1215 Edgington Ave	
25	Address Line 2	Suite 1	
26	Address Line 3		
27	City Name*	Eldora	
28	State Code*	IA	
29	Zip+4*	50627-1740	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128812EL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128812EL	
23	Legal Name*	ELDRIDGE CITY OF	
24	Address Line 1*	305 N 3rd St	
25	Address Line 2	PO Box 375	
26	Address Line 3		
27	City Name*	Eldridge	
28	State Code*	IA	
29	Zip+4*	52748-1234	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128817CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128817CL	
23	Legal Name*	CLAYTON CO TREASURER	
24	Address Line 1*	111 High St NE	
25	Address Line 2	STE 102	
26	Address Line 3		
27	City Name*	Elkader	
28	State Code*	IA	
29	Zip+4*	52043-9095	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128846EM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128846EM	
23	Legal Name*	EMMETSBURG CITY OF	
24	Address Line 1*	2021 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Emmetsburg	
28	State Code*	IA	
29	Zip+4*	50536-2442	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128849PA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128849PA	
23	Legal Name*	PALO ALTO CO TREASURER	
24	Address Line 1*	1010 Broadway St	
25	Address Line 2	PO Box 95	
26	Address Line 3		
27	City Name*	Emmetsburg	
28	State Code*	IA	
29	Zip+4*	50536-2483	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128868ES

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128868ES	
23	Legal Name*	ESTHERVILLE CITY OF	
24	Address Line 1*	2 N 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Estherville	
28	State Code*	IA	
29	Zip+4*	51334-2232	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128871EM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128871EM	
23	Legal Name*	EMMET COUNTY	
24	Address Line 1*	609 1st Ave N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Estherville	
28	State Code*	IA	
29	Zip+4*	51334-2245	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128891FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128891FA	
23	Legal Name*	FAIRFIELD CITY OF	
24	Address Line 1*	118 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fairfield	
28	State Code*	IA	
29	Zip+4*	52556-3301	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128895JE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128895JE	
23	Legal Name*	JEFFERSON CO TREASURER	
24	Address Line 1*	COURTHOUSE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FAIRFIELD	
28	State Code*	IA	
29	Zip+4*	52556	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128924FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128924FO	
23	Legal Name*	FOREST CITY CITY OF	
24	Address Line 1*	305 N Clark St	
25	Address Line 2	PO Box 346	
26	Address Line 3		
27	City Name*	Forest City	
28	State Code*	IA	
29	Zip+4*	50436-1409	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128928WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128928WI	
23	Legal Name*	WINNEBAGO CO TREASURER	
24	Address Line 1*	126 S Clark St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Forest City	
28	State Code*	IA	
29	Zip+4*	50436-1706	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128941FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128941FO	
23	Legal Name*	FORT DODGE CITY OF	
24	Address Line 1*	819 1st Ave S	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-4739	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128948WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128948WE	
23	Legal Name*	WEBSTER CO TREASURER	
24	Address Line 1*	701 Central Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-3808	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128973FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128973FO	
23	Legal Name*	FORT MADISON CITY OF	
24	Address Line 1*	811 Avenue E	
25	Address Line 2	PO Box 240	
26	Address Line 3		
27	City Name*	Fort Madison	
28	State Code*	IA	
29	Zip+4*	52627-2841	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128981LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128981LE	
23	Legal Name*	LEE CO TREASURER	
24	Address Line 1*	933 Avenue H	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Madison	
28	State Code*	IA	
29	Zip+4*	52627-4540	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129024GA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129024GA	
23	Legal Name*	GARNER TOWN OF	
24	Address Line 1*	135 W 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Garner	
28	State Code*	IA	
29	Zip+4*	50438-1438	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129047MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129047MI	
23	Legal Name*	MILLS CO TREASURER	
24	Address Line 1*	418 Sharp St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Glenwood	
28	State Code*	IA	
29	Zip+4*	51534-1774	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129081AD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129081AD	
23	Legal Name*	ADAIR CO TREASURER	
24	Address Line 1*	400 Public Sq	
25	Address Line 2	STE 5	
26	Address Line 3		
27	City Name*	Greenfield	
28	State Code*	IA	
29	Zip+4*	50849-1259	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129093GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129093GR	
23	Legal Name*	GRIMES CITY OF	
24	Address Line 1*	101 NE Harvey St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grimes	
28	State Code*	IA	
29	Zip+4*	50111-2051	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129096GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129096GR	
23	Legal Name*	GRINNELL CITY OF	
24	Address Line 1*	520 4th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grinnell	
28	State Code*	IA	
29	Zip+4*	50112-1947	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129102GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129102GR	
23	Legal Name*	GRUNDY CENTER CITY OF	
24	Address Line 1*	703 F Ave	
25	Address Line 2	Suite 2	
26	Address Line 3		
27	City Name*	Grundy Center	
28	State Code*	IA	
29	Zip+4*	50638-1457	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129106GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129106GR	
23	Legal Name*	GRUNDY CO TREASURER	
24	Address Line 1*	706 G Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grundy Center	
28	State Code*	IA	
29	Zip+4*	50638-1456	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129125GU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129125GU	
23	Legal Name*	GUTHRIE CO TREASURER	
24	Address Line 1*	200 N 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Guthrie Center	
28	State Code*	IA	
29	Zip+4*	50115-1323	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129147HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129147HA	
23	Legal Name*	HAMPTON CITY OF	
24	Address Line 1*	122 1st Ave NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hampton	
28	State Code*	IA	
29	Zip+4*	50441-1705	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129149FR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129149FR	
23	Legal Name*	FRANKLIN CO TREASURER	
24	Address Line 1*	12 1st Ave NW	
25	Address Line 2	PO Box 26	
26	Address Line 3		
27	City Name*	Hampton	
28	State Code*	IA	
29	Zip+4*	50441-1752	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129167HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129167HA	
23	Legal Name*	HARLAN CITY OF	
24	Address Line 1*	711 Durant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Harlan	
28	State Code*	IA	
29	Zip+4*	51537-1622	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129171SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129171SH	
23	Legal Name*	SHELBY CO TREASURER	
24	Address Line 1*	612 Court St	
25	Address Line 2	Room 208	
26	Address Line 3		
27	City Name*	Harlan	
28	State Code*	IA	
29	Zip+4*	51537-1464	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129191HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129191HA	
23	Legal Name*	HAWARDEN CITY OF	
24	Address Line 1*	1150 Central Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hawarden	
28	State Code*	IA	
29	Zip+4*	51023-1815	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129212HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129212HU	
23	Legal Name*	HUDSON CITY OF	
24	Address Line 1*	525 Jefferson St	
25	Address Line 2	PO Box 536	
26	Address Line 3		
27	City Name*	Hudson	
28	State Code*	IA	
29	Zip+4*	50643-7775	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129220HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129220HU	
23	Legal Name*	HUMBOLDT CITY OF	
24	Address Line 1*	29 5th St S	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Humboldt	
28	State Code*	IA	
29	Zip+4*	50548-2024	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129227ID

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129227ID	
23	Legal Name*	IDA CO TREASURER	
24	Address Line 1*	401 Moorehead St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ida Grove	
28	State Code*	IA	
29	Zip+4*	51445-1429	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129241IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129241IN	
23	Legal Name*	INDEPENDENCE CITY OF	
24	Address Line 1*	331 1st St E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Independence	
28	State Code*	IA	
29	Zip+4*	50644-2814	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129245BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129245BU	
23	Legal Name*	BUCHANAN CO TREASURER	
24	Address Line 1*	210 5th Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Independence	
28	State Code*	IA	
29	Zip+4*	50644-1959	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129260IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129260IN	
23	Legal Name*	INDIANOLA CITY OF	
24	Address Line 1*	110 N 1st St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-2527	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129263WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129263WA	
23	Legal Name*	WARREN CO TREASURER	
24	Address Line 1*	301 N Buxton St Ste 202	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-1801	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129283CI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129283CI	
23	Legal Name*	IOWA CITY CITY OF	
24	Address Line 1*	410 E Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-1825	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129305JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129305JO	
23	Legal Name*	JOHNSON CO EMA	
24	Address Line 1*	4529 Melrose Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52246-9400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129313JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129313JO	
23	Legal Name*	JOHNSON COUNTY TREASURER	
24	Address Line 1*	913 S Dubuque St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-4273	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129415CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129415CO	
23	Legal Name*	CORALVILLE CITY OF	
24	Address Line 1*	1512 7th St	
25	Address Line 2	PO Box 5127	
26	Address Line 3		
27	City Name*	Coralville	
28	State Code*	IA	
29	Zip+4*	52241-1708	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129424FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129424FA	
23	Legal Name*	IOWA FALLS CITY OF	
24	Address Line 1*	315 Stevens St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa Falls	
28	State Code*	IA	
29	Zip+4*	50126-2212	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129429JE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129429JE	
23	Legal Name*	JEFFERSON CITY OF	
24	Address Line 1*	220 N Chestnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Jefferson	
28	State Code*	IA	
29	Zip+4*	50129-1900	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129434GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129434GR	
23	Legal Name*	GREENE CO TREASURER	
24	Address Line 1*	114 N Chestnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Jefferson	
28	State Code*	IA	
29	Zip+4*	50129-2144	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129447JE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129447JE	
23	Legal Name*	JESUP CITY OF	
24	Address Line 1*	791 6th St	
25	Address Line 2	PO Box 592	
26	Address Line 3		
27	City Name*	Jesup	
28	State Code*	IA	
29	Zip+4*	50648-1074	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129458KE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129458KE	
23	Legal Name*	KEOKUK CITY OF	
24	Address Line 1*	601 Main St	
25	Address Line 2	Floor 3	
26	Address Line 3		
27	City Name*	Keokuk	
28	State Code*	IA	
29	Zip+4*	52632-5451	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129492MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129492MA	
23	Legal Name*	MARION CO TREASURER	
24	Address Line 1*	214 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Knoxville	
28	State Code*	IA	
29	Zip+4*	50138-2545	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129525LA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129525LA	
23	Legal Name*	LAMONI CITY OF	
24	Address Line 1*	190 S Chestnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lamoni	
28	State Code*	IA	
29	Zip+4*	50140-1236	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129536LA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129536LA	
23	Legal Name*	LA PORTE CITY CITY OF	
24	Address Line 1*	202 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	La Porte City	
28	State Code*	IA	
29	Zip+4*	50651-1234	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129552LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129552LE	
23	Legal Name*	LE MARS CITY OF	
24	Address Line 1*	40 Central Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Le Mars	
28	State Code*	IA	
29	Zip+4*	51031-3519	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129556PL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129556PL	
23	Legal Name*	PLYMOUTH CO TREASURER	
24	Address Line 1*	215 4th Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Le Mars	
28	State Code*	IA	
29	Zip+4*	51031-2169	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129574DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129574DE	
23	Legal Name*	DECATUR CO TREASURER	
24	Address Line 1*	207 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Leon	
28	State Code*	IA	
29	Zip+4*	50144-1647	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129600HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129600HA	
23	Legal Name*	HARRISON COUNTY TREASURER	
24	Address Line 1*	111 N 2nd Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Logan	
28	State Code*	IA	
29	Zip+4*	51546-1370	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129649MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129649MA	
23	Legal Name*	MADRID CITY OF	
24	Address Line 1*	304 S Water St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Madrid	
28	State Code*	IA	
29	Zip+4*	50156-1334	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129661MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129661MA	
23	Legal Name*	MANCHESTER CITY OF	
24	Address Line 1*	208 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Manchester	
28	State Code*	IA	
29	Zip+4*	52057-1733	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129696MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129696MA	
23	Legal Name*	MAQUOKETA CITY OF	
24	Address Line 1*	201 E Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Maquoketa	
28	State Code*	IA	
29	Zip+4*	52060-3055	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129699JA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129699JA	
23	Legal Name*	JACKSON CO TREASURER	
24	Address Line 1*	201 W Platt St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Maquoketa	
28	State Code*	IA	
29	Zip+4*	52060-2243	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129719MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129719MA	
23	Legal Name*	MARENGO CITY OF	
24	Address Line 1*	153 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marengo	
28	State Code*	IA	
29	Zip+4*	52301-1510	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129722CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129722CO	
23	Legal Name*	IOWA CO TREASURER	
24	Address Line 1*	970 Court Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marengo	
28	State Code*	IA	
29	Zip+4*	52301-1436	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129737MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129737MA	
23	Legal Name*	MARION CITY OF	
24	Address Line 1*	1225 6th Ave	
25	Address Line 2	Suite 170	
26	Address Line 3		
27	City Name*	Marion	
28	State Code*	IA	
29	Zip+4*	52302-3435	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129742MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129742MA	
23	Legal Name*	MARSHALLTOWN CITY OF	
24	Address Line 1*	24 N Center St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-4911	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129750MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129750MA	
23	Legal Name*	MARSHALL CO TREASURER	
24	Address Line 1*	1 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-4915	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129752MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129752MA	
23	Legal Name*	MARSHALL CO ATTORNEY	
24	Address Line 1*	1 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-4915	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129765MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129765MA	
23	Legal Name*	MASON CITY CITY OF	
24	Address Line 1*	10 1st St NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-3224	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129773CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129773CE	
23	Legal Name*	CERRO GORDO CO TREASURER	
24	Address Line 1*	220 N Washington Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-3220	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129822MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129822MI	
23	Legal Name*	MISSOURI VALLEY CITY OF	
24	Address Line 1*	223 E Erie St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Missouri Valley	
28	State Code*	IA	
29	Zip+4*	51555-1532	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129825MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129825MI	
23	Legal Name*	MITCHELLVILLE CITY OF	
24	Address Line 1*	204 Center Ave N	
25	Address Line 2	PO Box 817	
26	Address Line 3		
27	City Name*	Mitchellville	
28	State Code*	IA	
29	Zip+4*	50169-7721	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129836PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129836PO	
23	Legal Name*	POWESHIEK CO TREASURER	
24	Address Line 1*	302 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Montezuma	
28	State Code*	IA	
29	Zip+4*	50171-1138	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129852MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129852MO	
23	Legal Name*	MONTICELLO CITY OF	
24	Address Line 1*	200 E 1st St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Monticello	
28	State Code*	IA	
29	Zip+4*	52310-1501	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129862RI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129862RI	
23	Legal Name*	RINGGOLD CO TREASURER	
24	Address Line 1*	109 W Madison St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Ayr	
28	State Code*	IA	
29	Zip+4*	50854-1642	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129875MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129875MO	
23	Legal Name*	MOUNT PLEASANT CITY OF	
24	Address Line 1*	307 E Monroe St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Pleasant	
28	State Code*	IA	
29	Zip+4*	52641-1920	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129877HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129877HE	
23	Legal Name*	HENRY CO TREASURER	
24	Address Line 1*	800 S Grand Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mt Pleasant	
28	State Code*	IA	
29	Zip+4*	52641-1901	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129893MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129893MO	
23	Legal Name*	MOUNT VERNON CITY OF	
24	Address Line 1*	213 1st St NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Vernon	
28	State Code*	IA	
29	Zip+4*	52314-1604	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129898MU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129898MU	
23	Legal Name*	MUSCATINE CITY OF	
24	Address Line 1*	215 Sycamore St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Muscatine	
28	State Code*	IA	
29	Zip+4*	52761-3839	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129921NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129921NE	
23	Legal Name*	NEVADA CITY OF	
24	Address Line 1*	1209 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nevada	
28	State Code*	IA	
29	Zip+4*	50201-1536	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129924ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129924ST	
23	Legal Name*	STORY CO TREASURER	
24	Address Line 1*	900 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nevada	
28	State Code*	IA	
29	Zip+4*	50201-2004	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129956CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129956CH	
23	Legal Name*	CHICKASAW COUNTY TREASURER	
24	Address Line 1*	8 E Prospect St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New Hampton	
28	State Code*	IA	
29	Zip+4*	50659-1345	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129991JA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129991JA	
23	Legal Name*	JASPER CO TREASURER	
24	Address Line 1*	101 1st St N	
25	Address Line 2	PO BOX 944	
26	Address Line 3		
27	City Name*	Newton	
28	State Code*	IA	
29	Zip+4*	50208-3272	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130037OE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130037OE	
23	Legal Name*	OELWEIN CITY OF	
24	Address Line 1*	20 2nd Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oelwein	
28	State Code*	IA	
29	Zip+4*	50662-2247	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130049ON

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130049ON	
23	Legal Name*	ONAWA CITY OF	
24	Address Line 1*	914 Diamond St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Onawa	
28	State Code*	IA	
29	Zip+4*	51040-1624	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130052MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130052MO	
23	Legal Name*	MONONA CO TREASURER	
24	Address Line 1*	610 Iowa Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Onawa	
28	State Code*	IA	
29	Zip+4*	51040-1626	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130075SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130075SI	
23	Legal Name*	SIOUX CO TREASURER	
24	Address Line 1*	210 Central Ave SW	
25	Address Line 2	PO Box 18	
26	Address Line 3		
27	City Name*	Orange City	
28	State Code*	IA	
29	Zip+4*	51041-1751	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130088OR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130088OR	
23	Legal Name*	ORANGE CITY CITY OF	
24	Address Line 1*	125 Central Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Orange City	
28	State Code*	IA	
29	Zip+4*	51041-1738	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130094OS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130094OS	
23	Legal Name*	OSAGE CITY OF	
24	Address Line 1*	806 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osage	
28	State Code*	IA	
29	Zip+4*	50461-1449	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130097MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130097MI	
23	Legal Name*	MITCHELL CO TREASURER	
24	Address Line 1*	212 S 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osage	
28	State Code*	IA	
29	Zip+4*	50461-1908	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130128OS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130128OS	
23	Legal Name*	OSKALOOSA CITY OF	
24	Address Line 1*	220 S Market St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oskaloosa	
28	State Code*	IA	
29	Zip+4*	52577-3133	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130132MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130132MA	
23	Legal Name*	MAHASKA CO TREASURER	
24	Address Line 1*	106 S 1st St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oskaloosa	
28	State Code*	IA	
29	Zip+4*	52577-3101	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130148OT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130148OT	
23	Legal Name*	OTTUMWA CITY OF	
24	Address Line 1*	105 E 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-2904	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130205PE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130205PE	
23	Legal Name*	PELLA CITY OF	
24	Address Line 1*	825 Broadway St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pella	
28	State Code*	IA	
29	Zip+4*	50219-1521	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130212PE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130212PE	
23	Legal Name*	PERRY CITY OF	
24	Address Line 1*	1102 Willis Ave	
25	Address Line 2	Ste 300	
26	Address Line 3	PO Box 545	
27	City Name*	Perry	
28	State Code*	IA	
29	Zip+4*	50220-1650	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130225PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130225PO	
23	Legal Name*	POCAHONTAS CO TREASURER	
24	Address Line 1*	99 Court Sq	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pocahontas	
28	State Code*	IA	
29	Zip+4*	50574-1629	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130280RE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130280RE	
23	Legal Name*	RED OAK CITY OF	
24	Address Line 1*	601 N 6th St	
25	Address Line 2	PO Box 475	
26	Address Line 3		
27	City Name*	Red Oak	
28	State Code*	IA	
29	Zip+4*	51566-6059	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130319RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130319RO	
23	Legal Name*	ROCK RAPIDS CITY OF	
24	Address Line 1*	310 S 3rd Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rock Rapids	
28	State Code*	IA	
29	Zip+4*	51246-1610	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130346CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130346CA	
23	Legal Name*	CALHOUN CO TREASURER	
24	Address Line 1*	416 4th St	
25	Address Line 2	STE 1	
26	Address Line 3		
27	City Name*	Rockwell City	
28	State Code*	IA	
29	Zip+4*	50579-1428	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130383SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130383SA	
23	Legal Name*	SAC CO TREASURER	
24	Address Line 1*	100 NW State St	
25	Address Line 2	Box 1	
26	Address Line 3		
27	City Name*	Sac City	
28	State Code*	IA	
29	Zip+4*	50583-1750	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130420SE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130420SE	
23	Legal Name*	SERGEANT BLUFF CITY OF	
24	Address Line 1*	401 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sergeant Bluff	
28	State Code*	IA	
29	Zip+4*	51054-8508	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130429SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130429SH	
23	Legal Name*	SHELDON CITY OF	
24	Address Line 1*	416 9th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sheldon	
28	State Code*	IA	
29	Zip+4*	51201-1565	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130436SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130436SH	
23	Legal Name*	SHENANDOAH CITY OF	
24	Address Line 1*	500 W Clarinda Ave	
25	Address Line 2	PO Box 338	
26	Address Line 3		
27	City Name*	Shenandoah	
28	State Code*	IA	
29	Zip+4*	51601-1716	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130440SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130440SI	
23	Legal Name*	SIBLEY CITY OF	
24	Address Line 1*	808 3rd Ave	
25	Address Line 2	PO Box 126	
26	Address Line 3		
27	City Name*	Sibley	
28	State Code*	IA	
29	Zip+4*	51249-1608	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130442OS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130442OS	
23	Legal Name*	OSCEOLA CO TREASURER	
24	Address Line 1*	300 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sibley	
28	State Code*	IA	
29	Zip+4*	51249-1648	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130453FR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130453FR	
23	Legal Name*	FREMONT CO TREASURER	
24	Address Line 1*	506 Filmore St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sidney	
28	State Code*	IA	
29	Zip+4*	51652-8104	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130476KE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130476KE	
23	Legal Name*	KEOKUK CO TREASURER	
24	Address Line 1*	101 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sigourney	
28	State Code*	IA	
29	Zip+4*	52591-1419	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130494SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130494SI	
23	Legal Name*	SIOUX CITY CITY OF	
24	Address Line 1*	405 6th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51101-1211	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130510WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130510WO	
23	Legal Name*	WOODBURY CO TREASURER	
24	Address Line 1*	620 Douglas St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51101-1247	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130538SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130538SP	
23	Legal Name*	SPENCER CITY OF	
24	Address Line 1*	101 W 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spencer	
28	State Code*	IA	
29	Zip+4*	51301-3821	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130541CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130541CL	
23	Legal Name*	CLAY CO TREASURER	
24	Address Line 1*	300 W 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spencer	
28	State Code*	IA	
29	Zip+4*	51301-3806	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130555SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130555SP	
23	Legal Name*	SPIRIT LAKE CITY OF	
24	Address Line 1*	1803 Hill Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spirit Lake	
28	State Code*	IA	
29	Zip+4*	51360-1239	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130558DI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130558DI	
23	Legal Name*	DICKINSON CO TREASURER	
24	Address Line 1*	1805 Hill Ave	
25	Address Line 2	Suite 1400	
26	Address Line 3		
27	City Name*	Spirit Lake	
28	State Code*	IA	
29	Zip+4*	51360-1239	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130593BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130593BU	
23	Legal Name*	BUENA VISTA COUNTY TREASURER	
24	Address Line 1*	215 E 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Storm Lake	
28	State Code*	IA	
29	Zip+4*	50588-2371	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130641TA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130641TA	
23	Legal Name*	TAMA CITY OF	
24	Address Line 1*	305 Siegel St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tama	
28	State Code*	IA	
29	Zip+4*	52339-2317	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130653TI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130653TI	
23	Legal Name*	TIPTON CITY OF	
24	Address Line 1*	407 Lynn St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tipton	
28	State Code*	IA	
29	Zip+4*	52772-1633	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130656CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130656CE	
23	Legal Name*	CEDAR COUNTY TREASURER	
24	Address Line 1*	400 Cedar St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tipton	
28	State Code*	IA	
29	Zip+4*	52772-1748	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130671TO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130671TO	
23	Legal Name*	TOLEDO CITY OF	
24	Address Line 1*	1007 S Prospect Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Toledo	
28	State Code*	IA	
29	Zip+4*	52342-4700	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130675TA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130675TA	
23	Legal Name*	TAMA CO TREASURER	
24	Address Line 1*	104 W State St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Toledo	
28	State Code*	IA	
29	Zip+4*	52342-1300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130718VI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130718VI	
23	Legal Name*	VINTON CITY OF	
24	Address Line 1*	110 W 3rd St	
25	Address Line 2	PO Box 529	
26	Address Line 3		
27	City Name*	Vinton	
28	State Code*	IA	
29	Zip+4*	52349-1111	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130722BE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130722BE	
23	Legal Name*	BENTON CO TREASURER	
24	Address Line 1*	111 E 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Vinton	
28	State Code*	IA	
29	Zip+4*	52349-1771	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130751LO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130751LO	
23	Legal Name*	LOUISA CO TREASURER	
24	Address Line 1*	117 S Main St	
25	Address Line 2	PO BOX 186	
26	Address Line 3		
27	City Name*	Wapello	
28	State Code*	IA	
29	Zip+4*	52653-1547	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130772WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130772WA	
23	Legal Name*	WASHINGTON CO TREa	
24	Address Line 1*	222 W Main St	
25	Address Line 2	PO Box 889	
26	Address Line 3		
27	City Name*	Washington	
28	State Code*	IA	
29	Zip+4*	52353-1723	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130788WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130788WA	
23	Legal Name*	WATERLOO CITY OF	
24	Address Line 1*	715 Mulberry St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-5714	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130796BL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130796BL	
23	Legal Name*	BLACK HAWK CO TREASURER	
24	Address Line 1*	316 E 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-4712	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130819WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130819WA	
23	Legal Name*	WAUKON CITY OF	
24	Address Line 1*	101 Allamakee St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waukon	
28	State Code*	IA	
29	Zip+4*	52172-1743	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130822AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130822AL	
23	Legal Name*	ALLAMAKEE CO TREASURER	
24	Address Line 1*	110 Allamakee St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waukon	
28	State Code*	IA	
29	Zip+4*	52172-1744	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130839BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130839BR	
23	Legal Name*	BREMER CO TREASURER	
24	Address Line 1*	415 E Bremer Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waverly	
28	State Code*	IA	
29	Zip+4*	50677-3536	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130858WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130858WE	
23	Legal Name*	WEBSTER CITY CITY OF	
24	Address Line 1*	400 2nd St	
25	Address Line 2	PO Box 217	
26	Address Line 3		
27	City Name*	Webster City	
28	State Code*	IA	
29	Zip+4*	50595-1534	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130886WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130886WE	
23	Legal Name*	WEST BRANCH CITY OF	
24	Address Line 1*	110 N Poplar St	
25	Address Line 2	PO BOX 218	
26	Address Line 3		
27	City Name*	West Branch	
28	State Code*	IA	
29	Zip+4*	52358-7600	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130889WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130889WE	
23	Legal Name*	WEST BURLINGTON CITY OF	
24	Address Line 1*	122 Broadway St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Burlington	
28	State Code*	IA	
29	Zip+4*	52655-1230	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130891WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130891WE	
23	Legal Name*	WEST DES MOINES CITY OF	
24	Address Line 1*	4200 Mills Civic Pkwy	
25	Address Line 2	PO Box 65320	
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50265-2000	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130899WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130899WE	
23	Legal Name*	WEST LIBERTY CITY OF	
24	Address Line 1*	409 N Calhoun St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Liberty	
28	State Code*	IA	
29	Zip+4*	52776-1344	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130915FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130915FA	
23	Legal Name*	FAYETTE CO TREASURER	
24	Address Line 1*	114 N Vine St	
25	Address Line 2	PO Box 269	
26	Address Line 3		
27	City Name*	West Union	
28	State Code*	IA	
29	Zip+4*	52175-1302	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130940WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130940WI	
23	Legal Name*	WILLIAMSBURG CITY OF	
24	Address Line 1*	210 W State St	
25	Address Line 2	PO Box 596	
26	Address Line 3		
27	City Name*	Williamsburg	
28	State Code*	IA	
29	Zip+4*	52361-4708	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130943WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130943WI	
23	Legal Name*	WILTON CITY OF	
24	Address Line 1*	104 E 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wilton	
28	State Code*	IA	
29	Zip+4*	52778-9001	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130951WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130951WI	
23	Legal Name*	WINTERSET CITY OF	
24	Address Line 1*	124 W Court Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winterset	
28	State Code*	IA	
29	Zip+4*	50273-1545	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130993BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130993BR	
23	Legal Name*	BROADLAWNS MEDICAL CTR	
24	Address Line 1*	1801 Hickman Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-1548	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131017SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131017SP	
23	Legal Name*	SPENCER MUNICIPAL HOSPITAL	
24	Address Line 1*	1200 1st Ave E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spencer	
28	State Code*	IA	
29	Zip+4*	51301-4342	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131048SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131048SP	
23	Legal Name*	IOWA SPECIALTY HOSPITAL	
24	Address Line 1*	1316 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarion	
28	State Code*	IA	
29	Zip+4*	50525-2019	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131061EV

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131061EV	
23	Legal Name*	EVANSDALE CITY OF	
24	Address Line 1*	123 N Evans Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Evansdale	
28	State Code*	IA	
29	Zip+4*	50707-1115	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131064LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131064LE	
23	Legal Name*	LECLAIRE CITY OF	
24	Address Line 1*	325 Wisconsin St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Leclaire	
28	State Code*	IA	
29	Zip+4*	52753-9525	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131085WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131085WA	
23	Legal Name*	WAUKEE CITY OF	
24	Address Line 1*	230 W Hickman Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waukee	
28	State Code*	IA	
29	Zip+4*	50263-5004	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131106WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131106WA	
23	Legal Name*	WAYNE COUNTY FAIR ASSOC	
24	Address Line 1*	PO BOX 167	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Corydon	
28	State Code*	IA	
29	Zip+4*	50060-0167	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131288HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131288HU	
23	Legal Name*	HUXLEY CITY OF	
24	Address Line 1*	515 N Main Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Huxley	
28	State Code*	IA	
29	Zip+4*	50124-9416	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131291ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131291ST	
23	Legal Name*	ST VINCENT DEPAUL SOCIET	
24	Address Line 1*	1426 6th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-2801	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131379NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131379NO	
23	Legal Name*	NORTH SCOTT CSD	
24	Address Line 1*	251 E Iowa St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eldridge	
28	State Code*	IA	
29	Zip+4*	52748-1917	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131432HI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131432HI	
23	Legal Name*	HIAWATHA CITY OF	
24	Address Line 1*	101 Emmons St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hiawatha	
28	State Code*	IA	
29	Zip+4*	52233-1610	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131503NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131503NO	
23	Legal Name*	NORWALK CITY OF	
24	Address Line 1*	705 North Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Norwalk	
28	State Code*	IA	
29	Zip+4*	50211-1417	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131511CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131511CL	
23	Legal Name*	CLIVE CITY OF	
24	Address Line 1*	1900 NW 114th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clive	
28	State Code*	IA	
29	Zip+4*	50325-7077	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131534PL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131534PL	
23	Legal Name*	PLEASANT HILL CITY OF	
24	Address Line 1*	5160 Maple Dr	
25	Address Line 2	Suite A	
26	Address Line 3		
27	City Name*	Pleasant Hill	
28	State Code*	IA	
29	Zip+4*	50327-8440	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131643LA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131643LA	
23	Legal Name*	LAKES REGIONAL HLTH CARE	
24	Address Line 1*	PO BOX Ab	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spirit Lake	
28	State Code*	IA	
29	Zip+4*	51360-0159	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131658GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131658GR	
23	Legal Name*	GREATER REGIONAL MEDICAL CENTER	
24	Address Line 1*	1700 W Townline St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-1054	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131672HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131672HA	
23	Legal Name*	HANCOCK COUNTY HEALTH SYSTEM	
24	Address Line 1*	532 1st St NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Britt	
28	State Code*	IA	
29	Zip+4*	50423-1227	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131674DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131674DE	
23	Legal Name*	DELAWARE COUNTY MEMORIAL HOSPITAL	
24	Address Line 1*	PO BOX 359	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Manchester	
28	State Code*	IA	
29	Zip+4*	52057-0359	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131838MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131838MA	
23	Legal Name*	MAHASKA COUNTY HOSPITAL	
24	Address Line 1*	1229 C Ave E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oskaloosa	
28	State Code*	IA	
29	Zip+4*	52577-4246	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131843WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131843WA	
23	Legal Name*	WAYNE COUNTY HOSPITAL	
24	Address Line 1*	PO BOX 305	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Corydon	
28	State Code*	IA	
29	Zip+4*	50060-0305	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131877HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131877HA	
23	Legal Name*	HAMILTON COUNTY HOSPITAL	
24	Address Line 1*	PO BOX 430	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Webster City	
28	State Code*	IA	
29	Zip+4*	50595-0430	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131887OR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131887OR	
23	Legal Name*	ORANGE CITY MUNICIPAL HO	
24	Address Line 1*	1000 Lincoln Cir SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Orange City	
28	State Code*	IA	
29	Zip+4*	51041-1836	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132085CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132085CO	
23	Legal Name*	IOWA COUNTY FAIR	
24	Address Line 1*	800 E Marion St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MARENGO	
28	State Code*	IA	
29	Zip+4*	52301	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132128DI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132128DI	
23	Legal Name*	DICKINSON CO AG SOCIETY	
24	Address Line 1*	1602 15th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spirit Lake	
28	State Code*	IA	
29	Zip+4*	51360-2106	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132216DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132216DA	
23	Legal Name*	DALLAS CO FAIR ASSOC	
24	Address Line 1*	28057 Fairground Rd # 71	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Adel	
28	State Code*	IA	
29	Zip+4*	50003-4406	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132226MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132226MO	
23	Legal Name*	MONROE CO FAIRGROUNDS	
24	Address Line 1*	6738 147th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Albia	
28	State Code*	IA	
29	Zip+4*	52531-8887	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132301BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132301BO	
23	Legal Name*	BOYS & GIRLS CLUBS OF THE CEDAR VALLEY	
24	Address Line 1*	515 Lime St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-3804	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132450JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132450JO	
23	Legal Name*	JOHNSTON CITY OF	
24	Address Line 1*	6221 Merle Hay Rd	
25	Address Line 2	PO Box 410	
26	Address Line 3		
27	City Name*	Johnston	
28	State Code*	IA	
29	Zip+4*	50131-1226	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2133866AV

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2133866AV	
23	Legal Name*	AVI SYSTEMS INC	
24	Address Line 1*	PO BOX 1450	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Minneapolis	
28	State Code*	MN	
29	Zip+4*	55485-1450	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2134780AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2134780AL	
23	Legal Name*	ALEGENT HEALTH BERGAN MERCY HEALTH SYSTEM	
24	Address Line 1*	800 Mercy Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-3128	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2135170FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2135170FO	
23	Legal Name*	FOOD BANK FOR THE HEARTLAND INC	
24	Address Line 1*	10525 J St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Omaha	
28	State Code*	NE	
29	Zip+4*	68127-1021	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2137722IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2137722IN	
23	Legal Name*	INTERNATIONAL ROLL-CALL	
24	Address Line 1*	8346 Old Richfood Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mechanicsville	
28	State Code*	VA	
29	Zip+4*	23116-2004	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2145540HP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2145540HP	
23	Legal Name*	HP INC	
24	Address Line 1*	13207 Collection Center Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60693-0001	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3003979CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3003979CA	
23	Legal Name*	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION	
24	Address Line 1*	1111 6th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-2610	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3004868AD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3004868AD	
23	Legal Name*	ADAMS COUNTY	
24	Address Line 1*	603 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Corning	
28	State Code*	IA	
29	Zip+4*	50841-1513	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3007408DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3007408DE	
23	Legal Name*	DELAWARE COUNTY FAIR	
24	Address Line 1*	PO BOX 243	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Manchester	
28	State Code*	IA	
29	Zip+4*	52057-0243	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3009282DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3009282DA	
23	Legal Name*	DANLEE CORPORATION	
24	Address Line 1*	101 S Jefferson Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-2619	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3009844SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3009844SA	
23	Legal Name*	SAC COUNTY FAIR	
24	Address Line 1*	PO BOX 423	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sac City	
28	State Code*	IA	
29	Zip+4*	50583-0423	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3010455CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3010455CA	
23	Legal Name*	CALHOUN COUNTY EXPO	
24	Address Line 1*	PO BOX 253	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockwell City	
28	State Code*	IA	
29	Zip+4*	50579-0253	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3010856CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3010856CL	
23	Legal Name*	CLAY COUNTY FAIR ASSOC	
24	Address Line 1*	PO BOX 527	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spencer	
28	State Code*	IA	
29	Zip+4*	51301-0527	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3012538ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3012538ME	
23	Legal Name*	MERCY HEALTH SERVICES-IOWA CORP	
24	Address Line 1*	1000 4th St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-2800	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3013544IO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3013544IO	
23	Legal Name*	IOWA FOOD BANK ASSOCIATION	
24	Address Line 1*	PO BOX 2397	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50704-2397	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3016248CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3016248CH	
23	Legal Name*	CHEROKEE COUNTY FAIR ASS	
24	Address Line 1*	PO BOX 53	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cherokee	
28	State Code*	IA	
29	Zip+4*	51012-0053	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3019182SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3019182SH	
23	Legal Name*	SHELTER HOUSE COMM SHEL	
24	Address Line 1*	429 Southgate Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-4401	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3021002HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3021002HA	
23	Legal Name*	HAMILTON COUNTY EXPOSITI	
24	Address Line 1*	PO BOX 563	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Webster City	
28	State Code*	IA	
29	Zip+4*	50595-0563	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3021154CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3021154CE	
23	Legal Name*	CENTRAL IOWA HOSPITAL CO	
24	Address Line 1*	1660 60th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-7700	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3025259WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3025259WA	
23	Legal Name*	WASHINGTON COUNTY FAIR	
24	Address Line 1*	PO BOX 485	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Washington	
28	State Code*	IA	
29	Zip+4*	52353-0485	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3025282JA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3025282JA	
23	Legal Name*	JASPER COUNTY AGRICULTUR	
24	Address Line 1*	359 N WALNUT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	COLFAX	
28	State Code*	IA	
29	Zip+4*	50054	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3031875FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3031875FA	
23	Legal Name*	FAIR AND EXPOSITION SOCIETY OF JONES COUNTY	
24	Address Line 1*	PO BOX 150	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Monticello	
28	State Code*	IA	
29	Zip+4*	52310-0150	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3033135CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3033135CL	
23	Legal Name*	Cloudburst9 LLC	
24	Address Line 1*	303 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Colo	
28	State Code*	IA	
29	Zip+4*	50056-7722	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3039009ZU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3039009ZU	
23	Legal Name*	ZUB'S SHOP INC	
24	Address Line 1*	PO BOX 431	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sutherland	
28	State Code*	IA	
29	Zip+4*	51058-0431	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3041506RC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3041506RC	
23	Legal Name*	RCHP OTTUMWA LLC	
24	Address Line 1*	1001 Pennsylvania Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-6427	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3041546RS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3041546RS	
23	Legal Name*	RSM US LLP	
24	Address Line 1*	400 Locust St	
25	Address Line 2	SUITE 640	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2331	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3044651SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3044651SA	
23	Legal Name*	SANFORD HEALTH NETWORK	
24	Address Line 1*	118 N 7th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sheldon	
28	State Code*	IA	
29	Zip+4*	51201-1235	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3044909FL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3044909FL	
23	Legal Name*	FLOYD COUNTY FAIR SOCIETY	
24	Address Line 1*	PO BOX 301	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Charles City	
28	State Code*	IA	
29	Zip+4*	50616-0301	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3046206BE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3046206BE	
23	Legal Name*	BENTON COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	106 N 8th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Vinton	
28	State Code*	IA	
29	Zip+4*	52349-2111	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3053309ON

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3053309ON	
23	Legal Name*	ONENECK IT SOLUTIONS LLC	
24	Address Line 1*	PO BOX 857950	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Minneapolis	
28	State Code*	MN	
29	Zip+4*	55485-7950	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3058285WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3058285WE	
23	Legal Name*	WEBSTER COUNTY AGRICULTURE ASSOCIATION	
24	Address Line 1*	2171 290th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-8521	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3059358PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3059358PO	
23	Legal Name*	POTTAWATTAMIE COUNTY FAIR	
24	Address Line 1*	PO BOX 187	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oakland	
28	State Code*	IA	
29	Zip+4*	51560-0187	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3060979CR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3060979CR	
23	Legal Name*	CRAWFORD COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 188	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Denison	
28	State Code*	IA	
29	Zip+4*	51442-0188	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3061175UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3061175UN	
23	Legal Name*	UNITED WAYS OF IOWA	
24	Address Line 1*	PO BOX 316	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Johnston	
28	State Code*	IA	
29	Zip+4*	50131-0316	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3063090AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3063090AL	
23	Legal Name*	ALLEN MEMORIAL HOSPITAL CORPORATION	
24	Address Line 1*	1825 Logan Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-1916	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3065177WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3065177WI	
23	Legal Name*	WILRONA LLC	
24	Address Line 1*	1755 P Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marengo	
28	State Code*	IA	
29	Zip+4*	52301-8567	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3067626ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3067626ST	
23	Legal Name*	ST LUKES METHODIST HOSPITAL	
24	Address Line 1*	1026 A Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52402-5036	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3068035MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3068035MI	
23	Legal Name*	MIKE MCMURRIN TRUCKING INC	
24	Address Line 1*	2665 Old River Rd SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-7450	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3068153HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3068153HE	
23	Legal Name*	IOWA HEALTHIEST STATE INITIATIVE	
24	Address Line 1*	301 Grand Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1718	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3071295PR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3071295PR	
23	Legal Name*	PRO COOPERATIVE	
24	Address Line 1*	17 3rd Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pocahontas	
28	State Code*	IA	
29	Zip+4*	50574-1614	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3073056DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3073056DU	
23	Legal Name*	DUBUQUE COUNTY FAIR ASSOCIATION INC	
24	Address Line 1*	14569 Old Highway Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52002-9602	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3075485ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3075485ME	
23	Legal Name*	MERCY HEALTH SERVICES-IOWA CORP	
24	Address Line 1*	PO BOX 203	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51102-0203	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3076090RE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3076090RE	
23	Legal Name*	RENEWABLE ENERGY GROUP INC	
24	Address Line 1*	416 S Bell Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-7711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3078379ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	3078379ST		
23	Legal Name*	STATE HYGIENIC LABORATORY - UNIVERSITY OF IOWA		
24	Address Line 1*	2490 Crosspark Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Coralville		
28	State Code*	IA		
29	Zip+4*	52241-4721		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 3078917DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3078917DE	
23	Legal Name*	DEJEAR INCORPORATED	
24	Address Line 1*	2800 Shadow Creek Ln	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50320-2813	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3078917ET

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3078917ET	
23	Legal Name*	ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER	
24	Address Line 1*	2309 Euclid Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50310-5703	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3081450SE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3081450SE	
23	Legal Name*	SELECT SPECIALTY HOSPITAL DES MOINES INC	
24	Address Line 1*	4714 Gettysburg Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mechanicsburg	
28	State Code*	PA	
29	Zip+4*	17055-4325	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	10	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3082491HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3082491HE	
23	Legal Name*	HEARTLAND COOP	
24	Address Line 1*	2829 Westown Pkwy	
25	Address Line 2	STE 350	
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-1314	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3082930MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3082930MI	
23	Legal Name*	MILESTONES AREA AGENCY ON AGING	
24	Address Line 1*	935 E 53rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52807-2633	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3083965MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3083965MI	
23	Legal Name*	MILLS COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 208	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Glenwood	
28	State Code*	IA	
29	Zip+4*	51534-0208	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3084564TR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3084564TR	
23	Legal Name*	TRINITY REGIONAL MEDICAL CENTER	
24	Address Line 1*	802 Kenyon Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-5740	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3085840GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3085840GR	
23	Legal Name*	GRINNELL REGIONAL MEDICAL CENTER	
24	Address Line 1*	210 4th Ave W	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grinnell	
28	State Code*	IA	
29	Zip+4*	50112-1833	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3087542BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3087542BO	
23	Legal Name*	BOONE COUNTY AGRICULTURAL ASSOCIATION	
24	Address Line 1*	1601 Industrial Park Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Boone	
28	State Code*	IA	
29	Zip+4*	50036-3007	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3087979PL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3087979PL	
23	Legal Name*	PLUMBERS AND STEAMFITTERS EDUCATION FUND	
24	Address Line 1*	2501 Bell Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50321-1118	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3088226LO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3088226LO	
23	Legal Name*	LOCAL 263 CEDAR RAPIDS SHEET METAL WORKERS	
24	Address Line 1*	500 66th Ave SW	
25	Address Line 2	#3	
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-4764	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3088401IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3088401IN	
23	Legal Name*	INTERCULTURAL CENTER OF IOWA	
24	Address Line 1*	4338 16th Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-1245	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3091195WR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3091195WR	
23	Legal Name*	WRIGHT COUNTY DISTRICT JUNIOR FAIR	
24	Address Line 1*	PO BOX 125	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eagle Grove	
28	State Code*	IA	
29	Zip+4*	50533-0125	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3091946NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3091946NO	
23	Legal Name*	NORTHEAST IOWA IRONWORKERS LOCAL 89 JATC	
24	Address Line 1*	1112 29th Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-3409	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3092026ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3092026ME	
23	Legal Name*	MERCY HOSPITAL	
24	Address Line 1*	500 E Market St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52245-2633	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3092675LO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3092675LO	
23	Legal Name*	LOCAL UNION NO 125 JATC FUND	
24	Address Line 1*	5101 J St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-4914	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3094486TF

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3094486TF	
23	Legal Name*	TFJSC LLC	
24	Address Line 1*	3050 Wagner Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-9604	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3094669JW

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3094669JW	
23	Legal Name*	J W BELL LLC	
24	Address Line 1*	PO BOX 727	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52406-0727	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3100551CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3100551CA	
23	Legal Name*	CATHERINE MCAULEY CENTER INC	
24	Address Line 1*	1220 5th Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52403-4049	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3100894JE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3100894JE	
23	Legal Name*	JEFFERSON COUNTY HOSPITAL	
24	Address Line 1*	2000 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fairfield	
28	State Code*	IA	
29	Zip+4*	52556-9572	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3101306DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3101306DU	
23	Legal Name*	DUBUQUE DREAM CENTER	
24	Address Line 1*	1600 White St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-3617	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3102072SU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3102072SU	
23	Legal Name*	SUNDSTOP II LLC	
24	Address Line 1*	17752 25th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mechanicsville	
28	State Code*	IA	
29	Zip+4*	52306-8051	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3102728GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3102728GR	
23	Legal Name*	GREENE COUNTY FAIR ASSOCIATION	
24	Address Line 1*	650 190th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Scranton	
28	State Code*	IA	
29	Zip+4*	51462-7512	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3104387SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3104387SA	
23	Legal Name*	SALVATION ARMY	
24	Address Line 1*	5550 Prairie Stone Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hoffman Estates	
28	State Code*	IL	
29	Zip+4*	60192-3713	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	8	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3104650RA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3104650RA	
23	Legal Name*	RAINBO OIL COMPANY	
24	Address Line 1*	PO BOX 768	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52004-0768	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3105752GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3105752GR	
23	Legal Name*	GROWMARK INC	
24	Address Line 1*	1701 Towanda Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bloomington	
28	State Code*	IL	
29	Zip+4*	61701-2057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	13	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3106414NA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3106414NA	
23	Legal Name*	NATIONAL CATTLE CONGRESS	
24	Address Line 1*	257 Ansborough Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50701-2133	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3107534GE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3107534GE	
23	Legal Name*	GERTEN HOLLOW INC	
24	Address Line 1*	1301 Normal St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Woodbine	
28	State Code*	IA	
29	Zip+4*	51579-1133	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3108202UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3108202UN	
23	Legal Name*	UNITY POINT HEALTH MARSHALLTOWN	
24	Address Line 1*	PO BOX 809255	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60680-9255	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3113628A1

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3113628A1	
23	Legal Name*	A1 MORRIS HEATING & COOLING INC	
24	Address Line 1*	2238 W River Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52802-2833	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3115365WY

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3115365WY	
23	Legal Name*	WYOMING FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 436	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wyoming	
28	State Code*	IA	
29	Zip+4*	52362-0436	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3123758KI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3123758KI	
23	Legal Name*	KIMMES ENTERPRISES LLC	
24	Address Line 1*	414 W 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-2373	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3123982AU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3123982AU	
23	Legal Name*	IOWA AUDIO VIDEO INC	
24	Address Line 1*	1510 NW 86th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clive	
28	State Code*	IA	
29	Zip+4*	50325-1034	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3166711MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3166711MA	
23	Legal Name*	MARION CO FAIR BOARD	
24	Address Line 1*	PO BOX 347	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Knoxville	
28	State Code*	IA	
29	Zip+4*	50138-0347	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3167825CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3167825CH	
23	Legal Name*	CHILDREN'S JUNGLE THE	
24	Address Line 1*	828 W Summit St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winterset	
28	State Code*	IA	
29	Zip+4*	50273-2206	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179662WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179662WE	
23	Legal Name*	WELL RESOURCE CENTER THE	
24	Address Line 1*	419 E Oskaloosa St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pella	
28	State Code*	IA	
29	Zip+4*	50219-2202	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179711JR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179711JR	
23	Legal Name*	J&R EXCAVATING LLC	
24	Address Line 1*	5644 NE 17th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50313-1616	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3179964CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3179964CH	
23	Legal Name*	CHRISTIAN RETIREMENT SERVICES INC	
24	Address Line 1*	1 Oaknoll Ct	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52246-5250	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3180474WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3180474WE	
23	Legal Name*	WESTERN HOME SERVICES INC	
24	Address Line 1*	5307 Caraway Ln	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Falls	
28	State Code*	IA	
29	Zip+4*	50613-8172	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3182466FR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3182466FR	
23	Legal Name*	FRANKLIN COUNTY AGRICULTURE AND FAIR ASSOC	
24	Address Line 1*	1008 CENTRAL AVE WEST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HAMPTON	
28	State Code*	IA	
29	Zip+4*	50441	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3182513AT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3182513AT	
23	Legal Name*	ATC INC	
24	Address Line 1*	941 66th Ave SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-4710	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3182679MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3182679MI	
23	Legal Name*	MISSISSIPPI VALLEY FAIR INC	
24	Address Line 1*	2815 W Locust St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52804-3343	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3182681CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3182681CE	
23	Legal Name*	CEDAR COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 324	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tipton	
28	State Code*	IA	
29	Zip+4*	52772-0324	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183166CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183166CE	
23	Legal Name*	CEDAR RAPIDS TANK WASH INC	
24	Address Line 1*	1100 2nd Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Independence	
28	State Code*	IA	
29	Zip+4*	50644-1227	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183189HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183189HO	
23	Legal Name*	HOMES FOR IOWA INC	
24	Address Line 1*	406 N High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anamosa	
28	State Code*	IA	
29	Zip+4*	52205-1157	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183326ER

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183326ER	
23	Legal Name*	THE ANDERSONS MARATHON HOLDINGS LLC	
24	Address Line 1*	PO BOX 119	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Maumee	
28	State Code*	OH	
29	Zip+4*	43537-0119	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183630EZ

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183630EZ	
23	Legal Name*	EZ MART LLC	
24	Address Line 1*	1111 LINCOLN ST SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BONDURANT	
28	State Code*	IA	
29	Zip+4*	50035	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3183711NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3183711NE	
23	Legal Name*	NEW VISIONS HOMELESS SERVICES	
24	Address Line 1*	1435 N 15th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51501-1133	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184000NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184000NE	
23	Legal Name*	NEIT Services, LLC	
24	Address Line 1*	800 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Monona	
28	State Code*	IA	
29	Zip+4*	52159-8039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184070CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184070CO	
23	Legal Name*	COUNTRY MEATS INC	
24	Address Line 1*	104 MAIN STREET	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ARCADIA	
28	State Code*	IA	
29	Zip+4*	51430	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184100LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184100LI	
23	Legal Name*	LINCOLN HEIGHTS STATION LLC	
24	Address Line 1*	11400 680th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Zearing	
28	State Code*	IA	
29	Zip+4*	50278-8517	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184101LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184101LI	
23	Legal Name*	LINCOLN FARM AND HOME 3 LLC	
24	Address Line 1*	PO BOX 210	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Glenwood	
28	State Code*	IA	
29	Zip+4*	51534-0210	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184225BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184225BO	
23	Legal Name*	BOVARD STUDIO INC	
24	Address Line 1*	2281 Business 34	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fairfield	
28	State Code*	IA	
29	Zip+4*	52556-8403	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184227FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184227FA	
23	Legal Name*	FAMILY PET VETERINARY CENTERS MANAGEMENT CO	
24	Address Line 1*	1215 Prospect Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50265-3588	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input checked="" type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184229IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184229IN	
23	Legal Name*	INFORMED CHOICE OF IOWA CORPORATION	
24	Address Line 1*	821 S Gilbert St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-1742	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184232KN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184232KN	
23	Legal Name*	KNIGHT MOVES	
24	Address Line 1*	609 55th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-6302	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184233KO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184233KO	
23	Legal Name*	KOCH LANDSCAPING & HAULING INC	
24	Address Line 1*	1555 Palmer Ct NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Solon	
28	State Code*	IA	
29	Zip+4*	52333-8701	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184241YW

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184241YW	
23	Legal Name*	YWCA OF THE QUAD CITIES	
24	Address Line 1*	229 16th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rock Island	
28	State Code*	IL	
29	Zip+4*	61201-8607	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	17	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184274GE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184274GE	
23	Legal Name*	GEHLPRO INDUSTRIES INC	
24	Address Line 1*	1610 Burgess Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-3317	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184278MP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184278MP	
23	Legal Name*	MPIRE HEATING & COOLING	
24	Address Line 1*	43755 C66	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kingsley	
28	State Code*	IA	
29	Zip+4*	51028-8600	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184335WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184335WO	
23	Legal Name*	WORTH COUNTY FAIR SOCIETY	
24	Address Line 1*	877 Highway 105	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Northwood	
28	State Code*	IA	
29	Zip+4*	50459-8761	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184336WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184336WO	
23	Legal Name*	WOODBURY COUNTY FAIR	
24	Address Line 1*	PO BOX 369	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Moville	
28	State Code*	IA	
29	Zip+4*	51039-0369	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184337WI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184337WI	
23	Legal Name*	WINNESHIEK COUNTY AGRICULTURAL ASSN	
24	Address Line 1*	PO BOX 201	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decorah	
28	State Code*	IA	
29	Zip+4*	52101-0201	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184341WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184341WA	
23	Legal Name*	WARREN COUNTY AGRICULTURAL ASSOCIATION	
24	Address Line 1*	701 W 2nd Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-2347	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184344AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184344AL	
23	Legal Name*	ALLAMAKEE COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	PO BOX 208	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waukon	
28	State Code*	IA	
29	Zip+4*	52172-0208	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184352AP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184352AP	
23	Legal Name*	APPANOOSE COUNTY FAIR ASSOCIATION	
24	Address Line 1*	20979 115th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Plano	
28	State Code*	IA	
29	Zip+4*	52581-8541	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184353AU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184353AU	
23	Legal Name*	AUDUBON COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	1166 Eagle Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Manning	
28	State Code*	IA	
29	Zip+4*	51455-7527	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184355BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184355BU	
23	Legal Name*	BUCHANAN COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 258	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Independence	
28	State Code*	IA	
29	Zip+4*	50644-0258	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184357BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184357BU	
23	Legal Name*	BUENA VISTA COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	PO BOX 125	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Alta	
28	State Code*	IA	
29	Zip+4*	51002-0125	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184359WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184359WA	
23	Legal Name*	WAPELLO COUNTY FAIR INC	
24	Address Line 1*	PO BOX 464	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eldon	
28	State Code*	IA	
29	Zip+4*	52554-0464	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184365CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184365CA	
23	Legal Name*	CARROLL COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 235	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Coon Rapids	
28	State Code*	IA	
29	Zip+4*	50058-0235	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184366CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184366CA	
23	Legal Name*	CASS COUNTY FAIR ASSOCIATION	
24	Address Line 1*	805 W 10th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlantic	
28	State Code*	IA	
29	Zip+4*	50022-2030	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184367TA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184367TA	
23	Legal Name*	TAYLOR COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 181	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bedford	
28	State Code*	IA	
29	Zip+4*	50833-0181	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184368CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184368CE	
23	Legal Name*	CENTRAL IOWA FAIR ASSOCIATION	
24	Address Line 1*	1308 E Olive St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-8849	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184369TA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184369TA	
23	Legal Name*	TAMA COUNTY LIVESTOCK AND FAIR ASSN	
24	Address Line 1*	PO BOX 243	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Toledo	
28	State Code*	IA	
29	Zip+4*	52342-0243	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184370ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184370ST	
23	Legal Name*	STORY COUNTY 4H FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 163	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nevada	
28	State Code*	IA	
29	Zip+4*	50201-0163	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184371BI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184371BI	
23	Legal Name*	BIG FOUR FAIR ASSOCIATION	
24	Address Line 1*	109 Ford St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nashua	
28	State Code*	IA	
29	Zip+4*	50658-9238	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184373CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184373CL	
23	Legal Name*	CLARKE COUNTY 4-H FAIR ASSOCIATION INC	
24	Address Line 1*	PO BOX 39	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osceola	
28	State Code*	IA	
29	Zip+4*	50213-0039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184374SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184374SO	
23	Legal Name*	SOUTHERN IOWA FAIR AND EXPOSITION	
24	Address Line 1*	615 N I St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oskaloosa	
28	State Code*	IA	
29	Zip+4*	52577-1600	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184375CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184375CL	
23	Legal Name*	CLAYTON COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	26143 Ivory Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Garnavillo	
28	State Code*	IA	
29	Zip+4*	52049-8041	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184376SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184376SI	
23	Legal Name*	SIOUX COUNTY YOUTH FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 183	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux Center	
28	State Code*	IA	
29	Zip+4*	51250-0183	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184377CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184377CL	
23	Legal Name*	CLINTON COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	328 E 8th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	De Witt	
28	State Code*	IA	
29	Zip+4*	52742-1736	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184378SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184378SH	
23	Legal Name*	SHELBY COUNTY FAIR CORPORATION	
24	Address Line 1*	PO BOX 528	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Harlan	
28	State Code*	IA	
29	Zip+4*	51537-0528	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184379DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184379DA	
23	Legal Name*	DAVIS COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	PO BOX 23	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bloomfield	
28	State Code*	IA	
29	Zip+4*	52537-0023	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184380RI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184380RI	
23	Legal Name*	RINGGOLD COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 335	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Ayr	
28	State Code*	IA	
29	Zip+4*	50854-0335	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184381DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184381DE	
23	Legal Name*	DES MOINES COUNTY FAIR ASSOCIATION	
24	Address Line 1*	13086 Pfeiff Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-8773	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184382PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184382PO	
23	Legal Name*	POWESHIEK COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 372	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Grinnell	
28	State Code*	IA	
29	Zip+4*	50112-0372	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184383EM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184383EM	
23	Legal Name*	EMMET COUNTY AGRICULTURAL SHOW	
24	Address Line 1*	1870 Highway 15	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Armstrong	
28	State Code*	IA	
29	Zip+4*	50514-7517	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184388PL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184388PL	
23	Legal Name*	PLYMOUTH COUNTY 4H AND AG SOCIETY	
24	Address Line 1*	30682 100th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Le Mars	
28	State Code*	IA	
29	Zip+4*	51031-8716	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184389PA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184389PA	
23	Legal Name*	PALO ALTO FAIR ASSOCIATION	
24	Address Line 1*	4664 380th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Emmetsburg	
28	State Code*	IA	
29	Zip+4*	50536-8759	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184390PA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184390PA	
23	Legal Name*	PAGE COUNTY AGRICULTURAL FAIR ASSOCIATION	
24	Address Line 1*	2793 160th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clarinda	
28	State Code*	IA	
29	Zip+4*	51632-5025	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184391OS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184391OS	
23	Legal Name*	OSCEOLA COUNTY LIVESTOCK SHOW	
24	Address Line 1*	1124 Highway 59	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sibley	
28	State Code*	IA	
29	Zip+4*	51249-9614	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184392OB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184392OB	
23	Legal Name*	OBRIEN COUNTY LIVESTOCK SHOW AND AGRICULTURAL	
24	Address Line 1*	PO BOX 332	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Primghar	
28	State Code*	IA	
29	Zip+4*	51245-0332	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184393MU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184393MU	
23	Legal Name*	MUSCATINE COUNTY FAIR	
24	Address Line 1*	PO BOX 261	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Liberty	
28	State Code*	IA	
29	Zip+4*	52776-0261	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184396MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184396MO	
23	Legal Name*	MONTGOMERY COUNTY AG SOCIETY	
24	Address Line 1*	PO BOX 278	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Red Oak	
28	State Code*	IA	
29	Zip+4*	51566-0278	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input checked="" type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 3184397MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184397MO	
23	Legal Name*	MONONA COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 313	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Onawa	
28	State Code*	IA	
29	Zip+4*	51040-0313	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184399MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184399MI	
23	Legal Name*	MITCHELL COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	2597 410th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Little Cedar	
28	State Code*	IA	
29	Zip+4*	50454-8501	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184408FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184408FA	
23	Legal Name*	FAYETTE COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	504 S Vine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Union	
28	State Code*	IA	
29	Zip+4*	52175-1524	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184410FR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184410FR	
23	Legal Name*	FREMONT COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 213	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Farragut	
28	State Code*	IA	
29	Zip+4*	51639-0213	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184414HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184414HA	
23	Legal Name*	HANCOCK COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	PO BOX 55	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Britt	
28	State Code*	IA	
29	Zip+4*	50423-0055	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184416HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184416HA	
23	Legal Name*	HARRISON COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	2991 Melrose Ln	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Missouri Valley	
28	State Code*	IA	
29	Zip+4*	51555-8008	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184418HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184418HE	
23	Legal Name*	HENRY COUNTY FAIR	
24	Address Line 1*	127 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Pleasant	
28	State Code*	IA	
29	Zip+4*	52641-2027	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184420HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184420HU	
23	Legal Name*	HUMBOLDT COUNTY AGRICULTURAL SOCIETY	
24	Address Line 1*	PO BOX 391	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Humboldt	
28	State Code*	IA	
29	Zip+4*	50548-0391	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184421ID

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184421ID	
23	Legal Name*	IDA COUNTY AGRICULTURAL SOCIETY INC	
24	Address Line 1*	5585 Hillside Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ida Grove	
28	State Code*	IA	
29	Zip+4*	51445-8016	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184422LY

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184422LY	
23	Legal Name*	LYON COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 73	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Larchwood	
28	State Code*	IA	
29	Zip+4*	51241-0073	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184423JA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184423JA	
23	Legal Name*	JACKSON COUNTY FAIR ASSOCIATION	
24	Address Line 1*	PO BOX 859	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Maquoketa	
28	State Code*	IA	
29	Zip+4*	52060-0859	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184426KE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184426KE	
23	Legal Name*	KEOKUK COUNTY EXPO INC	
24	Address Line 1*	PO BOX 2	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sigourney	
28	State Code*	IA	
29	Zip+4*	52591-0002	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184427KO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184427KO	
23	Legal Name*	KOSSUTH COUNTY AGRICULTURAL ASSOCIATION	
24	Address Line 1*	PO BOX 362	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Algona	
28	State Code*	IA	
29	Zip+4*	50511-0362	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184432HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184432HA	
23	Legal Name*	HAMILTON-RYKER GROUP INC THE	
24	Address Line 1*	PO BOX 1068	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Martin	
28	State Code*	TN	
29	Zip+4*	38237-1068	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	8	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184457AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184457AL	
23	Legal Name*	ALLSQUARE CABINET COMPANY	
24	Address Line 1*	1200 N 14th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-1508	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184638JM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184638JM	
23	Legal Name*	JMCC Corp/Mediacom, LLC.	
24	Address Line 1*	1 Mediacom Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mediacom Park	
28	State Code*	NY	
29	Zip+4*	10918-4810	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	18	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184639NI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184639NI	
23	Legal Name*	Night Owl, Wireless	
24	Address Line 1*	521 N Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Walcott	
28	State Code*	IA	
29	Zip+4*	52773-8500	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184659SC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184659SC	
23	Legal Name*	SCOTT ENTERPRISES & CONSULTING PLLC	
24	Address Line 1*	1441 29th St	
25	Address Line 2	STE 303	
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-1309	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184685ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184685ST	
23	Legal Name*	STARTS RIGHT HERE	
24	Address Line 1*	PO BOX 3096	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50316-0096	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3185113MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3185113MO	
23	Legal Name*	MONTEZUMA EXPRESS LLC	
24	Address Line 1*	221 W Marengo Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tiffin	
28	State Code*	IA	
29	Zip+4*	52340-9402	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 336-ICN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	336-ICN	
23	Legal Name*	IOWA COMMUNICATIONS NETWORK	
24	Address Line 1*	400 E 14th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50319-9000	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127365AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127365AL	
23	Legal Name*	ALBIA CITY OF	
24	Address Line 1*	120 S A St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Albia	
28	State Code*	IA	
29	Zip+4*	52531-1959	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127381AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127381AL	
23	Legal Name*	ALGONA CITY OF	
24	Address Line 1*	PO BOX 452	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Algona	
28	State Code*	IA	
29	Zip+4*	50511-0452	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0005328AM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0005328AM	
23	Legal Name*	AMERICAN PRISON DATA SYSTEMS PBC	
24	Address Line 1*	65 W 36th St	
25	Address Line 2	FL 2	
26	Address Line 3		
27	City Name*	New York	
28	State Code*	NY	
29	Zip+4*	10018-7902	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110830AS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110830AS	
23	Legal Name*	ASBURY CITY OF	
24	Address Line 1*	5290 Grand Meadow Dr	
25	Address Line 2	STE 1	
26	Address Line 3		
27	City Name*	Asbury	
28	State Code*	IA	
29	Zip+4*	52002-2579	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2145973BA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2145973BA	
23	Legal Name*	BALLET THEATRE OF DSM	
24	Address Line 1*	121 S 11th St	
25	Address Line 2	#100	
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50265-4465	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127643BE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127643BE	
23	Legal Name*	BELLE PLAINE CITY OF	
24	Address Line 1*	1207 8th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Belle Plaine	
28	State Code*	IA	
29	Zip+4*	52208-1755	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114700BL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114700BL	
23	Legal Name*	BLANK PARK ZOO FOUNDATION	
24	Address Line 1*	7401 SW 9th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50315-6667	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input checked="" type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2127667BL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127667BL	
23	Legal Name*	BLOOMFIELD CITY OF	
24	Address Line 1*	111 W Franklin St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bloomfield	
28	State Code*	IA	
29	Zip+4*	52537-1615	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3180311BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3180311BR	
23	Legal Name*	BREW LLC	
24	Address Line 1*	143 S Cove Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Storm Lake	
28	State Code*	IA	
29	Zip+4*	50588-7710	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2123749BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2123749BR	
23	Legal Name*	BRIDGE VIEW CENTER INC	
24	Address Line 1*	102 Church St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-4209	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900CA	
23	Legal Name*	CARLOS O'KELLY'S INC	
24	Address Line 1*	527 S Ridge Cir	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wichita	
28	State Code*	KS	
29	Zip+4*	67209-2233	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127786CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127786CA	
23	Legal Name*	CARTER LAKE CITY OF	
24	Address Line 1*	950 Locust St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carter Lake	
28	State Code*	IA	
29	Zip+4*	51510-1529	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131363CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131363CE	
23	Legal Name*	CEDAR RAPIDS CSD	
24	Address Line 1*	2500 Edgewood Rd NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52405-1015	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106946CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106946CE	
23	Legal Name*	CEDAR RAPIDS MUSEUM OF ART	
24	Address Line 1*	410 3rd Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-1606	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107920CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107920CE	
23	Legal Name*	CEDAR RAPIDS SYMPHONY	
24	Address Line 1*	119 3rd Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-1403	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2095899CI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2095899CI	
23	Legal Name*	CIVIC MUSIC ASSOCIATION	
24	Address Line 1*	900 Keosauqua Way	
25	Address Line 2	SUITE 113	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1501	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130115CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130115CL	
23	Legal Name*	CLARKE COUNTY TREASURER	
24	Address Line 1*	PO BOX 157	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osceola	
28	State Code*	IA	
29	Zip+4*	50213-0157	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128023CL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128023CL	
23	Legal Name*	CLINTON CITY OF	
24	Address Line 1*	611 S 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clinton	
28	State Code*	IA	
29	Zip+4*	52732-4313	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109054CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109054CO	
23	Legal Name*	COMMUNITY THEATRE OF CEDAR RAPIDS	
24	Address Line 1*	102 3rd St SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-1210	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3055217CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3055217CO	
23	Legal Name*	CONFERENCE TECHNOLOGIES	
24	Address Line 1*	PO BOX 66726	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Saint Louis	
28	State Code*	MO	
29	Zip+4*	63166-6726	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127670DA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127670DA	
23	Legal Name*	DAVIS COUNTY TREASURER	
24	Address Line 1*	100 Courthouse Sq	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bloomfield	
28	State Code*	IA	
29	Zip+4*	52537-1611	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128240DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128240DE	
23	Legal Name*	DECORAH CITY OF	
24	Address Line 1*	PO BOX 138	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decorah	
28	State Code*	IA	
29	Zip+4*	52101-0138	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129664DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129664DE	
23	Legal Name*	DELAWARE COUNTY TREASURER	
24	Address Line 1*	PO BOX 27	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Manchester	
28	State Code*	IA	
29	Zip+4*	52057-0027	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113030DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113030DE	
23	Legal Name*	DELCAR INC	
24	Address Line 1*	311 Liston St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Danbury	
28	State Code*	IA	
29	Zip+4*	51019-7513	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2141639DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2141639DE	
23	Legal Name*	DELL MARKETING LP	
24	Address Line 1*	1 Dell Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Round Rock	
28	State Code*	TX	
29	Zip+4*	78682-7000	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	31	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2123639DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2123639DE	
23	Legal Name*	DES MOINES ARTS FESTIVAL	
24	Address Line 1*	700 Locust St	
25	Address Line 2	SUITE 100	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-3700	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2095893DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2095893DE	
23	Legal Name*	DES MOINES METRO OPERA INC	
24	Address Line 1*	106 W Boston Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indianola	
28	State Code*	IA	
29	Zip+4*	50125-1836	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2136692DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2136692DE	
23	Legal Name*	DES MOINES PERFORMING ARTS	
24	Address Line 1*	221 Walnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2104	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107593DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107593DE	
23	Legal Name*	DES MOINES PLAYHOUSE	
24	Address Line 1*	831 42nd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50312-2613	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132065DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132065DE	
23	Legal Name*	DES MOINES SYMPHONY	
24	Address Line 1*	1011 Locust St	
25	Address Line 2	#200	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2811	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132163DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132163DU	
23	Legal Name*	DUBUQUE COUNTY HISTORICA	
24	Address Line 1*	350 E 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-2302	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2095960DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2095960DU	
23	Legal Name*	DUBUQUE SYMPHONY ORCHESTRA	
24	Address Line 1*	2728 Asbury Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-2971	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128794EL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128794EL	
23	Legal Name*	ELDORA CITY OF	
24	Address Line 1*	1442 Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eldora	
28	State Code*	IA	
29	Zip+4*	50627-1633	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2125591EN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2125591EN	
23	Legal Name*	ENGLERT CIVIC THEATRE INC	
24	Address Line 1*	221 E Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-3952	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3006683FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3006683FA	
23	Legal Name*	FAVORITE HEALTCARE STAF	
24	Address Line 1*	PO BOX 26225	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Overland Park	
28	State Code*	KS	
29	Zip+4*	66225-6225	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132319FI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132319FI	
23	Legal Name*	FIGGE ART MUSEUM	
24	Address Line 1*	225 W 2nd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1804	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3115501FI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3115501FI	
23	Legal Name*	FILMSCENE	
24	Address Line 1*	118 E College St	
25	Address Line 2	SUITE 101	
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52240-4027	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128535FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128535FO	
23	Legal Name*	FORT DODGE CORRECTIONAL FACILITY	
24	Address Line 1*	1550 L St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-5766	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129043GL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129043GL	
23	Legal Name*	GLENWOOD CITY OF	
24	Address Line 1*	107 S Locust St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Glenwood	
28	State Code*	IA	
29	Zip+4*	51534-1773	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113812GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113812GR	
23	Legal Name*	GRAND OPERA HOUSE THE	
24	Address Line 1*	135 W 8th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-6810	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106521GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106521GR	
23	Legal Name*	GREATER DES MOINES BOTANICAL GARDEN	
24	Address Line 1*	909 Robert D Ray Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2854	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3186773GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3186773GR	
23	Legal Name*	GRUNDY COUNTY HERITAGE CENTER LLC	
24	Address Line 1*	16250 N Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Holland	
28	State Code*	IA	
29	Zip+4*	50642-8122	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130860HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130860HA	
23	Legal Name*	HAMILTON COUNTY	
24	Address Line 1*	2300 Superior St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Webster City	
28	State Code*	IA	
29	Zip+4*	50595-3158	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129010HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129010HA	
23	Legal Name*	HANCOCK COUNTY TREASURER	
24	Address Line 1*	PO BOX 70	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Garner	
28	State Code*	IA	
29	Zip+4*	50438-0070	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2104736HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2104736HA	
23	Legal Name*	HARMONY TELEPHONE COMPANY	
24	Address Line 1*	35 1st Ave NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Harmony	
28	State Code*	MN	
29	Zip+4*	55939-1209	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108521HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108521HE	
23	Legal Name*	HERBERT HOOVER PRESI-	
24	Address Line 1*	PO BOX 696	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Branch	
28	State Code*	IA	
29	Zip+4*	52358-0696	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0026900HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0026900HO	
23	Legal Name*	HOA HOTELS LLC	
24	Address Line 1*	1501 River Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Moline	
28	State Code*	IL	
29	Zip+4*	61265-1307	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	17	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121918HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121918HO	
23	Legal Name*	HOYT SHERMAN PLACE FOUNDATION	
24	Address Line 1*	1501 Woodland Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-3213	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129218HU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129218HU	
23	Legal Name*	HULL CITY OF	
24	Address Line 1*	1133 Maple St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hull	
28	State Code*	IA	
29	Zip+4*	51239-7720	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2123091IO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2123091IO	
23	Legal Name*	IOWA CHILDREN'S MUSEUM	
24	Address Line 1*	1451 Coral Ridge Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Coralville	
28	State Code*	IA	
29	Zip+4*	52241-2800	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 026900JOH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	026900JOH	
23	Legal Name*	JOHNNYS ITALIAN STEAKHOUSE LLC	
24	Address Line 1*	1501 River Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Moline	
28	State Code*	IL	
29	Zip+4*	61265-1307	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	17	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127523JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127523JO	
23	Legal Name*	JONES CO TREASURER	
24	Address Line 1*	PO BOX 79	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anamosa	
28	State Code*	IA	
29	Zip+4*	52205-0079	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105825KE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105825KE	
23	Legal Name*	KEY COOPERATIVE	
24	Address Line 1*	13585 620th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Roland	
28	State Code*	IA	
29	Zip+4*	50236-8061	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3186562KK

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3186562KK	
23	Legal Name*	KK3 LLC	
24	Address Line 1*	503 Highway 175	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Danbury	
28	State Code*	IA	
29	Zip+4*	51019-7712	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129489KN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129489KN	
23	Legal Name*	KNOXVILLE CITY OF	
24	Address Line 1*	305 S 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Knoxville	
28	State Code*	IA	
29	Zip+4*	50138-2255	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129590LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129590LI	
23	Legal Name*	LISBON CITY OF	
24	Address Line 1*	PO BOX 68	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lisbon	
28	State Code*	IA	
29	Zip+4*	52253-0068	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132398LI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132398LI	
23	Legal Name*	LIVING HISTORY FARMS	
24	Address Line 1*	2600 111th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Urbandale	
28	State Code*	IA	
29	Zip+4*	50322-3724	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127913LU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			Not Verified
22	Identification Number	2127913LU		
23	Legal Name*	LUCAS COUNTY TREASURER		
24	Address Line 1*	916 Braden Ave		
25	Address Line 2	#9		
26	Address Line 3			
27	City Name*	Chariton		
28	State Code*	IA		
29	Zip+4*	50049-1700		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*			
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 2130320LY

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130320LY	
23	Legal Name*	LYON COUNTY TREASURER	
24	Address Line 1*	206 S 2nd Ave Ste 203	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rock Rapids	
28	State Code*	IA	
29	Zip+4*	51246-1538	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130954MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130954MA	
23	Legal Name*	MADISON COUNTY TREASURER	
24	Address Line 1*	201 W Court Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winterset	
28	State Code*	IA	
29	Zip+4*	50273-1604	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3186388MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3186388MA	
23	Legal Name*	MARTELLE COOPERATIVE TELEPHONE ASSOCIATION	
24	Address Line 1*	204 South St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Martelle	
28	State Code*	IA	
29	Zip+4*	52305-7707	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107953MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107953MI	
23	Legal Name*	MIDWEST OLD SETTLERS AND THRESHERS ASSOC	
24	Address Line 1*	405 E Thresher Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Pleasant	
28	State Code*	IA	
29	Zip+4*	52641-2584	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130284MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130284MO	
23	Legal Name*	MONTGOMERY CO TREASURER	
24	Address Line 1*	105 E Coolbaugh St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Red Oak	
28	State Code*	IA	
29	Zip+4*	51566-6007	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129902MU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129902MU	
23	Legal Name*	MUSCATINE COUNTY	
24	Address Line 1*	414 E 3rd St Ste 201	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Muscatine	
28	State Code*	IA	
29	Zip+4*	52761-4143	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3006510MU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3006510MU	
23	Legal Name*	MUSEUM OF DANISH AMERICA	
24	Address Line 1*	2212 Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Elk Horn	
28	State Code*	IA	
29	Zip+4*	51531-2116	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2136720NA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2136720NA	
23	Legal Name*	NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY	
24	Address Line 1*	1400 Inspiration Pl SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-5918	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2135176NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2135176NE	
23	Legal Name*	NEBRASKA METHODIST HEALTH SYSTEM	
24	Address Line 1*	825 S 169th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Omaha	
28	State Code*	NE	
29	Zip+4*	68118-9300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129953NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129953NE	
23	Legal Name*	NEW HAMPTON CITY OF	
24	Address Line 1*	112 E Spring St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New Hampton	
28	State Code*	IA	
29	Zip+4*	50659-1470	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129985NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129985NE	
23	Legal Name*	NEWTON CITY OF	
24	Address Line 1*	PO BOX 399	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Newton	
28	State Code*	IA	
29	Zip+4*	50208-0399	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3045809NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3045809NO	
23	Legal Name*	NORTH IOWA CUTURAL CENTER AND MUSEUM	
24	Address Line 1*	460 N Shore Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clear Lake	
28	State Code*	IA	
29	Zip+4*	50428-1373	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130257OB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130257OB	
23	Legal Name*	OBRIEN COUNTY TREASURER	
24	Address Line 1*	PO BOX 380	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Primghar	
28	State Code*	IA	
29	Zip+4*	51245-0380	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2118587OR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2118587OR	
23	Legal Name*	ORPHEUM THEATRE PRESERVATION PROJECT	
24	Address Line 1*	PO BOX 5074	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51102-5074	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109636PE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109636PE	
23	Legal Name*	PEARSON LAKES ART CENTER	
24	Address Line 1*	2201 HWY 71	
25	Address Line 2	PO BOX 255	
26	Address Line 3		
27	City Name*	OKOBOJI	
28	State Code*	IA	
29	Zip+4*	51355	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2135956PE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2135956PE	
23	Legal Name*	PEOPLE SERVICES CENTER INC (DBA CATCH INTELLIGENCE)	
24	Address Line 1*	602 N 129th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Omaha	
28	State Code*	NE	
29	Zip+4*	68154-6107	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107254PU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107254PU	
23	Legal Name*	PUTNAM MUSEUM	
24	Address Line 1*	1717 W 12th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52804-3547	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108978RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108978RO	
23	Legal Name*	ROBINS CITY OF	
24	Address Line 1*	265 S 2nd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Robins	
28	State Code*	IA	
29	Zip+4*	52328-9752	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130335RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130335RO	
23	Legal Name*	ROCK VALLEY CITY OF	
24	Address Line 1*	PO BOX 100	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rock Valley	
28	State Code*	IA	
29	Zip+4*	51247-0100	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3186140RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3186140RO	
23	Legal Name*	ROCKWELL COOPERATIVE TELEPHONE ASSOCIATION	
24	Address Line 1*	111 4th St N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockwell	
28	State Code*	IA	
29	Zip+4*	50469-7714	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121108SA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121108SA	
23	Legal Name*	SALISBURY HOUSE FOUND	
24	Address Line 1*	4025 Tonawanda Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50312-2909	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132356SC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132356SC	
23	Legal Name*	SCIENCE CENTER OF IOWA	
24	Address Line 1*	401 Martin Luther King Jr Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-4776	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131083SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131083SI	
23	Legal Name*	SIOUX CITY SYMPHONY ORCHESTRA	
24	Address Line 1*	520 Pierce St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51101-1243	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130536SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130536SO	
23	Legal Name*	SOLON CITY OF	
24	Address Line 1*	101 N Iowa St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Solon	
28	State Code*	IA	
29	Zip+4*	52333-8995	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130609ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130609ST	
23	Legal Name*	STORY CITY CITY OF	
24	Address Line 1*	504 Broad St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Story City	
28	State Code*	IA	
29	Zip+4*	50248-1134	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3082086ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3082086ST	
23	Legal Name*	STUS PETROLEUM	
24	Address Line 1*	1400 Valley West Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-1105	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108759TI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108759TI	
23	Legal Name*	TIFFIN CITY OF	
24	Address Line 1*	PO BOX 259	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tiffin	
28	State Code*	IA	
29	Zip+4*	52340-0259	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127837UN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127837UN	
23	Legal Name*	UNIVERSITY OF NORTHERN IOWA	
24	Address Line 1*	213 East Bartlett	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Falls	
28	State Code*	IA	
29	Zip+4*	50614-0001	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2139815US

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2139815US	
23	Legal Name*	US CELLULAR	
24	Address Line 1*	8410 W Bryn Mawr Ave	
25	Address Line 2	STE 700	
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60631-3408	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129462VA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129462VA	
23	Legal Name*	VAN BUREN CO TREASURER	
24	Address Line 1*	PO BOX 473	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Keosauqua	
28	State Code*	IA	
29	Zip+4*	52565-0473	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2130157WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130157WA	
23	Legal Name*	WAPELLO COUNTY TREASURER	
24	Address Line 1*	102 E Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-2948	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107909WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			Not Verified
22	Identification Number	2107909WA		
23	Legal Name*	WATERLOO-CEDAR FALLS SYMPHONY ORCHESTRA		
24	Address Line 1*	8201 Dakota St		
25	Address Line 2	GBPAC #17		
26	Address Line 3			
27	City Name*	Cedar Falls		
28	State Code*	IA		
29	Zip+4*	50614-0019		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 2130011WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2130011WO	
23	Legal Name*	WORTH CO TREASURER	
24	Address Line 1*	PO BOX 257	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Northwood	
28	State Code*	IA	
29	Zip+4*	50459-0257	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0000797FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0000797FA	
23	Legal Name*	FAMILY MGMT FINANCIAL SOLUTIONS	
24	Address Line 1*	359 Rock Island Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50701-5301	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 5830012PT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	5830012PT	
23	Legal Name*	PANGAEA TECHNOLOGY INC.	
24	Address Line 1*	1250 Corona Pointe Ct	
25	Address Line 2	SUITE 402	
26	Address Line 3		
27	City Name*	Corona	
28	State Code*	CA	
29	Zip+4*	92879-2099	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	42	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106541ST

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106541ST	
23	Legal Name*	STRATFORD MUTUAL TELEPHONE COMPANY	
24	Address Line 1*	1001 Tennyson Ave	
25	Address Line 2	PO BOX 438	
26	Address Line 3		
27	City Name*	Stratford	
28	State Code*	IA	
29	Zip+4*	50249-7725	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105671CI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105671CI	
23	Legal Name*	CITIZENS MUTUAL TELEPHONE COOPERATIVE	
24	Address Line 1*	114 W Jefferson St	
25	Address Line 2	PO BOX 130	
26	Address Line 3		
27	City Name*	Bloomfield	
28	State Code*	IA	
29	Zip+4*	52537-1609	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132646FM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132646FM	
23	Legal Name*	FMTC-I35, INC. DBA OMNITEL COM	
24	Address Line 1*	608 E Congress St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nora Springs	
28	State Code*	IA	
29	Zip+4*	50458-8634	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3187763HE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3187763HE	
23	Legal Name*	HEART OF IOWA VENTURES, LLC	
24	Address Line 1*	502 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Union	
28	State Code*	IA	
29	Zip+4*	50258-7711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108638IA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108638IA	
23	Legal Name*	IAMO COMMUNICATIONS, INC.	
24	Address Line 1*	104 Crook St	
25	Address Line 2	PO BOX 368	
26	Address Line 3		
27	City Name*	Coin	
28	State Code*	IA	
29	Zip+4*	51636-2039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132646IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132646IN	
23	Legal Name*	INTERSTATE CABLEVISION, LLC DBA OMNITEL COM	
24	Address Line 1*	608 E Congress St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nora Springs	
28	State Code*	IA	
29	Zip+4*	50458-8634	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3185794KA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3185794KA	
23	Legal Name*	KALONA CO-OPERATIVE TELEPHONE CO.	
24	Address Line 1*	510 B Ave	
25	Address Line 2	P.O. Box 1208	
26	Address Line 3		
27	City Name*	Kalona	
28	State Code*	IA	
29	Zip+4*	52247-7720	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0008018LT

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0008018LT	
23	Legal Name*	LTD BROADBAND, LLC	
24	Address Line 1*	2435 PRAIRIE ST GERING NE 69341	
25	Address Line 2	PO BOX 3064	
26	Address Line 3		
27	City Name*	BLOOMING PRAIRIE	
28	State Code*	MN	
29	Zip+4*	55917	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181412ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181412ME	
23	Legal Name*	MEDIAPOLIS TELEPHONE COMPANY	
24	Address Line 1*	652 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mediapolis	
28	State Code*	IA	
29	Zip+4*	52637-7731	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184322SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184322SH	
23	Legal Name*	SHELLBURG CABLEVISION, INC. DBA USA COM	
24	Address Line 1*	124 Main St SW	
25	Address Line 2	PO BOX 390	
26	Address Line 3		
27	City Name*	Shellsburg	
28	State Code*	IA	
29	Zip+4*	52332-9727	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3185690SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3185690SP	
23	Legal Name*	SPRING GROVE COMMUNICATIONS	
24	Address Line 1*	166 W Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spring Grove	
28	State Code*	MN	
29	Zip+4*	55974-1444	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3190963BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3190963BO	
23	Legal Name*	BOWLERAMA INC	
24	Address Line 1*	1313 E Diehl Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50315-5320	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3026006BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3026006BU	
23	Legal Name*	BURLINGTON BASEBALL ASSOCIATION	
24	Address Line 1*	PO BOX 824	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-0824	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3025557CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3025557CE	
23	Legal Name*	CEDAR RAPIDS BALL CLUB	
24	Address Line 1*	PO BOX 2001	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52406-2001	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3043994CI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3043994CI	
23	Legal Name*	CIT CHARTERS INC	
24	Address Line 1*	PO BOX 643	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-0643	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2105695CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2105695CO	
23	Legal Name*	COLO TELEPHONE COMPANY	
24	Address Line 1*	516 Sherman St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Menlo	
28	State Code*	IA	
29	Zip+4*	50164-1027	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106160DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106160DU	
23	Legal Name*	DUMONT TELEPHONE COMPANY	
24	Address Line 1*	506 Pine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dumont	
28	State Code*	IA	
29	Zip+4*	50625-7748	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2114748GR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2114748GR	
23	Legal Name*	GREATER DM BASEBALL CO	
24	Address Line 1*	1 Line Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-4640	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108128HA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108128HA	
23	Legal Name*	HAWKEYE STAGES INC	
24	Address Line 1*	703 Dudley St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Decorah	
28	State Code*	IA	
29	Zip+4*	52101-2438	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3113167KI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3113167KI	
23	Legal Name*	KIMBERLY ENTERTAINMENT LLC	
24	Address Line 1*	2902 E Kimberly Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52807-2365	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3171625LO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3171625LO	
23	Legal Name*	LOCKRIDGE NETWORKS	
24	Address Line 1*	1201 Strome St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Seymour	
28	State Code*	IA	
29	Zip+4*	52590-1147	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3012619MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3012619MA	
23	Legal Name*	MAIN STREET IOWA LLC	
24	Address Line 1*	209 S Gaines St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52802-1403	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3192161MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3192161MI	
23	Legal Name*	MINNESOTA HOCKEY VENTURES GROUP LP	
24	Address Line 1*	317 Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Saint Paul	
28	State Code*	MN	
29	Zip+4*	55102-1609	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3114417MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3114417MI	
23	Legal Name*	MINNESOTA TIMBERWOLVES BASKETBALL LIMITED PAR	
24	Address Line 1*	730 3rd St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1302	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3173176NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3173176NO	
23	Legal Name*	NORTHERN LIGHTS HOCKEY LLC	
24	Address Line 1*	1800 Admiral Sheehy Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-2379	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108933NO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108933NO	
23	Legal Name*	NORTHWEST TELEPHONE COOP	
24	Address Line 1*	844 Wood St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Havelock	
28	State Code*	IA	
29	Zip+4*	50546-7593	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2126446OS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2126446OS	
23	Legal Name*	OSAGE MUNICIPAL TELECOM	
24	Address Line 1*	720 Chestnut St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osage	
28	State Code*	IA	
29	Zip+4*	50461-1462	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3190916RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3190916RO	
23	Legal Name*	ROSEBROS LLC	
24	Address Line 1*	1411 Grandview Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Muscatine	
28	State Code*	IA	
29	Zip+4*	52761-1554	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3059336SC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3059336SC	
23	Legal Name*	SCM LLC	
24	Address Line 1*	401 Gordon Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51101-1708	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3192160SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3192160SI	
23	Legal Name*	SIOUX CITY BANDITS FOOTBALL LLC	
24	Address Line 1*	401 Gordon Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51101-1708	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2103452SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2103452SI	
23	Legal Name*	SIOUX CITY EXPLORERS	
24	Address Line 1*	3400 Line Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51106-5105	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3190929SS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3190929SS	
23	Legal Name*	SSCD LLC	
24	Address Line 1*	1900 Madison Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-5250	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3190970BE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3190970BE	
23	Legal Name*	THE BETTPLEX	
24	Address Line 1*	4850 COMPETITION DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BETTENDORF	
28	State Code*	IA	
29	Zip+4*	52722	Address Unverifiable
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3190897TR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3190897TR	
23	Legal Name*	TRCKA ENTERTAINMENTS INC	
24	Address Line 1*	1648 Trent St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-1433	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3007118TB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3007118TB	
23	Legal Name*	T-BOWL INVESTMENTS INC	
24	Address Line 1*	100 Ashworth Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50265-3735	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3089041WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3089041WA	
23	Legal Name*	WATERLOO BALL CLUB LLC	
24	Address Line 1*	850 Park Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50703-5645	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3107939WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3107939WA	
23	Legal Name*	WATERLOO BLACK HAWKS HOCKEY LLC	
24	Address Line 1*	PO BOX 2222	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50704-2222	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3006161WS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3006161WS	
23	Legal Name*	WS LINES INC	
24	Address Line 1*	PO BOX 786	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Carroll	
28	State Code*	IA	
29	Zip+4*	51401-0786	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2090272BU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2090272BU	
23	Legal Name*	BURLINGTON AREA YMCA INC	
24	Address Line 1*	2410 Mount Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-2764	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3193200LE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3193200LE	
23	Legal Name*	LEMARS AREA FAMILY YMCA	
24	Address Line 1*	241 12th St SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Le Mars	
28	State Code*	IA	
29	Zip+4*	51031-2528	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2129376MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2129376MA	
23	Legal Name*	MARSHALLTOWN YMCA	
24	Address Line 1*	108 Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marshalltown	
28	State Code*	IA	
29	Zip+4*	50158-2844	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2119085WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2119085WO	
23	Legal Name*	WORLD FOOD PRIZE FOUNDATION	
24	Address Line 1*	100 Locust St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-1767	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110818AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110818AL	
23	Legal Name*	ALL MAKES OFFICE EQUIPMENT CO. OF DES MOINES	
24	Address Line 1*	500 E Court Ave	
25	Address Line 2	#150	
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2057	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2102525BA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2102525BA	
23	Legal Name*	BAYCOM INC	
24	Address Line 1*	2040 Radisson St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Green Bay	
28	State Code*	WI	
29	Zip+4*	54302-2054	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3044597CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3044597CO	
23	Legal Name*	CONTRADO BBH HOLDINGS LLC	
24	Address Line 1*	PO BOX 743679	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlanta	
28	State Code*	GA	
29	Zip+4*	30374-3679	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	5	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108708IN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108708IN	
23	Legal Name*	INFOMAX OFFICE SYSTEMS	
24	Address Line 1*	1010 Illinois St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-3047	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127538AN

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127538AN	
23	Legal Name*	ANAMOSA STATE PENITENTIARY	
24	Address Line 1*	406 N High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anamosa	
28	State Code*	IA	
29	Zip+4*	52205-1157	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184573ET

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184573ET	
23	Legal Name*	ETERNITY CHURCH	
24	Address Line 1*	8980 Hickman Rd STE 100	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clive	
28	State Code*	IA	
29	Zip+4*	50325-5305	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2131381CS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2131381CS	
23	Legal Name*	IOWA CITY COMM SCH DIST	
24	Address Line 1*	1725 N Dodge St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Iowa City	
28	State Code*	IA	
29	Zip+4*	52245-9589	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0024400MC

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0024400MC	
23	Legal Name*	IOWA MEDICAL & CLASSIFICATION CENTER	
24	Address Line 1*	2700 Coral Ridge Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Coralville	
28	State Code*	IA	
29	Zip+4*	52241-4708	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128999SP

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128999SP	
23	Legal Name*	IOWA STATE PENITENTIARY	
24	Address Line 1*	PO BOX 316	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Madison	
28	State Code*	IA	
29	Zip+4*	52627-0316	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2127528JO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2127528JO	
23	Legal Name*	JONES CO BOARD OF SUPERVISORS	
24	Address Line 1*	PO BOX 109	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anamosa	
28	State Code*	IA	
29	Zip+4*	52205-0109	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128707MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128707MO	
23	Legal Name*	MT PLEASANT CORRECTIONAL FACILITY	
24	Address Line 1*	1200 E Washington St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Pleasant	
28	State Code*	IA	
29	Zip+4*	52641-1804	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128557PO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128557PO	
23	Legal Name*	POLK COUNTY EMA	
24	Address Line 1*	1907 Carpenter Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50314-1310	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 0059500PS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	0059500PS	
23	Legal Name*	PUBLIC SAFETY, DEPT OF - STATE PATROL	
24	Address Line 1*	215 E 7th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50319-1902	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2137454EX

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2137454EX	
23	Legal Name*	EXECUTIVE INFORMATION SYSTEMS LLC	
24	Address Line 1*	PO BOX 34076	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bethesda	
28	State Code*	MD	
29	Zip+4*	20827-0076	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108197PI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108197PI	
23	Legal Name*	PIGOTT INC	
24	Address Line 1*	3815 Ingersoll Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50312-3412	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2116026AL

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2116026AL	
23	Legal Name*	ALGONA FAMILY YMCA	
24	Address Line 1*	2101 E McGregor St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Algona	
28	State Code*	IA	
29	Zip+4*	50511-3000	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107613AM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107613AM	
23	Legal Name*	AMERICAN HOME FINDING ASSOCIATION	
24	Address Line 1*	PO BOX 656	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-0656	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2089903BH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2089903BH	
23	Legal Name*	B&H FOTO & ELECTRONICS	
24	Address Line 1*	PO BOX 28072	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New York	
28	State Code*	NY	
29	Zip+4*	10087-8072	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	10	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2132212BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2132212BO	
23	Legal Name*	BOYS & GIRLS CLUB OF CENTRAL IOWA	
24	Address Line 1*	1421 Walker St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50316-3471	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2134760BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2134760BO	
23	Legal Name*	BOYS & GIRLS CLUBS OF THE MIDLANDS	
24	Address Line 1*	2606 Hamilton St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Omaha	
28	State Code*	NE	
29	Zip+4*	68131-1640	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108991BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108991BO	
23	Legal Name*	BOYS AND GIRLS CLUB OF AMES INC	
24	Address Line 1*	210 S 5th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-6821	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109881BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109881BO	
23	Legal Name*	BOYS AND GIRLS CLUBS OF SIOUXLAND INC	
24	Address Line 1*	823 Pearl St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sioux City	
28	State Code*	IA	
29	Zip+4*	51101-1040	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121925BO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121925BO	
23	Legal Name*	BOYS AND GIRLS OF CEDAR RAPIDS	
24	Address Line 1*	420 6th St SE STE 240	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-1906	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3094051BR

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3094051BR	
23	Legal Name*	BRUNOW CONTRACTING LLC	
24	Address Line 1*	1851 Madison Ave STE 490	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51503-3607	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107228CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107228CA	
23	Legal Name*	CAMP FIRE USA HEART OF T	
24	Address Line 1*	5615 Hickman Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50310-1119	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110365CA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110365CA	
23	Legal Name*	CAMP FOSTER YOUNG MENS CHRISTIAN ASSOCIATION	
24	Address Line 1*	1900 41st St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Spirit Lake	
28	State Code*	IA	
29	Zip+4*	51360-7626	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2100942CD

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2100942CD	
23	Legal Name*	CDW GOVERNMENT INC	
24	Address Line 1*	75 Remittance Dr DEPT 1515	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60675-1515	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3192516CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3192516CE	
23	Legal Name*	CEDAR RAPIDS INFERNO SOCCER CLUB	
24	Address Line 1*	865 Bentley Dr UNIT 9	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Marion	
28	State Code*	IA	
29	Zip+4*	52302-1293	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3056918CE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3056918CE	
23	Legal Name*	CEDAR RIVER RECREATION & FINE ARTS COMPLEX	
24	Address Line 1*	809 Sawyer Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Osage	
28	State Code*	IA	
29	Zip+4*	50461-1402	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106975CH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106975CH	
23	Legal Name*	CHRISTIAN HOME ASSOCIATION CHILDRENS SQUARE	
24	Address Line 1*	PO BOX 8C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Council Bluffs	
28	State Code*	IA	
29	Zip+4*	51502-3008	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3044702CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3044702CO	
23	Legal Name*	COMPUTER AID INC	
24	Address Line 1*	PO BOX 785526	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Philadelphia	
28	State Code*	PA	
29	Zip+4*	19178-5526	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3072465CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3072465CO	
23	Legal Name*	COURAGE LEAGUE SPORTS	
24	Address Line 1*	5443 Beechtree Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50266-6915	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2128588DE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2128588DE	
23	Legal Name*	DES MOINES WATER WORKS	
24	Address Line 1*	2201 George Flagg Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50321-1174	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3173177DS

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3173177DS	
23	Legal Name*	DSM HOCKEY LLC	
24	Address Line 1*	7201 Hickman Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Urbandale	
28	State Code*	IA	
29	Zip+4*	50322-4736	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109712DU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109712DU	
23	Legal Name*	DUBUQUE COMMUNITY Y	
24	Address Line 1*	35 N Booth St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-7332	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107560EA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107560EA	
23	Legal Name*	EASTER SEAL SOCIETY OF IOWA INC	
24	Address Line 1*	401 NE 66th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50313-1243	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107397FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107397FA	
23	Legal Name*	FAMILY RESOURCES INC	
24	Address Line 1*	2800 Eastern Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52803-2012	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106972FA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106972FA	
23	Legal Name*	FAMILY YMCA OF CHARLES CITY	
24	Address Line 1*	800 Hulin St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Charles City	
28	State Code*	IA	
29	Zip+4*	50616-2149	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2112550FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2112550FO	
23	Legal Name*	FOUNDATION 2 INC	
24	Address Line 1*	1714 Johnson Ave NW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52405-4865	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110803FO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110803FO	
23	Legal Name*	FOUR OAKS FAMILY AND CHILDRENS SERVICES	
24	Address Line 1*	5400 Kirkwood Blvd SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-5216	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3167098GE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3167098GE	
23	Legal Name*	GENESIS INCORPORATED	
24	Address Line 1*	PO BOX 263	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50301-0263	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3187150HI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3187150HI	
23	Legal Name*	HIGHLAND PARK COMMUNITY DEVELOPMENT ASSOC	
24	Address Line 1*	4101 Amherst St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50313-3761	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input checked="" type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2107078HI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107078HI	
23	Legal Name*	HILLCREST FAMILY SERVICE	
24	Address Line 1*	2005 Asbury Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dubuque	
28	State Code*	IA	
29	Zip+4*	52001-3042	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107057HO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107057HO	
23	Legal Name*	HOERNER YMCA OF KEOKUK	
24	Address Line 1*	2126 Plank Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Keokuk	
28	State Code*	IA	
29	Zip+4*	52632-2843	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3123460ID

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3123460ID	
23	Legal Name*	IDA GROVE CITY OF	
24	Address Line 1*	311 Barnes St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ida Grove	
28	State Code*	IA	
29	Zip+4*	51445-1409	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3175135CO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3175135CO	
23	Legal Name*	IOWA CONGOLESE ORGANIZATION AND CENTER	
24	Address Line 1*	509 SE Peterson Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ankeny	
28	State Code*	IA	
29	Zip+4*	50021-3438	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107463LU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107463LU	
23	Legal Name*	LUTHERAN SERVICES IN IOWA INC	
24	Address Line 1*	3125 Cottage Grove Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50311-3809	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/>	State Government
		<input type="checkbox"/>	County Government
		<input type="checkbox"/>	City or Township Government
		<input type="checkbox"/>	Special District Government
		<input type="checkbox"/>	Independent School District
		<input type="checkbox"/>	Public/State Controlled Institution of Higher Education
		<input type="checkbox"/>	Indian/Native American Tribal Government (Federally Recognized)
		<input type="checkbox"/>	Indian/Native American Tribal Designated Organization
		<input type="checkbox"/>	Public/Indian Housing Authority
		<input checked="" type="checkbox"/>	Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
		<input type="checkbox"/>	Private Institution of Higher Education
		<input type="checkbox"/>	For-Profit Organization (Other than Small Business)
		<input type="checkbox"/>	Small Business
		<input type="checkbox"/>	Hispanic-serving Institution
		<input type="checkbox"/>	Historically Black College or University (HBCU)
		<input type="checkbox"/>	Tribally Controlled College or University (TCCU)
		<input type="checkbox"/>	Alaska Native and Native Hawaiian Serving Institutions
		<input type="checkbox"/>	Non-domestic (non-U.S.) Entity
		<input type="checkbox"/>	Other

Sub Screen: Sub-Recipient: 2106983MA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106983MA	
23	Legal Name*	MASON CITY FAMILY YMCA-YOUNG MENS CHRISTIAN A	
24	Address Line 1*	1840 S Monroe Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-5681	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3190265ME

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3190265ME	
23	Legal Name*	MERCY REHABILITATION HOSPITAL LLC	
24	Address Line 1*	1401 Campus Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clive	
28	State Code*	IA	
29	Zip+4*	50325-6500	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2109074MI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2109074MI	
23	Legal Name*	MIDWEST CHRISTIAN SERVIC	
24	Address Line 1*	4509 20th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Peterson	
28	State Code*	IA	
29	Zip+4*	51047-7524	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2121898MO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2121898MO	
23	Legal Name*	MONTGOMERY COUNTY YMCA	
24	Address Line 1*	101 E Cherry St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Red Oak	
28	State Code*	IA	
29	Zip+4*	51566-1076	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106999MU

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106999MU	
23	Legal Name*	MUSCATINE COMMUNITY Y	
24	Address Line 1*	1823 Logan St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Muscatine	
28	State Code*	IA	
29	Zip+4*	52761-2434	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3002527NE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3002527NE	
23	Legal Name*	NEWCO RIDERS LLC	
24	Address Line 1*	1100 Rockford Rd SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52404-1858	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2101464PE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2101464PE	
23	Legal Name*	PEOSTA CITY OF	
24	Address Line 1*	PO BOX 65	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Peosta	
28	State Code*	IA	
29	Zip+4*	52068-0065	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2097059RA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2097059RA	
23	Legal Name*	RATHBUN LAKE AREA YMCA	
24	Address Line 1*	708 S Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Centerville	
28	State Code*	IA	
29	Zip+4*	52544-2422	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3194285RE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3194285RE	
23	Legal Name*	REC CENTER LTD THE	
24	Address Line 1*	200 E Monroe St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mount Pleasant	
28	State Code*	IA	
29	Zip+4*	52641-1917	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3185572RO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3185572RO	
23	Legal Name*	ROUTER12 NETWORKS LLC	
24	Address Line 1*	402 19th St SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mason City	
28	State Code*	IA	
29	Zip+4*	50401-6435	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3192789SH

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3192789SH	
23	Legal Name*	SHALOM COMMUNITY IMPACT CENTER	
24	Address Line 1*	7605 Aurora Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Urbandale	
28	State Code*	IA	
29	Zip+4*	50322-1759	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107551SI

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107551SI	
23	Legal Name*	SIOUX VALLEY MEMORIAL HOSPITAL	
24	Address Line 1*	300 Sioux Valley Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cherokee	
28	State Code*	IA	
29	Zip+4*	51012-1205	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2122010SO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2122010SO	
23	Legal Name*	SOUTHERN PRAIRIE YMCA	
24	Address Line 1*	1201 W Townline St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Creston	
28	State Code*	IA	
29	Zip+4*	50801-1036	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107008WA

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107008WA	
23	Legal Name*	WARTBURG COLLEGE	
24	Address Line 1*	100 Wartburg Blvd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waverly	
28	State Code*	IA	
29	Zip+4*	50677-2215	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input checked="" type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3184186WE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3184186WE	
23	Legal Name*	WEST DES MOINES WATER WORKS	
24	Address Line 1*	1505 Railroad Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	West Des Moines	
28	State Code*	IA	
29	Zip+4*	50265-4300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2123023WO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2123023WO	
23	Legal Name*	WOODWARD YOUTH CORPORATION	
24	Address Line 1*	6200 Aurora Ave STE 400W	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Urbandale	
28	State Code*	IA	
29	Zip+4*	50322-2868	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2106961YM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2106961YM	
23	Legal Name*	YMCA CEDAR RAPIDS METRO	
24	Address Line 1*	207 7th Ave SE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cedar Rapids	
28	State Code*	IA	
29	Zip+4*	52401-2001	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107316YM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107316YM	
23	Legal Name*	YMCA OF BLACKHAWK CO	
24	Address Line 1*	669 S Hackett Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waterloo	
28	State Code*	IA	
29	Zip+4*	50701-5632	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3093918YM

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3093918YM	
23	Legal Name*	YMCA OF GREATER OMAHA	
24	Address Line 1*	430 S 20th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Omaha	
28	State Code*	NE	
29	Zip+4*	68102-2506	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2110398YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2110398YO	
23	Legal Name*	YOUNG HOUSE FAMILY SERVICES INCORPORATED	
24	Address Line 1*	400 S Broadway St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Burlington	
28	State Code*	IA	
29	Zip+4*	52601-9407	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2108459YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2108459YO	
23	Legal Name*	YOUNG MENS CHRISTIAN ASSOCIATION	
24	Address Line 1*	1100 Maple St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Atlantic	
28	State Code*	IA	
29	Zip+4*	50022-2300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107105YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107105YO	
23	Legal Name*	YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER	
24	Address Line 1*	501 Grand Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Des Moines	
28	State Code*	IA	
29	Zip+4*	50309-2406	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107681YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107681YO	
23	Legal Name*	YOUNG MENS CHRISTIAN ASSOCIATION OF OTTUMWA I	
24	Address Line 1*	611 N Hancock St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ottumwa	
28	State Code*	IA	
29	Zip+4*	52501-4233	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3181500YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3181500YO	
23	Legal Name*	YOUNG MENS CHRISTIAN ASSOCIATION OF WASH	
24	Address Line 1*	PO BOX 887	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Washington	
28	State Code*	IA	
29	Zip+4*	52353-0887	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 3194313YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	3194313YO	
23	Legal Name*	YOUNG MENS CHRISTIAN ASSTN OF THE IOWA MISSIS	
24	Address Line 1*	630 E 4th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Davenport	
28	State Code*	IA	
29	Zip+4*	52801-1713	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2112004YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2112004YO	
23	Legal Name*	YOUTH & SHELTER SERVICES	
24	Address Line 1*	PO BOX 1628	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Ames	
28	State Code*	IA	
29	Zip+4*	50010-1628	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107112YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107112YO	
23	Legal Name*	YOUTH HOMES OF MID AMERICA	
24	Address Line 1*	PO BOX 39	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Johnston	
28	State Code*	IA	
29	Zip+4*	50131-0039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2113459YO

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2113459YO	
23	Legal Name*	YOUTH SHELTER CARE OF NORTH CENTRAL IOWA INC	
24	Address Line 1*	301 Avenue M W	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fort Dodge	
28	State Code*	IA	
29	Zip+4*	50501-5623	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	4	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2107623YW

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2107623YW	
23	Legal Name*	YWCA OF CLINTON IOWA	
24	Address Line 1*	317 7th Ave S	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Clinton	
28	State Code*	IA	
29	Zip+4*	52732-5635	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 2144892ZE

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		Not Verified
22	Identification Number	2144892ZE	
23	Legal Name*	ZETRON INC	
24	Address Line 1*	12034 134th Ct NE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Redmond	
28	State Code*	WA	
29	Zip+4*	98052-2445	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Contract: IDALS - 1138

34	Sub-Recipient Organization (Contractor)*	IOWA CATTLEMENS FOUNDATION-2121640CA		
35	Contract Number*	IDALS - 1138		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$100,000.00		
38	Contract Date *	06/30/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2055 Ironwood Ct		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ames		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50014-7874		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	Ground beef and Pork processing to be done at ISU		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/12/2020	12/08/2020	\$100,000.00	Food Programs	
Total:						\$100,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: IDALS-0132

34	Sub-Recipient Organization (Contractor)*	IOWA STATE UNIVERSITY-2127464ST		
35	Contract Number*	IDALS-0132		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$703,951.79		
38	Contract Date *	07/01/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/15/2021		
41	Primary Place of Performance Address Line 1 *	2221 Wanda Daley Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ames		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50011-3632		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	Ground beef and Pork processing to be done at ISU		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$101,137.88	\$703,951.79	\$101,137.88	\$703,951.79
Total		\$101,137.88	\$703,951.79	\$101,137.88	\$703,951.79

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	08/20/2020	08/20/2020	\$21,792.24	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	10/02/2020	12/22/2020	\$228,207.76	Food Programs	
Line 3	IA-FII2020 - Feeding Iowans Initiative	03/18/2021	03/18/2021	\$100,437.49	Food Programs	
Line 4	IA-FII2020 - Feeding Iowans Initiative	04/16/2021	06/30/2021	\$203,458.20	Food Programs	
Line 5	IA-FII2020 - Feeding Iowans Initiative	07/23/2021	07/23/2021	\$48,918.22	Food Programs	
Total:						\$602,813.91

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/15/2021	\$101,137.88	Food Programs		
Total:							\$101,137.88

Sub Screen: Contract: IDALS-0131

34	Sub-Recipient Organization (Contractor)*	IOWA FOOD BANK ASSOCIATION-3013544FO		
35	Contract Number*	IDALS-0131		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$300,000.00		
38	Contract Date *	07/14/2020		
39	Period of Performance Start Date *	07/15/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1606 Lafayette St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waterloo		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50703-4908		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Bulk purchase poultry products and packaging and PPE materials to be distributed to Iowa food banks.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$00	\$300,000.00	\$00	\$298,318.13
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$300,000.00	\$00	\$298,318.13

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	11/18/2020	12/15/2020	\$198,766.19	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	06/28/2021	06/30/2021	\$99,551.94	Food Programs	
Total:						\$298,318.13

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 09162000396a

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	09162000396a		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$6,694,665.00		
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/16/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	With a single login and citizen identity, Iowa can create a uniform process for identifying citizens in response to the ongoing public health emergency.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-1020 - Improving Enterprise Applications	\$-355,560.00	\$6,694,665.00	\$0.00	\$6,264,664.74
Total		\$-355,560.00	\$6,694,665.00	\$0.00	\$6,264,664.74

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-1020 - Improving Enterprise Applications	10/16/2020	12/07/2020	\$6,264,664.74	Administrative Expenses	
Total:						\$6,264,664.74

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: Global Reach

34	Sub-Recipient Organization (Contractor)*	GLOBAL REACH INTERNET PRODUCTIONS, LLC-0000753GL		
35	Contract Number*	Global Reach		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$504,337.15		
38	Contract Date *	05/29/2020		
39	Period of Performance Start Date *	05/29/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1963 Bell Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50315-1000		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Programming application		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	\$117,711.74	\$236,258.74	\$117,711.74	\$236,258.74
Line 2	IA-270-0037 - Iowa Livestock Producer Relief	\$143,490.41	\$143,849.41	\$143,490.41	\$143,849.41
Line 3	IA-270-0036 - Iowa Beginning Farmer Debt Relief	\$124,229.00	\$124,229.00	\$124,229.00	\$124,229.00
Total		\$385,431.15	\$504,337.15	\$385,431.15	\$504,337.15

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	05/29/2020	06/19/2020	\$98,000.00	Administrative Expenses	
Line 2	IA-270-0035 - Eviction and Foreclosure Prevention Program	04/01/2021	06/30/2021	\$10,118.00	Administrative Expenses	
Line 3	IA-270-0035 - Eviction and Foreclosure Prevention Program	09/10/2021	09/10/2021	\$10,429.00	Administrative Expenses	
Line 4	IA-270-0037 - Iowa Livestock Producer Relief	08/20/2021	08/20/2021	\$359.00	Administrative Expenses	
Total:						\$118,906.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	10/01/2021	12/31/2021	\$117,711.74	Administrative Expenses		
Line 2	IA-270-0036 - Iowa Beginning Farmer Debt Relief	05/29/2020	12/31/2021	\$124,229.00	Administrative Expenses		
Line 3	IA-270-0037 - Iowa Livestock Producer Relief	10/01/2021	12/31/2021	\$143,490.41	Administrative Expenses		

Total:	\$385,431.15
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Sub Screen: Contract: ICAA

34	Sub-Recipient Organization (Contractor)*	IOWA COMMUNITY ACTION ASSOCIATION-0002918CO		
35	Contract Number*	ICAA		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$160,000.00		
38	Contract Date *	06/10/2020		
39	Period of Performance Start Date *	06/26/2020		
40	Period of Performance End Date *	10/21/2020		
41	Primary Place of Performance Address Line 1 *	1963 Bell Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50315-1000		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Reviewing and approving applications		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	\$00	\$160,000.00	\$00	\$160,000.00
Total		\$00	\$160,000.00	\$00	\$160,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	06/26/2020	09/25/2020	\$160,000.00	Housing Support	
Total:						\$160,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 5830010

34	Sub-Recipient Organization (Contractor)*	IOWA FOOD BANK ASSOCIATION-3013544FO		
35	Contract Number*	5830010		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,000,000.00		
38	Contract Date *	05/18/2020		
39	Period of Performance Start Date *	05/19/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1606 Lafayette St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waterloo		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50703-4908		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Emergency food purchase and distribution to the food banks in Iowa		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$00	\$1,000,000.00	\$00	\$998,531.09
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$1,000,000.00	\$00	\$998,531.09

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	05/27/2020	08/11/2020	\$211,194.18	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	10/13/2020	12/15/2020	\$771,759.41	Food Programs	
Line 3	IA-FII2020 - Feeding Iowans Initiative	04/01/2021	06/30/2021	\$15,577.50	Food Programs	
Total:						\$998,531.09

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 583202004151

34	Sub-Recipient Organization (Contractor)*	NOMI HEALTH INC-3178351NO		
35	Contract Number*	583202004151		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$0.00
38	Contract Date *	04/14/2020		
39	Period of Performance Start Date *	04/15/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Testing services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	04/17/2020	\$3,762,500.00	COVID-19 Testing and Contact Tracing	
Line 2	IA-583-0012 - State FEMA PA Match	11/16/2020	11/16/2020	\$880,554.06	COVID-19 Testing and Contact Tracing	
Line 3	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-4,643,054.06	Personal Protective Equipment	
Line 4	IA-583-0012 - State FEMA PA Match	07/01/2021	09/30/2021	\$4,643,054.06	Personal Protective Equipment	
Line 5	IA-583-0012 - State FEMA PA Match	07/01/2021	09/30/2021	\$-4,643,054.06	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: MA00520316

34	Sub-Recipient Organization (Contractor)*	VERIDIAN LIMITED-2123757VE		
35	Contract Number*	MA00520316		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*			\$0.00
38	Contract Date *	04/14/2020		
39	Period of Performance Start Date *	04/14/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Gowns		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/15/2020	06/05/2020	\$69,088.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-69,088.00	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: MA00520312

34	Sub-Recipient Organization (Contractor)*	SEAT KING LLC-0006438SE		
35	Contract Number*	MA00520312		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*			\$0.00
38	Contract Date *	04/10/2020		
39	Period of Performance Start Date *	04/10/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Gowns		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/16/2020	06/30/2020	\$479,642.59	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-479,642.59	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: MA00519058A

34	Sub-Recipient Organization (Contractor)*	ACRO SERVICE CORPORATION-3120277AC		
35	Contract Number*	MA00519058A		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*			\$0.00
38	Contract Date *	04/27/2020		
39	Period of Performance Start Date *	04/28/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Nurse temporary staff costs		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	05/11/2020	06/30/2020	\$239,944.38	COVID-19 Testing and Contact Tracing	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-239,944.38	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 583202004291

34	Sub-Recipient Organization (Contractor)*	LAB CORP OF AMERICA-2090136LA		
35	Contract Number*	583202004291		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$0.00
38	Contract Date *	04/29/2020		
39	Period of Performance Start Date *	04/29/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Testing -- Clinical Laboratory Services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/29/2020	06/30/2020	\$670,705.09	COVID-19 Testing and Contact Tracing	
Line 2	IA-583-0012 - State FEMA PA Match	10/07/2020	03/03/2021	\$24,426.51	COVID-19 Testing and Contact Tracing	
Line 3	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-695,131.60	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 0001403LE

34	Sub-Recipient Organization (Contractor)*	IOWA LEGAL AID-0001403LE		
35	Contract Number*	0001403LE		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$124,999.99		
38	Contract Date *	06/26/2020		
39	Period of Performance Start Date *	06/26/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	1111 9th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50314-2527		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Provide legal assistance		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	\$00	\$124,999.99	\$00	\$124,999.99
Total		\$00	\$124,999.99	\$00	\$124,999.99

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	10/31/2020	10/31/2020	\$124,999.99	Administrative Expenses	
Total:						\$124,999.99

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 0004239AU

34	Sub-Recipient Organization (Contractor)*	AUREON-0004239AU		
35	Contract Number*	0004239AU		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$87,189.11
38	Contract Date *	05/29/2020		
39	Period of Performance Start Date *	05/29/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	7760 Office Plaza Dr S		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	West Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50266-2336		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Provide temporary assistance		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	\$00	\$87,189.11	\$00	\$87,189.11
Total		\$00	\$87,189.11	\$00	\$87,189.11

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	12/01/2020	12/31/2020	\$85,359.07	Administrative Expenses	
Line 2	IA-270-0035 - Eviction and Foreclosure Prevention Program	04/01/2021	06/30/2021	\$1,830.04	Administrative Expenses	
Total:						\$87,189.11

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2120

34	Sub-Recipient Organization (Contractor)*	CONNECTIONS AREA AGENCY ON AGING-2114088CO		
35	Contract Number*	2120		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$73,788.00		
38	Contract Date *	10/26/2020		
39	Period of Performance Start Date *	10/26/2020		
40	Period of Performance End Date *	01/20/2021		
41	Primary Place of Performance Address Line 1 *	231 S Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Council Bluffs		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	51503-6504		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	To improve the safety of seniors receiving nutrition services as well as help increase the capacity of the nutrition services.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	\$00	\$73,788.00	\$00	\$73,788.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$73,788.00	\$00	\$73,788.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	01/20/2021	01/20/2021	\$73,788.00	Food Programs	
Total:						\$73,788.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2115

34	Sub-Recipient Organization (Contractor)*	ELDERBRIDGE AREA AGENCY ON AGING-2114334EL		
35	Contract Number*	2115		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$64,897.20		
38	Contract Date *	10/25/2020		
39	Period of Performance Start Date *	10/26/2020		
40	Period of Performance End Date *	03/19/2021		
41	Primary Place of Performance Address Line 1 *	1190 Briarstone Dr		
42	Primary Place of Performance Address Line 2	STE 3		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Mason City		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50401-4689		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	To improve the safety of seniors receiving nutrition services as well as help increase the capacity of the nutrition services.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	\$00	\$64,897.20	\$00	\$64,897.20
Total		\$00	\$64,897.20	\$00	\$64,897.20

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	01/29/2021	03/19/2021	\$64,897.20	Food Programs	
Total:						\$64,897.20

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2117

34	Sub-Recipient Organization (Contractor)*	AGING RESOURCES OF CENTRAL IOWA-2115045AG		
35	Contract Number*	2117		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$58,122.81
38	Contract Date *	10/26/2020		
39	Period of Performance Start Date *	10/27/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	5835 Grand Ave		
42	Primary Place of Performance Address Line 2	STE 106		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50312-1437		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	To improve the safety of seniors receiving nutrition services as well as help increase the capacity of the nutrition services.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	\$00	\$58,122.81	\$00	\$58,122.81
Total		\$00	\$58,122.81	\$00	\$58,122.81

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	02/03/2021	02/03/2021	\$56,902.33	Food Programs	
Line 2	IA-297-3485 - Meals for Vulnerable Older Adults	07/29/2021	07/29/2021	\$1,220.48	Food Programs	
Total:						\$58,122.81

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2137722IN-502

34	Sub-Recipient Organization (Contractor)*	INTERNATIONAL ROLL-CALL-2137722IN		
35	Contract Number*	2137722IN-502		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$445,889.93		
38	Contract Date *	12/06/2020		
39	Period of Performance Start Date *	12/07/2020		
40	Period of Performance End Date *	12/22/2020		
41	Primary Place of Performance Address Line 1 *	1007 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Audio/Visual Equipment to allow virtual meetings and transmission of meetings for social distancing/COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-502-2020 - Legislative Technology Upgrades	\$00	\$445,889.93	\$00	\$445,889.93
Total		\$00	\$445,889.93	\$00	\$445,889.93

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-502-2020 - Legislative Technology Upgrades	12/07/2020	12/22/2020	\$445,889.93	Improve Telework Capabilities of Public Employees	
Total:						\$445,889.93

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2145540HP

34	Sub-Recipient Organization (Contractor)*	HP INC-2145540HP		
35	Contract Number*	2145540HP		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$124,448.40		
38	Contract Date *	12/06/2020		
39	Period of Performance Start Date *	12/07/2020		
40	Period of Performance End Date *	12/17/2020		
41	Primary Place of Performance Address Line 1 *	1007 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Audio/Visual Equipment to allow virtual meetings and transmission of meetings for social distancing/COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-502-2020 - Legislative Technology Upgrades	\$00	\$124,448.40	\$00	\$124,448.40
Total		\$00	\$124,448.40	\$00	\$124,448.40

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-502-2020 - Legislative Technology Upgrades	12/07/2020	12/17/2020	\$124,448.40	Improve Telework Capabilities of Public Employees	
Total:						\$124,448.40

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 3053309ON

34	Sub-Recipient Organization (Contractor)*	ONENECK IT SOLUTIONS LLC-3053309ON		
35	Contract Number*	3053309ON		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$73,803.52		
38	Contract Date *	12/06/2020		
39	Period of Performance Start Date *	12/07/2020		
40	Period of Performance End Date *	12/22/2020		
41	Primary Place of Performance Address Line 1 *	1007 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Audio/Visual Equipment to allow virtual meetings and transmission of meetings for social distancing/COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-502-2020 - Legislative Technology Upgrades	\$00	\$73,803.52	\$00	\$73,803.52
Total		\$00	\$73,803.52	\$00	\$73,803.52

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-502-2020 - Legislative Technology Upgrades	12/07/2020	12/22/2020	\$73,803.52	Improve Telework Capabilities of Public Employees	
Total:						\$73,803.52

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2119

34	Sub-Recipient Organization (Contractor)*	MILESTONES AREA AGENCY ON AGING-3082930MI		
35	Contract Number*	2119		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$55,000.00		
38	Contract Date *	11/04/2020		
39	Period of Performance Start Date *	11/05/2020		
40	Period of Performance End Date *	02/05/2021		
41	Primary Place of Performance Address Line 1 *	935 E 53rd St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Davenport		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	52807-2633		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	To improve the safety of seniors receiving nutrition services as well as help increase the capacity of the nutrition services.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	\$00	\$55,000.00	\$00	\$55,000.00
Total		\$00	\$55,000.00	\$00	\$55,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-297-3485 - Meals for Vulnerable Older Adults	12/22/2020	12/22/2020	\$54,957.23	Food Programs	
Line 2	IA-297-3485 - Meals for Vulnerable Older Adults	02/05/2021	02/05/2021	\$42.77	Food Programs	
Total:						\$55,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 3123982AU

34	Sub-Recipient Organization (Contractor)*	IOWA AUDIO VIDEO INC-3123982AU		
35	Contract Number*	3123982AU		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$213,050.84		
38	Contract Date *	12/06/2020		
39	Period of Performance Start Date *	12/07/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1007 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Audio/Visual Equipment to allow virtual meetings and transmission of meetings for social distancing/COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-502-2020 - Legislative Technology Upgrades	\$00	\$213,050.84	\$00	\$213,050.84
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$213,050.84	\$00	\$213,050.84

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-502-2020 - Legislative Technology Upgrades	12/07/2020	12/23/2020	\$119,697.57	Improve Telework Capabilities of Public Employees	
Line 2	IA-502-2020 - Legislative Technology Upgrades	04/01/2021	06/30/2021	\$93,353.27	Improve Telework Capabilities of Public Employees	
Total:						\$213,050.84

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 5833178351202012311

34	Sub-Recipient Organization (Contractor)*	NOMI HEALTH INC-3178351NO		
35	Contract Number*	5833178351202012311		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$0.00
38	Contract Date *	04/13/2020		
39	Period of Performance Start Date *	04/15/2020		
40	Period of Performance End Date *	04/16/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Testing services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	11/16/2020	11/16/2020	\$880,554.06	COVID-19 Testing and Contact Tracing	
Line 2	IA-583-0012 - State FEMA PA Match	11/16/2020	11/16/2020	\$-880,554.06	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 21019

34	Sub-Recipient Organization (Contractor)*	RSM US LLP-3041546RS		
35	Contract Number*	21019		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$5,024,142.50		
38	Contract Date *	07/31/2020		
39	Period of Performance Start Date *	08/01/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	400 Locust St		
42	Primary Place of Performance Address Line 2	SUITE 640		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-2331		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	CARES Act Administration		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$4,596,620.00	\$0.00	\$4,596,620.00
Line 2	IA-CRF-ADM - COVID Administration & Oversight	\$427,522.50	\$427,522.50	\$427,522.50	\$427,522.50
Total		\$427,522.50	\$5,024,142.50	\$427,522.50	\$5,024,142.50

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/01/2020	12/30/2020	\$3,109,895.00	Administrative Expenses	
Line 2	IA-625-009W - Local Government Relief	01/01/2021	03/31/2021	\$1,465,968.00	Administrative Expenses	
Line 3	IA-625-009W - Local Government Relief	04/01/2021	06/30/2021	\$20,757.00	Administrative Expenses	
Total:						\$4,596,620.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-CRF-ADM - COVID Administration & Oversight	10/01/2021	12/31/2021	\$427,522.50	Administrative Expenses		
Total:							\$427,522.50

Sub Screen: Contract: 2101886CO

34	Sub-Recipient Organization (Contractor)*	Compuware-2101886CO		
35	Contract Number*	2101886CO		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$69,094.00
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$00	\$69,094.00	\$00	\$69,094.00
Total		\$00	\$69,094.00	\$00	\$69,094.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-TECH - COVID Technology Support	10/01/2020	12/31/2020	\$69,094.00	Administrative Expenses	
Total:						\$69,094.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 336-ICN

34	Sub-Recipient Organization (Contractor)*	IOWA COMMUNICATIONS NETWORK-336-ICN		
35	Contract Number*	336-ICN		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$55,790.04		
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$00	\$55,790.04	\$00	\$55,790.04
Total		\$00	\$55,790.04	\$00	\$55,790.04

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-TECH - COVID Technology Support	10/01/2020	12/31/2020	\$55,790.04	Administrative Expenses	
Total:						\$55,790.04

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2100702IN-185

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	2100702IN-185		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$353,573.92		
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$00	\$353,573.92	\$00	\$353,573.92
Total		\$00	\$353,573.92	\$00	\$353,573.92

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-TECH - COVID Technology Support	10/01/2020	12/31/2020	\$353,573.92	Administrative Expenses	
Total:						\$353,573.92

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2095202VE

34	Sub-Recipient Organization (Contractor)*	Verizon-2095202VE		
35	Contract Number*	2095202VE		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$135,095.58		
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$00	\$135,095.58	\$00	\$135,095.58
Total		\$00	\$135,095.58	\$00	\$135,095.58

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-TECH - COVID Technology Support	10/01/2020	12/31/2020	\$135,095.58	Administrative Expenses	
Total:						\$135,095.58

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 2133866AV

34	Sub-Recipient Organization (Contractor)*	AVI SYSTEMS INC-2133866AV		
35	Contract Number*	2133866AV		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$67,543.48
38	Contract Date *	12/14/2020		
39	Period of Performance Start Date *	12/15/2020		
40	Period of Performance End Date *	12/16/2020		
41	Primary Place of Performance Address Line 1 *	1007 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Ray Room Technology		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$00	\$67,543.48	\$00	\$67,543.48
Total		\$00	\$67,543.48	\$00	\$67,543.48

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-TECH - COVID Technology Support	12/15/2020	12/16/2020	\$67,543.48	Administrative Expenses	
Total:						\$67,543.48

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 269-0043-009Q-2122476GL

34	Sub-Recipient Organization (Contractor)*	GLOBAL REACH INTERNET PR-2122476GL		
35	Contract Number*	269-0043-009Q-2122476GL		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$86,547.00		
38	Contract Date *	11/01/2020		
39	Period of Performance Start Date *	11/02/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	2321 N Loop Dr Ste 210		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ames		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50010-8218		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	To provide assistance with the grant application and review process for the Nonprofit Recovery Fund Program.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$86,547.00	\$00	\$86,547.00
Total		\$00	\$86,547.00	\$00	\$86,547.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$86,442.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	IA-269-0379 - Small Business Relief Grants	04/01/2021	06/30/2021	\$105.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$86,547.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 269-0043-009Q-3061175UN

34	Sub-Recipient Organization (Contractor)*	UNITED WAYS OF IOWA-3061175UN		
35	Contract Number*	269-0043-009Q-3061175UN		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$75,000.00		
38	Contract Date *	10/25/2020		
39	Period of Performance Start Date *	12/09/2020		
40	Period of Performance End Date *	12/23/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 316		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Johnston		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50131-0316		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Review program applications based on priority funding criteria and then on a first come, first ready to proceed basis until funds have been exhausted.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/09/2020	12/23/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: MA00520413

34	Sub-Recipient Organization (Contractor)*	PAYDAY INC-0006803PA		
35	Contract Number*	MA00520413		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$183,133.97		
38	Contract Date *	05/10/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/22/2020		
41	Primary Place of Performance Address Line 1 *	5011 Indian School Rd NE		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Albuquerque		
45	Primary Place of Performance State Code *	NM		
46	Primary Place of Performance Zip+4 *	87110-3947		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To provide payroll services (includes amounts paid to members for living allowances per the AmeriCorps terms of service) for the IA COVID-19 Recovery AmeriCorps Program		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$00	\$183,133.97	\$00	\$73,880.29
Total		\$00	\$183,133.97	\$00	\$73,880.29

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/12/2020	12/07/2020	\$73,880.29	Food Programs	
Total:						\$73,880.29

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 12022001055

34	Sub-Recipient Organization (Contractor)*	PEOPLE SERVICES CENTER INC (DBA CATCH INTELLIGENCE)-2135956PE		
35	Contract Number*	12022001055		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$350,000.00		
38	Contract Date *	06/20/2020		
39	Period of Performance Start Date *	06/25/2020		
40	Period of Performance End Date *	07/30/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Assist in the design and implementation of a master data management program.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-1010 - Master Data Management	\$00	\$350,000.00	\$00	\$161,700.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$350,000.00	\$00	\$161,700.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-1010 - Master Data Management	03/03/2021	03/03/2021	\$56,393.75	Administrative Expenses	
Line 2	IA-185-1010 - Master Data Management	04/01/2021	06/30/2021	\$105,306.25	Administrative Expenses	
Total:						\$161,700.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: MA-005-16070A

34	Sub-Recipient Organization (Contractor)*	DELL MARKETING LP-2141639DE		
35	Contract Number*	MA-005-16070A		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$109,487.62		
38	Contract Date *	09/24/2021		
39	Period of Performance Start Date *	09/24/2021		
40	Period of Performance End Date *	10/18/2021		
41	Primary Place of Performance Address Line 1 *	1305 E Walnut St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	IT Equipment		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-009V - DHS COVID Mitigation	\$54,510.00	\$109,487.62	\$54,510.00	\$109,487.62
Total		\$54,510.00	\$109,487.62	\$54,510.00	\$109,487.62

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-009V - DHS COVID Mitigation	03/11/2021	03/11/2021	\$54,977.62	Administrative Expenses	
Total:						\$54,977.62

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-009V - DHS COVID Mitigation	10/01/2021	10/18/2021	\$54,510.00	Administrative Expenses		
Total:							\$54,510.00

Sub Screen: Contract: MA-005-16055A

34	Sub-Recipient Organization (Contractor)*	HP INC-2145540HP		
35	Contract Number*	MA-005-16055A		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$954,633.60		
38	Contract Date *	02/24/2021		
39	Period of Performance Start Date *	02/24/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1305 E Walnut St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	IT Equipment		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-009V - DHS COVID Mitigation	\$254,488.60	\$954,633.60	\$329,720.00	\$954,633.60
Total		\$254,488.60	\$954,633.60	\$329,720.00	\$954,633.60

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-009V - DHS COVID Mitigation	02/24/2021	02/24/2021	\$140,932.10	Administrative Expenses	
Line 2	IA-401-009V - DHS COVID Mitigation	04/13/2021	06/30/2021	\$75,689.00	Administrative Expenses	
Line 3	IA-401-009V - DHS COVID Mitigation	08/13/2021	08/20/2021	\$408,292.50	Administrative Expenses	
Total:						\$624,913.60

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-009V - DHS COVID Mitigation	10/01/2021	12/31/2021	\$329,720.00	Administrative Expenses		
Total:							\$329,720.00

Sub Screen: Contract: 44412112015

34	Sub-Recipient Organization (Contractor)*	AMERICAN PRISON DATA SYSTEMS PBC-0005328AM		
35	Contract Number*	44412112015		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$447,014.00
38	Contract Date *	12/11/2020		
39	Period of Performance Start Date *	12/11/2020		
40	Period of Performance End Date *	02/15/2021		
41	Primary Place of Performance Address Line 1 *	1111 E Court Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	DES MOINES		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319		Address Unverifiable
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Social distance for behavioral programs for defendants		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-444-CARES - Court Technology	\$00	\$447,014.00	\$00	\$447,014.00
Total		\$00	\$447,014.00	\$00	\$447,014.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-444-CARES - Court Technology	02/15/2021	02/15/2021	\$447,014.00	Items Not Listed Above	Social distance for behavioral programs for defendants
Total:						\$447,014.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 16055A

34	Sub-Recipient Organization (Contractor)*	CONFERENCE TECHNOLOGIES-3055217CO		
35	Contract Number*	16055A		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$4,944,320.69		
38	Contract Date *	10/01/2021		
39	Period of Performance Start Date *	10/01/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1111 E Court Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-5003		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Court room / Jury room electronics to allow for court hearing and trials while still allowing for social distance		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-444-CARES - Court Technology	\$16,855.00	\$4,944,320.69	\$16,855.00	\$4,944,320.69
Total		\$16,855.00	\$4,944,320.69	\$16,855.00	\$4,944,320.69

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-444-CARES - Court Technology	01/12/2021	03/22/2021	\$4,386,093.52	Items Not Listed Above	Court room / jury room electronics to allow for court hearing-trials while adhering to social distancing
Line 2	IA-444-CARES - Court Technology	04/01/2021	06/30/2021	\$541,372.17	Items Not Listed Above	Court room / jury room electronics to allow for court hearing-trials while adhering to social distancing
Total:						\$4,927,465.69

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-444-CARES - Court Technology	10/01/2021	12/31/2021	\$16,855.00	Items Not Listed Above	Court room / jury room electronics to allow for court hearing-trials while adhering to social distancing	
Total:							\$16,855.00

Sub Screen: Contract: 44410202001-44410212007

34	Sub-Recipient Organization (Contractor)*	HP INC-2145540HP		
35	Contract Number*	44410202001-44410212007		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$100,221.70		
38	Contract Date *	04/01/2021		
39	Period of Performance Start Date *	04/01/2021		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1111 E Court Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	DES MOINES		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319		Address Unverifiable
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Multiple computer and accessories to enable social distance workload		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-444-CARES - Court Technology	\$00	\$100,221.70	\$00	\$100,221.70
Total		\$00	\$100,221.70	\$00	\$100,221.70

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-444-CARES - Court Technology	01/13/2021	03/01/2021	\$100,221.70	Items Not Listed Above	Multiple Computer and accessories to enable social distance work load
Total:						\$100,221.70

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 5830014

34	Sub-Recipient Organization (Contractor)*	FAVORITE HEALTCARE STAF-3006683FA		
35	Contract Number*	5830014		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$0.00
38	Contract Date *	07/27/2020		
39	Period of Performance Start Date *	07/27/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Temporary Surge Medical Staffing for Hospitals		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0014 - COVID-19 Surge Medical Support	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0014 - COVID-19 Surge Medical Support	01/13/2021	01/27/2021	\$2,214,037.14	Medical Expenses	
Line 2	IA-583-0014 - COVID-19 Surge Medical Support	06/25/2021	06/25/2021	\$-2,214,037.14	Medical Expenses	
Total:						\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 5881CARES01

34	Sub-Recipient Organization (Contractor)*	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION-3003979CA		
35	Contract Number*	5881CARES01		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$615,153.89		
38	Contract Date *	12/09/2020		
39	Period of Performance Start Date *	12/09/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	1111 6th Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50314-2610		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	COVID-19 Statewide Hospital Transfer Line		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-588-2002 - Iowa COVID-19 Hospital Transfer Line	\$00	\$615,153.89	\$00	\$615,153.89
Total		\$00	\$615,153.89	\$00	\$615,153.89

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-588-2002 - Iowa COVID-19 Hospital Transfer Line	07/01/2021	09/30/2021	\$615,153.89	Public Health Expenses	
Total:						\$615,153.89

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 269-0379-0379-2122476GL

34	Sub-Recipient Organization (Contractor)*	GLOBAL REACH INTERNET PRODUCTIONS, LLC-0000753GL		
35	Contract Number*	269-0379-0379-2122476GL		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$75,000.00		
38	Contract Date *	11/01/2020		
39	Period of Performance Start Date *	11/02/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	2321 N Loop Dr Ste 210		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ames		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50010-8218		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	To provide assistance with the grant application and review process for the Small Business Relief Fund Program		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	04/01/2021	06/30/2021	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 0000797FA

34	Sub-Recipient Organization (Contractor)*	FAMILY MGMT FINANCIAL SOLUTIONS-0000797FA		
35	Contract Number*	0000797FA		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$210,000.00		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	359 Rock Island Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waterloo		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50701-5301		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Reviewing and approving applications		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	\$00	\$210,000.00	\$00	\$210,000.00
Total		\$00	\$210,000.00	\$00	\$210,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	04/01/2021	06/30/2021	\$210,000.00	Administrative Expenses	
Total:						\$210,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: MA-005-16180A

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	MA-005-16180A		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,261,514.73		
38	Contract Date *	10/28/2021		
39	Period of Performance Start Date *	10/29/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1305 E Walnut St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	IT Equipment		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-009V - DHS COVID Mitigation	\$17,629.70	\$1,261,514.73	\$17,629.70	\$1,261,514.73
Total		\$17,629.70	\$1,261,514.73	\$17,629.70	\$1,261,514.73

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-009V - DHS COVID Mitigation	04/01/2021	06/30/2021	\$1,156,498.10	Administrative Expenses	
Line 2	IA-401-009V - DHS COVID Mitigation	08/06/2021	08/06/2021	\$87,386.93	Administrative Expenses	
Total:						\$1,243,885.03

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-009V - DHS COVID Mitigation	10/29/2021	12/31/2021	\$17,629.70	Administrative Expenses		
Total:							\$17,629.70

Sub Screen: Contract: 08192100347

34	Sub-Recipient Organization (Contractor)*	B&H FOTO & ELECTRONICS-2089903BH		
35	Contract Number*	08192100347		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$166,552.50		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$166,552.50	\$166,552.50	\$126,900.00	\$126,900.00
Total		\$166,552.50	\$166,552.50	\$126,900.00	\$126,900.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$126,900.00	Administrative Expenses		
Total:							\$126,900.00

Sub Screen: Contract: 238MA 005 18298A

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER INC.-2099406WW		
35	Contract Number*	238MA 005 18298A		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$592,000.00		
38	Contract Date *	11/03/2021		
39	Period of Performance Start Date *	11/03/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	406 N High St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Anamosa		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	52205-1157		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Purchase of (2) body scanners each at Anamosa and Clarinda prisons to be used for contactless searches for contraband		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$592,000.00	\$592,000.00	\$592,000.00	\$592,000.00
Total		\$592,000.00	\$592,000.00	\$592,000.00	\$592,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	11/03/2021 12/31/2021	\$592,000.00	Items Not Listed Above	contactless searches through body scanners	
Total:						\$592,000.00

Sub Screen: Contract: 247221118211

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER INC.-2099406WW		
35	Contract Number*	247221118211		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$148,000.00
38	Contract Date *	11/18/2021		
39	Period of Performance Start Date *	11/18/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	313 Lanedale		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rockwell City		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50579-7464		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	Purchase of body scanner for contactless searches for the detection of contraband		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$148,000.00	\$148,000.00	\$148,000.00	\$148,000.00
Total		\$148,000.00	\$148,000.00	\$148,000.00	\$148,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	12/09/2021	12/09/2021	\$148,000.00	Items Not Listed Above	contactless searches through body scanners	
Total:							\$148,000.00

Sub Screen: Contract: 2526396

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER INC.-2099406WW		
35	Contract Number*	2526396		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$207,400.00		
38	Contract Date *	09/02/2021		
39	Period of Performance Start Date *	09/14/2021		
40	Period of Performance End Date *	11/01/2021		
41	Primary Place of Performance Address Line 1 *	1550 L St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Fort Dodge		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50501-5766		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	Purchase of body scanner and (4) cellsense scanners for contactless searches for the detection of contraband		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$207,400.00	\$207,400.00	\$207,400.00	\$207,400.00
Total		\$207,400.00	\$207,400.00	\$207,400.00	\$207,400.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/04/2021 10/15/2021	\$207,400.00	Items Not Listed Above	contactless searches through body scanners	
Total:						\$207,400.00

Sub Screen: Contract: 08042100134

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	08042100134		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,750,147.60		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$1,750,147.60	\$1,750,147.60	\$113,726.72	\$113,726.72
Total		\$1,750,147.60	\$1,750,147.60	\$113,726.72	\$113,726.72

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$113,726.72	Administrative Expenses		
Total:							\$113,726.72

Sub Screen: Contract: 08192100198

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	08192100198		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$144,195.49		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$144,195.49	\$144,195.49	\$86,081.40	\$86,081.40
Total		\$144,195.49	\$144,195.49	\$86,081.40	\$86,081.40

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$86,081.40	Administrative Expenses		
Total:							\$86,081.40

Sub Screen: Contract: 08192100200

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	08192100200		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$4,986,528.28		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$4,986,528.28	\$4,986,528.28	\$27,716.94	\$27,716.94
Total		\$4,986,528.28	\$4,986,528.28	\$27,716.94	\$27,716.94

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$27,716.94	Administrative Expenses		
Total:							\$27,716.94

Sub Screen: Contract: 08262100240

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR-2100702IN		
35	Contract Number*	08262100240		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$407,157.94		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$407,157.94	\$407,157.94	\$45,299.54	\$45,299.54
Total		\$407,157.94	\$407,157.94	\$45,299.54	\$45,299.54

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$45,299.54	Administrative Expenses		
Total:							\$45,299.54

Sub Screen: Contract: 08192100196

34	Sub-Recipient Organization (Contractor)*	CDW GOVERNMENT INC-2100942CD		
35	Contract Number*	08192100196		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$377,251.56		
38	Contract Date *	08/13/2021		
39	Period of Performance Start Date *	08/13/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$377,251.56	\$377,251.56	\$325,188.29	\$325,188.29
Total		\$377,251.56	\$377,251.56	\$325,188.29	\$325,188.29

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$325,188.29	Administrative Expenses		
Total:							\$325,188.29

Sub Screen: Contract: 09012100410

34	Sub-Recipient Organization (Contractor)*	BAYCOM INC-2102525BA		
35	Contract Number*	09012100410		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$1,762,800.00		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$1,762,800.00	\$1,762,800.00	\$0.00	\$0.00
Total		\$1,762,800.00	\$1,762,800.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Contract: DO07232100173

34	Sub-Recipient Organization (Contractor)*	PIGOTT INC-2108197PI		
35	Contract Number*	DO07232100173		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$72,668.67		
38	Contract Date *	07/23/2021		
39	Period of Performance Start Date *	09/13/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	475, SW Fifth St., Suite D Des Moines, IA		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-4608		Address Unverifiable
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	Iowa College Aid installed glass dividers between workstations to implement COVID-19 physical mitigation efforts and allow a safe return to the office.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$72,668.67	\$72,668.67	\$72,668.67	\$72,668.67
Total		\$72,668.67	\$72,668.67	\$72,668.67	\$72,668.67

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	12/01/2021	12/01/2021	\$72,668.67	Items Not Listed Above	Physical mitigation in office space.	
Total:							\$72,668.67

Sub Screen: Contract: 00502

34	Sub-Recipient Organization (Contractor)*	INFOMAX OFFICE SYSTEMS-2108708IN		
35	Contract Number*	00502		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$266,525.25		
38	Contract Date *	11/23/2021		
39	Period of Performance Start Date *	11/23/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1010 Illinois St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50314-3047		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Equipment to mitigate the transmission of COVID-19 on essential services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$266,525.25	\$266,525.25	\$266,525.25	\$266,525.25
Total		\$266,525.25	\$266,525.25	\$266,525.25	\$266,525.25

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	11/23/2021	12/28/2021	\$266,525.25	Items Not Listed Above	Distancing workspace for essential employees	
Total:							\$266,525.25

Sub Screen: Contract: 10052100623

34	Sub-Recipient Organization (Contractor)*	ALL MAKES OFFICE EQUIPMENT CO. OF DES MOINES-2110818AL		
35	Contract Number*	10052100623		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$392,808.92		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$392,808.92	\$392,808.92	\$0.00	\$0.00
Total		\$392,808.92	\$392,808.92	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Contract: 238 2016-BUS-005 1-RCIUJ

34	Sub-Recipient Organization (Contractor)*	EXECUTIVE INFORMATION SYSTEMS LLC-2137454EX		
35	Contract Number*	238 2016-BUS-005 1-RCIUJ		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$147,700.00		
38	Contract Date *	08/04/2021		
39	Period of Performance Start Date *	08/31/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	510 E 12th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-9025		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Purchase of Visual Analytics/Statistics and Hosting Services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$147,700.00	\$147,700.00	\$147,700.00	\$147,700.00
Total		\$147,700.00	\$147,700.00	\$147,700.00	\$147,700.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$147,700.00	Items Not Listed Above	annual maintenance for visual analytics/statistics and hosting services	
Total:							\$147,700.00

Sub Screen: Contract: MA00518258

34	Sub-Recipient Organization (Contractor)*	ZETRON INC-2144892ZE		
35	Contract Number*	MA00518258		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$1,826,894.94		
38	Contract Date *	06/18/2021		
39	Period of Performance Start Date *	06/18/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	7900 Hickman Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windsor Heights		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50324-4432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Emergency Radio/Telephone System - Upgrade 911 call taking equipment (Emergency Medical Dispatch program)		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0014 - COVID-19 Surge Medical Support	\$1,826,894.94	\$1,826,894.94	\$365,677.89	\$365,677.89
Total		\$1,826,894.94	\$1,826,894.94	\$365,677.89	\$365,677.89

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0014 - COVID-19 Surge Medical Support	10/15/2021	12/31/2021	\$365,677.89	Public Health Expenses		
Total:							\$365,677.89

Sub Screen: Contract: 00501

34	Sub-Recipient Organization (Contractor)*	CONTRADO BBH HOLDINGS LLC-3044597CO		
35	Contract Number*	00501		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$433,026.77		
38	Contract Date *	12/07/2021		
39	Period of Performance Start Date *	12/07/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	PO BOX 743679		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Atlanta		
45	Primary Place of Performance State Code *	GA		
46	Primary Place of Performance Zip+4 *	30374-3679		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Equipment to mitigate the transmission of COVID-19 on essential services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$433,026.77	\$433,026.77	\$433,026.77	\$433,026.77
Total		\$433,026.77	\$433,026.77	\$433,026.77	\$433,026.77

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	12/07/2021	12/30/2021	\$433,026.77	Items Not Listed Above	Distancing workspace for essential employees	
Total:						\$433,026.77	

Sub Screen: Contract: MA 005 5630 2018-BUS-0521

34	Sub-Recipient Organization (Contractor)*	COMPUTER AID INC-3044702CO		
35	Contract Number*	MA 005 5630 2018-BUS-0521		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$422,582.07		
38	Contract Date *	07/01/2021		
39	Period of Performance Start Date *	07/01/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1305 E Walnut St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	IT Services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-009V - DHS COVID Mitigation	\$422,582.07	\$422,582.07	\$422,582.07	\$422,582.07
Total		\$422,582.07	\$422,582.07	\$422,582.07	\$422,582.07

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-009V - DHS COVID Mitigation	10/01/2021	12/31/2021	\$422,582.07	Administrative Expenses		
Total:							\$422,582.07

Sub Screen: Contract: 238MA 005 16091D

34	Sub-Recipient Organization (Contractor)*	ONENECK IT SOLUTIONS LLC-3053309ON		
35	Contract Number*	238MA 005 16091D		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,043,674.50		
38	Contract Date *	09/28/2021		
39	Period of Performance Start Date *	09/28/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	420 Mill St SW		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Mitchellville		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50169-7702		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Wireless Refresh Project - purchase of equipment/materials to update the WIFI network at all of the state correctional facilities within the Iowa Department of Corrections to allow for wireless communication and searches		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$1,043,674.50	\$1,043,674.50	\$1,043,674.50	\$1,043,674.50
Total		\$1,043,674.50	\$1,043,674.50	\$1,043,674.50	\$1,043,674.50

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/01/2021	12/31/2021	\$1,043,674.50	Items Not Listed Above	provide upgraded WIFI for contactless communication and searches	
Total:						\$1,043,674.50	

Sub Screen: Contract: 09142100297

34	Sub-Recipient Organization (Contractor)*	CONFERENCE TECHNOLOGIES-3055217CO		
35	Contract Number*	09142100297		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,776,533.77		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$1,776,533.77	\$1,776,533.77	\$0.00	\$0.00
Total		\$1,776,533.77	\$1,776,533.77	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Contract: 10212100727

34	Sub-Recipient Organization (Contractor)*	CONFERENCE TECHNOLOGIES-3055217CO		
35	Contract Number*	10212100727		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$115,516.18		
38	Contract Date *	08/12/2021		
39	Period of Performance Start Date *	08/12/2021		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50309-1856		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Covid 19 related expenses not covered by FEMA		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$115,516.18	\$115,516.18	\$0.00	\$0.00
Total		\$115,516.18	\$115,516.18	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Contract: 401-DHS-01

34	Sub-Recipient Organization (Contractor)*	BRUNOW CONTRACTING LLC-3094051BR		
35	Contract Number*	401-DHS-01		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$212,070.00		
38	Contract Date *	04/01/2020		
39	Period of Performance Start Date *	04/01/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1305 E Walnut St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Des Moines		
45	Primary Place of Performance State Code *	IA		
46	Primary Place of Performance Zip+4 *	50319-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	Personal Protective Equipment		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-009V - DHS COVID Mitigation	\$212,070.00	\$212,070.00	\$212,070.00	\$212,070.00
Total		\$212,070.00	\$212,070.00	\$212,070.00	\$212,070.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-009V - DHS COVID Mitigation	10/01/2021	12/31/2021	\$212,070.00	Personal Protective Equipment		
Total:						\$212,070.00	

Sub Screen: Award: IDAP # 7/16

54	Sub-Recipient Organization (Awardee)*	CHRISTENSEN FARMS & FEEDLOTS INC-3048541CH		
55	Award Number*	IDAP # 7/16		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,863,960.00
58	Award Date *	06/12/2020		
59	Period of Performance Start Date *	06/12/2020		
60	Period of Performance End Date *	07/08/2020		
61	Primary Place of Performance Address Line 1 *	23971 County Road 10		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sleepy Eye		
65	Primary Place of Performance State Code *	MN		
66	Primary Place of Performance Zip+4 *	56085-4700		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$1,863,960.00	\$00	\$1,863,960.00
Total		\$00	\$1,863,960.00	\$00	\$1,863,960.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	06/25/2020	07/08/2020	\$1,863,960.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$1,863,960.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP # 8/9/20/22

54	Sub-Recipient Organization (Awardee)*	D2K-3179708D2		
55	Award Number*	IDAP # 8/9/20/22		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$159,240.00
58	Award Date *	06/09/2020		
59	Period of Performance Start Date *	06/09/2020		
60	Period of Performance End Date *	08/03/2020		
61	Primary Place of Performance Address Line 1 *	4110 310th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Boyden		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51234-7509		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$159,240.00	\$00	\$159,240.00
Total		\$00	\$159,240.00	\$00	\$159,240.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	07/02/2020	08/03/2020	\$159,240.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$159,240.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP # 1/13/14

54	Sub-Recipient Organization (Awardee)*	TITAN SWINE-3179707II		
55	Award Number*	IDAP # 1/13/14		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$313,000.00
58	Award Date *	06/12/2020		
59	Period of Performance Start Date *	06/12/2020		
60	Period of Performance End Date *	07/15/2020		
61	Primary Place of Performance Address Line 1 *	4650 Fir Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ireton		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51027-7429		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$313,000.00	\$00	\$313,000.00
Total		\$00	\$313,000.00	\$00	\$313,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	07/02/2020	07/15/2020	\$313,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$313,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP # 10/12/42

54	Sub-Recipient Organization (Awardee)*	ISF PRODUCTION LLLP-3179706IS		
55	Award Number*	IDAP # 10/12/42		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$352,040.00
58	Award Date *	06/23/2020		
59	Period of Performance Start Date *	06/23/2020		
60	Period of Performance End Date *	08/27/2020		
61	Primary Place of Performance Address Line 1 *	5034 Grand Ridge Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50265-5754		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$352,040.00	\$00	\$352,040.00
Total		\$00	\$352,040.00	\$00	\$352,040.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	07/08/2020	08/27/2020	\$352,040.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$352,040.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #61

54	Sub-Recipient Organization (Awardee)*	ALAN GENE KANENGIETER-3181055AL		
55	Award Number*	IDAP #61		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$51,000.00
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	08/27/2020		
61	Primary Place of Performance Address Line 1 *	4424 160th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Little Rock		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51243-7530		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$51,000.00	\$00	\$51,000.00
Total		\$00	\$51,000.00	\$00	\$51,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/27/2020	08/27/2020	\$51,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$51,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #50

54	Sub-Recipient Organization (Awardee)*	CENTRUM VALLEY FARMS LLP-3067929CE		
55	Award Number*	IDAP #50		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$194,817.00
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	08/27/2020		
61	Primary Place of Performance Address Line 1 *	2622 250th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Clarion		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50525-7630		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$194,817.00	\$00	\$194,817.00
Total		\$00	\$194,817.00	\$00	\$194,817.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/27/2020	08/27/2020	\$194,817.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$194,817.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #41

54	Sub-Recipient Organization (Awardee)*	DAYBREAK FOODS INC-2102522DA		
55	Award Number*	IDAP #41		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$173,311.25
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	08/27/2020		
61	Primary Place of Performance Address Line 1 *	4768 280th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Graettinger		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51342-8513		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$173,311.25	\$00	\$173,311.25
Total		\$00	\$173,311.25	\$00	\$173,311.25

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/27/2020	08/27/2020	\$173,311.25	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$173,311.25

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #63

54	Sub-Recipient Organization (Awardee)*	REMBRANDT ENTERPRISES-2125338RE		
55	Award Number*	IDAP #63		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	08/27/2020		
61	Primary Place of Performance Address Line 1 *	1521 18th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Spirit Lake		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51360-1023		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/27/2020	08/27/2020	\$250,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #64

54	Sub-Recipient Organization (Awardee)*	SPARBOE FARMS INC-3181419SP		
55	Award Number*	IDAP #64		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$134,203.50
58	Award Date *	08/14/2020		
59	Period of Performance Start Date *	08/14/2020		
60	Period of Performance End Date *	08/27/2020		
61	Primary Place of Performance Address Line 1 *	23577 Minnesota Highway 22		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Litchfield		
65	Primary Place of Performance State Code *	MN		
66	Primary Place of Performance Zip+4 *	55355-5841		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	7		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$134,203.50	\$00	\$134,203.50
Total		\$00	\$134,203.50	\$00	\$134,203.50

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/27/2020	08/27/2020	\$134,203.50	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$134,203.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #29

54	Sub-Recipient Organization (Awardee)*	FREMONT FARMS OF IOWA LLP-3181095FR		
55	Award Number*	IDAP #29		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	08/31/2020		
61	Primary Place of Performance Address Line 1 *	1600 W 19th St S		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Newton		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50208-6008		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/31/2020	08/31/2020	\$250,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #30

54	Sub-Recipient Organization (Awardee)*	SOUTHWEST IOWA EGG COOPERATIVE-3180933SO		
55	Award Number*	IDAP #30		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$56,502.00
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	08/31/2020		
61	Primary Place of Performance Address Line 1 *	74877 Clarke Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Massena		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50853-1054		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$56,502.00	\$00	\$56,502.00
Total		\$00	\$56,502.00	\$00	\$56,502.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	08/31/2020	08/31/2020	\$56,502.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$56,502.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #36

54	Sub-Recipient Organization (Awardee)*	HAWKEYE PRIDE EGG FARM LLP-3181297HA		
55	Award Number*	IDAP #36		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$147,137.75
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	09/01/2020		
61	Primary Place of Performance Address Line 1 *	241 St Andrews Way		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51250-2957		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$147,137.75	\$00	\$147,137.75
Total		\$00	\$147,137.75	\$00	\$147,137.75

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	09/01/2020	09/01/2020	\$147,137.75	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$147,137.75

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #44

54	Sub-Recipient Organization (Awardee)*	IOWA CAGE FREE LLLP-3181229CA		
55	Award Number*	IDAP #44		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$134,588.50
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	09/11/2020		
61	Primary Place of Performance Address Line 1 *	100 Central Ave E		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Clarion		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50525-1411		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$134,588.50	\$00	\$134,588.50
Total		\$00	\$134,588.50	\$00	\$134,588.50

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	09/11/2020	09/11/2020	\$134,588.50	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$134,588.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: IDAP #35

54	Sub-Recipient Organization (Awardee)*	CENTER FRESH EGG FARM LLP-3181199CE		
55	Award Number*	IDAP #35		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	08/07/2020		
59	Period of Performance Start Date *	08/07/2020		
60	Period of Performance End Date *	09/16/2020		
61	Primary Place of Performance Address Line 1 *	241 St Andrews Way		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51250-2957		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Help Iowa pork and egg producers who were affected by COVID-19 supply chain disruptions. As a last resort, producers may be forced to humanely euthanize animals to prevent welfare issues. Producers were able to apply to receive state funding to properly dispose of carcasses in an environmentally-sound manner.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1137 - Livestock Disposal Assistance	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1137 - Livestock Disposal Assistance	09/16/2020	09/16/2020	\$250,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 368079

54	Sub-Recipient Organization (Awardee)*	EAST BUCHANAN TELEPHONE-2132142EA		
55	Award Number*	368079		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,268,235.76
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	214 3rd St N		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Winthrop		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50682-7715		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$2,268,235.76	\$00	\$1,134,117.88
Total		\$00	\$2,268,235.76	\$00	\$1,134,117.88

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	10/28/2020	10/28/2020	\$1,134,117.88	Facilitating Distance Learning	
Total:						\$1,134,117.88

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367061

54	Sub-Recipient Organization (Awardee)*	KILLDUFF TELEPHONE CO-2144755KI		
55	Award Number*	367061		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$112,594.44
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	72 Railroad St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Killduff		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50137		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$112,594.44	\$00	\$54,629.00
Total		\$00	\$112,594.44	\$00	\$54,629.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	10/28/2020	10/28/2020	\$54,629.00	Facilitating Distance Learning	
Total:						\$54,629.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 366869

54	Sub-Recipient Organization (Awardee)*	PREMIER COMMUNICATIONS-2122438PR		
55	Award Number*	366869		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$3,883,250.00
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	339 1st Ave NE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51250-1801		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$3,883,250.00	\$00	\$1,941,625.00
Total		\$00	\$3,883,250.00	\$00	\$1,941,625.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	10/28/2020	10/28/2020	\$1,941,625.00	Facilitating Distance Learning	
Total:						\$1,941,625.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 367908

54	Sub-Recipient Organization (Awardee)*	SHARON TELEPHONE CO-3114737SH		
55	Award Number*	367908		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$647,212.39
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	100 E Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hills		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52235-7736		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$647,212.39	\$00	\$295,000.00
Total		\$00	\$647,212.39	\$00	\$295,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	10/28/2020	10/28/2020	\$295,000.00	Facilitating Distance Learning	
Total:						\$295,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 366262-366512-367301

54	Sub-Recipient Organization (Awardee)*	SULLY TELEPHONE ASSOCIATION-3171612SU		
55	Award Number*	366262-366512-367301		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$392,725.11
58	Award Date *	02/23/2021		
59	Period of Performance Start Date *	02/23/2021		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	305 7th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sully		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50251-1061		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$392,725.11	\$00	\$291,372.29
Total		\$00	\$392,725.11	\$00	\$291,372.29

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	10/28/2020	10/28/2020	\$198,000.00	Facilitating Distance Learning	
Line 2	IA-185-00BB - Broadband Grants	02/23/2021	02/25/2021	\$93,372.29	Facilitating Distance Learning	
Total:						\$291,372.29

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367965

54	Sub-Recipient Organization (Awardee)*	WEST IOWA TELEPHONE-2106606WE		
55	Award Number*	367965		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,084,652.58
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	12 E 3rd St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Remsen		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51050-7717		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,084,652.58	\$375,277.51	\$917,601.51
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$1,084,652.58	\$375,277.51	\$917,601.51

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	10/28/2020	10/28/2020	\$542,324.00	Facilitating Distance Learning	
Total:						\$542,324.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$375,277.51	Facilitating Distance Learning		
Total:							\$375,277.51

Sub Screen: Award: 367674

54	Sub-Recipient Organization (Awardee)*	Allamakee-Clayton Electric Cooperative, Inc.-3019623AL		
55	Award Number*	367674		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$541,916.00
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	229 Highway 51		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Postville		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52162-8608		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$541,916.00	\$00	\$250,000.00
Total		\$00	\$541,916.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/23/2020	12/23/2020	\$250,000.00	Facilitating Distance Learning	
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 367535

54	Sub-Recipient Organization (Awardee)*	Alpine Communications, LC-2122188AL		
55	Award Number*	367535		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,899,978.39
58	Award Date *	02/11/2021		
59	Period of Performance Start Date *	02/11/2021		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	923 Humphrey St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Elkader		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52043-7738		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$2,899,978.39	\$00	\$1,155,558.38
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$2,899,978.39	\$00	\$1,155,558.38

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/11/2021	02/11/2021	\$1,155,558.38	Facilitating Distance Learning	
Total:						\$1,155,558.38

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367166

54	Sub-Recipient Organization (Awardee)*	BTC INC-3006415BT		
55	Award Number*	367166		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,955,565.80
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	715 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Plainfield		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50666-7779		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,955,565.80	\$00	\$977,476.79
Total		\$00	\$1,955,565.80	\$00	\$977,476.79

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	11/23/2020	11/23/2020	\$977,476.79	Facilitating Distance Learning	
Total:						\$977,476.79

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367904

54	Sub-Recipient Organization (Awardee)*	Butler-Bremer Mutual Telephone Company-T185BUTLE
55	Award Number*	367904
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$107,850.00
58	Award Date *	09/01/2020
59	Period of Performance Start Date *	09/01/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	413 N Calhoun St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Liberty
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52776-1344
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$107,850.00	\$00	\$0.00
Total		\$00	\$107,850.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367218

54	Sub-Recipient Organization (Awardee)*	Cloudburst9 LLC-T185CLOUD		
55	Award Number*	367218		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$74,945.73
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	303 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Colo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50056-7722		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$74,945.73	\$22,907.62	\$60,379.62
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$74,945.73	\$22,907.62	\$60,379.62

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	11/16/2020	11/16/2020	\$37,472.00	Facilitating Distance Learning	
Total:						\$37,472.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$22,907.62	Facilitating Distance Learning		
Total:							\$22,907.62

Sub Screen: Award: 368339-368263

54	Sub-Recipient Organization (Awardee)*	Colo Telephone Company-T185COLOT		
55	Award Number*	368339-368263		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$153,397.48
58	Award Date *	09/15/2020		
59	Period of Performance Start Date *	09/15/2020		
60	Period of Performance End Date *	09/30/2021		
61	Primary Place of Performance Address Line 1 *	516 Sherman St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Menlo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50164-1027		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$153,397.48	\$00	\$128,407.36
Total		\$00	\$153,397.48	\$00	\$128,407.36

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	07/02/2021	07/02/2021	\$128,407.36	Facilitating Distance Learning	
Total:						\$128,407.36

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367486

54	Sub-Recipient Organization (Awardee)*	Cooperative Telephone Exchange-0063500CO
55	Award Number*	367486
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	07/01/2021
61	Primary Place of Performance Address Line 1 *	102 S Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Danville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52623-9000
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367309

54	Sub-Recipient Organization (Awardee)*	Danville Mutual Telephone Company-2105731DA		
55	Award Number*	367309		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,918,970.03
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	506 Pine St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dumont		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50625-7748		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$2,918,970.03	\$00	\$1,459,485.01
Total		\$00	\$2,918,970.03	\$00	\$1,459,485.01

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/22/2020	12/22/2020	\$1,459,485.01	Facilitating Distance Learning	
Total:						\$1,459,485.01

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367653

54	Sub-Recipient Organization (Awardee)*	Dumont Telephone Company-0065500DU
55	Award Number*	367653
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$145,914.50
58	Award Date *	09/01/2020
59	Period of Performance Start Date *	09/01/2020
60	Period of Performance End Date *	09/30/2021
61	Primary Place of Performance Address Line 1 *	506 Pine St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dumont
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50625-7748
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$145,914.50	\$00	\$93,548.38
Total		\$00	\$145,914.50	\$00	\$93,548.38

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	07/13/2021	07/13/2021	\$93,548.38	Facilitating Distance Learning	
Total:						\$93,548.38

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 367813

54	Sub-Recipient Organization (Awardee)*	Dunkerton Telephone Cooperative-2114094DU
55	Award Number*	367813
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$126,313.12
58	Award Date *	02/29/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	09/30/2021
61	Primary Place of Performance Address Line 1 *	701 S Canfield St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dunkerton
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50626-9514
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$126,313.12	\$00	\$126,250.12
Total		\$00	\$126,313.12	\$00	\$126,250.12

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/23/2020	12/23/2020	\$30,130.93	Facilitating Distance Learning	
Line 2	IA-185-00BB - Broadband Grants	07/02/2021	07/02/2021	\$96,119.19	Facilitating Distance Learning	
Total:						\$126,250.12

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 366848

54	Sub-Recipient Organization (Awardee)*	Farmers Mutual Cooperative Telephone Company-2105889FA
55	Award Number*	366848
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$125,387.60
58	Award Date *	09/29/2020
59	Period of Performance Start Date *	09/29/2020
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	801 19th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Harlan
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51537-1248
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$125,387.60	\$32,488.59	\$32,488.59
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$125,387.60	\$32,488.59	\$32,488.59

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$32,488.59	Facilitating Distance Learning		
Total:						\$32,488.59	

Sub Screen: Award: 367814

54	Sub-Recipient Organization (Awardee)*	Farmers Mutual Cooperative Telephone Company-3108531FA
55	Award Number*	367814
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$255,149.07
58	Award Date *	02/29/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	101 N Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Moulton
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52572-1317
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$255,149.07	\$118,487.80	\$246,060.80
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$255,149.07	\$118,487.80	\$246,060.80

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/01/2020	12/01/2020	\$127,573.00	Facilitating Distance Learning	
Total:						\$127,573.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$118,487.80	Facilitating Distance Learning		
Total:							\$118,487.80

Sub Screen: Award: 367634

54	Sub-Recipient Organization (Awardee)*	Grand Mound Cooperative Telephone-3104198GR
55	Award Number*	367634
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$233,261.86
58	Award Date *	02/15/2021
59	Period of Performance Start Date *	02/15/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	705 Clinton St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Grand Mound
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52751-7707
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$233,261.86	\$116,671.23	\$233,261.86
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Line 3	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$233,261.86	\$116,671.23	\$233,261.86

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/15/2021	02/15/2021	\$116,590.63	Facilitating Distance Learning	
Total:						\$116,590.63

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$116,671.23	Facilitating Distance Learning		
Total:							\$116,671.23

Sub Screen: Award: 368077

54	Sub-Recipient Organization (Awardee)*	Grand River Mutual Telephone Corporation-2133692GR
55	Award Number*	368077
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	1001 Kentucky St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Princeton
65	Primary Place of Performance State Code *	MO
66	Primary Place of Performance Zip+4 *	64673-1074
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	6
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367282

54	Sub-Recipient Organization (Awardee)*	Harmony Telephone Company-T185HARMO		
55	Award Number*	367282		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$714,083.31
58	Award Date *	02/11/2021		
59	Period of Performance Start Date *	02/11/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	35 1st Ave NE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Harmony		
65	Primary Place of Performance State Code *	MN		
66	Primary Place of Performance Zip+4 *	55939-1209		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$714,083.31	\$357,041.66	\$714,083.31
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Line 3	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$714,083.31	\$357,041.66	\$714,083.31

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/11/2021	02/11/2021	\$357,041.65	Facilitating Distance Learning	
Total:						\$357,041.65

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$357,041.66	Facilitating Distance Learning		
Total:							\$357,041.66

Sub Screen: Award: 367201

54	Sub-Recipient Organization (Awardee)*	Heart of Iowa Ventures, LLC-T185HEART		
55	Award Number*	367201		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$121,844.54
58	Award Date *	09/22/2020		
59	Period of Performance Start Date *	09/22/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	502 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Union		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50258-7711		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$121,844.54	\$00	\$113,207.65
Total		\$00	\$121,844.54	\$00	\$113,207.65

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	04/01/2021	06/30/2021	\$113,207.65	Facilitating Distance Learning	
Total:						\$113,207.65

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 366854

54	Sub-Recipient Organization (Awardee)*	Huxley Communications Cooperative-2106036HU
55	Award Number*	366854
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$234,241.65
58	Award Date *	09/01/2020
59	Period of Performance Start Date *	09/01/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	102 N Main Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Huxley
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50124-9412
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$234,241.65	\$00	\$0.00
Total		\$00	\$234,241.65	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367416-367823

54	Sub-Recipient Organization (Awardee)*	ImOn Communications, LLC-3094623IM
55	Award Number*	367416-367823
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$335,530.36
58	Award Date *	02/10/2021
59	Period of Performance Start Date *	02/10/2021
60	Period of Performance End Date *	07/01/2021
61	Primary Place of Performance Address Line 1 *	101 3rd Ave SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-5736
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$335,530.36	\$00	\$195,515.18
Total		\$00	\$335,530.36	\$00	\$195,515.18

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/10/2021 03/02/2021	\$195,515.18	Facilitating Distance Learning	
Total:					\$195,515.18

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367980

54	Sub-Recipient Organization (Awardee)*	Kalona Cooperative Telephone Company-2106803KA		
55	Award Number*	367980		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$282,827.05
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	510 B Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Kalona		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52247-7720		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$282,827.05	\$00	\$108,540.45
Total		\$00	\$282,827.05	\$00	\$108,540.45

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/30/2020	12/30/2020	\$108,540.45	Facilitating Distance Learning	
Total:						\$108,540.45

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367104

54	Sub-Recipient Organization (Awardee)*	LA MOTTE TELEPHONE CO-2107812LA		
55	Award Number*	367104		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$200,771.96
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	400 Pine St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	La Motte		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52054-9488		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$200,771.96	\$101,006.96	\$200,771.96
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$200,771.96	\$101,006.96	\$200,771.96

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	11/16/2020	11/16/2020	\$99,765.00	Facilitating Distance Learning	
Total:						\$99,765.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$101,006.96	Facilitating Distance Learning		
Total:							\$101,006.96

Sub Screen: Award: 367371

54	Sub-Recipient Organization (Awardee)*	Lehigh Valley Cooperative Telephone Association-2107673LE		
55	Award Number*	367371		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$819,750.00
58	Award Date *	02/11/2021		
59	Period of Performance Start Date *	02/11/2021		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	9090 Taylor Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lehigh		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50557-5018		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$819,750.00	\$00	\$399,055.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$819,750.00	\$00	\$399,055.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/11/2021	02/11/2021	\$399,055.00	Facilitating Distance Learning	
Total:						\$399,055.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367817

54	Sub-Recipient Organization (Awardee)*	Lockridge Networks-T185LOCKR
55	Award Number*	367817
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$112,878.88
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	09/30/2021
61	Primary Place of Performance Address Line 1 *	1201 Strome St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Seymour
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52590-1147
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$112,878.88	\$00	\$56,318.14
Total		\$00	\$112,878.88	\$00	\$56,318.14

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	07/13/2021	07/13/2021	\$56,318.14	Facilitating Distance Learning	
Total:						\$56,318.14

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368295

54	Sub-Recipient Organization (Awardee)*	Martelle Cooperative Telephone Association-T185MARTE		
55	Award Number*	368295		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$162,009.84
58	Award Date *	02/18/2021		
59	Period of Performance Start Date *	02/18/2021		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	204 South St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Martelle		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52305-7707		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$162,009.84	\$00	\$80,950.02
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$162,009.84	\$00	\$80,950.02

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/18/2021	02/18/2021	\$80,950.02	Facilitating Distance Learning	
Total:						\$80,950.02

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 368235

54	Sub-Recipient Organization (Awardee)*	MASSENA TELEPHONE COMPANY INC-3183744MA		
55	Award Number*	368235		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$473,363.04
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	211 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Massena		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50853-1032		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$473,363.04	\$236,681.54	\$473,363.04
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$473,363.04	\$236,681.54	\$473,363.04

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	11/04/2020	11/04/2020	\$236,681.50	Facilitating Distance Learning	
Total:						\$236,681.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$236,681.54	Facilitating Distance Learning		
Total:							\$236,681.54

Sub Screen: Award: 367969-368019-368026

54	Sub-Recipient Organization (Awardee)*	Mediacom, LLC.-2089134ME		
55	Award Number*	367969-368019-368026		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$711,082.33
58	Award Date *	09/13/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	200 E Grand Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-1856		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$711,082.33	\$296,166.33	\$651,707.48
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$711,082.33	\$296,166.33	\$651,707.48

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/23/2020	12/23/2020	\$355,541.15	Facilitating Distance Learning	
Total:						\$355,541.15

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$296,166.33	Facilitating Distance Learning		
Total:							\$296,166.33

Sub Screen: Award: 367771

54	Sub-Recipient Organization (Awardee)*	MiBroadband LLC-T185MIBRO
55	Award Number*	367771
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	09/03/2020
59	Period of Performance Start Date *	09/03/2020
60	Period of Performance End Date *	07/01/2021
61	Primary Place of Performance Address Line 1 *	35 1st Ave NE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Harmony
65	Primary Place of Performance State Code *	MN
66	Primary Place of Performance Zip+4 *	55939-1209
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367902

54	Sub-Recipient Organization (Awardee)*	Miles Communications LLC-2107974MI		
55	Award Number*	367902		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$466,122.89
58	Award Date *	02/10/2021		
59	Period of Performance Start Date *	02/10/2021		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	342 Ferry Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Miles		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52064-4400		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$466,122.89	\$00	\$233,025.14
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$466,122.89	\$00	\$233,025.14

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/10/2021	02/10/2021	\$233,025.14	Facilitating Distance Learning	
Total:						\$233,025.14

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 368371

54	Sub-Recipient Organization (Awardee)*	Minburn Telecommunications, Inc.-2124456MI
55	Award Number*	368371
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	09/01/2020
59	Period of Performance Start Date *	09/01/2020
60	Period of Performance End Date *	07/01/2021
61	Primary Place of Performance Address Line 1 *	100 S Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Woodward
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50276-7707
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368355

54	Sub-Recipient Organization (Awardee)*	Minburn Telephone Company-3075913MI
55	Award Number*	368355
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	09/01/2020
59	Period of Performance Start Date *	09/01/2020
60	Period of Performance End Date *	07/01/2021
61	Primary Place of Performance Address Line 1 *	416 Chestnut St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Minburn
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50167-1003
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368074

54	Sub-Recipient Organization (Awardee)*	NEIT Services, LLC-T185NEITS		
55	Award Number*	368074		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$199,184.77
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	09/30/2021		
61	Primary Place of Performance Address Line 1 *	800 S Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Monona		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52159-8039		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$199,184.77	\$00	\$199,184.77
Total		\$00	\$199,184.77	\$00	\$199,184.77

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/01/2020	12/01/2020	\$99,592.38	Facilitating Distance Learning	
Line 2	IA-185-00BB - Broadband Grants	08/23/2021	08/23/2021	\$99,592.39	Facilitating Distance Learning	
Total:						\$199,184.77

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368406

54	Sub-Recipient Organization (Awardee)*	Night Owl, Wireless-T185NIGHT		
55	Award Number*	368406		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$379,746.60
58	Award Date *	02/29/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	521 N Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Walcott		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52773-8500		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$379,746.60	\$00	\$174,500.00
Total		\$00	\$379,746.60	\$00	\$174,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	12/18/2020	12/18/2020	\$174,500.00	Facilitating Distance Learning	
Total:						\$174,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367725-368361

54	Sub-Recipient Organization (Awardee)*	Northwest Communications Cooperative Association-2117141NO
55	Award Number*	367725-368361
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$304,743.00
58	Award Date *	09/08/2020
59	Period of Performance Start Date *	09/08/2020
60	Period of Performance End Date *	09/30/2021
61	Primary Place of Performance Address Line 1 *	844 Wood St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Havelock
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50546-7593
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$304,743.00	\$00	\$227,701.23
Total		\$00	\$304,743.00	\$00	\$227,701.23

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	07/13/2021 08/23/2021	\$227,701.23	Facilitating Distance Learning	
Total:					\$227,701.23

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367423-367572-367585-367596

54	Sub-Recipient Organization (Awardee)*	Omnitel Communications, Inc.-2132646OM
55	Award Number*	367423-367572-367585-367596
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$204,560.00
58	Award Date *	02/15/2021
59	Period of Performance Start Date *	02/15/2021
60	Period of Performance End Date *	09/30/2021
61	Primary Place of Performance Address Line 1 *	608 E Congress St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nora Springs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50458-8634
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$204,560.00	\$00	\$165,882.22
Total		\$00	\$204,560.00	\$00	\$165,882.22

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/15/2021	03/02/2021	\$115,712.76	Facilitating Distance Learning	
Line 2	IA-185-00BB - Broadband Grants	08/06/2021	08/06/2021	\$50,169.46	Facilitating Distance Learning	
Total:						\$165,882.22

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368407

54	Sub-Recipient Organization (Awardee)*	Osage Municipal Utilities-21301100S
55	Award Number*	368407
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$314,240.23
58	Award Date *	09/15/2020
59	Period of Performance Start Date *	09/15/2020
60	Period of Performance End Date *	09/30/2021
61	Primary Place of Performance Address Line 1 *	720 Chestnut St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Osage
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50461-1462
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$314,240.23	\$00	\$157,120.11
Total		\$00	\$314,240.23	\$00	\$157,120.11

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	07/02/2021	07/02/2021	\$157,120.11	Facilitating Distance Learning	
Total:						\$157,120.11

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 367583

54	Sub-Recipient Organization (Awardee)*	Reinbeck Telecommunications-T185REINB
55	Award Number*	367583
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$51,400.00
58	Award Date *	09/22/2020
59	Period of Performance Start Date *	09/22/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	414 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Reinbeck
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50669-1050
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$51,400.00	\$00	\$0.00
Total		\$00	\$51,400.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368167

54	Sub-Recipient Organization (Awardee)*	River Valley Telecommunications Cooperative-2110010RI
55	Award Number*	368167
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$85,364.30
58	Award Date *	09/01/2020
59	Period of Performance Start Date *	09/01/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	106 E Robins St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Graettinger
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51342-7726
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$85,364.30	\$00	\$0.00
Total		\$00	\$85,364.30	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 368388

54	Sub-Recipient Organization (Awardee)*	Rockwell Cooperative Telephone Association-T185ROCKW		
55	Award Number*	368388		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,561,428.01		
58	Award Date *	02/11/2021		
59	Period of Performance Start Date *	02/11/2021		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	111 4th St N		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Rockwell		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50469-7714		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,561,428.01	\$00	\$751,389.00
Total		\$00	\$1,561,428.01	\$00	\$751,389.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/11/2021	02/11/2021	\$751,389.00	Facilitating Distance Learning	
Total:						\$751,389.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 367778

54	Sub-Recipient Organization (Awardee)*	Router12 Networks LLC-T185ROUTE		
55	Award Number*	367778		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$69,666.09
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	402 19th St SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mason City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50401-6435		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$69,666.09	\$21,979.49	\$21,979.49
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$00	\$69,666.09	\$21,979.49	\$21,979.49

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-185-00BB - Broadband Grants	10/01/2021	12/31/2021	\$21,979.49	Facilitating Distance Learning		
Total:							\$21,979.49

Sub Screen: Award: 366995

54	Sub-Recipient Organization (Awardee)*	South Slope Telephone Company-2108250SO		
55	Award Number*	366995		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,143,550.00
58	Award Date *	04/16/2021		
59	Period of Performance Start Date *	04/16/2021		
60	Period of Performance End Date *	12/01/2021		
61	Primary Place of Performance Address Line 1 *	980 N Front St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	North Liberty		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52317-9005		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,143,550.00	\$00	\$1,143,550.00
Total		\$00	\$1,143,550.00	\$00	\$1,143,550.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	08/06/2021	08/06/2021	\$1,143,550.00	Facilitating Distance Learning	
Total:						\$1,143,550.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367925

54	Sub-Recipient Organization (Awardee)*	United States Cellular Corporation-T185UNITE		
55	Award Number*	367925		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$5,212,278.84
58	Award Date *	01/15/2021		
59	Period of Performance Start Date *	01/15/2021		
60	Period of Performance End Date *	07/01/2021		
61	Primary Place of Performance Address Line 1 *	8410 W Bryn Mawr Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Chicago		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	60631-3408		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	9		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$5,212,278.84	\$00	\$2,606,139.42
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$5,212,278.84	\$00	\$2,606,139.42

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	01/15/2021	01/15/2021	\$2,606,139.42	Facilitating Distance Learning	
Total:						\$2,606,139.42

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 367619

54	Sub-Recipient Organization (Awardee)*	Vinton Municipal Communications Utility-T185VINTO
55	Award Number*	367619
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$110,000.00
58	Award Date *	09/29/2020
59	Period of Performance Start Date *	09/29/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	412 1st Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Vinton
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52349-1747
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$110,000.00	\$00	\$0.00
Total		\$00	\$110,000.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 367228

54	Sub-Recipient Organization (Awardee)*	Winnebago Cooperative Telecom Association-2107496WI
55	Award Number*	367228
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,014,304.55
58	Award Date *	02/10/2021
59	Period of Performance Start Date *	02/10/2021
60	Period of Performance End Date *	07/01/2021
61	Primary Place of Performance Address Line 1 *	704 E Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lake Mills
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50450-1420
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,014,304.55	\$00	\$748,500.00
Total		\$00	\$1,014,304.55	\$00	\$748,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-185-00BB - Broadband Grants	02/10/2021 02/10/2021	\$748,500.00	Facilitating Distance Learning	
Total:					\$748,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-0025000

54	Sub-Recipient Organization (Awardee)*	B and D Services Inc.-0025000BAN		
55	Award Number*	309-PFIF-0052-0025000		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$61,124.31
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	212 1st St E		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Independence		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50644-2813		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Training will be provided to 76 participants to become a Direct Support Professional, a critical job need in Iowa. In addition, financial support will be provided to remove barriers to start and maintain employment including laptops and hot spots for participants to use during training.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$61,124.31	\$00	\$61,124.31
Total		\$00	\$61,124.31	\$00	\$61,124.31

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$61,124.31	Items Not Listed Above	Vocational Training
Total:						\$61,124.31

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3046015

54	Sub-Recipient Organization (Awardee)*	Marshall County Comms Commission-3046015MA	
55	Award Number*	309-PFIF-0052-3046015	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$0.00
58	Award Date *	09/29/2020	
59	Period of Performance Start Date *	09/29/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	909 S 2nd St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Marshalltown	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50158-3217	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	This project will offer a series of eight virtual one-week online courses with the ability to accept applicants from all geographic regions of the state. Funds will provide wrap-around support such as internet reimbursement, childcare costs, and other items needed to assist participants in completion of training. This will provide 200 Iowans with certification upon completion for the 40-hour basic course required by all 911 agencies in the state of Iowa.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:					\$00	

Sub Screen: Award: 309-PFIF-0052-2130583

54	Sub-Recipient Organization (Awardee)*	City of State Center-2130583ST		
55	Award Number*	309-PFIF-0052-2130583		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$99,900.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	118 Main St W		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	State Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50247-7769		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	This project will provide training for 24 initial participants to achieve the Reserve Peace Officer certification through the Iowa Law Enforcement Academy. The goal is to recruit candidates who are considering a career in law enforcement as a career change due to the impacts of the pandemic as well as address critical shortages in law enforcement.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$99,900.00	\$00	\$99,900.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$99,900.00	\$00	\$99,900.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$99,900.00	Items Not Listed Above	Vocational Training
Total:						\$99,900.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-3183185

54	Sub-Recipient Organization (Awardee)*	Apprenticeship America-3183185AP		
55	Award Number*	309-PFIF-0052-3183185		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$89,611.37
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2341 SW Plaza Pkwy		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ankeny		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50023-7310		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	This project will create an online platform that provides online pre-apprenticeship training and placement services for high-demand careers. A minimum of 21 Iowans will receive training and a stipend along with additional support services via community-based partners.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$89,611.37	\$00	\$89,611.37
Total		\$00	\$89,611.37	\$00	\$89,611.37

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$89,611.37	Items Not Listed Above	Vocational Training
Total:						\$89,611.37

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2120627

54	Sub-Recipient Organization (Awardee)*	Circle Computer Resources-2120627CI		
55	Award Number*	309-PFIF-0052-2120627		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$74,762.44
58	Award Date *	09/23/2020		
59	Period of Performance Start Date *	09/23/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	845 Capital Dr SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-9091		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	CCR has partnered with 4 organizations to serve Iowans whose employment has been lost due to the pandemic. The program will start with a 4-week help desk training course led by Delta V, followed by 8 weeks of network training and remote work training skills provided by Distributed Consulting and CCR. A monthly stipend will be provided to each participant to assist in transportation, childcare and other expenses during training. Upon certification, participants will be eligible for a full-time role at CCR.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$74,762.44	\$00	\$74,762.44
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$74,762.44	\$00	\$74,762.44

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$74,762.44	Items Not Listed Above	Vocational Training
Total:						\$74,762.44

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3106449

54	Sub-Recipient Organization (Awardee)*	The CEU Authority-3106449CE		
55	Award Number*	309-PFIF-0052-3106449		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$88,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5644 NE 17th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50313-1616		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Through an Apprenticeship program, training in the high demand fields of HVAC/R, Mechanical and Plumbing will be made available to 20 Iowans whose employment has been affected by the pandemic. This program is provided 100% online and the training will be livestreamed for participants		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$88,000.00	\$00	\$88,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$88,000.00	\$00	\$88,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$88,000.00	Items Not Listed Above	Vocational Training
Total:						\$88,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2109410

54	Sub-Recipient Organization (Awardee)*	Eastern Iowa Community College-2109410EA	
55	Award Number*	309-PFIF-0052-2109410	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$97,655.57
58	Award Date *	09/23/2020	
59	Period of Performance Start Date *	09/23/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	101 W 3rd St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52801-1419	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Funding will be used to cover tuition costs for 88 Iowans in high-demand careers like truck driving, manufacturing and front-line supervision with the goal of placing all completers in jobs with local employers.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$97,655.57	\$00	\$97,655.57
Total		\$00	\$97,655.57	\$00	\$97,655.57

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$97,655.57	Items Not Listed Above	Vocational Training
Total:						\$97,655.57

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2116818

54	Sub-Recipient Organization (Awardee)*	Four Mounds Foundation-2116818FO	
55	Award Number*	309-PFIF-0052-2116818	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$97,493.00
58	Award Date *	09/30/2020	
59	Period of Performance Start Date *	09/30/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	4900 Peru Rd	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Dubuque	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52001-8304	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	Building on a current and successful model, funds will support at-risk youth in obtaining training and paid hands-on experience in the high-demand construction industry. Additional support services will also be provided.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$97,493.00	\$00	\$97,493.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$97,493.00	\$00	\$97,493.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$97,493.00	Items Not Listed Above	Vocational Training
Total:						\$97,493.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2111488

54	Sub-Recipient Organization (Awardee)*	Heartland AEA-2111488HE		
55	Award Number*	309-PFIF-0052-2111488		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$55,000.00
58	Award Date *	09/23/2020		
59	Period of Performance Start Date *	09/23/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	6500 Corporate Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Johnston		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50131-1603		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	High-demand and high growth industry-sponsored learning modules are available to thousands of Iowa students. This funding will provide training for teachers, counselors and others on how to utilize and enroll students in these modules. This work leads toward the goal of having 10,000 students enrolled in investigative learning modules.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$55,000.00	\$00	\$55,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$55,000.00	\$00	\$55,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$55,000.00	Items Not Listed Above	Vocational Training
Total:						\$55,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-3015626

54	Sub-Recipient Organization (Awardee)*	Involta-3015626IN
55	Award Number*	309-PFIF-0052-3015626
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,350.00
58	Award Date *	09/29/2020
59	Period of Performance Start Date *	09/29/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	460 12th Ave SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-2452
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding will pay for the training of 7 individuals whose careers have been disrupted by the pandemic to become Computer User Support Specialist and Network and Computer Systems Administrators. Upon completion of the program, the goal is to hire all 7 participants. Training will be virtual and participants can come from anywhere in the state as long as they are willing to relocate to the Cedar Rapids metro area once trained.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$64,350.00	\$00	\$64,350.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$64,350.00	\$00	\$64,350.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$64,350.00	Items Not Listed Above	Vocational Training
Total:						\$64,350.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2104181

54	Sub-Recipient Organization (Awardee)*	IOWA CENTRAL COMM COLLEG-2104181CE		
55	Award Number*	309-PFIF-0052-2104181		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$99,053.62
58	Award Date *	09/23/2020		
59	Period of Performance Start Date *	09/23/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1 Triton Cir		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Dodge		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50501-5729		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding for this grant will support design and implementation of an 8-week hybrid non-credit Computer Numerical Control (CNC) Operator certificate training program. Participants will complete lecture components online and meet face-to-face for lab skills and hands-on training.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$99,053.62	\$00	\$99,053.62
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$99,053.62	\$00	\$99,053.62

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$99,053.62	Items Not Listed Above	Vocational Training
Total:						\$99,053.62

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2105326

54	Sub-Recipient Organization (Awardee)*	Iowa Chronic Care Consortium-2105326CH
55	Award Number*	309-PFIF-0052-2105326
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$94,512.00
58	Award Date *	09/30/2020
59	Period of Performance Start Date *	09/30/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	2700 Westown Pkwy
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50266-1411
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	The Iowa Chronic Care Consortium will partner with the University of Iowa's Institute for Public Health Practice, Des Moines Area Community College and community-based organizations to create a virtual Community Health Navigator training program which will be available statewide. Training and stipends to address barriers related to training will be provided for up to 25 participants.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$94,512.00	\$00	\$94,512.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$94,512.00	\$00	\$94,512.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$94,512.00	Items Not Listed Above	Vocational Training
Total:						\$94,512.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2106718

54	Sub-Recipient Organization (Awardee)*	Iowa Restaurant Association-2106718RE		
55	Award Number*	309-PFIF-0052-2106718		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1501 42nd St Ste 294		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-1005		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	<p>The Iowa Hospitality Industry has been one of the most affected industries by the pandemic. The Iowa Restaurant Association will enroll 500 affected industry workers in ServSafe Certified Food Protection Manager Courses (online or in-person) and cover the cost of training, books and exams. Training will be provided in multiple locations with several options to meet individual needs. Because every foodservice establishment in Iowa must have at least one Certified Food Protection Manager and the cost of the training is prohibitive due to the pandemic, this will serve hundreds of affected restaurants and bars.</p>		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2121775

54	Sub-Recipient Organization (Awardee)*	Iowa Women's Foundation-2121775WO
55	Award Number*	309-PFIF-0052-2121775
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$79,935.50
58	Award Date *	09/30/2020
59	Period of Performance Start Date *	09/30/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	2201 E Grantview Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coralville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52241-3488
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	The project's goal is to recruit, train, retain and support quality child care and early education providers across Iowa. Training sessions will be hosted in each of the 5 regions for a total of 10 training sessions resulting in 100 new childcare providers trained and ready to provide childcare in a home or business setting.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$79,935.50	\$00	\$79,935.50
Total		\$00	\$79,935.50	\$00	\$79,935.50

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$79,935.50	Items Not Listed Above	Vocational Training
Total:						\$79,935.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2109497

54	Sub-Recipient Organization (Awardee)*	DES MOINES AREA COMM COL-2109497DE		
55	Award Number*	309-PFIF-0052-2109497		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$98,010.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2006 S Ankeny Blvd Bld 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ankeny		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50023-8995		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	In partnership with employers and community organizations, DMACC will provide training and support services for 10 individuals to be trained in construction and 12 individuals to be trained in semi-truck driving prior to February 28, 2021. They will target Iowans whose jobs have been affected by or eliminated because of the pandemic. Completion of training and job placement are project priorities.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$98,010.00	\$00	\$98,010.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$98,010.00	\$00	\$98,010.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$98,010.00	Items Not Listed Above	Vocational Training
Total:						\$98,010.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2109376

54	Sub-Recipient Organization (Awardee)*	Indian Hills Comm College-2109376IN		
55	Award Number*	309-PFIF-0052-2109376		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	525 Grandview Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ottumwa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52501-1359		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	<p>This program will serve 15 Iowans, who will be provided with free tuition in the Productions Specialist Technician program. The grant also awards stipends to participants to address barriers such as childcare and transportation during training. Upon completion and receipt to certification, Indian Hills will assist with finding employment in the local area. The goal is to enroll 10 participants. Upon program completion, the college will partner with Fisher Industries and Bobalee Inc. to host a job fair networking event.</p>		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2109614

54	Sub-Recipient Organization (Awardee)*	IOWA LAKES COMM COLLEGE-2109614LA		
55	Award Number*	309-PFIF-0052-2109614		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	19 S 7th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Estherville		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51334-2234		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	A group of 16 businesses and support agencies collaborated to create a menu of short-term, non-credit programs needed in the area that will be made available to Iowans affected by the pandemic. Programs include Intro to GIS, three levels of Excel from Beginning to Advanced, Electrical Maintenance I and II, Class A CDL licensure, Commercial Drone Licensure prep and more. The goal is to enroll 100 participants resulting in certification and job placement.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2109515

54	Sub-Recipient Organization (Awardee)*	Iowa Valley Comm College-2109515VA
55	Award Number*	309-PFIF-0052-2109515
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$82,205.00
58	Award Date *	09/30/2020
59	Period of Performance Start Date *	09/30/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	3702 S Center St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Marshalltown
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50158-4760
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	In partnership with multiple local organizations, this project will provide credentials in highdemand manufacturing occupations. Training will be provided in the areas of machining, welding and electro-mechanical systems technology. The program will enroll 20 participants to take part in a 7-week program. A hybrid learning model will be available.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$82,205.00	\$00	\$82,205.00
Total		\$00	\$82,205.00	\$00	\$82,205.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$82,205.00	Items Not Listed Above	Vocational Training
Total:						\$82,205.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2118592

54	Sub-Recipient Organization (Awardee)*	Gregory Design and Manufacturing-2118592GR		
55	Award Number*	309-PFIF-0052-2118592		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$80,959.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2512 Henry Ladyn Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Madison		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52627-2519		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Gregory Design and Manufacturing has a goal of training a total of 44 people with a 4-week weld training program geared toward well-rounded production welding. Gregory intends to partner with the Burlington Residential Correctional Facility to recruit participants and hopes to hire completers.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$80,959.00	\$00	\$80,959.00
Total		\$00	\$80,959.00	\$00	\$80,959.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$80,959.00	Items Not Listed Above	Vocational Training
Total:						\$80,959.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2125815

54	Sub-Recipient Organization (Awardee)*	Mercy College of Health Sciences-2125815ME		
55	Award Number*	309-PFIF-0052-2125815		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$82,500.00
58	Award Date *	09/29/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	928 6th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-1225		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	The program will support students who have been negatively affected by the loss of jobs and/or faced a reduction in hours due to the pandemic. The funding will focus on providing sufficient resources and support so that students in the final semester successfully graduate and pass the National Council Licensure Examination.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$82,500.00	\$00	\$82,500.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$82,500.00	\$00	\$82,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$82,500.00	Items Not Listed Above	Vocational Training
Total:						\$82,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2113851

54	Sub-Recipient Organization (Awardee)*	Horizons A Family Service Alliance-2113851HO		
55	Award Number*	309-PFIF-0052-2113851		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$97,490.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	819 5th St SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52401-2128		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Neighborhood Transportation Service will implement on-demand transportation scheduling to increase access to education and training for individuals working to earn credentials linked to high-demand jobs. The funding will provide software and two new wheelchairs to support program services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$97,490.00	\$00	\$97,490.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$97,490.00	\$00	\$97,490.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$97,490.00	Items Not Listed Above	Vocational Training
Total:						\$97,490.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2107423

54	Sub-Recipient Organization (Awardee)*	Allen Memorial Hospital - Waterloo-2107423AL		
55	Award Number*	309-PFIF-0052-2107423		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$71,790.84
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1825 Logan Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50703-1916		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Allen Memorial Hospital intends to recruit and train 70 new Patient Safety Technicians and Nurse Residents. The program will provide additional training in crisis intervention to 100 existing team members whose work has been affected by the pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$71,790.84	\$00	\$71,790.84
Total		\$00	\$71,790.84	\$00	\$71,790.84

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	05/03/2021	05/03/2021	\$71,790.84	Items Not Listed Above	Vocational Training
Total:						\$71,790.84

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3088192

54	Sub-Recipient Organization (Awardee)*	BDC Group Inc-3088192BD		
55	Award Number*	309-PFIF-0052-3088192		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$86,597.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1936 51st St NE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52402-2459		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	In response to high demand for fiber optic installers in construction, BDC has a significant need for skilled equipment operators. This project will provide training for 14 current employees to upskill. Training will include certification in drill operating, jetting operating and other related skills.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$86,597.00	\$00	\$86,597.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$86,597.00	\$00	\$86,597.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$86,597.00	Items Not Listed Above	Vocational Training
Total:						\$86,597.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2107002

54	Sub-Recipient Organization (Awardee)*	Central College-2107002CE		
55	Award Number*	309-PFIF-0052-2107002		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$80,850.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	812 University St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Pella		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50219-1902		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding will support the Pella Talent Pipeline Apprenticeship School and to accelerate individual completion of apprenticeships and certifications in the following programs: welding, information technology, culinary arts, engineering assistant, early childhood education and certified nursing assistant.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$80,850.00	\$00	\$80,850.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$80,850.00	\$00	\$80,850.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$80,850.00	Items Not Listed Above	Vocational Training
Total:						\$80,850.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3183379

54	Sub-Recipient Organization (Awardee)*	Generativity LLC-3183379GE	
55	Award Number*	309-PFIF-0052-3183379	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$96,800.00
58	Award Date *	09/30/2020	
59	Period of Performance Start Date *	09/30/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	2067 Highway 4	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Panora	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50216-8601	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	Assisted living services have been hard hit by the pandemic. Funding will provide training for current employees as well as new hires in ServSafe, CPR, CNA, Medication Manager, and Certified Medication Aide positions.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$96,800.00	\$00	\$96,800.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$96,800.00	\$00	\$96,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$96,800.00	Items Not Listed Above	Vocational Training
Total:						\$96,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3037802

54	Sub-Recipient Organization (Awardee)*	Greater Dubuque Development Corp-3037802GR	
55	Award Number*	309-PFIF-0052-3037802	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$100,000.00
58	Award Date *	09/30/2020	
59	Period of Performance Start Date *	09/30/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	900 Jackson St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Dubuque	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52001-5006	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	This project will serve 70 students by providing in-demand and essential short-term training focused on Industrial Maintenance, Production, Industrial Sewing, CNC assembly and more. Stipends will be available during training to those students in need.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3013226

54	Sub-Recipient Organization (Awardee)*	Pro Tow LLC-3013226PR		
55	Award Number*	309-PFIF-0052-3013226		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$89,654.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1501 76th Ave SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-7057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	This program will train 12 to 15 potential new drivers who will become certified and licensed, including a class A CDL, in many areas related to the towing field. This project will recruit lowans experiencing barriers and those whose jobs were affected by the pandemic and provide training and certification in these areas. A stipend will be provided to participants during training to reduce barriers as they complete the program. Upon successful completion, a job offer may be extended to qualified participants.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$89,654.00	\$00	\$89,654.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$89,654.00	\$00	\$89,654.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$89,654.00	Items Not Listed Above	Vocational Training
Total:						\$89,654.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-3183388

54	Sub-Recipient Organization (Awardee)*	One City United-3183388ON	
55	Award Number*	309-PFIF-0052-3183388	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$63,997.00
58	Award Date *	09/30/2020	
59	Period of Performance Start Date *	09/30/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	907 Independence Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Waterloo	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50703-4203	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	Job and life skills training is provided to unemployed and underemployed Iowans facing 2 or more barriers to employment. This program will include wrap around supports for participants while they obtain training leading to job placement in warehouses or manufacturing.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$63,997.00	\$00	\$63,997.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$63,997.00	\$00	\$63,997.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$63,997.00	Items Not Listed Above	Vocational Training
Total:						\$63,997.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2109432

54	Sub-Recipient Organization (Awardee)*	Kirkwood Community College-2109432KI		
55	Award Number*	309-PFIF-0052-2109432		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	6301 Kirkwood Blvd SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-5260		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	This project will help students complete the second year of their associate's degrees in highdemand occupations. It will focus on students who are now facing barriers to completion due to the pandemic. Students will be provided wrap around support services to help with retention and completion, including assistance paying for books, food, childcare, transportation, internet access and other barriers.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3078872

54	Sub-Recipient Organization (Awardee)*	The New Bohemian Collaborative Inc-3078872NE		
55	Award Number*	309-PFIF-0052-3078872		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	415 12th Ave SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52401-2449		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	DeltaV had created two shorter IT programs to retrain adults whose careers have been impacted by the pandemic to become Computer User Support Specialists and Network and Computer Systems Administrators. The programs are 4 and 8 weeks respectively. Funding will provide 10 full-time scholarships for tuition, laptops, textbooks and Ops Kits.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3056889

54	Sub-Recipient Organization (Awardee)*	Project Iowa-3056889PR		
55	Award Number*	309-PFIF-0052-3056889		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$98,707.77
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	09/30/2021		
61	Primary Place of Performance Address Line 1 *	1420 Mulberry St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-3618		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	In partnership with DMACC Continuing Education, DoExtra and NewboCo, Project Iowa will provide comprehensive Path to Purpose education and wrap around services while education partners will provide skill development for participants on one of three high demand fields (Transportation and Logistics, Salesforce Management and Design and IT Help Desk). This programming is available virtually and therefore available to Iowans impacted by the pandemic all across the state.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$98,707.77	\$00	\$98,707.77
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$98,707.77	\$00	\$98,707.77

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$98,800.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAIF - Future Ready Iowa Employer Innovation	07/01/2021	09/30/2021	\$-92.23	Items Not Listed Above	Vocational Training
Total:						\$98,707.77

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2110071

54	Sub-Recipient Organization (Awardee)*	United Way of Story County-2110071UN		
55	Award Number*	309-PFIF-0052-2110071		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$87,868.00
58	Award Date *	09/29/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	315 Clark Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ames		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50010-3314		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	This collaborative project will offer three educational programs in Story County including MIG Welding, Manufacturing Production Technician Certification and Certified Nursing Assistant training. Programs will be geared toward those impacted by the pandemic and who are underrepresented. The project will provide training at no cost to the participants and will support employment placement upon completion		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$87,868.00	\$00	\$87,868.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$87,868.00	\$00	\$87,868.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$87,868.00	Items Not Listed Above	Vocational Training
Total:						\$87,868.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3007933

54	Sub-Recipient Organization (Awardee)*	Willis Dady Emergency Shelter-3007933WI		
55	Award Number*	309-PFIF-0052-3007933		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$87,234.99
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1247 4th Ave SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52403-4020		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Willis Dady Emergency Shelter works with clients who have been unable to maintain housing due to unstable employment most recently due to the pandemic. The funds will be used to support 40 clients with multiple barriers by providing funding for online or in-person training programs in high-demand jobs.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$87,234.99	\$00	\$87,234.99
Total		\$00	\$87,234.99	\$00	\$87,234.99

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$87,234.99	Items Not Listed Above	Vocational Training
Total:						\$87,234.99

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2124745

54	Sub-Recipient Organization (Awardee)*	Iowa Job for America's Graduates-2124745JO		
55	Award Number*	309-PFIF-0052-2124745		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1111 9th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-2527		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	In the context of the COVID-19 pandemic, students facing multiple barriers will need additional support to compete in the job market. Funding will provide skill-building and career exploration programs for more than 1,500 participants, all of whom are facing reduced employment opportunities. This project will also support credential preparation and achievement in highdemand careers for at least 100 underserved young people.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2111132

54	Sub-Recipient Organization (Awardee)*	Southeast Iowa Regional Planning Commission-2111132SO		
55	Award Number*	309-PFIF-0052-2111132		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$99,997.50
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	211 N Gear Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Burlington		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52655-1011		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	<p>The pandemic has significantly impacted incarcerated men due to the reduction and elimination of training programs within facilities. Without training, re-entry prospects are limited. Homes for Iowa Inc. will facilitate this project to train 25 men in OSHA 10 and construction. The program will provide equipment, worksite protective clothing and tools. Homes for Iowa works with employer partners to make job contacts and place trained individuals in high-demand construction jobs upon release.</p>		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$99,997.50	\$00	\$99,997.50
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$99,997.50	\$00	\$99,997.50

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$99,997.50	Items Not Listed Above	Vocational Training
Total:						\$99,997.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-3024592

54	Sub-Recipient Organization (Awardee)*	Iowa Western Community College-3024592WE		
55	Award Number*	309-PFIF-0052-3024592		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$99,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2700 College Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-1057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Due to the coronavirus, the delivery of CEAM Welding and Hydraulic Training is being reconfigured into a hybrid education model. Funding will support the reconfiguration and proposes to enroll 8-27 participants affected by the pandemic to successfully complete the program		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$99,000.00	\$00	\$99,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$99,000.00	\$00	\$99,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$99,000.00	Items Not Listed Above	Vocational Training
Total:						\$99,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-3017072

54	Sub-Recipient Organization (Awardee)*	HS Medical Billing Services-3017072HS		
55	Award Number*	309-PFIF-0052-3017072		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$64,658.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	500 E Court Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-2057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding will provide training opportunities in the high-demand medical billing and coding occupations. Participants will attend workplace training and on-line courses to complete one of five certification programs through the American Academy of Professional Coders related to medical coding and billing.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$64,658.00	\$00	\$64,658.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$64,658.00	\$00	\$64,658.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$64,658.00	Items Not Listed Above	Vocational Training
Total:						\$64,658.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2109477

54	Sub-Recipient Organization (Awardee)*	HAWKEYE COMMUNITY COLLEGE-2109477HA		
55	Award Number*	309-PFIF-0052-2109477		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1501 E Orange Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50701-9014		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	John Deere and Hawkeye Community College have partnered to create IGNITE: Mastering Manufacturing competency-based program for the manufacturing industry. The program is designed with multiple stackable, industry-recognized credentials that can be offered as noncredit training offered online, as a hybrid learning model, or in a classroom setting. The project intends to enroll 25 participants including those whose employment was affected by the pandemic. Waterloo Community School District is also a partner		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2129317

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN	
55	Award Number*	309-PFIF-0052-2129317	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$0.00
58	Award Date *	09/30/2020	
59	Period of Performance Start Date *	09/30/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	118 S Clinton St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52240-4045	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	This project will provide education, skills training, non-credit certifications and support for at least 100 Iowans whose employment has been affected by the pandemic. Funding will also provide stipends and certification fees for course participants to attend an intensive, two-week accelerated course in at least 3 communities.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-3079062

54	Sub-Recipient Organization (Awardee)*	ETHNIC MINORITIES OF BURMA ADVOCACY AND-3079062ET		
55	Award Number*	309-PFIF-0052-3079062		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,985.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2309 Euclid Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50310-5703		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Training will be provided to 54 RISE Americorp members, preparing them to support refugees across the state with mentoring, job coaching and access to obtaining credentials. These 54 individuals will then assist at least 200 refugee clients to enroll in education and training with the goal of gaining employment in high-demand fields.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$50,985.00	\$00	\$50,985.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$50,985.00	\$00	\$50,985.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$50,985.00	Items Not Listed Above	Vocational Training
Total:						\$50,985.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFIF-0052-2131924

54	Sub-Recipient Organization (Awardee)*	WOODBINE COMM SCH DIST-2131924WO		
55	Award Number*	309-PFIF-0052-2131924		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$91,398.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	501 Weare St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Woodbine		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51579-1225		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	Funding will restart a much-needed Welding program that was ended due to the pandemic. The Woodbine Community School District is partnering with Tommy Gate International for this program and will offer between 1-3 academic and concurrent enrollment credits to certify no less than 5 welders to fill needed positions at Tommy Gate.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$91,398.00	\$00	\$91,398.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$91,398.00	\$00	\$91,398.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$91,398.00	Items Not Listed Above	Vocational Training
Total:						\$91,398.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2116253

54	Sub-Recipient Organization (Awardee)*	JB HOLLAND CONST INC-2116253JB		
55	Award Number*	309-PFIF-0052-2116253		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$95,441.00
58	Award Date *	09/30/2020		
59	Period of Performance Start Date *	09/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2092 State Highway 9		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Decorah		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52101-7807		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	JB Holland will hire 10 new employees at beginning level training and upskill 25 current employees with the purchase of an additional training simulator. The simulator will be portable and accessible for on-demand training, which helps employees receive additional training and certification. This supports new training opportunities for those affected by the pandemic and helps those hired gain additional experience related to the job.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$95,441.00	\$00	\$95,441.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$95,441.00	\$00	\$95,441.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	04/01/2021	06/30/2021	\$95,441.00	Items Not Listed Above	Vocational Training
Total:						\$95,441.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: ACFS-16-189

54	Sub-Recipient Organization (Awardee)*	NORTHEAST IA FOOD BANK-2114643NO		
55	Award Number*	ACFS-16-189		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$600,000.00
58	Award Date *	05/18/2020		
59	Period of Performance Start Date *	05/19/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1605 Lafayette St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50703-4907		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Reimbursement for costs associated with the acquisition of food and supplies in response to the coronavirus pandemic emergency. Food products unable to be secured through TEFAP, PPE, items needed for packaging and/or delivery of food products. No employee salary or benefit costs		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$342,000.00	\$600,000.00	\$342,000.00	\$600,000.00
Total		\$342,000.00	\$600,000.00	\$342,000.00	\$600,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	08/27/2020	08/27/2020	\$52,009.80	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	12/17/2020	12/17/2020	\$205,990.20	Food Programs	
Total:						\$258,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/31/2021	\$342,000.00	Food Programs	
Total:						\$342,000.00

Sub Screen: Award: ACFS-16-193

54	Sub-Recipient Organization (Awardee)*	RIVER BEND FOOD RESERVOIR-2100184RI		
55	Award Number*	ACFS-16-193		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$451,400.00
58	Award Date *	05/18/2020		
59	Period of Performance Start Date *	05/19/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	4010 Kimmel Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52802-2404		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Reimbursement for costs associated with the acquisition of food and supplies in response to the coronavirus pandemic emergency. Food products unable to be secured through TEFAP, PPE, items needed for packaging and/or delivery of food products. No employee salary or benefit costs		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$200,000.00	\$451,400.00	\$200,000.00	\$451,400.00
Total		\$200,000.00	\$451,400.00	\$200,000.00	\$451,400.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	08/27/2020	08/27/2020	\$78,895.78	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	12/18/2020	12/18/2020	\$172,504.22	Food Programs	
Total:						\$251,400.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/31/2021	\$200,000.00	Food Programs		
Total:							\$200,000.00

Sub Screen: Award: ACFS-16-190

54	Sub-Recipient Organization (Awardee)*	FOOD BANK OF IOWA-2114861FO		
55	Award Number*	ACFS-16-190		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,325,400.00
58	Award Date *	05/18/2020		
59	Period of Performance Start Date *	05/19/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2220 E 17th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50316-2114		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Reimbursement for costs associated with the acquisition of food and supplies in response to the coronavirus pandemic emergency. Food products unable to be secured through TEFAP, PPE, items needed for packaging and/or delivery of food products. No employee salary or benefit costs		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$389,000.00	\$1,325,400.00	\$389,000.00	\$1,325,400.00
Total		\$389,000.00	\$1,325,400.00	\$389,000.00	\$1,325,400.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	08/27/2020	08/27/2020	\$200,000.00	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	12/17/2020	12/17/2020	\$736,400.00	Food Programs	
Total:						\$936,400.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/31/2021	\$389,000.00	Food Programs	
Total:						\$389,000.00

Sub Screen: Award: 0000753GL

54	Sub-Recipient Organization (Awardee)*	GLOBAL REACH INTERNET PRODUCTIONS, LLC-0000753GL		
55	Award Number*	0000753GL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$83,750.74
58	Award Date *	10/15/2020		
59	Period of Performance Start Date *	10/16/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2321 N Loop Dr		
62	Primary Place of Performance Address Line 2	Ste 210		
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ames		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50010-8281		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Administrative Expenses		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0036 - Iowa Beginning Farmer Debt Relief	\$00	\$83,750.74	\$00	\$83,750.74
Total		\$00	\$83,750.74	\$00	\$83,750.74

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0036 - Iowa Beginning Farmer Debt Relief	10/16/2020	10/23/2020	\$83,750.74	Administrative Expenses	
Total:						\$83,750.74

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 0002918CO

54	Sub-Recipient Organization (Awardee)*	IOWA COMMUNITY ACTION ASSOCIATION-0002918CO		
55	Award Number*	0002918CO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$316,677.18
58	Award Date *	10/01/2020		
59	Period of Performance Start Date *	10/01/2020		
60	Period of Performance End Date *	10/31/2020		
61	Primary Place of Performance Address Line 1 *	1620 Pleasant St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-1675		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Housing Support		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	\$00	\$316,677.18	\$00	\$316,677.18
Total		\$00	\$316,677.18	\$00	\$316,677.18

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-270-0035 - Eviction and Foreclosure Prevention Program	10/02/2020	10/21/2020	\$316,677.18	Housing Support	
Total:						\$316,677.18

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0048-010C-0026900AL

54	Sub-Recipient Organization (Awardee)*	ALAN KRULL-0026900AL		
55	Award Number*	269-0048-010C-0026900AL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$80,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	317 CHARLES STREET		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	ORANGE CITY		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51041		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$80,000.00	\$00	\$80,000.00
Total		\$00	\$80,000.00	\$00	\$80,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$80,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$80,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900AM

54	Sub-Recipient Organization (Awardee)*	AMERICAN MULTI-CINEMA INC-0026900AM		
55	Award Number*	269-0048-010C-0026900AM		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$920,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	126 N WALNUT ST		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	LEAWOOD		
65	Primary Place of Performance State Code *	KS		
66	Primary Place of Performance Zip+4 *	66211		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$920,000.00	\$00	\$920,000.00
Total		\$00	\$920,000.00	\$00	\$920,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$920,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$920,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900BB

54	Sub-Recipient Organization (Awardee)*	B&B THEATRES OPERATING CO INC-0026900BB		
55	Award Number*	269-0048-010C-0026900BB		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$120,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	203 1ST AVE EAST		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	LIBERTY		
65	Primary Place of Performance State Code *	MO		
66	Primary Place of Performance Zip+4 *	64069		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			6
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$120,000.00	\$00	\$120,000.00
Total		\$00	\$120,000.00	\$00	\$120,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$120,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$120,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900CI

54	Sub-Recipient Organization (Awardee)*	CINEMARK USA INC-0026900CI		
55	Award Number*	269-0048-010C-0026900CI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,060,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	1307 BROADWAY		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	PLANO		
65	Primary Place of Performance State Code *	TX		
66	Primary Place of Performance Zip+4 *	75093		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$1,060,000.00	\$00	\$1,060,000.00
Total		\$00	\$1,060,000.00	\$00	\$1,060,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	12/01/2020	\$1,060,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$1,060,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0048-010C-0026900CO

54	Sub-Recipient Organization (Awardee)*	COLLINS ROAD THEATRES INC-0026900CO		
55	Award Number*	269-0048-010C-0026900CO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	1100 14th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Marion		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52302-2560		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0048-010C-0026900FI

54	Sub-Recipient Organization (Awardee)*	FILMSCENE-0026900FI
55	Award Number*	269-0048-010C-0026900FI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/23/2020
59	Period of Performance Start Date *	11/24/2020
60	Period of Performance End Date *	11/24/2020
61	Primary Place of Performance Address Line 1 *	417 SW 8TH STREET
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	IOWA CITY
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52240
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900FL

54	Sub-Recipient Organization (Awardee)*	FLIX BREWHOUSE LLC-0026900FL		
55	Award Number*	269-0048-010C-0026900FL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$80,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	2018 GRANT STREET		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	ROUND ROCK		
65	Primary Place of Performance State Code *	TX		
66	Primary Place of Performance Zip+4 *	78681		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			31
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$80,000.00	\$00	\$80,000.00
Total		\$00	\$80,000.00	\$00	\$80,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$80,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$80,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900KI

54	Sub-Recipient Organization (Awardee)*	KING THEATER-0026900KI		
55	Award Number*	269-0048-010C-0026900KI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	3300 NORTHBROOK DRIVE SUITE B		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	DENISON		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51442		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900MA

54	Sub-Recipient Organization (Awardee)*	MARCUS THEATRES CORPORATION-0026900MA		
55	Award Number*	269-0048-010C-0026900MA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$660,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	2060 SOVIA DR		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	MILWAUKEE		
65	Primary Place of Performance State Code *	WI		
66	Primary Place of Performance Zip+4 *	53202		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$660,000.00	\$00	\$660,000.00
Total		\$00	\$660,000.00	\$00	\$660,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$660,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$660,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900OD

54	Sub-Recipient Organization (Awardee)*	ODYSSEY ENTERTAINMENT INC-0026900OD		
55	Award Number*	269-0048-010C-0026900OD		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$70,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	22387 150TH AVE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	CRYSTAL		
65	Primary Place of Performance State Code *	MN		
66	Primary Place of Performance Zip+4 *	55429		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$70,000.00	\$00	\$70,000.00
Total		\$00	\$70,000.00	\$00	\$70,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$70,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$70,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0048-010C-0026900PC

54	Sub-Recipient Organization (Awardee)*	P-CORN ACQUISITIONS MISSOURI CORPORATION-0026900PC		
55	Award Number*	269-0048-010C-0026900PC		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$160,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	6312 NW 95TH ST		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	MILWAUKEE		
65	Primary Place of Performance State Code *	WI		
66	Primary Place of Performance Zip+4 *	53202		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$160,000.00	\$00	\$160,000.00
Total		\$00	\$160,000.00	\$00	\$160,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$160,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$160,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900PH

54	Sub-Recipient Organization (Awardee)*	PHOENIX THEATRES DUBUQUE LLC-0026900PH	
55	Award Number*	269-0048-010C-0026900PH	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	11/23/2020	
59	Period of Performance Start Date *	11/24/2020	
60	Period of Performance End Date *	11/24/2020	
61	Primary Place of Performance Address Line 1 *	1034 AVENUE E	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	FARMINGTON	
65	Primary Place of Performance State Code *	MI	
66	Primary Place of Performance Zip+4 *	48336	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0048-010C-0026900RL

54	Sub-Recipient Organization (Awardee)*	RL FRIDLEY THEATRES INC-0026900RL		
55	Award Number*	269-0048-010C-0026900RL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$940,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	119 E Washington Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50316-2242		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$940,000.00	\$00	\$940,000.00
Total		\$00	\$940,000.00	\$00	\$940,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$940,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$940,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0048-010C-0026900SI

54	Sub-Recipient Organization (Awardee)*	SILVER SCREEN MAGIC LLC-0026900SI		
55	Award Number*	269-0048-010C-0026900SI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	728 CENTRAL AVE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	ELKADER		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52043		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0048 - Movie Theater Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0048 - Movie Theater Relief Program	11/24/2020	11/24/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-2087900SE

54	Sub-Recipient Organization (Awardee)*	SELECT SPECIALTY HOSPITAL-QUAD CITIES-2087900SE		
55	Award Number*	269-0049-010F-2087900SE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$199,272.91
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1111 W Kimberly Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52806-5711		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$81,254.74	\$199,272.91	\$81,254.74	\$199,272.91
Total		\$81,254.74	\$199,272.91	\$81,254.74	\$199,272.91

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$118,018.17	Public Health Expenses	
Total:						\$118,018.17

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$81,254.74	Public Health Expenses		
Total:							\$81,254.74

Sub Screen: Award: 269-0043-009Q-2087927HU

54	Sub-Recipient Organization (Awardee)*	HUMILITY HOMES AND SERVICES INC-2087927HU	
55	Award Number*	269-0043-009Q-2087927HU	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$150,000.00
58	Award Date *	10/06/2020	
59	Period of Performance Start Date *	11/02/2020	
60	Period of Performance End Date *	11/02/2020	
61	Primary Place of Performance Address Line 1 *	3805 Mississippi Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52807-1816	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$150,000.00	\$00	\$150,000.00
Total		\$00	\$150,000.00	\$00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$150,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$150,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2088013GO

54	Sub-Recipient Organization (Awardee)*	GOLDEN GRAIN ENERGY LLC-2088013GO		
55	Award Number*	269-0045-009X-2088013GO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$749,515.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/21/2020		
60	Period of Performance End Date *	10/21/2020		
61	Primary Place of Performance Address Line 1 *	1822 43rd St SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mason City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50401-7071		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$749,515.00	\$00	\$749,515.00
Total		\$00	\$749,515.00	\$00	\$749,515.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/21/2020	10/21/2020	\$749,515.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$749,515.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2091741LI

54	Sub-Recipient Organization (Awardee)*	LINCOLNWAY ENERGY LLC-2091741LI		
55	Award Number*	269-0045-009X-2091741LI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$371,296.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	11/16/2020		
61	Primary Place of Performance Address Line 1 *	975 W Lincoln Hwy Ste B		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Nevada		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50201-7961		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$371,296.00	\$00	\$371,296.00
Total		\$00	\$371,296.00	\$00	\$371,296.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	11/16/2020	\$371,296.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$371,296.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2092800SO

54	Sub-Recipient Organization (Awardee)*	SOUTHWEST IOWA RENEWABLE-2092800SO		
55	Award Number*	269-0045-009X-2092800SO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$679,415.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	10868 189th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-6925		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$679,415.00	\$00	\$679,415.00
Total		\$00	\$679,415.00	\$00	\$679,415.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$679,415.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$679,415.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2093393AB

54	Sub-Recipient Organization (Awardee)*	ABSOLUTE ENERGY LLC-2093393AB		
55	Award Number*	269-0045-009X-2093393AB		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$750,000.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/19/2020		
60	Period of Performance End Date *	11/16/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 265		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Saint Ansgar		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50472-0265		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/19/2020	11/16/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2093406WE

54	Sub-Recipient Organization (Awardee)*	WESTERN DUBUQUE BIODIESE-2093406WE		
55	Award Number*	269-0045-009X-2093406WE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$113,196.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 82		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Farley		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52046-0082		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$113,196.00	\$00	\$113,196.00
Total		\$00	\$113,196.00	\$00	\$113,196.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$113,196.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$113,196.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2093431HO

54	Sub-Recipient Organization (Awardee)*	HOMELAND ENERGY SOLUTION-2093431HO		
55	Award Number*	269-0045-009X-2093431HO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$750,000.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	11/16/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX C		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	LAWLER		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52154-9602		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	11/16/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0044-009R-2096383BL

54	Sub-Recipient Organization (Awardee)*	BLACK HILLS ENERGY-2096383BL
55	Award Number*	269-0044-009R-2096383BL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$67,640.00
58	Award Date *	09/09/2020
59	Period of Performance Start Date *	09/10/2020
60	Period of Performance End Date *	12/22/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 6001
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Rapid City
65	Primary Place of Performance State Code *	SD
66	Primary Place of Performance Zip+4 *	57709-6001
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	0
70	Award Description *	To cover utility expenses of qualified small business and residents who fell behind during COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$67,640.00	\$00	\$67,640.00
Total		\$00	\$67,640.00	\$00	\$67,640.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	10/09/2020	12/22/2020	\$67,640.00	Small Business Assistance	
Total:						\$67,640.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2096396LU

54	Sub-Recipient Organization (Awardee)*	LUCAS COUNTY FAIR ASSOC-2096396LU
55	Award Number*	269-0047-010D-2096396LU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	48495 260th Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Chariton
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50049-8172
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2099587SA

54	Sub-Recipient Organization (Awardee)*	SALVATION ARMY-2099587SA		
55	Award Number*	269-0043-009Q-2099587SA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$193,411.00
58	Award Date *	12/13/2020		
59	Period of Performance Start Date *	12/16/2020		
60	Period of Performance End Date *	12/16/2020		
61	Primary Place of Performance Address Line 1 *	401 NE Adams St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Peoria		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	61603-4201		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	17		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$193,411.00	\$00	\$193,411.00
Total		\$00	\$193,411.00	\$00	\$193,411.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/16/2020	12/16/2020	\$193,411.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$193,411.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2099931TR

54	Sub-Recipient Organization (Awardee)*	TRINITY MEDICAL CENTER-2099931TR		
55	Award Number*	269-0049-010F-2099931TR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$427,681.98
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2701 17th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Rock Island		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	61201-5351		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			17
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$189,635.40	\$427,681.98	\$189,635.40	\$427,681.98
Total		\$189,635.40	\$427,681.98	\$189,635.40	\$427,681.98

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$238,046.58	Public Health Expenses	
Total:						\$238,046.58

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$189,635.40	Public Health Expenses		
Total:							\$189,635.40

Sub Screen: Award: 269-0045-009X-2103831AR

54	Sub-Recipient Organization (Awardee)*	ARCHER DANIELS MIDLAND-2103831AR
55	Award Number*	269-0045-009X-2103831AR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$750,000.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/15/2020
60	Period of Performance End Date *	10/15/2020
61	Primary Place of Performance Address Line 1 *	4666 E Faries Pkwy
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Decatur
65	Primary Place of Performance State Code *	IL
66	Primary Place of Performance Zip+4 *	62526-5630
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	13
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2104181

54	Sub-Recipient Organization (Awardee)*	IOWA CENTRAL COMMUNITY COLLEGE-2104181IO		
55	Award Number*	309-PFAV-0052-2104181		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$249,509.68
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1 Triton Cir		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Dodge		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50501-5729		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$249,509.68	\$00	\$249,509.68
Total		\$00	\$249,509.68	\$00	\$249,509.68

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$249,900.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-390.32	Items Not Listed Above	Vocational Training
Total:						\$249,509.68

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0045-009X-2105352WE

54	Sub-Recipient Organization (Awardee)*	WESTERN IOWA ENERGY LLC-2105352WE		
55	Award Number*	269-0045-009X-2105352WE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$177,170.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	1220 S Center St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Wall Lake		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51466-7038		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$177,170.00	\$00	\$177,170.00
Total		\$00	\$177,170.00	\$00	\$177,170.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$177,170.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$177,170.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-135/147

54	Sub-Recipient Organization (Awardee)*	FIVE STAR COOPERATIVE-2105668FI		
55	Award Number*	21-RFRRP-135/147		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$60,000.00
58	Award Date *	10/12/2020		
59	Period of Performance Start Date *	10/28/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1949 N Linn Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	New Hampton		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50659-9406		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/28/2020	10/28/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-052/067-068

54	Sub-Recipient Organization (Awardee)*	HANCOCK CO COOP OIL ASSN-2105986HA	
55	Award Number*	21-RFRRP-052/067-068	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$90,000.00
58	Award Date *	10/21/2020	
59	Period of Performance Start Date *	11/13/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	615 W US Highway 18	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Garner	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50438-1019	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$90,000.00	\$00	\$90,000.00
Total		\$00	\$90,000.00	\$00	\$90,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020	11/13/2020	\$90,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$90,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2105988HA

54	Sub-Recipient Organization (Awardee)*	HARDIN COUNTY AGRICULTUR-2105988HA		
55	Award Number*	269-0047-010D-2105988HA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 247		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Eldora		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50627-0247		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2106031HO

54	Sub-Recipient Organization (Awardee)*	HOWARD COUNTY AGRICULTUR-2106031HO
55	Award Number*	269-0047-010D-2106031HO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 83
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cresco
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52136-0083
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 21-RFRRP-182-185

54	Sub-Recipient Organization (Awardee)*	HY VEE FOOD STORE-2106037HY		
55	Award Number*	21-RFRRP-182-185		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$120,000.00
58	Award Date *	10/21/2020		
59	Period of Performance Start Date *	11/13/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	5820 Westown Pkwy		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-8223		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$120,000.00	\$00	\$120,000.00
Total		\$00	\$120,000.00	\$00	\$120,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020	11/13/2020	\$120,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$120,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0044-009R-2106184IN

54	Sub-Recipient Organization (Awardee)*	INTERSTATE POWER & LIGHT-2106184IN		
55	Award Number*	269-0044-009R-2106184IN		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$2,419,152.00
58	Award Date *	09/08/2020		
59	Period of Performance Start Date *	09/09/2020		
60	Period of Performance End Date *	02/10/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 3060		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52406-3060		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To cover utility expenses of qualified small business and residents who fell behind during COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$2,419,152.00	\$00	\$2,419,152.00
Total		\$00	\$2,419,152.00	\$00	\$2,419,152.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	10/05/2020	12/23/2020	\$2,377,100.00	Small Business Assistance	
Line 2	IA-269-0379 - Small Business Relief Grants	01/13/2021	02/10/2021	\$42,052.00	Small Business Assistance	
Total:						\$2,419,152.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2106364NO

54	Sub-Recipient Organization (Awardee)*	NORTH IOWA FAIR ASSOC-2106364NO		
55	Award Number*	269-0047-010D-2106364NO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	3700 4th St SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mason City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50401-1590		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2107002

54	Sub-Recipient Organization (Awardee)*	Central College-2107002CE	
55	Award Number*	309-PFAV-0052-2107002	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$209,903.00
58	Award Date *	11/17/2020	
59	Period of Performance Start Date *	11/18/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	812 University St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Pella	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50219-1902	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$209,903.00	\$00	\$209,903.00
Total		\$00	\$209,903.00	\$00	\$209,903.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$209,903.00	Items Not Listed Above	Vocational Training
Total:						\$209,903.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2107011FI

54	Sub-Recipient Organization (Awardee)*	FINLEY HOSPITAL-2107011FI		
55	Award Number*	269-0049-010F-2107011FI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$534,192.08
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	350 N Grandview Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-6388		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$198,062.27	\$534,192.08	\$198,062.27	\$534,192.08
Total		\$198,062.27	\$534,192.08	\$198,062.27	\$534,192.08

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$336,129.81	Public Health Expenses	
Total:						\$336,129.81

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$198,062.27	Public Health Expenses		
Total:							\$198,062.27

Sub Screen: Award: 269-0049-010F-2107016JE

54	Sub-Recipient Organization (Awardee)*	JENNIE EDMUNDSON MEMORIAL HOSPITAL-2107016JE		
55	Award Number*	269-0049-010F-2107016JE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$712,670.94
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	933 E Pierce St Ste 2C		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-4626		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$303,921.01	\$712,670.94	\$303,921.01	\$712,670.94
Total		\$303,921.01	\$712,670.94	\$303,921.01	\$712,670.94

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$408,749.93	Public Health Expenses	
Total:						\$408,749.93

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$303,921.01	Public Health Expenses		
Total:							\$303,921.01

Sub Screen: Award: 269-0049-010F-2107068GR

54	Sub-Recipient Organization (Awardee)*	GREAT RIVER MEDICAL CENTER-2107068GR		
55	Award Number*	269-0049-010F-2107068GR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$458,671.03
58	Award Date *	11/22/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	1221 S Gear Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Burlington		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52655-1679		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$00	\$458,671.03	\$00	\$458,671.03
Total		\$00	\$458,671.03	\$00	\$458,671.03

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$458,671.03	Public Health Expenses	
Total:						\$458,671.03

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2107154CA

54	Sub-Recipient Organization (Awardee)*	CATHOLIC HEALTH INITIATI-2107154CA		
55	Award Number*	269-0049-010F-2107154CA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$259,572.96
58	Award Date *	11/22/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	1755 59th Pl		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-7737		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$00	\$259,572.96	\$00	\$259,572.96
Total		\$00	\$259,572.96	\$00	\$259,572.96

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$259,572.96	Public Health Expenses	
Total:						\$259,572.96

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2107158CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA HOSPITAL CORPORATION-2107158CE
55	Award Number*	269-0049-010F-2107158CE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$1,190,499.93
58	Award Date *	10/18/2021
59	Period of Performance Start Date *	10/19/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	1200 Pleasant St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-1406
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$515,392.47	\$1,190,499.93	\$515,392.47	\$1,190,499.93
Total		\$515,392.47	\$1,190,499.93	\$515,392.47	\$1,190,499.93

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$675,107.46	Public Health Expenses	
Total:						\$675,107.46

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$515,392.47	Public Health Expenses		
Total:							\$515,392.47

Sub Screen: Award: 269-0049-010F-2107159CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA HOSPITAL CORPORATION-2107159CE		
55	Award Number*	269-0049-010F-2107159CE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$3,438,644.80
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1200 Pleasant St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-1406		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$1,466,091.35	\$3,438,644.80	\$1,466,091.35	\$3,438,644.80
Total		\$1,466,091.35	\$3,438,644.80	\$1,466,091.35	\$3,438,644.80

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$1,972,553.45	Public Health Expenses	
Total:						\$1,972,553.45

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$1,466,091.35	Public Health Expenses		
Total:							\$1,466,091.35

Sub Screen: Award: 269-0049-010F-2107251WI

54	Sub-Recipient Organization (Awardee)*	WINNESHIEK MEDICAL CENTER HOSPITAL-2107251WI		
55	Award Number*	269-0049-010F-2107251WI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$89,990.32
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	901 Montgomery St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Decorah		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52101-2325		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$38,812.82	\$89,990.32	\$38,812.82	\$89,990.32
Total		\$38,812.82	\$89,990.32	\$38,812.82	\$89,990.32

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$51,177.50	Public Health Expenses	
Total:						\$51,177.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$38,812.82	Public Health Expenses		
Total:							\$38,812.82

Sub Screen: Award: 309-PFAV-0052-2107261

54	Sub-Recipient Organization (Awardee)*	WESTERN HOME COMMUNITY-2107261WE		
55	Award Number*	309-PFAV-0052-2107261		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$243,390.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	420 E 11th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Falls		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50613-3364		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$243,390.00	\$00	\$243,390.00
Total		\$00	\$243,390.00	\$00	\$243,390.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$243,390.00	Items Not Listed Above	Vocational Training
Total:						\$243,390.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2107352LE

54	Sub-Recipient Organization (Awardee)*	LEE COUNTY FAIR INC-2107352LE		
55	Award Number*	269-0047-010D-2107352LE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 179		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Donnellson		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52625-0179		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2107422

54	Sub-Recipient Organization (Awardee)*	ALLEN MEMORIAL HOSPITAL-2107422AL	
55	Award Number*	309-PFAV-0052-2107422	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$199,983.00
58	Award Date *	11/15/2020	
59	Period of Performance Start Date *	11/16/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1825 Logan Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Waterloo	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50703-1916	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$199,983.00	\$00	\$199,983.00
Total		\$00	\$199,983.00	\$00	\$199,983.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$199,983.00	Items Not Listed Above	Vocational Training
Total:						\$199,983.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2107472

54	Sub-Recipient Organization (Awardee)*	MERCY MEDICAL CENTER-2107472ME		
55	Award Number*	309-PFAV-0052-2107472		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$183,560.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	701 10th St SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52403-1251		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$183,560.00	\$00	\$183,560.00
Total		\$00	\$183,560.00	\$00	\$183,560.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	12/15/2020	12/15/2020	\$183,560.00	Items Not Listed Above	Vocational Training
Total:						\$183,560.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2107538AD

54	Sub-Recipient Organization (Awardee)*	ADAIR COUNTY FAIR ASSN-2107538AD		
55	Award Number*	269-0047-010D-2107538AD		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/04/2020		
60	Period of Performance End Date *	12/04/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 174		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Greenfield		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50849-0174		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/04/2020	12/04/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2107581

54	Sub-Recipient Organization (Awardee)*	WILLIAM PENN UNIVERSITY-2107581WI		
55	Award Number*	309-PFAV-0052-2107581		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$247,031.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	201 Trueblood Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Oskaloosa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52577-1757		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$247,031.00	\$00	\$247,031.00
Total		\$00	\$247,031.00	\$00	\$247,031.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/19/2020	11/19/2020	\$247,031.00	Items Not Listed Above	Vocational Training
Total:						\$247,031.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2107638GU

54	Sub-Recipient Organization (Awardee)*	GUTHRIE CO AG SOCIETY-2107638GU		
55	Award Number*	269-0047-010D-2107638GU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 153		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Guthrie Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50115-0153		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-2107745ST

54	Sub-Recipient Organization (Awardee)*	ST ANTHONY REGIONAL HOSPITAL AND NURSING-2107745ST		
55	Award Number*	269-0049-010F-2107745ST		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$270,773.62
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	311 S Clark St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Carroll		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51401-3038		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$99,400.19	\$270,773.62	\$99,400.19	\$270,773.62
Total		\$99,400.19	\$270,773.62	\$99,400.19	\$270,773.62

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$171,373.43	Public Health Expenses	
Total:						\$171,373.43

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$99,400.19	Public Health Expenses		
Total:							\$99,400.19

Sub Screen: Award: 309-PFEH-0052-2107749

54	Sub-Recipient Organization (Awardee)*	ST ANTHONY REGIONAL HOSPITAL AND NURSING-2107749ST		
55	Award Number*	309-PFEH-0052-2107749		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$212,033.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	406 E Anthony St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Carroll		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51401-3027		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$212,033.00	\$00	\$212,033.00
Total		\$00	\$212,033.00	\$00	\$212,033.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$212,033.00	Items Not Listed Above	Vocational Training
Total:						\$212,033.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2107879SA

54	Sub-Recipient Organization (Awardee)*	SARTORI MEMORIAL HOSP-2107879SA		
55	Award Number*	269-0049-010F-2107879SA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$122,594.95
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	515 College St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Falls		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50613-2500		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$54,497.88	\$122,594.95	\$54,497.88	\$122,594.95
Total		\$54,497.88	\$122,594.95	\$54,497.88	\$122,594.95

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$68,097.07	Public Health Expenses	
Total:						\$68,097.07

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$54,497.88	Public Health Expenses		
Total:							\$54,497.88

Sub Screen: Award: 269-0049-010F-2108077SI

54	Sub-Recipient Organization (Awardee)*	SIOUX CENTER HEALTH-2108077SI		
55	Award Number*	269-0049-010F-2108077SI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$84,424.45
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1101 9th St SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51250-2501		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$27,802.53	\$84,424.45	\$27,802.53	\$84,424.45
Total		\$27,802.53	\$84,424.45	\$27,802.53	\$84,424.45

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$56,621.92	Public Health Expenses	
Total:						\$56,621.92

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$27,802.53	Public Health Expenses		
Total:							\$27,802.53

Sub Screen: Award: 309-PFAV-0052-2109477SU

54	Sub-Recipient Organization (Awardee)*	SUNRISE RETIREMENT COMM-2108139SU		
55	Award Number*	309-PFAV-0052-2109477SU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$61,970.31
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5501 Gordon Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51106-2008		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$61,970.31	\$00	\$61,970.31
Total		\$00	\$61,970.31	\$00	\$61,970.31

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$73,434.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-11,463.69	Items Not Listed Above	Vocational Training
Total:						\$61,970.31

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2108419PE

54	Sub-Recipient Organization (Awardee)*	PELLA REGIONAL HEALTH CENTER-2108419PE		
55	Award Number*	269-0049-010F-2108419PE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$150,133.59
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	404 Jefferson St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Pella		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50219-1257		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$61,263.98	\$150,133.59	\$61,263.98	\$150,133.59
Total		\$61,263.98	\$150,133.59	\$61,263.98	\$150,133.59

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$88,869.61	Public Health Expenses	
Total:						\$88,869.61

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$61,263.98	Public Health Expenses		
Total:							\$61,263.98

Sub Screen: Award: ACFS-16-196

54	Sub-Recipient Organization (Awardee)*	HAWKEYE AREA COMMUNITY ACTION PROGRAM INC-2109209HA		
55	Award Number*	ACFS-16-196		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$530,400.00
58	Award Date *	05/18/2020		
59	Period of Performance Start Date *	05/19/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1515 Hawkeye Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hiawatha		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52233-1102		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Reimbursement for costs associated with the acquisition of food and supplies in response to the coronavirus pandemic emergency. Food products unable to be secured through TEFAP, PPE, items needed for packaging and/or delivery of food products. No employee salary or benefit costs		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$229,000.00	\$530,400.00	\$229,000.00	\$530,400.00
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$229,000.00	\$530,400.00	\$229,000.00	\$530,400.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	12/18/2020	12/18/2020	\$280,280.48	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	04/01/2021	06/30/2021	\$21,119.52	Food Programs	
Total:						\$301,400.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/31/2021	\$229,000.00	Food Programs		
Total:							\$229,000.00

Sub Screen: Award: 269-0049-010F-2109295CA

54	Sub-Recipient Organization (Awardee)*	CASS COUNTY MEMORIAL HOS-2109295CA		
55	Award Number*	269-0049-010F-2109295CA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$95,357.50
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1501 E 10th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Atlantic		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50022-1936		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$39,489.43	\$95,357.50	\$39,489.43	\$95,357.50
Total		\$39,489.43	\$95,357.50	\$39,489.43	\$95,357.50

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$55,868.07	Public Health Expenses	
Total:						\$55,868.07

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$39,489.43	Public Health Expenses		
Total:							\$39,489.43

Sub Screen: Award: 309-PFEH-0052-2109372

54	Sub-Recipient Organization (Awardee)*	GOODWILL INDUSTRIES OF THE HEARTLAND-2109372GO		
55	Award Number*	309-PFEH-0052-2109372		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$249,893.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1410 S 1st Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Iowa City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52240-6038		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$249,893.00	\$00	\$249,893.00
Total		\$00	\$249,893.00	\$00	\$249,893.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$249,893.00	Items Not Listed Above	Vocational Training
Total:						\$249,893.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2109381

54	Sub-Recipient Organization (Awardee)*	INDIAN HILLS COMMUNITY COLLEGE-2109381IN		
55	Award Number*	309-PFAV-0052-2109381		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$227,045.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	525 Grandview Ave Bldg 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ottumwa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52501-1359		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$227,045.00	\$00	\$227,045.00
Total		\$00	\$227,045.00	\$00	\$227,045.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$250,000.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-22,955.00	Items Not Listed Above	Vocational Training
Total:						\$227,045.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2109410

54	Sub-Recipient Organization (Awardee)*	Eastern Iowa Community College-2109410EA		
55	Award Number*	309-PFAV-0052-2109410		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$165,256.05
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	101 W 3rd St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52801-1419		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$165,256.05	\$00	\$165,256.05
Total		\$00	\$165,256.05	\$00	\$165,256.05

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$201,794.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-36,537.95	Items Not Listed Above	Vocational Training
Total:						\$165,256.05

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2109432

54	Sub-Recipient Organization (Awardee)*	Kirkwood Community College-2109432KI		
55	Award Number*	309-PFAV-0052-2109432		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	10/07/2020		
59	Period of Performance Start Date *	10/08/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	6301 Kirkwood Blvd SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-5260		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$250,000.00	\$00	\$250,000.00
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	10/08/2020	10/08/2020	\$100,000.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$150,000.00	Items Not Listed Above	Vocational Training
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2109438

54	Sub-Recipient Organization (Awardee)*	NORTHEAST IOWA COMMUNITY COLLEGE-2109438NO		
55	Award Number*	309-PFAV-0052-2109438		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 400		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Calmar		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52132-0400		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$250,000.00	Items Not Listed Above	Vocational Training
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-2109450

54	Sub-Recipient Organization (Awardee)*	IOWA WESTERN COMMUNITY COLLEGE-2109450IO		
55	Award Number*	309-PFAV-0052-2109450		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$146,061.60
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2700 College Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-1057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$146,061.60	\$00	\$146,061.60
Total		\$00	\$146,061.60	\$00	\$146,061.60

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$172,700.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-26,638.40	Items Not Listed Above	Vocational Training
Total:						\$146,061.60

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-21094540

54	Sub-Recipient Organization (Awardee)*	IOWA WESTERN COMMUNITY COLLEGE-2109454IO		
55	Award Number*	309-PFIF-0052-21094540		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$99,000.00
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2700 College Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-1057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Due to the coronavirus, the delivery of CEAM Welding and Hydraulic Training is being reconfigured into a hybrid education model. Funding will support the reconfiguration and proposes to enroll 8-27 participants affected by the pandemic to successfully complete the program		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$99,000.00	\$00	\$99,000.00
Total		\$00	\$99,000.00	\$00	\$99,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/18/2020	11/18/2020	\$99,000.00	Items Not Listed Above	Vocational Training
Total:						\$99,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2109477HA

54	Sub-Recipient Organization (Awardee)*	HAWKEYE COMMUNITY COLLEGE-2109477HA		
55	Award Number*	309-PFAV-0052-2109477HA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1501 E Orange Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50701-9014		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$250,000.00	Items Not Listed Above	Vocational Training
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-2109561

54	Sub-Recipient Organization (Awardee)*	SOUTHWESTERN COMMUNITY COLLEGE-2109561SO		
55	Award Number*	309-PFAV-0052-2109561		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$159,782.54
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1501 W Townline St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Creston		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50801-1042		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$-2,034.48	\$159,782.54	\$-2,034.48	\$159,782.54
Total		\$-2,034.48	\$159,782.54	\$-2,034.48	\$159,782.54

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$164,375.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	07/01/2021	09/30/2021	\$-2,557.98	Items Not Listed Above	Vocational Training
Total:						\$161,817.02

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	10/01/2021	12/31/2021	\$-2,034.48	Items Not Listed Above	Vocational Training
Total:						\$-2,034.48

Sub Screen: Award: 309-PFAV-0052-2109614

54	Sub-Recipient Organization (Awardee)*	IOWA LAKES COMMUNITY COLLEGE-2109614IO	
55	Award Number*	309-PFAV-0052-2109614	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$249,852.00
58	Award Date *	11/17/2020	
59	Period of Performance Start Date *	11/18/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	19 S 7th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Estherville	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51334-2234	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$249,852.00	\$00	\$249,852.00
Total		\$00	\$249,852.00	\$00	\$249,852.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$249,852.00	Items Not Listed Above	Vocational Training
Total:						\$249,852.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2109627

54	Sub-Recipient Organization (Awardee)*	NORTH IOWA AREA COMMUNITY COLLEGE-2109627NO		
55	Award Number*	309-PFAV-0052-2109627		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$136,338.91
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	500 College Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mason City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50401-7213		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$136,338.91	\$00	\$136,338.91
Total		\$00	\$136,338.91	\$00	\$136,338.91

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$250,000.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-113,661.09	Items Not Listed Above	Vocational Training
Total:						\$136,338.91

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-136-137

54	Sub-Recipient Organization (Awardee)*	ELLIOTT OIL-2109664EL	
55	Award Number*	21-RFRRP-136-137	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/11/2020	
59	Period of Performance Start Date *	11/05/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 473	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Ottumwa	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52501-0473	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/05/2020	11/05/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-069-128

54	Sub-Recipient Organization (Awardee)*	CASEYS GENERAL STORES-2109737CA
55	Award Number*	21-RFRRP-069-128
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$1,593,880.00
58	Award Date *	10/08/2020
59	Period of Performance Start Date *	10/22/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 3002
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ankeny
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50021-8046
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$1,593,880.00	\$00	\$1,593,880.00
Total		\$00	\$1,593,880.00	\$00	\$1,593,880.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/22/2020	10/22/2020	\$1,593,880.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$1,593,880.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2109904JO

54	Sub-Recipient Organization (Awardee)*	JOHNSON COUNTY AG ASSOC-2109904JO
55	Award Number*	269-0047-010D-2109904JO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	4261 Oak Crest Hill Rd SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52246-5824
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0049-010F-2110881KO

54	Sub-Recipient Organization (Awardee)*	KOSSUTH COUNTY HOSPITAL-2110881KO		
55	Award Number*	269-0049-010F-2110881KO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$102,413.04
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1515 S Phillips St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Algona		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50511-3649		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$37,582.62	\$102,413.04	\$37,582.62	\$102,413.04
Total		\$37,582.62	\$102,413.04	\$37,582.62	\$102,413.04

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$64,830.42	Public Health Expenses	
Total:						\$64,830.42

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$37,582.62	Public Health Expenses		
Total:							\$37,582.62

Sub Screen: Award: 269-0049-010F-2111252NO

54	Sub-Recipient Organization (Awardee)*	NORTHWEST IOWA HOSPITAL CORP-2111252NO		
55	Award Number*	269-0049-010F-2111252NO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,171,599.44
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2720 Stone Park Blvd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51104-3734		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$492,387.72	\$1,171,599.44	\$492,387.72	\$1,171,599.44
Total		\$492,387.72	\$1,171,599.44	\$492,387.72	\$1,171,599.44

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$679,211.72	Public Health Expenses	
Total:						\$679,211.72

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$492,387.72	Public Health Expenses		
Total:							\$492,387.72

Sub Screen: Award: 309-PFAV-0052-2111270

54	Sub-Recipient Organization (Awardee)*	WHITING COMMERCIAL DEVEL-2111270WH		
55	Award Number*	309-PFAV-0052-2111270		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *	\$250,000.00		
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	200 Shannon Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Whiting		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51063-1021		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$250,000.00	Items Not Listed Above	Vocational Training
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2111291WE

54	Sub-Recipient Organization (Awardee)*	WESTFAIR ASSOCIATIONS-2111291WE		
55	Award Number*	269-0047-010D-2111291WE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 698		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51502-0698		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-027-034

54	Sub-Recipient Organization (Awardee)*	COUNTRY STORES OF CARROLL LTD-2111773CO
55	Award Number*	21-RFRRP-027-034
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$239,920.00
58	Award Date *	10/22/2020
59	Period of Performance Start Date *	11/06/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	624 N Crawford St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Carroll
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51401-2216
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$239,920.00	\$00	\$239,920.00
Total		\$00	\$239,920.00	\$00	\$239,920.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/06/2020	11/06/2020	\$239,920.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$239,920.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2112223NE

54	Sub-Recipient Organization (Awardee)*	NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOWA-2112223NE	
55	Award Number*	269-0043-009Q-2112223NE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$58,180.00
58	Award Date *	11/24/2020	
59	Period of Performance Start Date *	12/03/2020	
60	Period of Performance End Date *	12/03/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 2491	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52244-2491	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$58,180.00	\$00	\$58,180.00
Total		\$00	\$58,180.00	\$00	\$58,180.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020	12/03/2020	\$58,180.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$58,180.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2112794MA

54	Sub-Recipient Organization (Awardee)*	MADISON CO LIVESTOCK&FAI-2112794MA
55	Award Number*	269-0047-010D-2112794MA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 542
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Winterset
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50273-0542
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0049-010F-2113069MO

54	Sub-Recipient Organization (Awardee)*	MONTGOMERY COUNTY MEMORIAL HOSPITAL-2113069MO		
55	Award Number*	269-0049-010F-2113069MO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$62,903.93
58	Award Date *	11/22/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	11/24/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 498		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Red Oak		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51566-0498		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$00	\$62,903.93	\$00	\$62,903.93
Total		\$00	\$62,903.93	\$00	\$62,903.93

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$62,903.93	Public Health Expenses	
Total:						\$62,903.93

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 21-RFRRP-226-234

54	Sub-Recipient Organization (Awardee)*	COBB OIL CO-2113245CO	
55	Award Number*	21-RFRRP-226-234	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$270,000.00
58	Award Date *	10/25/2020	
59	Period of Performance Start Date *	12/15/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 178	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Brighton	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52540-0178	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$270,000.00	\$00	\$270,000.00
Total		\$00	\$270,000.00	\$00	\$270,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	12/15/2020	12/15/2020	\$270,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$270,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-044-051

54	Sub-Recipient Organization (Awardee)*	REIF OIL COMPANY-2113330RE	
55	Award Number*	21-RFRRP-044-051	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$203,395.00
58	Award Date *	10/07/2020	
59	Period of Performance Start Date *	10/22/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	801 N 3rd St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Burlington	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52601-5006	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$203,395.00	\$00	\$203,395.00
Total		\$00	\$203,395.00	\$00	\$203,395.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/22/2020	10/22/2020	\$203,395.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$203,395.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2113576DO

54	Sub-Recipient Organization (Awardee)*	DOMESTIC VIOLENCE INTERVENTION PROGRAM INC-2113576DO	
55	Award Number*	269-0043-009Q-2113576DO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/08/2020	
59	Period of Performance Start Date *	11/02/2020	
60	Period of Performance End Date *	11/02/2020	
61	Primary Place of Performance Address Line 1 *	1105 Gilbert Ct Ste 300	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52240-4536	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2114968PO

54	Sub-Recipient Organization (Awardee)*	POCAHONTAS COUNTY FAIR-2114968PO	
55	Award Number*	269-0047-010D-2114968PO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	57837 220th Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Pocahontas	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50574-8548	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2115828UN

54	Sub-Recipient Organization (Awardee)*	UNION COUNTY FAIR ASSOCI-2115828UN		
55	Award Number*	269-0047-010D-2115828UN		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 283		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Creston		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50801-0283		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2116132LI

54	Sub-Recipient Organization (Awardee)*	LINN CO FAIRBOARD-2116132LI
55	Award Number*	269-0047-010D-2116132LI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 329
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Central City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52214-0329
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0049-010F-2116792CO

54	Sub-Recipient Organization (Awardee)*	COVENANT MEDICAL CENTER-2116792CO		
55	Award Number*	269-0049-010F-2116792CO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$970,371.54
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	3421 W 9th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50702-5401		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$398,707.96	\$970,371.54	\$398,707.96	\$970,371.54
Total		\$398,707.96	\$970,371.54	\$398,707.96	\$970,371.54

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$571,663.58	Public Health Expenses	
Total:						\$571,663.58

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$398,707.96	Public Health Expenses		
Total:							\$398,707.96

Sub Screen: Award: 309-PFEH-0052-2116818

54	Sub-Recipient Organization (Awardee)*	Four Mounds Foundation-2116818FO		
55	Award Number*	309-PFEH-0052-2116818		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$122,037.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	4900 Peru Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-8304		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$122,037.00	\$00	\$122,037.00
Total		\$00	\$122,037.00	\$00	\$122,037.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$122,037.00	Items Not Listed Above	Vocational Training
Total:						\$122,037.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2117183DE

54	Sub-Recipient Organization (Awardee)*	DECATUR CO FAIR BOARD-2117183DE		
55	Award Number*	269-0047-010D-2117183DE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	309 N Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Leon		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50144-1451		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2117417MI

54	Sub-Recipient Organization (Awardee)*	MICAH HOUSE CORP-2117417MI
55	Award Number*	269-0043-009Q-2117417MI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$72,000.00
58	Award Date *	10/06/2020
59	Period of Performance Start Date *	11/02/2020
60	Period of Performance End Date *	11/02/2020
61	Primary Place of Performance Address Line 1 *	1415 Avenue J
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Council Bluffs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51501-1168
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$72,000.00	\$00	\$72,000.00
Total		\$00	\$72,000.00	\$00	\$72,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$72,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$72,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2117879HO

54	Sub-Recipient Organization (Awardee)*	HOMES OF OAKRIDGE HUMAN-2117879HO		
55	Award Number*	269-0043-009Q-2117879HO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$125,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	12/03/2020		
60	Period of Performance End Date *	12/07/2020		
61	Primary Place of Performance Address Line 1 *	1401 Center St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-2285		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$125,000.00	\$00	\$125,000.00
Total		\$00	\$125,000.00	\$00	\$125,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020	12/07/2020	\$125,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$125,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0044-009R-2118011EN

54	Sub-Recipient Organization (Awardee)*	ENERGY GROUP CO INC THE-2118011EN	
55	Award Number*	269-0044-009R-2118011EN	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$69,364.00
58	Award Date *	12/22/2020	
59	Period of Performance Start Date *	12/23/2020	
60	Period of Performance End Date *	12/23/2020	
61	Primary Place of Performance Address Line 1 *	2704 Easton Blvd	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50317-6124	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	To cover utility expenses of qualified small business and residents who fell behind during COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$69,364.00	\$00	\$69,364.00
Total		\$00	\$69,364.00	\$00	\$69,364.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/23/2020	12/23/2020	\$69,364.00	Small Business Assistance	
Total:						\$69,364.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2118458BR

54	Sub-Recipient Organization (Awardee)*	BREMER COUNTY FAIR ASSOC-2118458BR
55	Award Number*	269-0047-010D-2118458BR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	2771 150th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sumner
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50674-9076
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0049-010F-2118516ME

54	Sub-Recipient Organization (Awardee)*	MERCY MEDICAL CENTER CLINTON-2118516ME		
55	Award Number*	269-0049-010F-2118516ME		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$339,138.18
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1410 N 4th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Clinton		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52732-2940		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$135,014.50	\$339,138.18	\$135,014.50	\$339,138.18
Total		\$135,014.50	\$339,138.18	\$135,014.50	\$339,138.18

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$204,123.68	Public Health Expenses	
Total:						\$204,123.68

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$135,014.50	Public Health Expenses		
Total:							\$135,014.50

Sub Screen: Award: 269-0049-010F-2118831MA

54	Sub-Recipient Organization (Awardee)*	MARY GREELEY MEDICAL CTR-2118831MA		
55	Award Number*	269-0049-010F-2118831MA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,163,589.81
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1111 Duff Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ames		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50010-5745		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$494,848.12	\$1,163,589.81	\$494,848.12	\$1,163,589.81
Total		\$494,848.12	\$1,163,589.81	\$494,848.12	\$1,163,589.81

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$668,741.69	Public Health Expenses	
Total:						\$668,741.69

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$494,848.12	Public Health Expenses		
Total:							\$494,848.12

Sub Screen: Award: ACFS-16-191

54	Sub-Recipient Organization (Awardee)*	FOOD BANK OF SIOUXLAND-2119879FO		
55	Award Number*	ACFS-16-191		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$231,600.00
58	Award Date *	05/18/2020		
59	Period of Performance Start Date *	05/19/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1313 11th St		
62	Primary Place of Performance Address Line 2	Ste 1		
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51105-1720		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Reimbursement for costs associated with the acquisition of food and supplies in response to the coronavirus pandemic emergency. Food products unable to be secured through TEFAP, PPE, items needed for packaging and/or delivery of food products. No employee salary or benefit costs		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$93,000.00	\$231,600.00	\$93,000.00	\$231,600.00
Line 2	0	\$00	\$0.00	\$0.00	\$0.00
Total		\$93,000.00	\$231,600.00	\$93,000.00	\$231,600.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	12/18/2020	12/18/2020	\$116,336.32	Food Programs	
Line 2	IA-FII2020 - Feeding Iowans Initiative	04/01/2021	06/30/2021	\$22,263.68	Food Programs	
Total:						\$138,600.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/31/2021	\$93,000.00	Food Programs		
Total:							\$93,000.00

Sub Screen: Award: 269-0043-009Q-2120267CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA SHELTER & SERVICES-2120267CE
55	Award Number*	269-0043-009Q-2120267CE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$150,000.00
58	Award Date *	10/07/2020
59	Period of Performance Start Date *	11/02/2020
60	Period of Performance End Date *	11/20/2020
61	Primary Place of Performance Address Line 1 *	1420 Mulberry St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-3618
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$150,000.00	\$00	\$59,620.00
Total		\$00	\$150,000.00	\$00	\$59,620.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/20/2020	11/20/2020	\$59,620.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$59,620.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-2120267

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA SHELTER & SERVICES-2120267CE		
55	Award Number*	309-PFEH-0052-2120267		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$59,620.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1420 Mulberry St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-3618		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$59,620.00	\$00	\$59,620.00
Total		\$00	\$59,620.00	\$00	\$59,620.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$59,620.00	Items Not Listed Above	Vocational Training
Total:						\$59,620.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2120371CH

54	Sub-Recipient Organization (Awardee)*	CHILDREN & FAMILY URBAN MINISTRIES-2120371CH		
55	Award Number*	269-0043-009Q-2120371CH		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$79,291.00
58	Award Date *	11/22/2020		
59	Period of Performance Start Date *	12/03/2020		
60	Period of Performance End Date *	12/03/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 41125		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50311-0503		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$79,291.00	\$00	\$79,291.00
Total		\$00	\$79,291.00	\$00	\$79,291.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020	12/03/2020	\$79,291.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$79,291.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2121245GE

54	Sub-Recipient Organization (Awardee)*	GENESIS HEALTH SYSTEM-2121245GE		
55	Award Number*	269-0049-010F-2121245GE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$2,227,307.35
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1227 E Rusholme St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52803-2459		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$988,158.49	\$2,227,307.35	\$988,158.49	\$2,227,307.35
Total		\$988,158.49	\$2,227,307.35	\$988,158.49	\$2,227,307.35

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$1,239,148.86	Public Health Expenses	
Total:						\$1,239,148.86

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$988,158.49	Public Health Expenses		
Total:							\$988,158.49

Sub Screen: Award: 269-0044-009R-2121533MI

54	Sub-Recipient Organization (Awardee)*	MIDAMERICAN ENERGY CO-2121533MI	
55	Award Number*	269-0044-009R-2121533MI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$1,376,777.00
58	Award Date *	09/08/2020	
59	Period of Performance Start Date *	09/09/2020	
60	Period of Performance End Date *	12/23/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 8020	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52808-8020	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To cover utility expenses of qualified small business and residents who fell behind during COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$1,376,777.00	\$00	\$1,376,777.00
Total		\$00	\$1,376,777.00	\$00	\$1,376,777.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	10/05/2020	12/23/2020	\$1,376,777.00	Small Business Assistance	
Total:						\$1,376,777.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2122056ME

54	Sub-Recipient Organization (Awardee)*	MERCY HEALTH SERVICES-2122056ME		
55	Award Number*	269-0049-010F-2122056ME		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$923,450.62
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	250 Mercy Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-7320		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$375,826.23	\$923,450.62	\$375,826.23	\$923,450.62
Total		\$375,826.23	\$923,450.62	\$375,826.23	\$923,450.62

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$547,624.39	Public Health Expenses	
Total:						\$547,624.39

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$375,826.23	Public Health Expenses		
Total:							\$375,826.23

Sub Screen: Award: 21-RFRRP-019-026

54	Sub-Recipient Organization (Awardee)*	CSOI CORP-2122755CS		
55	Award Number*	21-RFRRP-019-026		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$240,000.00
58	Award Date *	10/07/2020		
59	Period of Performance Start Date *	11/13/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	101 S Jefferson Way		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Indianola		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50125-2619		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$240,000.00	\$00	\$240,000.00
Total		\$00	\$240,000.00	\$00	\$240,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020	11/13/2020	\$240,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$240,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-2125644QU

54	Sub-Recipient Organization (Awardee)*	QUAD COUNTY CORN PROCESS-2125644QU
55	Award Number*	269-0045-009X-2125644QU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$173,589.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/15/2020
60	Period of Performance End Date *	10/15/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 208
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Galva
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51020-0208
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$173,589.00	\$00	\$173,589.00
Total		\$00	\$173,589.00	\$00	\$173,589.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$173,589.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$173,589.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-139-142

54	Sub-Recipient Organization (Awardee)*	R K FUELS INC-2126609RK		
55	Award Number*	21-RFRRP-139-142		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$120,000.00
58	Award Date *	10/24/2020		
59	Period of Performance Start Date *	11/05/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 26		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Diagonal		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50845-0026		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$120,000.00	\$00	\$120,000.00
Total		\$00	\$120,000.00	\$00	\$120,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/05/2020	11/05/2020	\$120,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$120,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-2127105

54	Sub-Recipient Organization (Awardee)*	CLEAR LAKE COMM SCH DIST-2127105CL	
55	Award Number*	309-PFAV-0052-2127105	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/23/2020	
59	Period of Performance Start Date *	11/24/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1529 3rd Ave N	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Clear Lake	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50428-2111	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-2127109

54	Sub-Recipient Organization (Awardee)*	COUNCIL BLUFFS COMM SCHOOL-2127109CO		
55	Award Number*	309-PFAV-0052-2127109		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$0.00
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	300 W Broadway Ste 1600		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-9054		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-50,000.00	Items Not Listed Above	Vocational Training
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2127121

54	Sub-Recipient Organization (Awardee)*	DAVENPORT COMM SCH DIST-2127121DA	
55	Award Number*	309-PFAV-0052-2127121	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/15/2020	
59	Period of Performance Start Date *	11/16/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1702 N Main St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52803-4845	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 5832127317202012311

54	Sub-Recipient Organization (Awardee)*	WAUKEE COMMUNITY SCHOOL DISTRICT-2127317WA
55	Award Number*	5832127317202012311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	03/02/2020
59	Period of Performance Start Date *	03/03/2020
60	Period of Performance End Date *	08/27/2021
61	Primary Place of Performance Address Line 1 *	560 SE University Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Waukee
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50263-8683
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	12/29/2020	12/30/2020	\$92,895.84	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	07/09/2021	08/27/2021	\$-92,895.84	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-ISUV-006C-2127464ST

54	Sub-Recipient Organization (Awardee)*	IOWA STATE UNIVERSITY-2127464ST		
55	Award Number*	269-ISUV-006C-2127464ST		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$2,150,000.00
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	12/21/2020		
61	Primary Place of Performance Address Line 1 *	2221 Wanda Daley Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ames		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50011-3632		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-ISUV - Nano Vaccine Development	\$00	\$2,150,000.00	\$00	\$2,150,000.00
Total		\$00	\$2,150,000.00	\$00	\$2,150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-ISUV - Nano Vaccine Development	11/16/2020	12/21/2020	\$2,150,000.00	Public Health Expenses	
Total:						\$2,150,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 5832127875202012311

54	Sub-Recipient Organization (Awardee)*	LINN CO EMA-2127875LI
55	Award Number*	5832127875202012311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	04/13/2020
59	Period of Performance Start Date *	04/14/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	6301 Kirkwood Blvd SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-5260
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	12/17/2020	12/17/2020	\$54,829.00	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	04/14/2021	04/14/2021	\$-54,829.00	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0044-009R-2128586DE

54	Sub-Recipient Organization (Awardee)*	DES MOINES WATER WORKS-2128586DE	
55	Award Number*	269-0044-009R-2128586DE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$80,036.00
58	Award Date *	11/05/2020	
59	Period of Performance Start Date *	11/06/2020	
60	Period of Performance End Date *	12/23/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 9227	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50306-9227	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	To cover utility expenses of qualified small business and residents who fell behind during COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$80,036.00	\$00	\$80,036.00
Total		\$00	\$80,036.00	\$00	\$80,036.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/06/2020	12/23/2020	\$80,036.00	Small Business Assistance	
Total:						\$80,036.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2128598ST

54	Sub-Recipient Organization (Awardee)*	IOWA STATE FAIR-2128598ST		
55	Award Number*	269-0047-010D-2128598ST		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,000,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/11/2020		
60	Period of Performance End Date *	12/11/2020		
61	Primary Place of Performance Address Line 1 *	3000 E Grand Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50317-2465		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$1,000,000.00	\$00	\$1,000,000.00
Total		\$00	\$1,000,000.00	\$00	\$1,000,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/11/2020	12/11/2020	\$1,000,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$1,000,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 5832128743202012311

54	Sub-Recipient Organization (Awardee)*	DUBUQUE COUNTY-2128743DU
55	Award Number*	5832128743202012311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	02/29/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	07/20/2021
61	Primary Place of Performance Address Line 1 *	720 Central Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dubuque
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52001-7079
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	12/17/2020	12/17/2020	\$95,078.85	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	07/20/2021	07/20/2021	\$-95,078.85	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-2128895JE

54	Sub-Recipient Organization (Awardee)*	JEFFERSON CO TREASURER-2128895JE		
55	Award Number*	269-0047-010D-2128895JE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	01/11/2021		
61	Primary Place of Performance Address Line 1 *	COURTHOUSE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	FAIRFIELD		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52556		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	IA-269-0047 - Iowa County Fair Relief Program	01/11/2021	01/11/2021	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 5832129305202012311

54	Sub-Recipient Organization (Awardee)*	JOHNSON CO EMA-2129305JO
55	Award Number*	5832129305202012311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	03/02/2020
59	Period of Performance Start Date *	03/03/2020
60	Period of Performance End Date *	07/13/2021
61	Primary Place of Performance Address Line 1 *	4529 Melrose Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52246-9400
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	12/17/2020	12/17/2020	\$58,336.42	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	07/13/2021	07/13/2021	\$-58,336.42	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2129317

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN		
55	Award Number*	309-PFAV-0052-2129317		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$131,953.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	105 Jessup Hall		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Iowa City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52242-1316		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$131,953.00	\$00	\$131,953.00
Total		\$00	\$131,953.00	\$00	\$131,953.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$132,104.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-151.00	Items Not Listed Above	Vocational Training
Total:						\$131,953.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 5832129317202012311

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN	
55	Award Number*	5832129317202012311	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$6,021,684.78
58	Award Date *	03/13/2020	
59	Period of Performance Start Date *	03/14/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	105 Jessup Hall	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52242-1316	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$6,021,684.78	\$00	\$6,021,684.78
Total		\$00	\$6,021,684.78	\$00	\$6,021,684.78

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	12/29/2020	12/29/2020	\$2,631,038.55	Items Not Listed Above	Pass through match
Line 2	IA-583-0012 - State FEMA PA Match	12/29/2020	12/29/2020	\$3,390,646.23	Items Not Listed Above	Pass through match
Total:						\$6,021,684.78

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFIF-0052-2129752

54	Sub-Recipient Organization (Awardee)*	MARSHALL CO ATTORNEY-2129752MA		
55	Award Number*	309-PFIF-0052-2129752		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	09/29/2020		
59	Period of Performance Start Date *	10/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1 E Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Marshalltown		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50158-4915		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	The programs funded will provide Iowans the opportunity to earn for-credit and non- credit postsecondary credentials leading to high-demand jobs. Applicants include employers, community leaders and others who will collaborate to address local workforce needs.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	10/19/2020	10/19/2020	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-2130583

54	Sub-Recipient Organization (Awardee)*	City of State Center-2130583ST		
55	Award Number*	309-PFEH-0052-2130583		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$96,250.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	118 Main St E		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	State Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50247-7765		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$96,250.00	\$00	\$96,250.00
Total		\$00	\$96,250.00	\$00	\$96,250.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$96,250.00	Items Not Listed Above	Vocational Training
Total:						\$96,250.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-2130993BR

54	Sub-Recipient Organization (Awardee)*	BROADLAWNS MEDICAL CTR-2130993BR		
55	Award Number*	269-0049-010F-2130993BR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$722,950.75
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1801 Hickman Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-1548		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$323,665.73	\$722,950.75	\$323,665.73	\$722,950.75
Total		\$323,665.73	\$722,950.75	\$323,665.73	\$722,950.75

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$399,285.02	Public Health Expenses	
Total:						\$399,285.02

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$323,665.73	Public Health Expenses		
Total:							\$323,665.73

Sub Screen: Award: 309-PFAV-0052-2130993

54	Sub-Recipient Organization (Awardee)*	BROADLAWNS MEDICAL CTR-2130993BR		
55	Award Number*	309-PFAV-0052-2130993		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$171,680.56
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1801 Hickman Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-1548		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$171,680.56	\$00	\$171,680.56
Total		\$00	\$171,680.56	\$00	\$171,680.56

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$171,680.56	Items Not Listed Above	Vocational Training
Total:						\$171,680.56

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-2131017SP

54	Sub-Recipient Organization (Awardee)*	SPENCER MUNICIPAL HOSPITAL-2131017SP		
55	Award Number*	269-0049-010F-2131017SP		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$199,666.04
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1200 1st Ave E		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Spencer		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51301-4342		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$58,865.09	\$199,666.04	\$58,865.09	\$199,666.04
Total		\$58,865.09	\$199,666.04	\$58,865.09	\$199,666.04

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$140,800.95	Public Health Expenses	
Total:						\$140,800.95

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$58,865.09	Public Health Expenses		
Total:							\$58,865.09

Sub Screen: Award: 269-0049-010F-2131048SP

54	Sub-Recipient Organization (Awardee)*	IOWA SPECIALTY HOSPITAL-2131048SP		
55	Award Number*	269-0049-010F-2131048SP		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,264.05
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1316 S Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Clarion		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50525-2019		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$38,197.72	\$100,264.05	\$38,197.72	\$100,264.05
Total		\$38,197.72	\$100,264.05	\$38,197.72	\$100,264.05

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$62,066.33	Public Health Expenses	
Total:						\$62,066.33

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$38,197.72	Public Health Expenses		
Total:							\$38,197.72

Sub Screen: Award: 269-0047-010D-2131106WA

54	Sub-Recipient Organization (Awardee)*	WAYNE COUNTY FAIR ASSOC-2131106WA
55	Award Number*	269-0047-010D-2131106WA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 167
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Corydon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50060-0167
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-2131291

54	Sub-Recipient Organization (Awardee)*	ST VINCENT DEPAUL SOCIET-2131291ST		
55	Award Number*	309-PFAV-0052-2131291		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$157,249.87
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1426 6th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-2801		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$157,249.87	\$00	\$157,249.87
Total		\$00	\$157,249.87	\$00	\$157,249.87

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/19/2020	11/24/2020	\$160,616.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-3,366.13	Items Not Listed Above	Vocational Training
Total:						\$157,249.87

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-2131379

54	Sub-Recipient Organization (Awardee)*	NORTH SCOTT CSD-2131379NO	
55	Award Number*	309-PFAV-0052-2131379	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/19/2020	
59	Period of Performance Start Date *	11/20/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	251 E Iowa St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Eldridge	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52748-1917	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-2131643LA

54	Sub-Recipient Organization (Awardee)*	LAKES REGIONAL HLTH CARE-2131643LA
55	Award Number*	269-0049-010F-2131643LA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$123,160.39
58	Award Date *	10/18/2021
59	Period of Performance Start Date *	10/19/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	PO BOX Ab
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Spirit Lake
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51360-0159
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$51,545.39	\$123,160.39	\$51,545.39	\$123,160.39
Total		\$51,545.39	\$123,160.39	\$51,545.39	\$123,160.39

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$71,615.00	Public Health Expenses	
Total:						\$71,615.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$51,545.39	Public Health Expenses		
Total:							\$51,545.39

Sub Screen: Award: 269-0049-010F-2131658GR

54	Sub-Recipient Organization (Awardee)*	GREATER REGIONAL MEDICAL CENTER-2131658GR		
55	Award Number*	269-0049-010F-2131658GR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$96,537.96
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1700 W Townline St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Creston		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50801-1054		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$41,088.69	\$96,537.96	\$41,088.69	\$96,537.96
Total		\$41,088.69	\$96,537.96	\$41,088.69	\$96,537.96

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$55,449.27	Public Health Expenses	
Total:						\$55,449.27

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$41,088.69	Public Health Expenses		
Total:							\$41,088.69

Sub Screen: Award: 269-0049-010F-2131672HA

54	Sub-Recipient Organization (Awardee)*	HANCOCK COUNTY HEALTH SYSTEM-2131672HA		
55	Award Number*	269-0049-010F-2131672HA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$85,315.56
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	532 1st St NW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Britt		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50423-1227		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$34,138.06	\$85,315.56	\$34,138.06	\$85,315.56
Total		\$34,138.06	\$85,315.56	\$34,138.06	\$85,315.56

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$51,177.50	Public Health Expenses	
Total:						\$51,177.50

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$34,138.06	Public Health Expenses		
Total:							\$34,138.06

Sub Screen: Award: 269-0049-010F-2131674DE

54	Sub-Recipient Organization (Awardee)*	DELAWARE COUNTY MEMORIAL HOSPITAL-2131674DE		
55	Award Number*	269-0049-010F-2131674DE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$98,482.84
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 359		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Manchester		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52057-0359		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$38,259.23	\$98,482.84	\$38,259.23	\$98,482.84
Total		\$38,259.23	\$98,482.84	\$38,259.23	\$98,482.84

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$60,223.61	Public Health Expenses	
Total:						\$60,223.61

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$38,259.23	Public Health Expenses		
Total:							\$38,259.23

Sub Screen: Award: 269-0049-010F-2131838MA

54	Sub-Recipient Organization (Awardee)*	MAHASKA COUNTY HOSPITAL-2131838MA		
55	Award Number*	269-0049-010F-2131838MA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$131,707.89
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1229 C Ave E		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Oskaloosa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52577-4246		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$50,376.71	\$131,707.89	\$50,376.71	\$131,707.89
Total		\$50,376.71	\$131,707.89	\$50,376.71	\$131,707.89

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$81,331.18	Public Health Expenses	
Total:						\$81,331.18

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$50,376.71	Public Health Expenses		
Total:							\$50,376.71

Sub Screen: Award: 269-0049-010F-2131843WA

54	Sub-Recipient Organization (Awardee)*	WAYNE COUNTY HOSPITAL-2131843WA		
55	Award Number*	269-0049-010F-2131843WA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$83,376.02
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 305		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Corydon		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50060-0305		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$32,784.84	\$83,376.02	\$32,784.84	\$83,376.02
Total		\$32,784.84	\$83,376.02	\$32,784.84	\$83,376.02

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$50,591.18	Public Health Expenses	
Total:						\$50,591.18

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$32,784.84	Public Health Expenses		
Total:							\$32,784.84

Sub Screen: Award: 269-0049-010F-2131877HA

54	Sub-Recipient Organization (Awardee)*	HAMILTON COUNTY HOSPITAL-2131877HA		
55	Award Number*	269-0049-010F-2131877HA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$104,656.10
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 430		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Webster City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50595-0430		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$44,348.73	\$104,656.10	\$44,348.73	\$104,656.10
Total		\$44,348.73	\$104,656.10	\$44,348.73	\$104,656.10

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$60,307.37	Public Health Expenses	
Total:						\$60,307.37

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$44,348.73	Public Health Expenses		
Total:							\$44,348.73

Sub Screen: Award: 269-0049-010F-2131887OR

54	Sub-Recipient Organization (Awardee)*	ORANGE CITY MUNICIPAL HO-2131887OR
55	Award Number*	269-0049-010F-2131887OR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$58,548.40
58	Award Date *	11/22/2020
59	Period of Performance Start Date *	11/24/2020
60	Period of Performance End Date *	11/24/2020
61	Primary Place of Performance Address Line 1 *	1000 Lincoln Cir SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Orange City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51041-1836
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$00	\$58,548.40	\$00	\$58,548.40
Total		\$00	\$58,548.40	\$00	\$58,548.40

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$58,548.40	Public Health Expenses	
Total:						\$58,548.40

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-2132085CO

54	Sub-Recipient Organization (Awardee)*	IOWA COUNTY FAIR-2132085CO		
55	Award Number*	269-0047-010D-2132085CO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	800 E Marion St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	MARENGO		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52301		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2132128DI

54	Sub-Recipient Organization (Awardee)*	DICKINSON CO AG SOCIETY-2132128DI		
55	Award Number*	269-0047-010D-2132128DI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	1602 15th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Spirit Lake		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51360-2106		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2132216DA

54	Sub-Recipient Organization (Awardee)*	DALLAS CO FAIR ASSOC-2132216DA		
55	Award Number*	269-0047-010D-2132216DA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	28057 Fairground Rd # 71		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Adel		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50003-4406		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-2132226MO

54	Sub-Recipient Organization (Awardee)*	MONROE CO FAIRGROUNDS-2132226MO		
55	Award Number*	269-0047-010D-2132226MO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	6738 147th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Albia		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52531-8887		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-2132301BO

54	Sub-Recipient Organization (Awardee)*	BOYS & GIRLS CLUBS OF THE CEDAR VALLEY-2132301BO		
55	Award Number*	269-0043-009Q-2132301BO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/22/2020		
59	Period of Performance Start Date *	12/03/2020		
60	Period of Performance End Date *	12/03/2020		
61	Primary Place of Performance Address Line 1 *	515 Lime St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50703-3804		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020	12/03/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-2134780AL

54	Sub-Recipient Organization (Awardee)*	ALEGENT HEALTH BERGAN MERCY HEALTH SYSTEM-2134780AL		
55	Award Number*	269-0049-010F-2134780AL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$662,178.58
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	800 Mercy Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-3128		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$274,703.75	\$662,178.58	\$274,703.75	\$662,178.58
Total		\$274,703.75	\$662,178.58	\$274,703.75	\$662,178.58

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$387,474.83	Public Health Expenses	
Total:						\$387,474.83

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$274,703.75	Public Health Expenses		
Total:							\$274,703.75

Sub Screen: Award: ACFS-16-192

54	Sub-Recipient Organization (Awardee)*	FOOD BANK FOR THE HEARTLAND INC-2135170FO		
55	Award Number*	ACFS-16-192		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$861,200.00
58	Award Date *	05/18/2020		
59	Period of Performance Start Date *	05/19/2020		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	10525 J St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Omaha		
65	Primary Place of Performance State Code *	NE		
66	Primary Place of Performance Zip+4 *	68127-1021		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Reimbursement for costs associated with the acquisition of food and supplies in response to the coronavirus pandemic emergency. Food products unable to be secured through TEFAP, PPE, items needed for packaging and/or delivery of food products. No employee salary or benefit costs		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$747,000.00	\$861,200.00	\$747,000.00	\$861,200.00
Total		\$747,000.00	\$861,200.00	\$747,000.00	\$861,200.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	12/17/2020	12/17/2020	\$114,200.00	Food Programs	
Total:						\$114,200.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	10/01/2021	12/31/2021	\$747,000.00	Food Programs	
Total:						\$747,000.00

Sub Screen: Award: 269-0045-009X-2144009GR

54	Sub-Recipient Organization (Awardee)*	GREEN PLAINS RENEWABLE-2144009GR
55	Award Number*	269-0045-009X-2144009GR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$600,204.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/23/2020
60	Period of Performance End Date *	10/23/2020
61	Primary Place of Performance Address Line 1 *	1811 Aksarben Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Omaha
65	Primary Place of Performance State Code *	NE
66	Primary Place of Performance Zip+4 *	68106-2279
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$600,204.00	\$00	\$600,204.00
Total		\$00	\$600,204.00	\$00	\$600,204.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/23/2020	10/23/2020	\$600,204.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$600,204.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0049-010F-3003979CA

54	Sub-Recipient Organization (Awardee)*	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION-3003979CA		
55	Award Number*	269-0049-010F-3003979CA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,980,004.90
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1111 6th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-2610		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$136,119.00	\$0.00	\$136,119.00
Line 2	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$1,843,885.90	\$1,843,885.90	\$1,843,885.90	\$1,843,885.90
Total		\$1,843,885.90	\$1,980,004.90	\$1,843,885.90	\$1,980,004.90

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$136,119.00	Items Not Listed Above	Vocational Training
Total:						\$136,119.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$1,843,885.90	Public Health Expenses		
Total:							\$1,843,885.90

Sub Screen: Award: 309-PFAV-0052-3003979

54	Sub-Recipient Organization (Awardee)*	CATHOLIC HEALTH INITIATIVES IOWA CORPORATION-3003979CA		
55	Award Number*	309-PFAV-0052-3003979		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$125,411.88
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1111 6th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-2610		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$125,411.88	\$00	\$125,411.88
Total		\$00	\$125,411.88	\$00	\$125,411.88

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$136,119.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-10,707.12	Items Not Listed Above	Vocational Training
Total:						\$125,411.88

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3004868AD

54	Sub-Recipient Organization (Awardee)*	ADAMS COUNTY-3004868AD		
55	Award Number*	269-0047-010D-3004868AD		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	603 7th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Corning		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50841-1513		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3007408DE

54	Sub-Recipient Organization (Awardee)*	DELAWARE COUNTY FAIR-3007408DE		
55	Award Number*	269-0047-010D-3007408DE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 243		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Manchester		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52057-0243		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-3007933WI

54	Sub-Recipient Organization (Awardee)*	Willis Dady Emergency Shelter-3007933WI	
55	Award Number*	269-0043-009Q-3007933WI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$64,500.00
58	Award Date *	10/07/2020	
59	Period of Performance Start Date *	11/02/2020	
60	Period of Performance End Date *	11/02/2020	
61	Primary Place of Performance Address Line 1 *	1247 4th Ave SE	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Cedar Rapids	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52403-4020	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$64,500.00	\$00	\$64,500.00
Total		\$00	\$64,500.00	\$00	\$64,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$64,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$64,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3007933

54	Sub-Recipient Organization (Awardee)*	Willis Dady Emergency Shelter-3007933WI		
55	Award Number*	309-PFEH-0052-3007933		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$118,175.92
58	Award Date *	11/01/2020		
59	Period of Performance Start Date *	11/02/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1247 4th Ave SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52403-4020		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$118,175.92	\$00	\$118,175.92
Total		\$00	\$118,175.92	\$00	\$118,175.92

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$126,500.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$-8,324.08	Items Not Listed Above	Vocational Training
Total:						\$118,175.92

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-010-018/249

54	Sub-Recipient Organization (Awardee)*	DANLEE CORPORATION-3009282DA		
55	Award Number*	21-RFRRP-010-018/249		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$300,000.00
58	Award Date *	10/07/2020		
59	Period of Performance Start Date *	10/22/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	101 S Jefferson Way		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Indianola		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50125-2619		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$300,000.00	\$00	\$300,000.00
Total		\$00	\$300,000.00	\$00	\$300,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/22/2020	12/08/2020	\$300,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$300,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3009844SA

54	Sub-Recipient Organization (Awardee)*	SAC COUNTY FAIR-3009844SA		
55	Award Number*	269-0047-010D-3009844SA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 423		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sac City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50583-0423		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3010455CA

54	Sub-Recipient Organization (Awardee)*	CALHOUN COUNTY EXPO-3010455CA
55	Award Number*	269-0047-010D-3010455CA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 253
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Rockwell City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50579-0253
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3010856CL

54	Sub-Recipient Organization (Awardee)*	CLAY COUNTY FAIR ASSOC-3010856CL		
55	Award Number*	269-0047-010D-3010856CL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/04/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 527		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Spencer		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51301-0527		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3012538ME

54	Sub-Recipient Organization (Awardee)*	MERCY HEALTH SERVICES-IOWA CORP-3012538ME		
55	Award Number*	269-0049-010F-3012538ME		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,882,137.60
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1000 4th St SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mason City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50401-2800		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$1,004,581.66	\$1,882,137.60	\$1,004,581.66	\$1,882,137.60
Total		\$1,004,581.66	\$1,882,137.60	\$1,004,581.66	\$1,882,137.60

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$877,555.94	Public Health Expenses	
Total:						\$877,555.94

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$1,004,581.66	Public Health Expenses		
Total:							\$1,004,581.66

Sub Screen: Award: 309-PFEH-0052-3013226

54	Sub-Recipient Organization (Awardee)*	Pro Tow LLC-3013226PR		
55	Award Number*	309-PFEH-0052-3013226		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$117,018.00
58	Award Date *	12/10/2020		
59	Period of Performance Start Date *	12/11/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1501 76th Ave SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-7057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$117,018.00	\$00	\$117,018.00
Total		\$00	\$117,018.00	\$00	\$117,018.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	12/11/2020	12/11/2020	\$117,018.00	Items Not Listed Above	Vocational Training
Total:						\$117,018.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3016248CH

54	Sub-Recipient Organization (Awardee)*	CHEROKEE COUNTY FAIR ASS-3016248CH
55	Award Number*	269-0047-010D-3016248CH
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 53
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cherokee
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51012-0053
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3017072

54	Sub-Recipient Organization (Awardee)*	HS Medical Billing Services-3017072HS		
55	Award Number*	309-PFAV-0052-3017072		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	500 E Court Ave Ste 305		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-2057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0043-009Q-3019182SH

54	Sub-Recipient Organization (Awardee)*	SHELTER HOUSE COMM SHELTER-3019182SH	
55	Award Number*	269-0043-009Q-3019182SH	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$67,500.00
58	Award Date *	10/05/2020	
59	Period of Performance Start Date *	11/02/2020	
60	Period of Performance End Date *	11/02/2020	
61	Primary Place of Performance Address Line 1 *	429 Southgate Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52240-4401	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$67,500.00	\$00	\$67,500.00
Total		\$00	\$67,500.00	\$00	\$67,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$67,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$67,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3021002HA

54	Sub-Recipient Organization (Awardee)*	HAMILTON COUNTY EXPOSITI-3021002HA		
55	Award Number*	269-0047-010D-3021002HA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 563		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Webster City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50595-0563		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3021154CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA HOSPITAL CO-3021154CE
55	Award Number*	269-0049-010F-3021154CE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$340,234.06
58	Award Date *	11/22/2020
59	Period of Performance Start Date *	11/24/2020
60	Period of Performance End Date *	11/24/2020
61	Primary Place of Performance Address Line 1 *	1660 60th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50266-7700
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$00	\$340,234.06	\$00	\$340,234.06
Total		\$00	\$340,234.06	\$00	\$340,234.06

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$340,234.06	Public Health Expenses	
Total:						\$340,234.06

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3025259WA

54	Sub-Recipient Organization (Awardee)*	WASHINGTON COUNTY FAIR-3025259WA		
55	Award Number*	269-0047-010D-3025259WA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 485		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Washington		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52353-0485		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3025282JA

54	Sub-Recipient Organization (Awardee)*	JASPER COUNTY AGRICULTUR-3025282JA		
55	Award Number*	269-0047-010D-3025282JA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	359 N WALNUT ST		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	COLFAX		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50054		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3031875FA

54	Sub-Recipient Organization (Awardee)*	FAIR AND EXPOSITION SOCIETY OF JONES COUNTY-3031875FA
55	Award Number*	269-0047-010D-3031875FA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$100,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/04/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 150
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Monticello
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52310-0150
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 21-RFRRP-246-247/251-252

54	Sub-Recipient Organization (Awardee)*	ZUB'S SHOP INC-3039009ZU
55	Award Number*	21-RFRRP-246-247/251-252
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$120,000.00
58	Award Date *	12/02/2020
59	Period of Performance Start Date *	12/08/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 431
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sutherland
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51058-0431
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$120,000.00	\$00	\$120,000.00
Total		\$00	\$120,000.00	\$00	\$120,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	12/08/2020	12/21/2020	\$120,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$120,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3041506RC

54	Sub-Recipient Organization (Awardee)*	RCHP OTTUMWA LLC-3041506RC		
55	Award Number*	269-0049-010F-3041506RC		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$367,600.22
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1001 Pennsylvania Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ottumwa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52501-6427		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$167,245.75	\$367,600.22	\$167,245.75	\$367,600.22
Total		\$167,245.75	\$367,600.22	\$167,245.75	\$367,600.22

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$200,354.47	Public Health Expenses	
Total:						\$200,354.47

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$167,245.75	Public Health Expenses		
Total:							\$167,245.75

Sub Screen: Award: 269-0049-010F-3044651SA

54	Sub-Recipient Organization (Awardee)*	SANFORD HEALTH NETWORK-3044651SA		
55	Award Number*	269-0049-010F-3044651SA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$97,806.32
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	118 N 7th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sheldon		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51201-1235		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$33,645.98	\$97,806.32	\$33,645.98	\$97,806.32
Total		\$33,645.98	\$97,806.32	\$33,645.98	\$97,806.32

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$64,160.34	Public Health Expenses	
Total:						\$64,160.34

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$33,645.98	Public Health Expenses		
Total:							\$33,645.98

Sub Screen: Award: 269-0047-010D-3044909FL

54	Sub-Recipient Organization (Awardee)*	FLOYD COUNTY FAIR SOCIETY-3044909FL
55	Award Number*	269-0047-010D-3044909FL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 301
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Charles City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50616-0301
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3046015

54	Sub-Recipient Organization (Awardee)*	Marshall County Comms Commission-3046015MA		
55	Award Number*	309-PFEH-0052-3046015		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$129,800.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1 E Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Marshalltown		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50158-4915		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$129,800.00	\$00	\$129,800.00
Total		\$00	\$129,800.00	\$00	\$129,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$129,800.00	Items Not Listed Above	Vocational Training
Total:						\$129,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3046206BE

54	Sub-Recipient Organization (Awardee)*	BENTON COUNTY AGRICULTURAL SOCIETY-3046206BE		
55	Award Number*	269-0047-010D-3046206BE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	106 N 8th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Vinton		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52349-2111		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3058285WE

54	Sub-Recipient Organization (Awardee)*	WEBSTER COUNTY AGRICULTURE ASSOCIATION-3058285WE	
55	Award Number*	269-0047-010D-3058285WE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	2171 290th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Fort Dodge	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50501-8521	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3059358PO

54	Sub-Recipient Organization (Awardee)*	POTTAWATTAMIE COUNTY FAIR-3059358PO		
55	Award Number*	269-0047-010D-3059358PO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 187		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Oakland		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51560-0187		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3060979CR

54	Sub-Recipient Organization (Awardee)*	CRAWFORD COUNTY FAIR ASSOCIATION-3060979CR		
55	Award Number*	269-0047-010D-3060979CR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 188		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Denison		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51442-0188		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-3061175UN

54	Sub-Recipient Organization (Awardee)*	UNITED WAYS OF IOWA-3061175UN	
55	Award Number*	269-0043-009Q-3061175UN	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$10,000.00
58	Award Date *	12/09/2020	
59	Period of Performance Start Date *	12/09/2020	
60	Period of Performance End Date *	12/23/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 316	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Johnston	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50131-0316	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to AmeriCorp programs.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$10,000.00	\$00	\$10,000.00
Total		\$00	\$10,000.00	\$00	\$10,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/09/2020	12/23/2020	\$10,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$10,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0049-010F-3063090AL

54	Sub-Recipient Organization (Awardee)*	ALLEN MEMORIAL HOSPITAL CORPORATION-3063090AL		
55	Award Number*	269-0049-010F-3063090AL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,251,774.09
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1825 Logan Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50703-1916		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$531,938.66	\$1,251,774.09	\$531,938.66	\$1,251,774.09
Total		\$531,938.66	\$1,251,774.09	\$531,938.66	\$1,251,774.09

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$719,835.43	Public Health Expenses	
Total:						\$719,835.43

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$531,938.66	Public Health Expenses		
Total:							\$531,938.66

Sub Screen: Award: 309-PFEH-0052-3065177

54	Sub-Recipient Organization (Awardee)*	WILRONA LLC-3065177WI		
55	Award Number*	309-PFEH-0052-3065177		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$165,187.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1755 P Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Marengo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52301-8567		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$165,187.00	\$00	\$165,187.00
Total		\$00	\$165,187.00	\$00	\$165,187.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$165,187.00	Items Not Listed Above	Vocational Training
Total:						\$165,187.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3067626ST

54	Sub-Recipient Organization (Awardee)*	ST LUKES METHODIST HOSPITAL-3067626ST		
55	Award Number*	269-0049-010F-3067626ST		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,927,347.88
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1026 A Ave NE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52402-5036		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$802,029.17	\$1,927,347.88	\$802,029.17	\$1,927,347.88
Total		\$802,029.17	\$1,927,347.88	\$802,029.17	\$1,927,347.88

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$1,125,318.71	Public Health Expenses	
Total:						\$1,125,318.71

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$802,029.17	Public Health Expenses		
Total:							\$802,029.17

Sub Screen: Award: 309-PFEH-002-3068035

54	Sub-Recipient Organization (Awardee)*	MIKE MCMURRIN TRUCKING INC-3068035MI		
55	Award Number*	309-PFEH-002-3068035		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$54,834.64
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2665 Old River Rd SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-7450		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$54,834.64	\$00	\$54,834.64
Total		\$00	\$54,834.64	\$00	\$54,834.64

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$60,854.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$-6,019.36	Items Not Listed Above	Vocational Training
Total:						\$54,834.64

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-218-223

54	Sub-Recipient Organization (Awardee)*	PRO COOPERATIVE-3071295PR	
55	Award Number*	21-RFRRP-218-223	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$167,068.00
58	Award Date *	10/28/2020	
59	Period of Performance Start Date *	12/15/2020	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	17 3rd Ave NE	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Pocahontas	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50574-1614	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$-5,824.00	\$167,068.00	\$-5,824.00	\$167,068.00
Total		\$-5,824.00	\$167,068.00	\$-5,824.00	\$167,068.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	12/15/2020	12/15/2020	\$172,892.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$172,892.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/01/2021	12/31/2021	\$-5,824.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$-5,824.00

Sub Screen: Award: 269-0047-010D-3073056DU

54	Sub-Recipient Organization (Awardee)*	DUBUQUE COUNTY FAIR ASSOCIATION INC-3073056DU		
55	Award Number*	269-0047-010D-3073056DU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/04/2020		
61	Primary Place of Performance Address Line 1 *	14569 Old Highway Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52002-9602		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3075485ME

54	Sub-Recipient Organization (Awardee)*	MERCY HEALTH SERVICES-IOWA CORP-3075485ME		
55	Award Number*	269-0049-010F-3075485ME		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,319,671.89
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 203		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51102-0203		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$489,189.20	\$1,319,671.89	\$489,189.20	\$1,319,671.89
Total		\$489,189.20	\$1,319,671.89	\$489,189.20	\$1,319,671.89

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$830,482.69	Public Health Expenses	
Total:						\$830,482.69

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$489,189.20	Public Health Expenses		
Total:							\$489,189.20

Sub Screen: Award: 21-RFRRP-144-146

54	Sub-Recipient Organization (Awardee)*	RENEWABLE ENERGY GROUP INC-3076090RE	
55	Award Number*	21-RFRRP-144-146	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$0.00
58	Award Date *	11/02/2020	
59	Period of Performance Start Date *	11/16/2020	
60	Period of Performance End Date *	09/30/2021	
61	Primary Place of Performance Address Line 1 *	416 S Bell Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Ames	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50010-7711	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/16/2020	11/16/2020	\$90,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	IA-009-1136 - Renewable Fuel Retail Recovery Program	07/01/2021	09/30/2021	\$-90,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3078917DE

54	Sub-Recipient Organization (Awardee)*	DEJEAR INCORPORATED-3078917DE		
55	Award Number*	309-PFEH-0052-3078917DE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$199,364.27
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2800 Shadow Creek Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50320-2813		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$199,364.27	\$00	\$199,364.27
Total		\$00	\$199,364.27	\$00	\$199,364.27

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$204,050.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$-4,685.73	Items Not Listed Above	Vocational Training
Total:						\$199,364.27

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-3078917ET

54	Sub-Recipient Organization (Awardee)*	ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER-3078917ET		
55	Award Number*	309-PFEH-0052-3078917ET		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$198,000.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2309 Euclid Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50310-5703		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$198,000.00	\$00	\$198,000.00
Total		\$00	\$198,000.00	\$00	\$198,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$198,000.00	Items Not Listed Above	Vocational Training
Total:						\$198,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0043-009Q-3079062ET

54	Sub-Recipient Organization (Awardee)*	ETHNIC MINORITIES OF BURMA ADVOCACY AND-3079062ET		
55	Award Number*	269-0043-009Q-3079062ET		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$198,000.00
58	Award Date *	10/05/2020		
59	Period of Performance Start Date *	11/02/2020		
60	Period of Performance End Date *	11/19/2020		
61	Primary Place of Performance Address Line 1 *	2309 Euclid Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50310-5703		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To develop and maintain a COVID-19 Crisis Response Helpline and Virtual Access Center to provide accurate and timely information statewide about the coronavirus from credible sources in languages spoken by refugee and immigrant populations in Iowa. To support the placement of Refugee RISE AmeriCorps members in communities and within organizations to focus on COVID-19 response and recovery activities.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$198,000.00	\$00	\$198,000.00
Total		\$00	\$198,000.00	\$00	\$198,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/19/2020	11/19/2020	\$198,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$198,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3081450SE

54	Sub-Recipient Organization (Awardee)*	SELECT SPECIALTY HOSPITAL DES MOINES INC-3081450SE		
55	Award Number*	269-0049-010F-3081450SE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$229,267.99
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	4714 Gettysburg Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mechanicsburg		
65	Primary Place of Performance State Code *	PA		
66	Primary Place of Performance Zip+4 *	17055-4325		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	10		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$91,649.93	\$229,267.99	\$91,649.93	\$229,267.99
Total		\$91,649.93	\$229,267.99	\$91,649.93	\$229,267.99

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$137,618.06	Public Health Expenses	
Total:						\$137,618.06

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$91,649.93	Public Health Expenses		
Total:							\$91,649.93

Sub Screen: Award: 21-RFRRP-148-181

54	Sub-Recipient Organization (Awardee)*	HEARTLAND COOP-3082491HE		
55	Award Number*	21-RFRRP-148-181		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,020,000.00
58	Award Date *	10/25/2020		
59	Period of Performance Start Date *	11/05/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	2829 Westown Pkwy		
62	Primary Place of Performance Address Line 2	STE 350		
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-1314		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$1,020,000.00	\$00	\$1,020,000.00
Total		\$00	\$1,020,000.00	\$00	\$1,020,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/05/2020	11/05/2020	\$1,020,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$1,020,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3083965MI

54	Sub-Recipient Organization (Awardee)*	MILLS COUNTY FAIR ASSOCIATION-3083965MI
55	Award Number*	269-0047-010D-3083965MI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 208
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Glenwood
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51534-0208
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0049-010F-3084564TR

54	Sub-Recipient Organization (Awardee)*	TRINITY REGIONAL MEDICAL CENTER-3084564TR		
55	Award Number*	269-0049-010F-3084564TR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$364,337.97
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	802 Kenyon Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Dodge		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50501-5740		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$146,393.85	\$364,337.97	\$146,393.85	\$364,337.97
Total		\$146,393.85	\$364,337.97	\$146,393.85	\$364,337.97

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$217,944.12	Public Health Expenses	
Total:						\$217,944.12

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$146,393.85	Public Health Expenses		
Total:							\$146,393.85

Sub Screen: Award: 269-0049-010F-3085840GR

54	Sub-Recipient Organization (Awardee)*	GRINNELL REGIONAL MEDICAL CENTER-3085840GR		
55	Award Number*	269-0049-010F-3085840GR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$134,534.60
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	210 4th Ave W		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Grinnell		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50112-1833		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$59,234.15	\$134,534.60	\$59,234.15	\$134,534.60
Total		\$59,234.15	\$134,534.60	\$59,234.15	\$134,534.60

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$75,300.45	Public Health Expenses	
Total:						\$75,300.45

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$59,234.15	Public Health Expenses		
Total:							\$59,234.15

Sub Screen: Award: 269-0047-010D-3087542BO

54	Sub-Recipient Organization (Awardee)*	BOONE COUNTY AGRICULTURAL ASSOCIATION-3087542BO		
55	Award Number*	269-0047-010D-3087542BO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	1601 Industrial Park Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Boone		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50036-3007		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3087979

54	Sub-Recipient Organization (Awardee)*	PLUMBERS AND STEAMFITTERS EDUCATION FUND-3087979PL		
55	Award Number*	309-PFEH-0052-3087979		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$249,052.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2501 Bell Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50321-1118		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$249,052.00	\$00	\$249,052.00
Total		\$00	\$249,052.00	\$00	\$249,052.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$249,052.00	Items Not Listed Above	Vocational Training
Total:						\$249,052.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3088226

54	Sub-Recipient Organization (Awardee)*	LOCAL 263 CEDAR RAPIDS SHEET METAL WORKERS-3088226LO		
55	Award Number*	309-PFEH-0052-3088226		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$246,105.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	500 66th Ave SW # 3		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-4764		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$246,105.00	\$00	\$246,105.00
Total		\$00	\$246,105.00	\$00	\$246,105.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$246,105.00	Items Not Listed Above	Vocational Training
Total:						\$246,105.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0043-009Q-3088401IN

54	Sub-Recipient Organization (Awardee)*	INTERCULTURAL CENTER OF IOWA-3088401IN		
55	Award Number*	269-0043-009Q-3088401IN		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$150,000.00
58	Award Date *	10/05/2020		
59	Period of Performance Start Date *	11/02/2020		
60	Period of Performance End Date *	11/02/2020		
61	Primary Place of Performance Address Line 1 *	4338 16th Ave SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-1245		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Develop and maintain COVID-19 recovery and response resources that can be used to strengthen and support eth Limited English Proficiency communities, their employers, and other stakeholders.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$150,000.00	\$00	\$150,000.00
Total		\$00	\$150,000.00	\$00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$150,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$150,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3091195WR

54	Sub-Recipient Organization (Awardee)*	WRIGHT COUNTY DISTRICT JUNIOR FAIR-3091195WR		
55	Award Number*	269-0047-010D-3091195WR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 125		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Eagle Grove		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50533-0125		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3091946

54	Sub-Recipient Organization (Awardee)*	NORTHEAST IOWA IRONWORKERS LOCAL 89 JATC-3091946NO		
55	Award Number*	309-PFEH-0052-3091946		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$189,063.89
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	09/30/2021		
61	Primary Place of Performance Address Line 1 *	1112 29th Ave SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-3409		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$189,063.89	\$00	\$189,063.89
Total		\$00	\$189,063.89	\$00	\$189,063.89

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$190,700.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	07/01/2021	09/30/2021	\$-1,636.11	Items Not Listed Above	Vocational Training
Total:						\$189,063.89

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3092026ME

54	Sub-Recipient Organization (Awardee)*	MERCY HOSPITAL-3092026ME
55	Award Number*	269-0049-010F-3092026ME
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$786,401.18
58	Award Date *	10/18/2021
59	Period of Performance Start Date *	10/19/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	500 E Market St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52245-2633
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$291,126.93	\$786,401.18	\$291,126.93	\$786,401.18
Total		\$291,126.93	\$786,401.18	\$291,126.93	\$786,401.18

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$495,274.25	Public Health Expenses	
Total:						\$495,274.25

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$291,126.93	Public Health Expenses		
Total:							\$291,126.93

Sub Screen: Award: 309-PFEH-0052-3092675

54	Sub-Recipient Organization (Awardee)*	LOCAL UNION NO 125 JATC FUND-3092675LO		
55	Award Number*	309-PFEH-0052-3092675		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$104,972.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5101 J St SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-4914		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$104,972.00	\$00	\$104,972.00
Total		\$00	\$104,972.00	\$00	\$104,972.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$104,972.00	Items Not Listed Above	Vocational Training
Total:						\$104,972.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3094486

54	Sub-Recipient Organization (Awardee)*	TFJSC LLC-3094486TF		
55	Award Number*	309-PFEH-0052-3094486		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,000.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	3050 Wagner Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50703-9604		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$250,000.00	\$00	\$250,000.00
Total		\$00	\$250,000.00	\$00	\$250,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$250,000.00	Items Not Listed Above	Vocational Training
Total:						\$250,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3094669

54	Sub-Recipient Organization (Awardee)*	J W BELL LLC-3094669JW		
55	Award Number*	309-PFEH-0052-3094669		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$66,150.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 727		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52406-0727		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$66,150.00	\$00	\$66,150.00
Total		\$00	\$66,150.00	\$00	\$66,150.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$66,150.00	Items Not Listed Above	Vocational Training
Total:						\$66,150.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-3100551CA

54	Sub-Recipient Organization (Awardee)*	CATHERINE MCAULEY CENTER INC-3100551CA
55	Award Number*	269-0043-009Q-3100551CA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$54,000.00
58	Award Date *	10/07/2020
59	Period of Performance Start Date *	11/02/2020
60	Period of Performance End Date *	11/02/2020
61	Primary Place of Performance Address Line 1 *	1220 5th Ave SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52403-4049
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$54,000.00	\$00	\$54,000.00
Total		\$00	\$54,000.00	\$00	\$54,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$54,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$54,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3100894JE

54	Sub-Recipient Organization (Awardee)*	JEFFERSON COUNTY HOSPITAL-3100894JE		
55	Award Number*	269-0049-010F-3100894JE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$138,895.46
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2000 S Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fairfield		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52556-9572		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$55,051.47	\$138,895.46	\$55,051.47	\$138,895.46
Total		\$55,051.47	\$138,895.46	\$55,051.47	\$138,895.46

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$83,843.99	Public Health Expenses	
Total:						\$83,843.99

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$55,051.47	Public Health Expenses		
Total:							\$55,051.47

Sub Screen: Award: 269-0043-009Q-3101306DU

54	Sub-Recipient Organization (Awardee)*	DUBUQUE DREAM CENTER-3101306DU	
55	Award Number*	269-0043-009Q-3101306DU	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/24/2020	
59	Period of Performance Start Date *	12/03/2020	
60	Period of Performance End Date *	12/03/2020	
61	Primary Place of Performance Address Line 1 *	1600 White St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Dubuque	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52001-3617	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020	12/03/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-239-240

54	Sub-Recipient Organization (Awardee)*	SUNDSTOP II LLC-3102072SU	
55	Award Number*	21-RFRRP-239-240	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/15/2020	
59	Period of Performance Start Date *	10/28/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	17752 25th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Mechanicsville	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52306-8051	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/28/2020	10/28/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3102728GR

54	Sub-Recipient Organization (Awardee)*	GREENE COUNTY FAIR ASSOCIATION-3102728GR
55	Award Number*	269-0047-010D-3102728GR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	650 190th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Scranton
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51462-7512
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0043-009Q-3104387SA

54	Sub-Recipient Organization (Awardee)*	SALVATION ARMY-3104387SA		
55	Award Number*	269-0043-009Q-3104387SA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$147,300.00
58	Award Date *	10/12/2020		
59	Period of Performance Start Date *	11/02/2020		
60	Period of Performance End Date *	11/02/2020		
61	Primary Place of Performance Address Line 1 *	100 Kirkwood Blvd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52803-4511		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$147,300.00	\$00	\$147,300.00
Total		\$00	\$147,300.00	\$00	\$147,300.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$147,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$147,300.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-034-036

54	Sub-Recipient Organization (Awardee)*	RAINBO OIL COMPANY-3104650RA	
55	Award Number*	21-RFRRP-034-036	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$76,591.00
58	Award Date *	10/25/2020	
59	Period of Performance Start Date *	11/05/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 768	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Dubuque	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52004-0768	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$76,591.00	\$00	\$76,591.00
Total		\$00	\$76,591.00	\$00	\$76,591.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/05/2020	11/05/2020	\$76,591.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$76,591.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-196-215

54	Sub-Recipient Organization (Awardee)*	GROWMARK INC-3105752GR		
55	Award Number*	21-RFRRP-196-215		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$630,000.00
58	Award Date *	10/11/2020		
59	Period of Performance Start Date *	10/28/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1701 Towanda Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bloomington		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	61701-2057		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			13
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$630,000.00	\$00	\$630,000.00
Total		\$00	\$630,000.00	\$00	\$630,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/28/2020	10/28/2020	\$630,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$630,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3106414NA

54	Sub-Recipient Organization (Awardee)*	NATIONAL CATTLE CONGRESS-3106414NA		
55	Award Number*	269-0047-010D-3106414NA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/04/2020		
61	Primary Place of Performance Address Line 1 *	257 Ansborough Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50701-2133		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3106449

54	Sub-Recipient Organization (Awardee)*	The CEU Authority-3106449CE		
55	Award Number*	309-PFAV-0052-3106449		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5644 NE 17th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50313-1616		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-3106449

54	Sub-Recipient Organization (Awardee)*	The CEU Authority-3106449CE		
55	Award Number*	309-PFEH-0052-3106449		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$90,200.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5644 NE 17th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50313-1616		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$90,200.00	\$00	\$90,200.00
Total		\$00	\$90,200.00	\$00	\$90,200.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$90,200.00	Items Not Listed Above	Vocational Training
Total:						\$90,200.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3107534

54	Sub-Recipient Organization (Awardee)*	GERTEN HOLLOW INC-3107534GE		
55	Award Number*	309-PFEH-0052-3107534		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$79,750.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1301 Normal St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Woodbine		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51579-1133		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$79,750.00	\$00	\$79,750.00
Total		\$00	\$79,750.00	\$00	\$79,750.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/24/2020	11/24/2020	\$79,750.00	Items Not Listed Above	Vocational Training
Total:						\$79,750.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0049-010F-3108202UN

54	Sub-Recipient Organization (Awardee)*	UNITY POINT HEALTH MARSHALLTOWN-3108202UN		
55	Award Number*	269-0049-010F-3108202UN		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$98,855.85
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 809255		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Chicago		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	60680-9255		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	7		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$37,459.60	\$98,855.85	\$37,459.60	\$98,855.85
Total		\$37,459.60	\$98,855.85	\$37,459.60	\$98,855.85

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	11/24/2020	11/24/2020	\$61,396.25	Public Health Expenses	
Total:						\$61,396.25

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$37,459.60	Public Health Expenses		
Total:							\$37,459.60

Sub Screen: Award: 269-0045-009X-3111756EL

54	Sub-Recipient Organization (Awardee)*	ELITE OCTANE LLC-3111756EL		
55	Award Number*	269-0045-009X-3111756EL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$750,000.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/19/2020		
60	Period of Performance End Date *	10/19/2020		
61	Primary Place of Performance Address Line 1 *	60502 Glacier Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Atlantic		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50022-8275		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/19/2020	10/19/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3113628

54	Sub-Recipient Organization (Awardee)*	A1 MORRIS HEATING & COOLING INC-3113628A1		
55	Award Number*	309-PFEH-0052-3113628		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$137,170.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2238 W River Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52802-2833		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$137,170.00	\$00	\$137,170.00
Total		\$00	\$137,170.00	\$00	\$137,170.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/24/2020	11/24/2020	\$137,170.00	Items Not Listed Above	Vocational Training
Total:						\$137,170.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3115365WY

54	Sub-Recipient Organization (Awardee)*	WYOMING FAIR ASSOCIATION-3115365WY
55	Award Number*	269-0047-010D-3115365WY
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 436
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Wyoming
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52362-0436
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 21-RFRRP-001-007

54	Sub-Recipient Organization (Awardee)*	KIMMES ENTERPRISES LLC-3123758KI		
55	Award Number*	21-RFRRP-001-007		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$209,930.00
58	Award Date *	10/08/2020		
59	Period of Performance Start Date *	10/22/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	414 W 7th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Carroll		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51401-2373		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$209,930.00	\$00	\$209,930.00
Total		\$00	\$209,930.00	\$00	\$209,930.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/22/2020	10/22/2020	\$209,930.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$209,930.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3166711MA

54	Sub-Recipient Organization (Awardee)*	MARION CO FAIR BOARD-3166711MA		
55	Award Number*	269-0047-010D-3166711MA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 347		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Knoxville		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50138-0347		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3167825

54	Sub-Recipient Organization (Awardee)*	CHILDREN'S JUNGLE THE-3167825CH		
55	Award Number*	309-PFEH-0052-3167825		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$203,258.39
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	828 W Summit St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Winterset		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50273-2206		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$203,258.39	\$00	\$203,258.39
Total		\$00	\$203,258.39	\$00	\$203,258.39

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$211,200.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$-7,941.61	Items Not Listed Above	Vocational Training
Total:						\$203,258.39

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3179662

54	Sub-Recipient Organization (Awardee)*	WELL RESOURCE CENTER THE-3179662WE		
55	Award Number*	309-PFEH-0052-3179662		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$140,184.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	419 E Oskaloosa St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Pella		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50219-2202		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$140,184.00	\$00	\$140,184.00
Total		\$00	\$140,184.00	\$00	\$140,184.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$140,184.00	Items Not Listed Above	Vocational Training
Total:						\$140,184.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3179711

54	Sub-Recipient Organization (Awardee)*	J&R EXCAVATING LLC-3179711JR		
55	Award Number*	309-PFAV-0052-3179711		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/15/2020		
59	Period of Performance Start Date *	11/16/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5644 NE 17th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50313-1616		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/16/2020	11/16/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-3179964

54	Sub-Recipient Organization (Awardee)*	CHRISTIAN RETIREMENT SERVICES INC-3179964CH		
55	Award Number*	309-PFEH-0052-3179964		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$165,000.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1 Oaknoll Ct		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Iowa City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52246-5250		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$165,000.00	\$00	\$165,000.00
Total		\$00	\$165,000.00	\$00	\$165,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$165,000.00	Items Not Listed Above	Vocational Training
Total:						\$165,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3180474

54	Sub-Recipient Organization (Awardee)*	WESTERN HOME SERVICES INC-3180474WE		
55	Award Number*	309-PFAV-0052-3180474		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$232,536.45
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	5307 Caraway Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Falls		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50613-8172		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$232,536.45	\$00	\$232,536.45
Total		\$00	\$232,536.45	\$00	\$232,536.45

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$234,150.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	04/01/2021	06/30/2021	\$-1,613.55	Items Not Listed Above	Vocational Training
Total:						\$232,536.45

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3182466FR

54	Sub-Recipient Organization (Awardee)*	FRANKLIN COUNTY AGRICULTURE AND FAIR ASSOC-3182466FR		
55	Award Number*	269-0047-010D-3182466FR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	1008 CENTRAL AVE WEST		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	HAMPTON		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50441		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3182513

54	Sub-Recipient Organization (Awardee)*	ATC INC-3182513AT		
55	Award Number*	309-PFEH-0052-3182513		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$243,600.00
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	941 66th Ave SW		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52404-4710		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$243,600.00	\$00	\$243,600.00
Total		\$00	\$243,600.00	\$00	\$243,600.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/18/2020	11/18/2020	\$243,600.00	Items Not Listed Above	Vocational Training
Total:						\$243,600.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3182679MI

54	Sub-Recipient Organization (Awardee)*	MISSISSIPPI VALLEY FAIR INC-3182679MI		
55	Award Number*	269-0047-010D-3182679MI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/04/2020		
61	Primary Place of Performance Address Line 1 *	2815 W Locust St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52804-3343		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3182681CE

54	Sub-Recipient Organization (Awardee)*	CEDAR COUNTY FAIR ASSOCIATION-3182681CE		
55	Award Number*	269-0047-010D-3182681CE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 324		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Tipton		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52772-0324		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3183166

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS TANK WASH INC-3183166CE		
55	Award Number*	309-PFEH-0052-3183166		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$120,226.06
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1100 2nd Ave NE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Independence		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50644-1227		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$120,226.06	\$00	\$120,226.06
Total		\$00	\$120,226.06	\$00	\$120,226.06

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/18/2020	11/18/2020	\$120,226.06	Items Not Listed Above	Vocational Training
Total:						\$120,226.06

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3183189HO

54	Sub-Recipient Organization (Awardee)*	HOMES FOR IOWA INC-3183189HO	
55	Award Number*	309-PFAV-0052-3183189HO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/17/2020	
59	Period of Performance Start Date *	11/18/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	406 N High St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Anamosa	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52205-1157	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-3183189

54	Sub-Recipient Organization (Awardee)*	HOMES FOR IOWA INC-3183189HO		
55	Award Number*	309-PFEH-0052-3183189		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	406 N High St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Anamosa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52205-1157		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183307BI

54	Sub-Recipient Organization (Awardee)*	BIG RIVER UNITED ENERGY LLC-3183307BI		
55	Award Number*	269-0045-009X-3183307BI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$750,000.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	3294 Vine Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dyersville		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52040-8714		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183308CO

54	Sub-Recipient Organization (Awardee)*	CORN LP-3183308CO		
55	Award Number*	269-0045-009X-3183308CO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$403,700.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 280		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Goldfield		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50542-0280		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$403,700.00	\$00	\$403,700.00
Total		\$00	\$403,700.00	\$00	\$403,700.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$403,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$403,700.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183309FH

54	Sub-Recipient Organization (Awardee)*	FHR ARTHUR LLC-3183309FH
55	Award Number*	269-0045-009X-3183309FH
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$750,000.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/21/2020
60	Period of Performance End Date *	10/21/2020
61	Primary Place of Performance Address Line 1 *	4111 E 37th St N
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Wichita
65	Primary Place of Performance State Code *	KS
66	Primary Place of Performance Zip+4 *	67220-3203
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/21/2020	10/21/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183314LO

54	Sub-Recipient Organization (Awardee)*	LOUIS DREYFUS COMPANY HOLDING INC-3183314LO		
55	Award Number*	269-0045-009X-3183314LO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$582,989.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 810		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Wilton		
65	Primary Place of Performance State Code *	CT		
66	Primary Place of Performance Zip+4 *	06897-0810		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$582,989.00	\$00	\$582,989.00
Total		\$00	\$582,989.00	\$00	\$582,989.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$582,989.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$582,989.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183323PO

54	Sub-Recipient Organization (Awardee)*	POET HOLDING COMPANY LLC-3183323PO		
55	Award Number*	269-0045-009X-3183323PO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$750,000.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	4615 N Lewis Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux Falls		
65	Primary Place of Performance State Code *	SD		
66	Primary Place of Performance Zip+4 *	57104-7116		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	0		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183324SI

54	Sub-Recipient Organization (Awardee)*	SIOUXLAND ENERGY COOPERATIVE-3183324SI		
55	Award Number*	269-0045-009X-3183324SI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$249,360.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	3890 Garfield Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux Center		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51250-7596		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$249,360.00	\$00	\$249,360.00
Total		\$00	\$249,360.00	\$00	\$249,360.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$249,360.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$249,360.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183325LS

54	Sub-Recipient Organization (Awardee)*	LSCP LLC-3183325LS		
55	Award Number*	269-0045-009X-3183325LS		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$750,000.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	4808 F Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Marcus		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51035-7070		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183326ER

54	Sub-Recipient Organization (Awardee)*	THE ANDERSONS MARATHON HOLDINGS LLC-3183326ER		
55	Award Number*	269-0045-009X-3183326ER		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$353,883.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/21/2020		
60	Period of Performance End Date *	10/21/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 119		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Maumee		
65	Primary Place of Performance State Code *	OH		
66	Primary Place of Performance Zip+4 *	43537-0119		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			5
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$353,883.00	\$00	\$353,883.00
Total		\$00	\$353,883.00	\$00	\$353,883.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/21/2020	10/21/2020	\$353,883.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$353,883.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183327VA

54	Sub-Recipient Organization (Awardee)*	VALERO RENEWABLE FUELS COMPANY LLC-3183327VA
55	Award Number*	269-0045-009X-3183327VA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$750,000.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/15/2020
60	Period of Performance End Date *	10/15/2020
61	Primary Place of Performance Address Line 1 *	1 Valero Way
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	San Antonio
65	Primary Place of Performance State Code *	TX
66	Primary Place of Performance Zip+4 *	78249-1616
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	20
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$750,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183328PL

54	Sub-Recipient Organization (Awardee)*	PLYMOUTH ENERGY LLC-3183328PL		
55	Award Number*	269-0045-009X-3183328PL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$232,053.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/15/2020		
60	Period of Performance End Date *	10/15/2020		
61	Primary Place of Performance Address Line 1 *	22234 K42		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Merrill		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51038-8603		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$232,053.00	\$00	\$232,053.00
Total		\$00	\$232,053.00	\$00	\$232,053.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$232,053.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$232,053.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0045-009X-3183329PL

54	Sub-Recipient Organization (Awardee)*	PLCP LLLP-3183329PL		
55	Award Number*	269-0045-009X-3183329PL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$427,282.00
58	Award Date *	10/04/2020		
59	Period of Performance Start Date *	10/19/2020		
60	Period of Performance End Date *	10/19/2020		
61	Primary Place of Performance Address Line 1 *	33371 170th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Steamboat Rock		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50672-8096		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$427,282.00	\$00	\$427,282.00
Total		\$00	\$427,282.00	\$00	\$427,282.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/19/2020	10/19/2020	\$427,282.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$427,282.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3183379

54	Sub-Recipient Organization (Awardee)*	Generativity LLC-3183379GE		
55	Award Number*	309-PFEH-0052-3183379		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$150,000.00
58	Award Date *	11/18/2020		
59	Period of Performance Start Date *	11/19/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2067 Highway 4 Unit 206		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Panora		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50216-8719		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$150,000.00	\$00	\$150,000.00
Total		\$00	\$150,000.00	\$00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020	11/19/2020	\$150,000.00	Items Not Listed Above	Vocational Training
Total:						\$150,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-008-009

54	Sub-Recipient Organization (Awardee)*	EZ MART LLC-3183630EZ
55	Award Number*	21-RFRRP-008-009
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	10/12/2020
59	Period of Performance Start Date *	10/28/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	1111 LINCOLN ST SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	BONDURANT
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50035
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/28/2020	10/28/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0045-009X-3183649GR

54	Sub-Recipient Organization (Awardee)*	GRAIN PROCESSING CORPORATION-3183649GR		
55	Award Number*	269-0045-009X-3183649GR		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$221,196.00
58	Award Date *	10/20/2020		
59	Period of Performance Start Date *	10/23/2020		
60	Period of Performance End Date *	10/23/2020		
61	Primary Place of Performance Address Line 1 *	1600 Oregon St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Muscatine		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52761-1404		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$221,196.00	\$00	\$221,196.00
Total		\$00	\$221,196.00	\$00	\$221,196.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/23/2020	10/23/2020	\$221,196.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$221,196.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-3183711NE

54	Sub-Recipient Organization (Awardee)*	NEW VISIONS HOMELESS SERVICES-3183711NE		
55	Award Number*	269-0043-009Q-3183711NE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$54,000.00
58	Award Date *	10/06/2020		
59	Period of Performance Start Date *	11/02/2020		
60	Period of Performance End Date *	11/02/2020		
61	Primary Place of Performance Address Line 1 *	1435 N 15th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51501-1133		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$54,000.00	\$00	\$54,000.00
Total		\$00	\$54,000.00	\$00	\$54,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020	11/02/2020	\$54,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$54,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3184070CO

54	Sub-Recipient Organization (Awardee)*	COUNTRY MEATS INC-3184070CO		
55	Award Number*	309-PFAV-0052-3184070CO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	104 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	ARCADIA		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51430		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020	11/18/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-3184070

54	Sub-Recipient Organization (Awardee)*	COUNTRY MEATS INC-3184070CO		
55	Award Number*	309-PFEH-0052-3184070		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$200,000.00
58	Award Date *	11/17/2020		
59	Period of Performance Start Date *	11/18/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	104 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	ARCADIA		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51430		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$200,000.00	\$00	\$200,000.00
Total		\$00	\$200,000.00	\$00	\$200,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/18/2020	11/18/2020	\$200,000.00	Items Not Listed Above	Vocational Training
Total:						\$200,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-065-066

54	Sub-Recipient Organization (Awardee)*	LINCOLN HEIGHTS STATION LLC-3184100LI	
55	Award Number*	21-RFRRP-065-066	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/29/2020	
59	Period of Performance Start Date *	11/13/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	11400 680th Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Zearing	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50278-8517	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020	11/13/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-040-041

54	Sub-Recipient Organization (Awardee)*	LINCOLN FARM AND HOME 3 LLC-3184101LI		
55	Award Number*	21-RFRRP-040-041		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$60,000.00
58	Award Date *	10/28/2020		
59	Period of Performance Start Date *	11/13/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 210		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Glenwood		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51534-0210		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020	11/13/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3184225

54	Sub-Recipient Organization (Awardee)*	BOVARD STUDIO INC-3184225BO		
55	Award Number*	309-PFEH-0052-3184225		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$120,085.00
58	Award Date *	11/22/2020		
59	Period of Performance Start Date *	11/23/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	2281 Business 34		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fairfield		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52556-8403		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$120,085.00	\$00	\$120,085.00
Total		\$00	\$120,085.00	\$00	\$120,085.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/23/2020	11/23/2020	\$120,085.00	Items Not Listed Above	Vocational Training
Total:						\$120,085.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3184227

54	Sub-Recipient Organization (Awardee)*	FAMILY PET VETERINARY CENTERS MANAGEMENT CO-3184227FA		
55	Award Number*	309-PFAV-0052-3184227		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	12/01/2020		
59	Period of Performance Start Date *	12/02/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1215 Prospect Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50265-3588		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	12/02/2020	12/02/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-3184229

54	Sub-Recipient Organization (Awardee)*	INFORMED CHOICE OF IOWA CORPORATION-3184229IN	
55	Award Number*	309-PFAV-0052-3184229	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$165,015.35
58	Award Date *	11/19/2020	
59	Period of Performance Start Date *	11/20/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	821 S Gilbert St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52240-1742	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$165,015.35	\$00	\$165,015.35
Total		\$00	\$165,015.35	\$00	\$165,015.35

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$165,015.35	Items Not Listed Above	Vocational Training
Total:						\$165,015.35

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFEH-0052-3184232

54	Sub-Recipient Organization (Awardee)*	KNIGHT MOVES-3184232KN		
55	Award Number*	309-PFEH-0052-3184232		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$248,449.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	609 55th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-6302		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$248,449.00	\$00	\$248,449.00
Total		\$00	\$248,449.00	\$00	\$248,449.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$249,199.00	Items Not Listed Above	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$-750.00	Items Not Listed Above	Vocational Training
Total:						\$248,449.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3184233

54	Sub-Recipient Organization (Awardee)*	KOCH LANDSCAPING & HAULING INC-3184233KO		
55	Award Number*	309-PFEH-0052-3184233		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$157,960.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1555 Palmer Ct NE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Solon		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52333-8701		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$157,960.00	\$00	\$157,960.00
Total		\$00	\$157,960.00	\$00	\$157,960.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$157,960.00	Items Not Listed Above	Vocational Training
Total:						\$157,960.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3184241

54	Sub-Recipient Organization (Awardee)*	YWCA OF THE QUAD CITIES-3184241YW		
55	Award Number*	309-PFEH-0052-3184241		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$199,000.00
58	Award Date *	11/19/2020		
59	Period of Performance Start Date *	11/20/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	229 16th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Rock Island		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	61201-8607		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	17		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$199,000.00	\$00	\$199,000.00
Total		\$00	\$199,000.00	\$00	\$199,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$199,000.00	Items Not Listed Above	Vocational Training
Total:						\$199,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFAV-0052-3184274

54	Sub-Recipient Organization (Awardee)*	GEHLPRO INDUSTRIES INC-3184274GE	
55	Award Number*	309-PFAV-0052-3184274	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/23/2020	
59	Period of Performance Start Date *	11/24/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1610 Burgess Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Carroll	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51401-3317	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 309-PFAV-0052-3184278

54	Sub-Recipient Organization (Awardee)*	MPIRE HEATING & COOLING-3184278MP		
55	Award Number*	309-PFAV-0052-3184278		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/23/2020		
59	Period of Performance Start Date *	11/24/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	43755 C66		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Kingsley		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51028-8600		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3184335WO

54	Sub-Recipient Organization (Awardee)*	WORTH COUNTY FAIR SOCIETY-3184335WO		
55	Award Number*	269-0047-010D-3184335WO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	877 Highway 105		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Northwood		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50459-8761		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184336WO

54	Sub-Recipient Organization (Awardee)*	WOODBURY COUNTY FAIR-3184336WO		
55	Award Number*	269-0047-010D-3184336WO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 369		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Moville		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51039-0369		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184337WI

54	Sub-Recipient Organization (Awardee)*	WINNESHIEK COUNTY AGRICULTURAL ASSN-3184337WI
55	Award Number*	269-0047-010D-3184337WI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 201
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Decorah
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52101-0201
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3184341WA

54	Sub-Recipient Organization (Awardee)*	WARREN COUNTY AGRICULTURAL ASSOCIATION-3184341WA		
55	Award Number*	269-0047-010D-3184341WA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	701 W 2nd Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Indianola		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50125-2347		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184344AL

54	Sub-Recipient Organization (Awardee)*	ALLAMAKEE COUNTY AGRICULTURAL SOCIETY-3184344AL
55	Award Number*	269-0047-010D-3184344AL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 208
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Waukon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52172-0208
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184352AP

54	Sub-Recipient Organization (Awardee)*	APPANOOSE COUNTY FAIR ASSOCIATION-3184352AP
55	Award Number*	269-0047-010D-3184352AP
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	20979 115th Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Plano
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52581-8541
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184353AU

54	Sub-Recipient Organization (Awardee)*	AUDUBON COUNTY AGRICULTURAL SOCIETY-3184353AU
55	Award Number*	269-0047-010D-3184353AU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	1166 Eagle Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Manning
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51455-7527
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184355BU

54	Sub-Recipient Organization (Awardee)*	BUCHANAN COUNTY FAIR ASSOCIATION-3184355BU		
55	Award Number*	269-0047-010D-3184355BU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 258		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Independence		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50644-0258		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184357BU

54	Sub-Recipient Organization (Awardee)*	BUENA VISTA COUNTY AGRICULTURAL SOCIETY-3184357BU		
55	Award Number*	269-0047-010D-3184357BU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 125		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Alta		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51002-0125		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184359WA

54	Sub-Recipient Organization (Awardee)*	WAPELLO COUNTY FAIR INC-3184359WA
55	Award Number*	269-0047-010D-3184359WA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 464
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Eldon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52554-0464
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184365CA

54	Sub-Recipient Organization (Awardee)*	CARROLL COUNTY FAIR ASSOCIATION-3184365CA
55	Award Number*	269-0047-010D-3184365CA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 235
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coon Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50058-0235
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184366CA

54	Sub-Recipient Organization (Awardee)*	CASS COUNTY FAIR ASSOCIATION-3184366CA		
55	Award Number*	269-0047-010D-3184366CA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	805 W 10th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Atlantic		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50022-2030		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184367TA

54	Sub-Recipient Organization (Awardee)*	TAYLOR COUNTY FAIR ASSOCIATION-3184367TA		
55	Award Number*	269-0047-010D-3184367TA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 181		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bedford		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50833-0181		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184368CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA FAIR ASSOCIATION-3184368CE
55	Award Number*	269-0047-010D-3184368CE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	1308 E Olive St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Marshalltown
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50158-8849
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3184369TA

54	Sub-Recipient Organization (Awardee)*	TAMA COUNTY LIVESTOCK AND FAIR ASSN-3184369TA
55	Award Number*	269-0047-010D-3184369TA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 243
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Toledo
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52342-0243
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184370ST

54	Sub-Recipient Organization (Awardee)*	STORY COUNTY 4H FAIR ASSOCIATION-3184370ST
55	Award Number*	269-0047-010D-3184370ST
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 163
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nevada
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50201-0163
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184371BI

54	Sub-Recipient Organization (Awardee)*	BIG FOUR FAIR ASSOCIATION-3184371BI		
55	Award Number*	269-0047-010D-3184371BI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	109 Ford St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Nashua		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50658-9238		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184373CL

54	Sub-Recipient Organization (Awardee)*	CLARKE COUNTY 4-H FAIR ASSOCIATION INC-3184373CL
55	Award Number*	269-0047-010D-3184373CL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 39
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Osceola
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50213-0039
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3184374SO

54	Sub-Recipient Organization (Awardee)*	SOUTHERN IOWA FAIR AND EXPOSITION-3184374SO	
55	Award Number*	269-0047-010D-3184374SO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	615 N I St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Oskaloosa	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52577-1600	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184375CL

54	Sub-Recipient Organization (Awardee)*	CLAYTON COUNTY AGRICULTURAL SOCIETY-3184375CL
55	Award Number*	269-0047-010D-3184375CL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	26143 Ivory Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Garnavillo
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52049-8041
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184376SI

54	Sub-Recipient Organization (Awardee)*	SIOUX COUNTY YOUTH FAIR ASSOCIATION-3184376SI	
55	Award Number*	269-0047-010D-3184376SI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 183	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux Center	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51250-0183	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184377CL

54	Sub-Recipient Organization (Awardee)*	CLINTON COUNTY AGRICULTURAL SOCIETY-3184377CL	
55	Award Number*	269-0047-010D-3184377CL	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$75,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	328 E 8th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	De Witt	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52742-1736	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184378SH

54	Sub-Recipient Organization (Awardee)*	SHELBY COUNTY FAIR CORPORATION-3184378SH		
55	Award Number*	269-0047-010D-3184378SH		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 528		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Harlan		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51537-0528		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184379DA

54	Sub-Recipient Organization (Awardee)*	DAVIS COUNTY AGRICULTURAL SOCIETY-3184379DA	
55	Award Number*	269-0047-010D-3184379DA	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 23	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Bloomfield	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52537-0023	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184380RI

54	Sub-Recipient Organization (Awardee)*	RINGGOLD COUNTY FAIR ASSOCIATION-3184380RI
55	Award Number*	269-0047-010D-3184380RI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 335
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mount Ayr
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50854-0335
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184381DE

54	Sub-Recipient Organization (Awardee)*	DES MOINES COUNTY FAIR ASSOCIATION-3184381DE
55	Award Number*	269-0047-010D-3184381DE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	13086 Pfeiff Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Burlington
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52601-8773
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184382PO

54	Sub-Recipient Organization (Awardee)*	POWESHIEK COUNTY FAIR ASSOCIATION-3184382PO
55	Award Number*	269-0047-010D-3184382PO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 372
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Grinnell
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50112-0372
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3184383EM

54	Sub-Recipient Organization (Awardee)*	EMMET COUNTY AGRICULTURAL SHOW-3184383EM		
55	Award Number*	269-0047-010D-3184383EM		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	1870 Highway 15		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Armstrong		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50514-7517		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0047-010D-3184388PL

54	Sub-Recipient Organization (Awardee)*	PLYMOUTH COUNTY 4H AND AG SOCIETY-3184388PL		
55	Award Number*	269-0047-010D-3184388PL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/04/2020		
61	Primary Place of Performance Address Line 1 *	30682 100th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Le Mars		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51031-8716		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184389PA

54	Sub-Recipient Organization (Awardee)*	PALO ALTO FAIR ASSOCIATION-3184389PA		
55	Award Number*	269-0047-010D-3184389PA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	4664 380th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Emmetsburg		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50536-8759		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184390PA

54	Sub-Recipient Organization (Awardee)*	PAGE COUNTY AGRICULTURAL FAIR ASSOCIATION-3184390PA
55	Award Number*	269-0047-010D-3184390PA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	2793 160th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Clarinda
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51632-5025
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184391OS

54	Sub-Recipient Organization (Awardee)*	OSCEOLA COUNTY LIVESTOCK SHOW-3184391OS		
55	Award Number*	269-0047-010D-3184391OS		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	1124 Highway 59		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sibley		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51249-9614		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184392OB

54	Sub-Recipient Organization (Awardee)*	OBRIEN COUNTY LIVESTOCK SHOW AND AGRICULTURAL-3184392OB		
55	Award Number*	269-0047-010D-3184392OB		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 332		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Primghar		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51245-0332		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184393MU

54	Sub-Recipient Organization (Awardee)*	MUSCATINE COUNTY FAIR-3184393MU
55	Award Number*	269-0047-010D-3184393MU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 261
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Liberty
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52776-0261
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184396MO

54	Sub-Recipient Organization (Awardee)*	MONTGOMERY COUNTY AG SOCIETY-3184396MO
55	Award Number*	269-0047-010D-3184396MO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 278
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Red Oak
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51566-0278
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184397MO

54	Sub-Recipient Organization (Awardee)*	MONONA COUNTY FAIR ASSOCIATION-3184397MO		
55	Award Number*	269-0047-010D-3184397MO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 313		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Onawa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51040-0313		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184399MI

54	Sub-Recipient Organization (Awardee)*	MITCHELL COUNTY AGRICULTURAL SOCIETY-3184399MI		
55	Award Number*	269-0047-010D-3184399MI		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$75,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	2597 410th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Little Cedar		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50454-8501		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184408FA

54	Sub-Recipient Organization (Awardee)*	FAYETTE COUNTY AGRICULTURAL SOCIETY-3184408FA
55	Award Number*	269-0047-010D-3184408FA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	504 S Vine St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Union
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52175-1524
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184410FR

54	Sub-Recipient Organization (Awardee)*	FREMONT COUNTY FAIR ASSOCIATION-3184410FR
55	Award Number*	269-0047-010D-3184410FR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 213
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Farragut
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51639-0213
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184414HA

54	Sub-Recipient Organization (Awardee)*	HANCOCK COUNTY AGRICULTURAL SOCIETY-3184414HA		
55	Award Number*	269-0047-010D-3184414HA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 55		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Britt		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50423-0055		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184416HA

54	Sub-Recipient Organization (Awardee)*	HARRISON COUNTY AGRICULTURAL SOCIETY-3184416HA	
55	Award Number*	269-0047-010D-3184416HA	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	2991 Melrose Ln	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Missouri Valley	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51555-8008	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184418HE

54	Sub-Recipient Organization (Awardee)*	HENRY COUNTY FAIR-3184418HE	
55	Award Number*	269-0047-010D-3184418HE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	127 N Main St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Mount Pleasant	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52641-2027	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184420HU

54	Sub-Recipient Organization (Awardee)*	HUMBOLDT COUNTY AGRICULTURAL SOCIETY-3184420HU		
55	Award Number*	269-0047-010D-3184420HU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 391		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Humboldt		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50548-0391		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184421ID

54	Sub-Recipient Organization (Awardee)*	IDA COUNTY AGRICULTURAL SOCIETY INC-3184421ID		
55	Award Number*	269-0047-010D-3184421ID		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	5585 Hillside Way		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ida Grove		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51445-8016		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184422LY

54	Sub-Recipient Organization (Awardee)*	LYON COUNTY FAIR ASSOCIATION-3184422LY		
55	Award Number*	269-0047-010D-3184422LY		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 73		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Larchwood		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51241-0073		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184423JA

54	Sub-Recipient Organization (Awardee)*	JACKSON COUNTY FAIR ASSOCIATION-3184423JA
55	Award Number*	269-0047-010D-3184423JA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 859
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Maquoketa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52060-0859
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184426KE

54	Sub-Recipient Organization (Awardee)*	KEOKUK COUNTY EXPO INC-3184426KE	
55	Award Number*	269-0047-010D-3184426KE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 2	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sigourney	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52591-0002	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0047-010D-3184427KO

54	Sub-Recipient Organization (Awardee)*	KOSSUTH COUNTY AGRICULTURAL ASSOCIATION-3184427KO		
55	Award Number*	269-0047-010D-3184427KO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	12/01/2020		
60	Period of Performance End Date *	12/01/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 362		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Algona		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50511-0362		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3184432

54	Sub-Recipient Organization (Awardee)*	HAMILTON-RYKER GROUP INC THE-3184432HA		
55	Award Number*	309-PFEH-0052-3184432		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$132,440.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	11/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 1068		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Martin		
65	Primary Place of Performance State Code *	TN		
66	Primary Place of Performance Zip+4 *	38237-1068		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	8		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$132,440.00	\$00	\$132,440.00
Total		\$00	\$132,440.00	\$00	\$132,440.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/30/2020	11/30/2020	\$132,440.00	Items Not Listed Above	Vocational Training
Total:						\$132,440.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3184457

54	Sub-Recipient Organization (Awardee)*	ALLSQUARE CABINET COMPANY-3184457AL		
55	Award Number*	309-PFEH-0052-3184457		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$145,000.00
58	Award Date *	11/29/2020		
59	Period of Performance Start Date *	11/30/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1200 N 14th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Indianola		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50125-1508		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$145,000.00	\$00	\$145,000.00
Total		\$00	\$145,000.00	\$00	\$145,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/30/2020	11/30/2020	\$145,000.00	Items Not Listed Above	Vocational Training
Total:						\$145,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 309-PFEH-0052-3184659

54	Sub-Recipient Organization (Awardee)*	SCOTT ENTERPRISES & CONSULTING PLLC-3184659SC		
55	Award Number*	309-PFEH-0052-3184659		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$85,800.00
58	Award Date *	12/01/2020		
59	Period of Performance Start Date *	12/02/2020		
60	Period of Performance End Date *	06/30/2021		
61	Primary Place of Performance Address Line 1 *	1441 29th St Ste 303		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-1309		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$85,800.00	\$00	\$85,800.00
Total		\$00	\$85,800.00	\$00	\$85,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	12/02/2020	12/02/2020	\$85,800.00	Items Not Listed Above	Vocational Training
Total:						\$85,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0043-009Q-3184685ST

54	Sub-Recipient Organization (Awardee)*	STARTS RIGHT HERE-3184685ST	
55	Award Number*	269-0043-009Q-3184685ST	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$100,000.00
58	Award Date *	11/19/2020	
59	Period of Performance Start Date *	12/03/2020	
60	Period of Performance End Date *	12/03/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 3096	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50316-0096	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020	12/03/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-190-191

54	Sub-Recipient Organization (Awardee)*	MONTEZUMA EXPRESS LLC-3185113MO	
55	Award Number*	21-RFRRP-190-191	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/25/2020	
59	Period of Performance Start Date *	12/21/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	221 W Marengo Rd	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Tiffin	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52340-9402	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	12/21/2020	12/21/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 21-RFRRP-236-238

54	Sub-Recipient Organization (Awardee)*	BREW LLC-3180311BR		
55	Award Number*	21-RFRRP-236-238		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$90,000.00
58	Award Date *	02/18/2021		
59	Period of Performance Start Date *	02/18/2021		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	143 S Cove Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Storm Lake		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50588-7710		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$90,000.00	\$00	\$90,000.00
Total		\$00	\$90,000.00	\$00	\$90,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	03/03/2021	03/03/2021	\$90,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$90,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-129-130

54	Sub-Recipient Organization (Awardee)*	DELCAR INC-2113030DE		
55	Award Number*	21-RFRRP-129-130		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$60,000.00
58	Award Date *	10/26/2020		
59	Period of Performance Start Date *	10/26/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	311 Liston St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Danbury		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51019-7513		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/17/2021	02/17/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 21-RFRRP-133-134

54	Sub-Recipient Organization (Awardee)*	GRUNDY COUNTY HERITAGE CENTER LLC-3186773GR	
55	Award Number*	21-RFRRP-133-134	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	02/18/2021	
59	Period of Performance Start Date *	02/18/2021	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	16250 N Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Holland	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50642-8122	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	03/05/2021	03/05/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 21-RFRRP-257-258

54	Sub-Recipient Organization (Awardee)*	KEY COOPERATIVE-2105825KE		
55	Award Number*	21-RFRRP-257-258		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$60,000.00
58	Award Date *	02/23/2021		
59	Period of Performance Start Date *	02/23/2021		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	13585 620th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Roland		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50236-8061		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/25/2021	02/25/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 21-RFRRP-131-132

54	Sub-Recipient Organization (Awardee)*	KK3 LLC-3186562KK		
55	Award Number*	21-RFRRP-131-132		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$60,000.00
58	Award Date *	10/26/2020		
59	Period of Performance Start Date *	10/26/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	503 Highway 175		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Danbury		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51019-7712		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/25/2021	02/25/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 21-RFRRP-245/259

54	Sub-Recipient Organization (Awardee)*	STUS PETROLEUM-3082086ST		
55	Award Number*	21-RFRRP-245/259		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$60,000.00
58	Award Date *	02/16/2021		
59	Period of Performance Start Date *	02/16/2021		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	1400 Valley West Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50266-1105		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/25/2021	02/25/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 202112-10178

54	Sub-Recipient Organization (Awardee)*	BALLET THEATRE OF DSM-2145973BA		
55	Award Number*	202112-10178		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$57,800.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	121 S 11th St Ste 100		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	West Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50265-4465		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$57,800.00	\$00	\$57,800.00
Total		\$00	\$57,800.00	\$00	\$57,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$57,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$57,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10183

54	Sub-Recipient Organization (Awardee)*	BLANK PARK ZOO FOUNDATION-2114700BL		
55	Award Number*	202112-10183		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$175,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	7401 SW 9th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50315-6667		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10187

54	Sub-Recipient Organization (Awardee)*	BRIDGE VIEW CENTER INC-2123749BR
55	Award Number*	202112-10187
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	102 Church St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ottumwa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52501-4209
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$64,700.00	\$00	\$64,700.00
Total		\$00	\$64,700.00	\$00	\$64,700.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$64,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$64,700.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10310

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS MUSEUM OF ART-2106946CE
55	Award Number*	202112-10310
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$72,600.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	410 3rd Ave SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1606
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$72,600.00	\$00	\$72,600.00
Total		\$00	\$72,600.00	\$00	\$72,600.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$72,600.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$72,600.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10260

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS SYMPHONY-2107920CE
55	Award Number*	202112-10260
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	119 3rd Ave SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1403
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10206

54	Sub-Recipient Organization (Awardee)*	CIVIC MUSIC ASSOCIATION-2095899CI
55	Award Number*	202112-10206
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$56,300.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	900 Keosauqua Way Ste 113
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-1504
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$56,300.00	\$00	\$56,300.00
Total		\$00	\$56,300.00	\$00	\$56,300.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$56,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$56,300.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10306

54	Sub-Recipient Organization (Awardee)*	COMMUNITY THEATRE OF CEDAR RAPIDS-2109054CO
55	Award Number*	202112-10306
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$142,200.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	102 3rd St SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1210
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$142,200.00	\$00	\$142,200.00
Total		\$00	\$142,200.00	\$00	\$142,200.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$142,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$142,200.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10333

54	Sub-Recipient Organization (Awardee)*	DES MOINES ARTS FESTIVAL-2123639DE		
55	Award Number*	202112-10333		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	700 Locust St Ste 100		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-3717		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10184

54	Sub-Recipient Organization (Awardee)*	DES MOINES METRO OPERA INC-2095893DE		
55	Award Number*	202112-10184		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$175,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	106 W Boston Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Indianola		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50125-1836		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10340

54	Sub-Recipient Organization (Awardee)*	DES MOINES PERFORMING ARTS-2136692DE		
55	Award Number*	202112-10340		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$175,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	221 Walnut St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-2104		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10335

54	Sub-Recipient Organization (Awardee)*	DES MOINES PLAYHOUSE-2107593DE		
55	Award Number*	202112-10335		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$112,500.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	831 42nd St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50312-2613		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$112,500.00	\$00	\$112,500.00
Total		\$00	\$112,500.00	\$00	\$112,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$112,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$112,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10341

54	Sub-Recipient Organization (Awardee)*	DES MOINES SYMPHONY-2132065DE		
55	Award Number*	202112-10341		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$162,100.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	1011 Locust St Ste 200		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-2813		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$162,100.00	\$00	\$162,100.00
Total		\$00	\$162,100.00	\$00	\$162,100.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$162,100.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$162,100.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10395

54	Sub-Recipient Organization (Awardee)*	DUBUQUE CITY OF-2128725DU		
55	Award Number*	202112-10395		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$58,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	50 W 13th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-4805		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$58,000.00	\$00	\$58,000.00
Total		\$00	\$58,000.00	\$00	\$58,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$58,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$58,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10353

54	Sub-Recipient Organization (Awardee)*	DUBUQUE COUNTY HISTORICA-2132163DU		
55	Award Number*	202112-10353		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$175,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	350 E 3rd St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-2302		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10309

54	Sub-Recipient Organization (Awardee)*	DUBUQUE SYMPHONY ORCHESTRA-2095960DU
55	Award Number*	202112-10309
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$79,300.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	2728 Asbury Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dubuque
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52001-2971
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$79,300.00	\$00	\$79,300.00
Total		\$00	\$79,300.00	\$00	\$79,300.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$79,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$79,300.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10297

54	Sub-Recipient Organization (Awardee)*	ENGLERT CIVIC THEATRE INC-2125591EN	
55	Award Number*	202112-10297	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$62,000.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	221 E Washington St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52240-3952	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$62,000.00	\$00	\$62,000.00
Total		\$00	\$62,000.00	\$00	\$62,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$62,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$62,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10241

54	Sub-Recipient Organization (Awardee)*	FIGGE ART MUSEUM-2132319FI		
55	Award Number*	202112-10241		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$111,500.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	225 W 2nd St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52801-1804		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$111,500.00	\$00	\$111,500.00
Total		\$00	\$111,500.00	\$00	\$111,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$111,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$111,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10396

54	Sub-Recipient Organization (Awardee)*	FILMSCENE-3115501FI
55	Award Number*	202112-10396
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$59,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	118 E College St Ste 101
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52240-4027
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$59,500.00	\$00	\$59,500.00
Total		\$00	\$59,500.00	\$00	\$59,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$59,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$59,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10298

54	Sub-Recipient Organization (Awardee)*	GRAND OPERA HOUSE THE-2113812GR	
55	Award Number*	202112-10298	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *	\$51,800.00	
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	135 W 8th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Dubuque	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52001-6810	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$51,800.00	\$00	\$51,800.00
Total		\$00	\$51,800.00	\$00	\$51,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$51,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$51,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10384

54	Sub-Recipient Organization (Awardee)*	GREATER DES MOINES BOTANICAL GARDEN-2106521GR		
55	Award Number*	202112-10384		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$175,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	909 Robert D Ray Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-2854		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10370

54	Sub-Recipient Organization (Awardee)*	HERBERT HOOVER PRESI--2108521HE
55	Award Number*	202112-10370
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$93,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 696
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Branch
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52358-0696
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$93,700.00	\$00	\$93,700.00
Total		\$00	\$93,700.00	\$00	\$93,700.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$93,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$93,700.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10368

54	Sub-Recipient Organization (Awardee)*	HOYT SHERMAN PLACE FOUNDATION-2121918HO		
55	Award Number*	202112-10368		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$108,000.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	1501 Woodland Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-3213		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$108,000.00	\$00	\$108,000.00
Total		\$00	\$108,000.00	\$00	\$108,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$108,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$108,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10300

54	Sub-Recipient Organization (Awardee)*	IOWA CHILDREN'S MUSEUM-212309110
55	Award Number*	202112-10300
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$114,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1451 Coral Ridge Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coralville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52241-2800
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$114,000.00	\$00	\$114,000.00
Total		\$00	\$114,000.00	\$00	\$114,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$114,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$114,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10420

54	Sub-Recipient Organization (Awardee)*	IOWA STATE UNIVERSITY-2127444ST
55	Award Number*	202112-10420
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$118,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1750 Beardshear Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ames
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50011-2028
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$118,000.00	\$00	\$118,000.00
Total		\$00	\$118,000.00	\$00	\$118,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$118,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$118,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10347

54	Sub-Recipient Organization (Awardee)*	LIVING HISTORY FARMS-2132398LI
55	Award Number*	202112-10347
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$92,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	2600 111th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Urbandale
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50322-3724
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$92,700.00	\$00	\$92,700.00
Total		\$00	\$92,700.00	\$00	\$92,700.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$92,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$92,700.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10238

54	Sub-Recipient Organization (Awardee)*	MIDWEST OLD SETTLERS AND THRESHERS ASSOC-2107953MI
55	Award Number*	202112-10238
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$76,800.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	405 E Thresher Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mount Pleasant
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52641-2584
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$76,800.00	\$00	\$76,800.00
Total		\$00	\$76,800.00	\$00	\$76,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$76,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$76,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10242

54	Sub-Recipient Organization (Awardee)*	MUSEUM OF DANISH AMERICA-3006510MU
55	Award Number*	202112-10242
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$79,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	2212 Washington St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Elk Horn
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51531-2116
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$79,500.00	\$00	\$79,500.00
Total		\$00	\$79,500.00	\$00	\$79,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$79,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$79,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10246

54	Sub-Recipient Organization (Awardee)*	NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY-2136720NA
55	Award Number*	202112-10246
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$84,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1400 Inspiration Pl SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-5918
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$84,500.00	\$00	\$84,500.00
Total		\$00	\$84,500.00	\$00	\$84,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$84,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$84,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10254

54	Sub-Recipient Organization (Awardee)*	NORTH IOWA AREA COMMUNITY COLLEGE-2109627NO	
55	Award Number*	202112-10254	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$52,700.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	500 College Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Mason City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50401-7213	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$52,700.00	\$00	\$52,700.00
Total		\$00	\$52,700.00	\$00	\$52,700.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$52,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$52,700.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10227

54	Sub-Recipient Organization (Awardee)*	NORTH IOWA CULTURAL CENTER AND MUSEUM-3045809NO	
55	Award Number*	202112-10227	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$95,200.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	460 N Shore Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Clear Lake	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50428-1373	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$95,200.00	\$00	\$95,200.00
Total		\$00	\$95,200.00	\$00	\$95,200.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$95,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$95,200.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10261

54	Sub-Recipient Organization (Awardee)*	ORPHEUM THEATRE PRESERVATION PROJECT-2118587OR	
55	Award Number*	202112-10261	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$56,600.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	PO BOX 5074	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51102-5074	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$56,600.00	\$00	\$56,600.00
Total		\$00	\$56,600.00	\$00	\$56,600.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$56,600.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$56,600.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10417

54	Sub-Recipient Organization (Awardee)*	PEARSON LAKES ART CENTER-2109636PE	
55	Award Number*	202112-10417	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *	\$60,300.00	
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	PO BOX 255	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Okoboji	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51355-0255	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$60,300.00	\$00	\$60,300.00
Total		\$00	\$60,300.00	\$00	\$60,300.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$60,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$60,300.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10235

54	Sub-Recipient Organization (Awardee)*	PUTNAM MUSEUM-2107254PU	
55	Award Number*	202112-10235	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$175,000.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	1717 W 12th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52804-3547	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10273

54	Sub-Recipient Organization (Awardee)*	SALISBURY HOUSE FOUND-2121108SA		
55	Award Number*	202112-10273		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$69,200.00
58	Award Date *	03/01/2020		
59	Period of Performance Start Date *	03/01/2020		
60	Period of Performance End Date *	03/31/2021		
61	Primary Place of Performance Address Line 1 *	4025 Tonawanda Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50312-2909		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Emergency grant due to COVID-19.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$69,200.00	\$00	\$69,200.00
Total		\$00	\$69,200.00	\$00	\$69,200.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$69,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$69,200.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10275

54	Sub-Recipient Organization (Awardee)*	SCIENCE CENTER OF IOWA-2132356SC
55	Award Number*	202112-10275
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	401 Martin Luther King Jr Pkwy
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-4776
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 202112-10279

54	Sub-Recipient Organization (Awardee)*	SIOUX CITY SYMPHONY ORCHESTRA-2131083SI	
55	Award Number*	202112-10279	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *	\$90,800.00	
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	520 Pierce St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51101-1243	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$90,800.00	\$00	\$90,800.00
Total		\$00	\$90,800.00	\$00	\$90,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$90,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$90,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10378

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN
55	Award Number*	202112-10378
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	105 Jessup Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52242-1316
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$64,500.00	\$00	\$64,500.00
Total		\$00	\$64,500.00	\$00	\$64,500.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$64,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$64,500.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10314

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF NORTHERN IOWA-2127837UN
55	Award Number*	202112-10314
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$97,600.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	213 East Bartlett
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Falls
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50614-0001
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$97,600.00	\$00	\$97,600.00
Total		\$00	\$97,600.00	\$00	\$97,600.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$97,600.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$97,600.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 202112-10319

54	Sub-Recipient Organization (Awardee)*	WATERLOO-CEDAR FALLS SYMPHONY ORCHESTRA-2107909WA	
55	Award Number*	202112-10319	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$55,800.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	8201 Dakota St Gbpac # 17	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Cedar Falls	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50614-0001	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$55,800.00	\$00	\$55,800.00
Total		\$00	\$55,800.00	\$00	\$55,800.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$55,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$55,800.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-IBAR-1528-1540-1544-148

54	Sub-Recipient Organization (Awardee)*	CARLOS O'KELLY'S INC-0026900CA
55	Award Number*	269-IBAR-1528-1540-1544-148
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	03/23/2021
59	Period of Performance Start Date *	03/23/2021
60	Period of Performance End Date *	03/23/2021
61	Primary Place of Performance Address Line 1 *	527 S Ridge Cir
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Wichita
65	Primary Place of Performance State Code *	KS
66	Primary Place of Performance Zip+4 *	67209-2233
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations at multiple Iowa locations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	03/23/2021	03/23/2021	\$60,000.00	Small Business Assistance	
Total:						\$60,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-IBAR-598-622

54	Sub-Recipient Organization (Awardee)*	HOA HOTELS LLC-0026900HO		
55	Award Number*	269-IBAR-598-622		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$50,000.00
58	Award Date *	03/11/2021		
59	Period of Performance Start Date *	03/11/2021		
60	Period of Performance End Date *	03/11/2021		
61	Primary Place of Performance Address Line 1 *	1501 River Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Moline		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	61265-1307		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	17		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	03/11/2021	03/11/2021	\$50,000.00	Small Business Assistance	
Total:						\$50,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-IBAR-474-532-544

54	Sub-Recipient Organization (Awardee)*	JOHNNYS ITALIAN STEAKHOUSE LLC-026900JOH		
55	Award Number*	269-IBAR-474-532-544		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$70,000.00
58	Award Date *	03/11/2021		
59	Period of Performance Start Date *	03/11/2021		
60	Period of Performance End Date *	03/11/2021		
61	Primary Place of Performance Address Line 1 *	1501 River Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Moline		
65	Primary Place of Performance State Code *	IL		
66	Primary Place of Performance Zip+4 *	61265-1307		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	17		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$70,000.00	\$00	\$70,000.00
Total		\$00	\$70,000.00	\$00	\$70,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	03/11/2021	03/11/2021	\$70,000.00	Small Business Assistance	
Total:						\$70,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 5832131356202103311

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS CSD-2131363CE
55	Award Number*	5832131356202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	07/06/2020
59	Period of Performance Start Date *	07/06/2020
60	Period of Performance End Date *	08/20/2021
61	Primary Place of Performance Address Line 1 *	2500 Edgewood Rd NW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52405-1015
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	12/17/2020	02/01/2021	\$121,132.23	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	06/03/2021	06/03/2021	\$-37,952.82	Items Not Listed Above	Pass through match
Line 3	IA-583-0011 - Local FEMA PA Match	08/20/2021	08/20/2021	\$-83,179.41	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 5832135176202103311

54	Sub-Recipient Organization (Awardee)*	NEBRASKA METHODIST HEALTH SYSTEM-2135176NE
55	Award Number*	5832135176202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	03/10/2020
59	Period of Performance Start Date *	03/10/2020
60	Period of Performance End Date *	08/20/2021
61	Primary Place of Performance Address Line 1 *	825 S 169th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Omaha
65	Primary Place of Performance State Code *	NE
66	Primary Place of Performance Zip+4 *	68118-9300
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	01/22/2021 01/22/2021	\$103,367.29	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	04/14/2021 04/14/2021	\$-27,835.91	Items Not Listed Above	Pass through match
Line 3	IA-583-0011 - Local FEMA PA Match	08/20/2021 08/20/2021	\$-75,531.38	Items Not Listed Above	Pass through match
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 5832127498202103311

54	Sub-Recipient Organization (Awardee)*	IOWA STATE UNIVERSITY-2127444ST
55	Award Number*	5832127498202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	04/10/2020
59	Period of Performance Start Date *	04/10/2020
60	Period of Performance End Date *	08/25/2021
61	Primary Place of Performance Address Line 1 *	1350 Beardshear Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ames
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50011-2025
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	01/08/2021	01/08/2021	\$56,365.58	Items Not Listed Above	Pass through match
Line 2	IA-583-0012 - State FEMA PA Match	08/25/2021	08/25/2021	\$-56,365.58	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 5832129317202103311

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN
55	Award Number*	5832129317202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	03/12/2020
59	Period of Performance Start Date *	03/12/2020
60	Period of Performance End Date *	11/17/2021
61	Primary Place of Performance Address Line 1 *	105 Jessup Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52242-1316
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$-5,128,126.63	\$0.00	\$-5,128,126.63	\$0.00
Total		\$-5,128,126.63	\$0.00	\$-5,128,126.63	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	01/07/2021 01/07/2021	\$3,390,646.23	Items Not Listed Above	Pass through match
Line 2	IA-583-0012 - State FEMA PA Match	01/07/2021 01/07/2021	\$-3,390,646.23	Items Not Listed Above	Pass through match
Line 3	IA-583-0012 - State FEMA PA Match	09/22/2021 09/22/2021	\$5,128,126.63	Items Not Listed Above	Pass through match
Total:					\$5,128,126.63

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0012 - State FEMA PA Match	11/17/2021 11/17/2021	\$-5,128,126.63	Items Not Listed Above	Pass through match	
Total:						\$-5,128,126.63

Sub Screen: Award: 394995

54	Sub-Recipient Organization (Awardee)*	Allamakee-Clayton Electric Cooperative, Inc.-2105547AL	
55	Award Number*	394995	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$4,584,200.45
58	Award Date *	04/05/2021	
59	Period of Performance Start Date *	04/05/2021	
60	Period of Performance End Date *	12/01/2021	
61	Primary Place of Performance Address Line 1 *	229 Highway 51	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Postville	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52162-8608	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To provide broadband services to the vendors area of service.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$4,584,200.45	\$00	\$0.00
Total		\$00	\$4,584,200.45	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 396714

54	Sub-Recipient Organization (Awardee)*	Alpine Communications, LC-2122188AL		
55	Award Number*	396714		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,298,737.90
58	Award Date *	04/14/2021		
59	Period of Performance Start Date *	04/14/2021		
60	Period of Performance End Date *	11/30/2021		
61	Primary Place of Performance Address Line 1 *	923 Humphrey St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Elkader		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52043-7738		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,298,737.90	\$00	\$0.00
Total		\$00	\$1,298,737.90	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 395899

54	Sub-Recipient Organization (Awardee)*	BTC INC-3006415BT		
55	Award Number*	395899		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,530,621.90
58	Award Date *	04/01/2021		
59	Period of Performance Start Date *	04/01/2021		
60	Period of Performance End Date *	11/30/2021		
61	Primary Place of Performance Address Line 1 *	112 E Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Breda		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51436-8703		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,530,621.90	\$00	\$0.00
Total		\$00	\$1,530,621.90	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 396047

54	Sub-Recipient Organization (Awardee)*	CITIZENS MUTUAL TELEPHONE COOPERATIVE-2105671CI	
55	Award Number*	396047	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$743,550.00
58	Award Date *	04/01/2021	
59	Period of Performance Start Date *	04/01/2021	
60	Period of Performance End Date *	12/01/2021	
61	Primary Place of Performance Address Line 1 *	114 W Jefferson St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Bloomfield	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52537-1609	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide broadband services to the vendors area of service.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$743,550.00	\$00	\$0.00
Total		\$00	\$743,550.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 395420

54	Sub-Recipient Organization (Awardee)*	FMTC-I35, INC. DBA OMNITEL COM-2132646FM	
55	Award Number*	395420	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$884,026.84
58	Award Date *	04/14/2021	
59	Period of Performance Start Date *	04/14/2021	
60	Period of Performance End Date *	12/01/2021	
61	Primary Place of Performance Address Line 1 *	608 E Congress St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Nora Springs	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50458-8634	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide broadband services to the vendors area of service.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$884,026.84	\$00	\$0.00
Total		\$00	\$884,026.84	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 396486

54	Sub-Recipient Organization (Awardee)*	IAMO COMMUNICATIONS, INC.-2108638IA
55	Award Number*	396486
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,089,150.00
58	Award Date *	04/01/2021
59	Period of Performance Start Date *	04/01/2021
60	Period of Performance End Date *	11/15/2021
61	Primary Place of Performance Address Line 1 *	104 Crook St
62	Primary Place of Performance Address Line 2	P.O. Box 368
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coin
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51636-2039
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,089,150.00	\$00	\$0.00
Total		\$00	\$1,089,150.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 395403

54	Sub-Recipient Organization (Awardee)*	INTERSTATE CABLEVISION, LLC DBA OMNITEL COM-2132646IN
55	Award Number*	395403
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$241,139.69
58	Award Date *	04/16/2021
59	Period of Performance Start Date *	04/16/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	608 E Congress St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nora Springs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50458-8634
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$241,139.69	\$00	\$0.00
Total		\$00	\$241,139.69	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 397331

54	Sub-Recipient Organization (Awardee)*	KALONA CO-OPERATIVE TELEPHONE CO.-3185794KA	
55	Award Number*	397331	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$229,552.37
58	Award Date *	04/26/2021	
59	Period of Performance Start Date *	04/26/2021	
60	Period of Performance End Date *	11/30/2021	
61	Primary Place of Performance Address Line 1 *	510 B Ave	
62	Primary Place of Performance Address Line 2	P.O. Box 1208	
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Kalona	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52247-7720	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide broadband services to the vendors area of service.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$229,552.37	\$00	\$0.00
Total		\$00	\$229,552.37	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 397832

54	Sub-Recipient Organization (Awardee)*	LTD BROADBAND, LLC-0008018LT
55	Award Number*	397832
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$181,568.25
58	Award Date *	04/26/2021
59	Period of Performance Start Date *	04/26/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	2435 Prairie St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Gering
65	Primary Place of Performance State Code *	NE
66	Primary Place of Performance Zip+4 *	69341-1592
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$181,568.25	\$00	\$0.00
Total		\$00	\$181,568.25	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 395852

54	Sub-Recipient Organization (Awardee)*	MEDIAPOLIS TELEPHONE COMPANY-3181412ME
55	Award Number*	395852
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$725,475.00
58	Award Date *	04/16/2021
59	Period of Performance Start Date *	04/16/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	652 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mediapolis
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52637-7731
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$725,475.00	\$00	\$0.00
Total		\$00	\$725,475.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 397325

54	Sub-Recipient Organization (Awardee)*	SHELLBURG CABLEVISION, INC. DBA USA COM-3184322SH	
55	Award Number*	397325	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *	\$1,690,425.00	
58	Award Date *	04/14/2021	
59	Period of Performance Start Date *	04/14/2021	
60	Period of Performance End Date *	12/01/2021	
61	Primary Place of Performance Address Line 1 *	124 Main St SW	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Shellsburg	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52332-9727	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide broadband services to the vendors area of service.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,690,425.00	\$00	\$0.00
Total		\$00	\$1,690,425.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 395299

54	Sub-Recipient Organization (Awardee)*	South Slope Telephone Company-2108250SO
55	Award Number*	395299
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$140,500.00
58	Award Date *	04/16/2021
59	Period of Performance Start Date *	04/16/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	980 N Front St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	North Liberty
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52317-9005
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$140,500.00	\$00	\$0.00
Total		\$00	\$140,500.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 396993

54	Sub-Recipient Organization (Awardee)*	SPRING GROVE COMMUNICATIONS-3185690SP		
55	Award Number*	396993		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$592,279.60
58	Award Date *	04/05/2021		
59	Period of Performance Start Date *	04/05/2021		
60	Period of Performance End Date *	11/30/2021		
61	Primary Place of Performance Address Line 1 *	166 W Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Spring Grove		
65	Primary Place of Performance State Code *	MN		
66	Primary Place of Performance Zip+4 *	55974-1444		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide broadband services to the vendors area of service.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$592,279.60	\$00	\$0.00
Total		\$00	\$592,279.60	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 395739

54	Sub-Recipient Organization (Awardee)*	STRATFORD MUTUAL TELEPHONE COMPANY-2106541ST	
55	Award Number*	395739	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$1,521,075.00
58	Award Date *	04/14/2021	
59	Period of Performance Start Date *	04/14/2021	
60	Period of Performance End Date *	12/01/2021	
61	Primary Place of Performance Address Line 1 *	1001 Tennyson Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Stratford	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50249-7725	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide broadband services to the vendors area of service.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,521,075.00	\$00	\$0.00
Total		\$00	\$1,521,075.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0060-010X- 3190963

54	Sub-Recipient Organization (Awardee)*	BOWLERAMA INC-3190963BO		
55	Award Number*	269-0060-010X- 3190963		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$56,000.00
58	Award Date *	08/17/2021		
59	Period of Performance Start Date *	08/24/2021		
60	Period of Performance End Date *	08/24/2021		
61	Primary Place of Performance Address Line 1 *	1313 E Diehl Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50315-5320		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$56,000.00	\$00	\$56,000.00
Total		\$00	\$56,000.00	\$00	\$56,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$56,000.00	Small Business Assistance	
Total:						\$56,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0060-010X- 3113167

54	Sub-Recipient Organization (Awardee)*	KIMBERLY ENTERTAINMENT LLC-3113167KI		
55	Award Number*	269-0060-010X- 3113167		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$96,000.00
58	Award Date *	08/17/2021		
59	Period of Performance Start Date *	08/24/2021		
60	Period of Performance End Date *	08/24/2021		
61	Primary Place of Performance Address Line 1 *	2902 E Kimberly Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52807-2365		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$96,000.00	\$00	\$96,000.00
Total		\$00	\$96,000.00	\$00	\$96,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$96,000.00	Small Business Assistance	
Total:						\$96,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0060-010X 3190916

54	Sub-Recipient Organization (Awardee)*	ROSEBROS LLC-3190916RO		
55	Award Number*	269-0060-010X 3190916		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$96,000.00
58	Award Date *	08/17/2021		
59	Period of Performance Start Date *	08/24/2021		
60	Period of Performance End Date *	08/24/2021		
61	Primary Place of Performance Address Line 1 *	1411 Grandview Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Muscatine		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52761-1554		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$96,000.00	\$00	\$96,000.00
Total		\$00	\$96,000.00	\$00	\$96,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$96,000.00	Small Business Assistance	
Total:						\$96,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0060-010X- 3190929

54	Sub-Recipient Organization (Awardee)*	SSCD LLC-3190929SS		
55	Award Number*	269-0060-010X- 3190929		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$64,000.00
58	Award Date *	08/17/2021		
59	Period of Performance Start Date *	08/24/2021		
60	Period of Performance End Date *	08/24/2021		
61	Primary Place of Performance Address Line 1 *	1900 Madison Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51503-5250		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$64,000.00	\$00	\$64,000.00
Total		\$00	\$64,000.00	\$00	\$64,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$64,000.00	Small Business Assistance	
Total:						\$64,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0060-010X- 3007118

54	Sub-Recipient Organization (Awardee)*	T-BOWL INVESTMENTS INC-3007118TB
55	Award Number*	269-0060-010X- 3007118
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$72,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	100 Ashworth Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50265-3735
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$72,000.00	\$00	\$72,000.00
Total		\$00	\$72,000.00	\$00	\$72,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$72,000.00	Small Business Assistance	
Total:						\$72,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0060-010X- 3190970

54	Sub-Recipient Organization (Awardee)*	THE BETTPLEX-3190970BE		
55	Award Number*	269-0060-010X- 3190970		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$64,000.00
58	Award Date *	08/17/2021		
59	Period of Performance Start Date *	08/24/2021		
60	Period of Performance End Date *	08/24/2021		
61	Primary Place of Performance Address Line 1 *	4850 Competition Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bettendorf		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52722		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$64,000.00	\$00	\$64,000.00
Total		\$00	\$64,000.00	\$00	\$64,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$64,000.00	Small Business Assistance	
Total:						\$64,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0060-010X- 3190897

54	Sub-Recipient Organization (Awardee)*	TRCKA ENTERTAINMENTS INC-3190897TR
55	Award Number*	269-0060-010X- 3190897
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	1648 Trent St SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-1433
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$64,000.00	\$00	\$64,000.00
Total		\$00	\$64,000.00	\$00	\$64,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$64,000.00	Small Business Assistance	
Total:						\$64,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Award: 269-0061-010X- 3043994

54	Sub-Recipient Organization (Awardee)*	CIT CHARTERS INC-3043994CI		
55	Award Number*	269-0061-010X- 3043994		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$170,000.00
58	Award Date *	08/30/2021		
59	Period of Performance Start Date *	09/03/2021		
60	Period of Performance End Date *	09/03/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 643		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ames		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50010-0643		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$170,000.00	\$00	\$170,000.00
Total		\$00	\$170,000.00	\$00	\$170,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/03/2021	09/03/2021	\$170,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$170,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0061-010X- 2108128

54	Sub-Recipient Organization (Awardee)*	HAWKEYE STAGES INC-2108128HA		
55	Award Number*	269-0061-010X- 2108128		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$200,000.00
58	Award Date *	09/15/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	703 Dudley St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Decorah		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52101-2438		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$200,000.00	\$00	\$200,000.00
Total		\$00	\$200,000.00	\$00	\$200,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$200,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$200,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0061-010X- 3006161

54	Sub-Recipient Organization (Awardee)*	WS LINES INC-3006161WS		
55	Award Number*	269-0061-010X- 3006161		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$480,000.00
58	Award Date *	08/30/2021		
59	Period of Performance Start Date *	09/03/2021		
60	Period of Performance End Date *	09/03/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 786		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Carroll		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51401-0786		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$480,000.00	\$00	\$480,000.00
Total		\$00	\$480,000.00	\$00	\$480,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/03/2021	09/03/2021	\$480,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$480,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3026006

54	Sub-Recipient Organization (Awardee)*	BURLINGTON BASEBALL ASSOCIATION-3026006BU
55	Award Number*	269-0062-010X- 3026006
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$500,000.00
58	Award Date *	09/13/2021
59	Period of Performance Start Date *	09/17/2021
60	Period of Performance End Date *	09/17/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 824
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Burlington
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52601-0824
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3025557

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS BALL CLUB-3025557CE		
55	Award Number*	269-0062-010X- 3025557		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 2001		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52406-2001		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 2114748

54	Sub-Recipient Organization (Awardee)*	GREATER DM BASEBALL CO-2114748GR		
55	Award Number*	269-0062-010X- 2114748		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	1 Line Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-4640		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3012619

54	Sub-Recipient Organization (Awardee)*	MAIN STREET IOWA LLC-3012619MA		
55	Award Number*	269-0062-010X- 3012619		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	209 S Gaines St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Davenport		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52802-1403		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3192161

54	Sub-Recipient Organization (Awardee)*	MINNESOTA HOCKEY VENTURES GROUP LP-3192161MI		
55	Award Number*	269-0062-010X- 3192161		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	317 Washington St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Saint Paul		
65	Primary Place of Performance State Code *	MN		
66	Primary Place of Performance Zip+4 *	55102-1609		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3114417

54	Sub-Recipient Organization (Awardee)*	MINNESOTA TIMBERWOLVES BASKETBALL LIMITED PAR-3114417MI		
55	Award Number*	269-0062-010X- 3114417		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	730 3rd St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-1302		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3173176

54	Sub-Recipient Organization (Awardee)*	NORTHERN LIGHTS HOCKEY LLC-3173176NO		
55	Award Number*	269-0062-010X- 3173176		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$434,200.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	1800 Admiral Sheehy Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-2379		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$434,200.00	\$00	\$434,200.00
Total		\$00	\$434,200.00	\$00	\$434,200.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$434,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$434,200.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3059336

54	Sub-Recipient Organization (Awardee)*	SCM LLC-3059336SC		
55	Award Number*	269-0062-010X- 3059336		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$333,679.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	401 Gordon Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51101-1708		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$333,679.00	\$00	\$333,679.00
Total		\$00	\$333,679.00	\$00	\$333,679.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$333,679.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$333,679.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3192160

54	Sub-Recipient Organization (Awardee)*	SIOUX CITY BANDITS FOOTBALL LLC-3192160SI		
55	Award Number*	269-0062-010X- 3192160		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$250,471.00
58	Award Date *	09/13/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	401 Gordon Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51101-1708		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$250,471.00	\$00	\$250,471.00
Total		\$00	\$250,471.00	\$00	\$250,471.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$250,471.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$250,471.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 2103452

54	Sub-Recipient Organization (Awardee)*	SIOUX CITY EXPLORERS-2103452SI	
55	Award Number*	269-0062-010X- 2103452	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	3400 Line Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51106-5105	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3089041

54	Sub-Recipient Organization (Awardee)*	WATERLOO BALL CLUB LLC-3089041WA		
55	Award Number*	269-0062-010X- 3089041		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$388,583.00
58	Award Date *	09/20/2021		
59	Period of Performance Start Date *	09/21/2021		
60	Period of Performance End Date *	09/21/2021		
61	Primary Place of Performance Address Line 1 *	850 Park Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50703-5645		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$388,583.00	\$00	\$388,583.00
Total		\$00	\$388,583.00	\$00	\$388,583.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/21/2021	09/21/2021	\$388,583.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$388,583.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0062-010X- 3107939

54	Sub-Recipient Organization (Awardee)*	WATERLOO BLACK HAWKS HOCKEY LLC-3107939WA		
55	Award Number*	269-0062-010X- 3107939		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/17/2021		
59	Period of Performance Start Date *	09/17/2021		
60	Period of Performance End Date *	09/17/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 2222		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50704-2222		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$500,000.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

Sub Screen: Award: 269-0063-010X-2090272BU

54	Sub-Recipient Organization (Awardee)*	BURLINGTON AREA YMCA INC-2090272BU	
55	Award Number*	269-0063-010X-2090272BU	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$379,759.50
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	10/29/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	2410 Mount Pleasant St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Burlington	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52601-2764	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$379,759.50	\$379,759.50	\$379,759.50	\$379,759.50
Total		\$379,759.50	\$379,759.50	\$379,759.50	\$379,759.50

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$379,759.50	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$379,759.50

Sub Screen: Award: 269-0063-010X-2097059RA

54	Sub-Recipient Organization (Awardee)*	RATHBUN LAKE AREA YMCA-2097059RA
55	Award Number*	269-0063-010X-2097059RA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$55,461.00
58	Award Date *	11/04/2021
59	Period of Performance Start Date *	12/14/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	708 S Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Centerville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52544-2422
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$55,461.00	\$55,461.00	\$55,461.00	\$55,461.00
Total		\$55,461.00	\$55,461.00	\$55,461.00	\$55,461.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$55,461.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$55,461.00

Sub Screen: Award: 269-0063-010X-2101464PE

54	Sub-Recipient Organization (Awardee)*	PEOSTA CITY OF-2101464PE		
55	Award Number*	269-0063-010X-2101464PE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$129,220.76
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	10/26/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 65		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Peosta		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52068-0065		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$129,220.76	\$129,220.76	\$129,220.76	\$129,220.76
Total		\$129,220.76	\$129,220.76	\$129,220.76	\$129,220.76

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$129,220.76	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$129,220.76

Sub Screen: Award: 269-0063-010X-2106961YM

54	Sub-Recipient Organization (Awardee)*	YMCA CEDAR RAPIDS METRO-2106961YM		
55	Award Number*	269-0063-010X-2106961YM		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,000,000.00
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	12/22/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	207 7th Ave SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52401-2001		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
Total		\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$1,000,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$1,000,000.00

Sub Screen: Award: 269-0063-010X-2106972FA

54	Sub-Recipient Organization (Awardee)*	FAMILY YMCA OF CHARLES CITY-2106972FA		
55	Award Number*	269-0063-010X-2106972FA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$106,487.66
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	11/04/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	800 Hulin St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Charles City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50616-2149		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$106,487.66	\$106,487.66	\$106,487.66	\$106,487.66
Total		\$106,487.66	\$106,487.66	\$106,487.66	\$106,487.66

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	11/05/2021	12/31/2021	\$106,487.66	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$106,487.66	

Sub Screen: Award: 401-CC-9

54	Sub-Recipient Organization (Awardee)*	CHRISTIAN HOME ASSOCIATION CHILDRENS SQUARE-2106975CH		
55	Award Number*	401-CC-9		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$173,460.00
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 8C		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Council Bluffs		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51502-3008		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$173,460.00	\$173,460.00	\$173,460.00	\$173,460.00
Total		\$173,460.00	\$173,460.00	\$173,460.00	\$173,460.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$173,460.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$173,460.00

Sub Screen: Award: 269-0063-010X-2106983MA

54	Sub-Recipient Organization (Awardee)*	MASON CITY FAMILY YMCA-YOUNG MENS CHRISTIAN A-2106983MA		
55	Award Number*	269-0063-010X-2106983MA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$329,040.14
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	10/26/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1840 S Monroe Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mason City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50401-5681		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$329,040.14	\$329,040.14	\$329,040.14	\$329,040.14
Total		\$329,040.14	\$329,040.14	\$329,040.14	\$329,040.14

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$329,040.14	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$329,040.14	

Sub Screen: Award: 269-0063-010X-2106999MU

54	Sub-Recipient Organization (Awardee)*	MUSCATINE COMMUNITY Y-2106999MU
55	Award Number*	269-0063-010X-2106999MU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$475,335.00
58	Award Date *	11/04/2021
59	Period of Performance Start Date *	12/14/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	1823 Logan St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Muscatine
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52761-2434
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$475,335.00	\$475,335.00	\$475,335.00	\$475,335.00
Total		\$475,335.00	\$475,335.00	\$475,335.00	\$475,335.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$475,335.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$475,335.00	

Sub Screen: Award: 269-0063-010X-2107008WA

54	Sub-Recipient Organization (Awardee)*	WARTBURG COLLEGE-2107008WA		
55	Award Number*	269-0063-010X-2107008WA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$239,977.50
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	10/26/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	100 Wartburg Blvd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waverly		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50677-2215		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$239,977.50	\$239,977.50	\$239,977.50	\$239,977.50
Total		\$239,977.50	\$239,977.50	\$239,977.50	\$239,977.50

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$239,977.50	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$239,977.50	

Sub Screen: Award: 269-0063-010X-2107057HO

54	Sub-Recipient Organization (Awardee)*	HOERNER YMCA OF KEOKUK-2107057HO	
55	Award Number*	269-0063-010X-2107057HO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$261,314.60
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	12/22/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	2126 Plank Rd	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Keokuk	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52632-2843	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$261,314.60	\$261,314.60	\$261,314.60	\$261,314.60
Total		\$261,314.60	\$261,314.60	\$261,314.60	\$261,314.60

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$261,314.60	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$261,314.60

Sub Screen: Award: 401-CC-16

54	Sub-Recipient Organization (Awardee)*	HILLCREST FAMILY SERVICE-2107078HI		
55	Award Number*	401-CC-16		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$59,804.67
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2005 Asbury Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-3042		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$59,804.67	\$59,804.67	\$59,804.67	\$59,804.67
Total		\$59,804.67	\$59,804.67	\$59,804.67	\$59,804.67

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$59,804.67	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$59,804.67

Sub Screen: Award: 269-0063-010X-2107105YO

54	Sub-Recipient Organization (Awardee)*	YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER-2107105YO		
55	Award Number*	269-0063-010X-2107105YO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$1,000,000.00
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	12/02/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	501 Grand Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-2406		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
Total		\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/02/2021	12/31/2021	\$1,000,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$1,000,000.00	

Sub Screen: Award: 401-CC-25

54	Sub-Recipient Organization (Awardee)*	YOUTH HOMES OF MID AMERICA-2107112YO		
55	Award Number*	401-CC-25		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$842,259.26
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 39		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Johnston		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50131-0039		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$842,259.26	\$842,259.26	\$842,259.26	\$842,259.26
Total		\$842,259.26	\$842,259.26	\$842,259.26	\$842,259.26

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021	12/31/2021	\$842,259.26	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$842,259.26

Sub Screen: Award: 401-CC-8

54	Sub-Recipient Organization (Awardee)*	CAMP FIRE USA HEART OF T-2107228CA
55	Award Number*	401-CC-8
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$150,000.00
58	Award Date *	11/16/2021
59	Period of Performance Start Date *	11/16/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	5615 Hickman Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50310-1119
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
Total		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$150,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$150,000.00	

Sub Screen: Award: 269-0063-010X-2107316YM

54	Sub-Recipient Organization (Awardee)*	YMCA OF BLACKHAWK CO-2107316YM		
55	Award Number*	269-0063-010X-2107316YM		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$468,354.02
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	12/14/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	669 S Hackett Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50701-5632		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$468,354.02	\$468,354.02	\$468,354.02	\$468,354.02
Total		\$468,354.02	\$468,354.02	\$468,354.02	\$468,354.02

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$468,354.02	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$468,354.02	

Sub Screen: Award: 401-CC-11

54	Sub-Recipient Organization (Awardee)*	FAMILY RESOURCES INC-2107397FA	
55	Award Number*	401-CC-11	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$225,928.00
58	Award Date *	11/10/2021	
59	Period of Performance Start Date *	11/10/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	2800 Eastern Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52803-2012	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$225,928.00	\$225,928.00	\$225,928.00	\$225,928.00
Total		\$225,928.00	\$225,928.00	\$225,928.00	\$225,928.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes		
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$225,928.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$225,928.00

Sub Screen: Award: 401-CC-19

54	Sub-Recipient Organization (Awardee)*	LUTHERAN SERVICES IN IOWA INC-2107463LU	
55	Award Number*	401-CC-19	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$387,395.88
58	Award Date *	11/10/2021	
59	Period of Performance Start Date *	11/10/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	3125 Cottage Grove Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50311-3809	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$387,395.88	\$387,395.88	\$387,395.88	\$387,395.88
Total		\$387,395.88	\$387,395.88	\$387,395.88	\$387,395.88

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$387,395.88	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$387,395.88

Sub Screen: Award: 269-0049-010F-2107472ME

54	Sub-Recipient Organization (Awardee)*	MERCY MEDICAL CENTER-2107472ME		
55	Award Number*	269-0049-010F-2107472ME		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$624,142.18
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	701 10th St SE		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52403-1251		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$624,142.18	\$624,142.18	\$624,142.18	\$624,142.18
Total		\$624,142.18	\$624,142.18	\$624,142.18	\$624,142.18

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$624,142.18	Public Health Expenses		
Total:							\$624,142.18

Sub Screen: Award: 269-0063-010X-2107551SI

54	Sub-Recipient Organization (Awardee)*	SIOUX VALLEY MEMORIAL HOSPITAL-2107551SI	
55	Award Number*	269-0063-010X-2107551SI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$71,888.03
58	Award Date *	11/04/2021	
59	Period of Performance Start Date *	12/14/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	300 Sioux Valley Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Cherokee	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51012-1205	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$71,888.03	\$71,888.03	\$71,888.03	\$71,888.03
Total		\$71,888.03	\$71,888.03	\$71,888.03	\$71,888.03

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$71,888.03	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$71,888.03

Sub Screen: Award: 2213

54	Sub-Recipient Organization (Awardee)*	EASTER SEAL SOCIETY OF IOWA INC-2107560EA		
55	Award Number*	2213		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$100,000.00
58	Award Date *	10/21/2021		
59	Period of Performance Start Date *	10/21/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	401 NE 66th Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50313-1243		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Increase assistive technology purchases and training for those with disabilities and individuals over the age of 60		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
Total		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-TECH - COVID Technology Support	10/21/2021 12/31/2021	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$100,000.00

Sub Screen: Award: 401-CC-1

54	Sub-Recipient Organization (Awardee)*	AMERICAN HOME FINDING ASSOCIATION-2107613AM		
55	Award Number*	401-CC-1		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$139,832.00
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 656		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ottumwa		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52501-0656		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$139,832.00	\$139,832.00	\$139,832.00	\$139,832.00
Total		\$139,832.00	\$139,832.00	\$139,832.00	\$139,832.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes		
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$139,832.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$139,832.00

Sub Screen: Award: 269-0063-010X-2107623YW

54	Sub-Recipient Organization (Awardee)*	YWCA OF CLINTON IOWA-2107623YW	
55	Award Number*	269-0063-010X-2107623YW	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$134,652.61
58	Award Date *	11/04/2021	
59	Period of Performance Start Date *	12/14/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	317 7th Ave S	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Clinton	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52732-5635	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$134,652.61	\$134,652.61	\$134,652.61	\$134,652.61
Total		\$134,652.61	\$134,652.61	\$134,652.61	\$134,652.61

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$134,652.61	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$134,652.61

Sub Screen: Award: 269-0063-010X-2107681YO

54	Sub-Recipient Organization (Awardee)*	YOUNG MENS CHRISTIAN ASSOCIATION OF OTTUMWA I-2107681YO	
55	Award Number*	269-0063-010X-2107681YO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$233,362.93
58	Award Date *	11/04/2021	
59	Period of Performance Start Date *	12/14/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	611 N Hancock St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Ottumwa	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52501-4233	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$233,362.93	\$233,362.93	\$233,362.93	\$233,362.93
Total		\$233,362.93	\$233,362.93	\$233,362.93	\$233,362.93

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$233,362.93	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$233,362.93	

Sub Screen: Award: 269-0063-010X-2108459YO

54	Sub-Recipient Organization (Awardee)*	YOUNG MENS CHRISTIAN ASSOCIATION-2108459YO		
55	Award Number*	269-0063-010X-2108459YO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$924,247.18
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	10/26/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1100 Maple St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Atlantic		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50022-2300		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$924,247.18	\$924,247.18	\$924,247.18	\$924,247.18
Total		\$924,247.18	\$924,247.18	\$924,247.18	\$924,247.18

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$924,247.18	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$924,247.18	

Sub Screen: Award: 401-CC-5

54	Sub-Recipient Organization (Awardee)*	BOYS AND GIRLS CLUB OF AMES INC-2108991BO		
55	Award Number*	401-CC-5		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$139,755.00
58	Award Date *	11/16/2021		
59	Period of Performance Start Date *	11/16/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	210 S 5th St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ames		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50010-6821		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$139,755.00	\$139,755.00	\$139,755.00	\$139,755.00
Total		\$139,755.00	\$139,755.00	\$139,755.00	\$139,755.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$139,755.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$139,755.00	

Sub Screen: Award: 401-CC-20

54	Sub-Recipient Organization (Awardee)*	MIDWEST CHRISTIAN SERVIC-2109074MI
55	Award Number*	401-CC-20
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$110,000.00
58	Award Date *	11/10/2021
59	Period of Performance Start Date *	11/10/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	4509 20th Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Peterson
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51047-7524
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$110,000.00	\$110,000.00	\$110,000.00	\$110,000.00
Total		\$110,000.00	\$110,000.00	\$110,000.00	\$110,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$110,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$110,000.00

Sub Screen: Award: 269-0063-010X-2109508NO

54	Sub-Recipient Organization (Awardee)*	NORTH LIBERTY CITY OF-2109508NO	
55	Award Number*	269-0063-010X-2109508NO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$63,839.28
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	10/26/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	PO BOX 77	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	North Liberty	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52317-0077	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$63,839.28	\$63,839.28	\$63,839.28	\$63,839.28
Total		\$63,839.28	\$63,839.28	\$63,839.28	\$63,839.28

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$63,839.28	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$63,839.28	

Sub Screen: Award: 269-0063-010X-2109712DU

54	Sub-Recipient Organization (Awardee)*	DUBUQUE COMMUNITY Y-2109712DU		
55	Award Number*	269-0063-010X-2109712DU		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$531,222.00
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	12/22/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	35 N Booth St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dubuque		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52001-7332		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$531,222.00	\$531,222.00	\$531,222.00	\$531,222.00
Total		\$531,222.00	\$531,222.00	\$531,222.00	\$531,222.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$531,222.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$531,222.00	

Sub Screen: Award: 401-CC-6

54	Sub-Recipient Organization (Awardee)*	BOYS AND GIRLS CLUBS OF SIOUXLAND INC-2109881BO		
55	Award Number*	401-CC-6		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$150,000.00
58	Award Date *	11/16/2021		
59	Period of Performance Start Date *	11/16/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	823 Pearl St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sioux City		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51101-1040		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
Total		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$150,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$150,000.00	

Sub Screen: Award: 269-0063-010X-2110365CA

54	Sub-Recipient Organization (Awardee)*	CAMP FOSTER YOUNG MENS CHRISTIAN ASSOCIATION-2110365CA		
55	Award Number*	269-0063-010X-2110365CA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$939,275.18
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	12/22/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1900 41st St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Spirit Lake		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51360-7626		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$939,275.18	\$939,275.18	\$939,275.18	\$939,275.18
Total		\$939,275.18	\$939,275.18	\$939,275.18	\$939,275.18

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$939,275.18	Small Business Assistance		
Total:							\$939,275.18

Sub Screen: Award: 401-CC-23

54	Sub-Recipient Organization (Awardee)*	YOUNG HOUSE FAMILY SERVICES INCORPORATED-2110398YO	
55	Award Number*	401-CC-23	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$97,835.00
58	Award Date *	11/10/2021	
59	Period of Performance Start Date *	11/10/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	400 S Broadway St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Burlington	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52601-9407	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$97,835.00	\$97,835.00	\$97,835.00	\$97,835.00
Total		\$97,835.00	\$97,835.00	\$97,835.00	\$97,835.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$97,835.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$97,835.00

Sub Screen: Award: 401-CC-13

54	Sub-Recipient Organization (Awardee)*	FOUR OAKS FAMILY AND CHILDRENS SERVICES-2110803FO
55	Award Number*	401-CC-13
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,452,640.00
58	Award Date *	11/10/2021
59	Period of Performance Start Date *	11/10/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	5400 Kirkwood Blvd SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-5216
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$1,452,640.00	\$1,452,640.00	\$1,452,640.00	\$1,452,640.00
Total		\$1,452,640.00	\$1,452,640.00	\$1,452,640.00	\$1,452,640.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$1,452,640.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$1,452,640.00

Sub Screen: Award: 401-CC-24

54	Sub-Recipient Organization (Awardee)*	YOUTH & SHELTER SERVICES-2112004YO	
55	Award Number*	401-CC-24	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$281,080.00
58	Award Date *	11/10/2021	
59	Period of Performance Start Date *	11/10/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	PO BOX 1628	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Ames	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50010-1628	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$281,080.00	\$281,080.00	\$281,080.00	\$281,080.00
Total		\$281,080.00	\$281,080.00	\$281,080.00	\$281,080.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$281,080.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$281,080.00

Sub Screen: Award: 401-CC-12

54	Sub-Recipient Organization (Awardee)*	FOUNDATION 2 INC-2112550FO	
55	Award Number*	401-CC-12	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$118,754.00
58	Award Date *	11/10/2021	
59	Period of Performance Start Date *	11/10/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	1714 Johnson Ave NW	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Cedar Rapids	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52405-4865	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$118,754.00	\$118,754.00	\$118,754.00	\$118,754.00
Total		\$118,754.00	\$118,754.00	\$118,754.00	\$118,754.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$118,754.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$118,754.00

Sub Screen: Award: 401-CC-26

54	Sub-Recipient Organization (Awardee)*	YOUTH SHELTER CARE OF NORTH CENTRAL IOWA INC-2113459YO		
55	Award Number*	401-CC-26		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$161,601.00
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	301 Avenue M W		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Dodge		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50501-5623		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	4		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$161,601.00	\$161,601.00	\$161,601.00	\$161,601.00
Total		\$161,601.00	\$161,601.00	\$161,601.00	\$161,601.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$161,601.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$161,601.00

Sub Screen: Award: 269-0063-010X-2116026AL

54	Sub-Recipient Organization (Awardee)*	ALGONA FAMILY YMCA-2116026AL		
55	Award Number*	269-0063-010X-2116026AL		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$248,631.27
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	11/15/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	2101 E Mcgregor St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Algona		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50511-3000		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$248,631.27	\$248,631.27	\$248,631.27	\$248,631.27
Total		\$248,631.27	\$248,631.27	\$248,631.27	\$248,631.27

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	11/15/2021	12/31/2021	\$248,631.27	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$248,631.27

Sub Screen: Award: 401-CC-17

54	Sub-Recipient Organization (Awardee)*	HOMES OF OAKRIDGE HUMAN-2117879HO		
55	Award Number*	401-CC-17		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$143,256.00
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1401 Center St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-2285		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$143,256.00	\$143,256.00	\$143,256.00	\$143,256.00
Total		\$143,256.00	\$143,256.00	\$143,256.00	\$143,256.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$143,256.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$143,256.00

Sub Screen: Award: 269-0063-010X-2118831MA

54	Sub-Recipient Organization (Awardee)*	MARY GREELEY MEDICAL CTR-2118831MA
55	Award Number*	269-0063-010X-2118831MA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$86,593.93
58	Award Date *	11/04/2021
59	Period of Performance Start Date *	12/14/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 145
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Story City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50248-0145
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$86,593.93	\$86,593.93	\$86,593.93	\$86,593.93
Total		\$86,593.93	\$86,593.93	\$86,593.93	\$86,593.93

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$86,593.93	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$86,593.93	

Sub Screen: Award: 202212-11546

54	Sub-Recipient Organization (Awardee)*	WORLD FOOD PRIZE FOUNDATION-2119085WO	
55	Award Number*	202212-11546	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	12/01/2021	
59	Period of Performance Start Date *	12/01/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	100 Locust St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50309-1767	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	Emergency grant due to COVID-19.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1423 - World Food Prize	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-259-1423 - World Food Prize	12/01/2021	12/31/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$500,000.00

Sub Screen: Award: 269-0063-010X-2121898MO

54	Sub-Recipient Organization (Awardee)*	MONTGOMERY COUNTY YMCA-2121898MO		
55	Award Number*	269-0063-010X-2121898MO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$123,333.53
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	12/14/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	101 E Cherry St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Red Oak		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	51566-1076		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$123,333.53	\$123,333.53	\$123,333.53	\$123,333.53
Total		\$123,333.53	\$123,333.53	\$123,333.53	\$123,333.53

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$123,333.53	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$123,333.53	

Sub Screen: Award: 401-CC-7

54	Sub-Recipient Organization (Awardee)*	BOYS AND GIRLS OF CEDAR RAPIDS-2121925BO		
55	Award Number*	401-CC-7		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$590,984.50
58	Award Date *	11/16/2021		
59	Period of Performance Start Date *	11/16/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	420 6th St SE STE 240		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Rapids		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	52401-1906		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$590,984.50	\$590,984.50	\$590,984.50	\$590,984.50
Total		\$590,984.50	\$590,984.50	\$590,984.50	\$590,984.50

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$590,984.50	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$590,984.50

Sub Screen: Award: 269-0063-010X-2122010SO

54	Sub-Recipient Organization (Awardee)*	SOUTHERN PRAIRIE YMCA-2122010SO		
55	Award Number*	269-0063-010X-2122010SO		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$219,012.00
58	Award Date *	11/04/2021		
59	Period of Performance Start Date *	12/14/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1201 W Townline St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Creston		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50801-1036		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$219,012.00	\$219,012.00	\$219,012.00	\$219,012.00
Total		\$219,012.00	\$219,012.00	\$219,012.00	\$219,012.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$219,012.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$219,012.00

Sub Screen: Award: 401-CC-22

54	Sub-Recipient Organization (Awardee)*	WOODWARD YOUTH CORPORATION-2123023WO		
55	Award Number*	401-CC-22		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$741,252.11
58	Award Date *	11/10/2021		
59	Period of Performance Start Date *	11/10/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	6200 Aurora Ave STE 400W		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Urbandale		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50322-2868		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing group care and shelter care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$741,252.11	\$741,252.11	\$741,252.11	\$741,252.11
Total		\$741,252.11	\$741,252.11	\$741,252.11	\$741,252.11

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-401-G09V - Iowa Child Care	11/10/2021 12/31/2021	\$741,252.11	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$741,252.11

Sub Screen: Award: 583001800002127498

54	Sub-Recipient Organization (Awardee)*	IOWA STATE UNIVERSITY-2127444ST
55	Award Number*	583001800002127498
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$248,009.58
58	Award Date *	12/21/2021
59	Period of Performance Start Date *	12/21/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	515 MORRILL DR
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	AMES
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50011
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$248,009.58	\$248,009.58	\$0.00	\$0.00
Total		\$248,009.58	\$248,009.58	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 583001800002127528

54	Sub-Recipient Organization (Awardee)*	JONES CO BOARD OF SUPERVISORS-2127528JO
55	Award Number*	583001800002127528
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$90,726.68
58	Award Date *	12/20/2021
59	Period of Performance Start Date *	12/20/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	500 W Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Anamosa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52205-1632
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$90,726.68	\$90,726.68	\$0.00	\$0.00
Total		\$90,726.68	\$90,726.68	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0063-010X-3028900CA

54	Sub-Recipient Organization (Awardee)*	CARROLL CITY OF-2127764CA
55	Award Number*	269-0063-010X-3028900CA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$109,219.26
58	Award Date *	10/12/2021
59	Period of Performance Start Date *	10/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	716 N Grant Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Carroll
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51401-2549
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$109,219.26	\$109,219.26	\$109,215.26	\$109,215.26
Total		\$109,219.26	\$109,219.26	\$109,215.26	\$109,215.26

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$109,215.26	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$109,215.26

Sub Screen: Award: 583001800002127764

54	Sub-Recipient Organization (Awardee)*	CARROLL CITY OF-2127764CA
55	Award Number*	583001800002127764
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$74,871.62
58	Award Date *	11/29/2021
59	Period of Performance Start Date *	11/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	627 N Adams St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Carroll
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51401-2344
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$74,871.62	\$74,871.62	\$0.00	\$0.00
Total		\$74,871.62	\$74,871.62	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 269-0063-010X-2127795CE

54	Sub-Recipient Organization (Awardee)*	CEDAR FALLS CITY OF-2127795CE	
55	Award Number*	269-0063-010X-2127795CE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$328,333.94
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	12/22/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	110 E 13th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Cedar Falls	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50613-4183	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$328,333.94	\$328,333.94	\$328,333.94	\$328,333.94
Total		\$328,333.94	\$328,333.94	\$328,333.94	\$328,333.94

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$328,333.94	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$328,333.94	

Sub Screen: Award: 583001800002127827

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF NORTHERN IOWA-2127837UN		
55	Award Number*	583001800002127827		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$120,828.67
58	Award Date *	12/21/2021		
59	Period of Performance Start Date *	12/21/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	213 East Bartlett		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cedar Falls		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50614-0001		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	COVID expenses to support local response efforts		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$120,828.67	\$120,828.67	\$0.00	\$0.00
Total		\$120,828.67	\$120,828.67	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 583001800002127843

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS CITY OF-2127843CE
55	Award Number*	583001800002127843
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$162,537.60
58	Award Date *	11/22/2021
59	Period of Performance Start Date *	11/22/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	101 1st St SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1205
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$162,537.60	\$162,537.60	\$0.00	\$0.00
Total		\$162,537.60	\$162,537.60	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 2214

54	Sub-Recipient Organization (Awardee)*	CHARLES CITY CITY OF-2127927CH	
55	Award Number*	2214	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *	\$100,000.00	
58	Award Date *	10/18/2021	
59	Period of Performance Start Date *	10/18/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	105 Milwaukee Mall	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Charles City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50616-2229	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	Implementation of the Smarhome Iowa System Pilot	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-TECH - COVID Technology Support	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
Total		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-TECH - COVID Technology Support	10/18/2021	12/31/2021	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$100,000.00

Sub Screen: Award: 269-0063-010X-2128143CR

54	Sub-Recipient Organization (Awardee)*	CRESKO CITY OF-2128143CR
55	Award Number*	269-0063-010X-2128143CR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$82,119.55
58	Award Date *	10/12/2021
59	Period of Performance Start Date *	12/22/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	316 3rd Ave E
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cresco
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52136-1410
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$82,119.55	\$82,119.55	\$82,119.55	\$82,119.55
Total		\$82,119.55	\$82,119.55	\$82,119.55	\$82,119.55

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$82,119.55	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$82,119.55	

Sub Screen: Award: 583001800003108657

54	Sub-Recipient Organization (Awardee)*	SCOTT COUNTY-2128218SC
55	Award Number*	583001800003108657
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$91,966.46
58	Award Date *	11/29/2021
59	Period of Performance Start Date *	11/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	500 W 4th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Davenport
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52801-1106
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$91,966.46	\$91,966.46	\$0.00	\$0.00
Total		\$91,966.46	\$91,966.46	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 583001800002128536

54	Sub-Recipient Organization (Awardee)*	DES MOINES CITY OF-2128536DE		
55	Award Number*	583001800002128536		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$104,611.73
58	Award Date *	11/22/2021		
59	Period of Performance Start Date *	11/22/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	400 Robert D Ray Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50309-1813		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	COVID expenses to support local response efforts		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$104,611.73	\$104,611.73	\$104,611.73	\$104,611.73
Total		\$104,611.73	\$104,611.73	\$104,611.73	\$104,611.73

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-582-0018 - COVID Response Efforts	11/22/2021	12/31/2021	\$104,611.73	Public Health Expenses		
Total:						\$104,611.73	

Sub Screen: Award: 583001400002128557

54	Sub-Recipient Organization (Awardee)*	POLK COUNTY EMA-2128557PO		
55	Award Number*	583001400002128557		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$4,997,058.00
58	Award Date *	09/15/2021		
59	Period of Performance Start Date *	09/15/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1907 Carpenter Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-1310		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	COVID expenses to support public utility services and other governmental and non-profit response efforts		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0014 - COVID-19 Surge Medical Support	\$4,997,058.00	\$4,997,058.00	\$0.00	\$0.00
Total		\$4,997,058.00	\$4,997,058.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 583001800002128588

54	Sub-Recipient Organization (Awardee)*	DES MOINES WATER WORKS-2128588DE		
55	Award Number*	583001800002128588		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$963,452.03
58	Award Date *	11/09/2021		
59	Period of Performance Start Date *	11/09/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 9227		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50306-9227		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	COVID expenses to support public utility services and other governmental and non-profit response efforts		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$963,452.03	\$963,452.03	\$963,452.03	\$963,452.03
Total		\$963,452.03	\$963,452.03	\$963,452.03	\$963,452.03

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-582-0018 - COVID Response Efforts	11/09/2021	12/31/2021	\$963,452.03	Public Health Expenses		
Total:							\$963,452.03

Sub Screen: Award: 269-0063-010X-2128708DE

54	Sub-Recipient Organization (Awardee)*	DE WITT CITY OF-2128708DE	
55	Award Number*	269-0063-010X-2128708DE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$62,922.80
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	10/29/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	900 14th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	De Witt	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52742-1004	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$62,922.80	\$62,922.80	\$62,922.80	\$62,922.80
Total		\$62,922.80	\$62,922.80	\$62,922.80	\$62,922.80

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$62,922.80	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$62,922.80	

Sub Screen: Award: 269-0063-010X-2129222HU

54	Sub-Recipient Organization (Awardee)*	HUMBOLDT CITY OF-2129220HU	
55	Award Number*	269-0063-010X-2129222HU	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$356,979.78
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	10/29/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	29 5th St S	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Humboldt	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50548-2024	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$356,979.78	\$356,979.78	\$356,979.78	\$356,979.78
Total		\$356,979.78	\$356,979.78	\$356,979.78	\$356,979.78

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$356,979.78	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$356,979.78	

Sub Screen: Award: 269-0049-010F-2129317UN

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN	
55	Award Number*	269-0049-010F-2129317UN	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$2,999,413.16
58	Award Date *	10/18/2021	
59	Period of Performance Start Date *	10/19/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	105 JESSUP	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	IOWA CITY	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52242	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$2,999,413.16	\$2,999,413.16	\$2,999,413.16	\$2,999,413.16
Total		\$2,999,413.16	\$2,999,413.16	\$2,999,413.16	\$2,999,413.16

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021 12/31/2021	\$2,999,413.16	Public Health Expenses		
Total:						\$2,999,413.16

Sub Screen: Award: 269-0063-010X-2129376MA

54	Sub-Recipient Organization (Awardee)*	MARSHALLTOWN YMCA-2129376MA
55	Award Number*	269-0063-010X-2129376MA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$374,700.75
58	Award Date *	10/12/2021
59	Period of Performance Start Date *	10/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	108 Washington St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Marshalltown
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50158-2844
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$374,700.75	\$374,700.75	\$374,700.75	\$374,700.75
Total		\$374,700.75	\$374,700.75	\$374,700.75	\$374,700.75

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$374,700.75	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$374,700.75	

Sub Screen: Award: 269-0063-010X-2130212PE

54	Sub-Recipient Organization (Awardee)*	PERRY CITY OF-2130212PE		
55	Award Number*	269-0063-010X-2130212PE		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$106,971.49
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	10/26/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 545		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Perry		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50220-0545		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$106,971.49	\$106,971.49	\$106,971.49	\$106,971.49
Total		\$106,971.49	\$106,971.49	\$106,971.49	\$106,971.49

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$106,971.49	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$106,971.49	

Sub Screen: Award: 269-0063-010X-2130794WA

54	Sub-Recipient Organization (Awardee)*	WATERLOO CITY OF-2130788WA		
55	Award Number*	269-0063-010X-2130794WA		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$288,057.09
58	Award Date *	10/12/2021		
59	Period of Performance Start Date *	10/29/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	300 Jefferson St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterloo		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50701-1322		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$288,057.09	\$288,057.09	\$288,057.09	\$288,057.09
Total		\$288,057.09	\$288,057.09	\$288,057.09	\$288,057.09

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$288,057.09	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$288,057.09	

Sub Screen: Award: 269-0063-010X-2130819WA

54	Sub-Recipient Organization (Awardee)*	WUKON CITY OF-2130819WA
55	Award Number*	269-0063-010X-2130819WA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$58,333.67
58	Award Date *	10/12/2021
59	Period of Performance Start Date *	10/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	1220 3rd Ave NW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Waukon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52172-1411
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$58,333.67	\$58,333.67	\$58,333.67	\$58,333.67
Total		\$58,333.67	\$58,333.67	\$58,333.67	\$58,333.67

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$58,333.67	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$58,333.67

Sub Screen: Award: 583001800002130993

54	Sub-Recipient Organization (Awardee)*	BROADLAWNS MEDICAL CTR-2130993BR		
55	Award Number*	583001800002130993		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$199,907.92
58	Award Date *	11/22/2021		
59	Period of Performance Start Date *	11/22/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1801 Hickman Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50314-1548		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	COVID expenses to support local response efforts		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$199,907.92	\$199,907.92	\$199,907.92	\$199,907.92
Total		\$199,907.92	\$199,907.92	\$199,907.92	\$199,907.92

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-582-0018 - COVID Response Efforts	11/22/2021	12/31/2021	\$199,907.92	Public Health Expenses		
Total:						\$199,907.92	

Sub Screen: Award: 583001800002131381

54	Sub-Recipient Organization (Awardee)*	IOWA CITY COMM SCH DIST-2131381CS
55	Award Number*	583001800002131381
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$168,963.54
58	Award Date *	11/29/2021
59	Period of Performance Start Date *	11/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	1725 N Dodge St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52245-9589
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$168,963.54	\$168,963.54	\$0.00	\$0.00
Total		\$168,963.54	\$168,963.54	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 401-CC-2

54	Sub-Recipient Organization (Awardee)*	BOYS & GIRLS CLUB OF CENTRAL IOWA-2132212BO		
55	Award Number*	401-CC-2		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$98,990.10
58	Award Date *	11/16/2021		
59	Period of Performance Start Date *	11/16/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1421 Walker St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50316-3471		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$98,990.10	\$98,990.10	\$98,990.10	\$98,990.10
Total		\$98,990.10	\$98,990.10	\$98,990.10	\$98,990.10

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$98,990.10	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$98,990.10	

Sub Screen: Award: 401-CC-3

54	Sub-Recipient Organization (Awardee)*	BOYS & GIRLS CLUBS OF THE CEDAR VALLEY-2132301BO	
55	Award Number*	401-CC-3	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *	\$708,669.10	
58	Award Date *	11/16/2021	
59	Period of Performance Start Date *	11/16/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	515 Lime St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Waterloo	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50703-3804	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$708,669.10	\$708,669.10	\$708,669.10	\$708,669.10
Total		\$708,669.10	\$708,669.10	\$708,669.10	\$708,669.10

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$708,669.10	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$708,669.10

Sub Screen: Award: 401-CC-4

54	Sub-Recipient Organization (Awardee)*	BOYS & GIRLS CLUBS OF THE MIDLANDS-2134760BO	
55	Award Number*	401-CC-4	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *	\$300,000.00	
58	Award Date *	11/16/2021	
59	Period of Performance Start Date *	11/16/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	2606 Hamilton St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Omaha	
65	Primary Place of Performance State Code *	NE	
66	Primary Place of Performance Zip+4 *	68131-1640	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$300,000.00	\$300,000.00	\$300,000.00	\$300,000.00
Total		\$300,000.00	\$300,000.00	\$300,000.00	\$300,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$300,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$300,000.00

Sub Screen: Award: 269-0062-010X-3002527NE

54	Sub-Recipient Organization (Awardee)*	NEWCO RIDERS LLC-3002527NE	
55	Award Number*	269-0062-010X-3002527NE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/20/2021	
59	Period of Performance Start Date *	10/04/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	1100 Rockford Rd SW	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Cedar Rapids	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52404-1858	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/04/2021	12/31/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$500,000.00	

Sub Screen: Award: 269-0049-010F-30121154CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA HOSPITAL CO-3021154CE	
55	Award Number*	269-0049-010F-30121154CE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$264,001.01
58	Award Date *	10/18/2021	
59	Period of Performance Start Date *	10/19/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	1663 60TH ST	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	WEST DES MOINES	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50266-7703	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$264,001.01	\$264,001.01	\$264,001.01	\$264,001.01
Total		\$264,001.01	\$264,001.01	\$264,001.01	\$264,001.01

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$264,001.01	Public Health Expenses		
Total:							\$264,001.01

Sub Screen: Award: 269-0063-010X-3056918CE

54	Sub-Recipient Organization (Awardee)*	CEDAR RIVER RECREATION & FINE ARTS COMPLEX-3056918CE	
55	Award Number*	269-0063-010X-3056918CE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$123,142.06
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	10/29/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	809 Sawyer Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Osage	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50461-1402	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$123,142.06	\$123,142.06	\$123,142.06	\$123,142.06
Total		\$123,142.06	\$123,142.06	\$123,142.06	\$123,142.06

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$123,142.06	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$123,142.06	

Sub Screen: Award: 401-CC-10

54	Sub-Recipient Organization (Awardee)*	COURAGE LEAGUE SPORTS-3072465CO
55	Award Number*	401-CC-10
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$83,623.10
58	Award Date *	11/16/2021
59	Period of Performance Start Date *	11/16/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	5443 Beechtree Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50266-6915
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$83,623.10	\$83,623.10	\$83,623.10	\$83,623.10
Total		\$83,623.10	\$83,623.10	\$83,623.10	\$83,623.10

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$83,623.10	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$83,623.10	

Sub Screen: Award: 269-0063-010X-3093918YM

54	Sub-Recipient Organization (Awardee)*	YMCA OF GREATER OMAHA-3093918YM	
55	Award Number*	269-0063-010X-3093918YM	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$241,309.98
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	10/26/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	430 S 20th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Omaha	
65	Primary Place of Performance State Code *	NE	
66	Primary Place of Performance Zip+4 *	68102-2506	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$241,309.98	\$241,309.98	\$241,309.98	\$241,309.98
Total		\$241,309.98	\$241,309.98	\$241,309.98	\$241,309.98

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/26/2021	12/31/2021	\$241,309.98	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$241,309.98	

Sub Screen: Award: 269-0063-010X-3123460ID

54	Sub-Recipient Organization (Awardee)*	IDA GROVE CITY OF-3123460ID	
55	Award Number*	269-0063-010X-3123460ID	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$53,776.88
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	12/22/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	311 Barnes St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Ida Grove	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51445-1409	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$53,776.88	\$53,776.88	\$53,776.88	\$53,776.88
Total		\$53,776.88	\$53,776.88	\$53,776.88	\$53,776.88

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/22/2021	12/31/2021	\$53,776.88	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$53,776.88	

Sub Screen: Award: 401-CC-14

54	Sub-Recipient Organization (Awardee)*	GENESIS INCORPORATED-3167098GE		
55	Award Number*	401-CC-14		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$150,000.00
58	Award Date *	11/16/2021		
59	Period of Performance Start Date *	11/16/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	PO BOX 263		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Des Moines		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50301-0263		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
Total		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$150,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$150,000.00	

Sub Screen: Award: 269-0062-010X-3173177DS

54	Sub-Recipient Organization (Awardee)*	DSM HOCKEY LLC-3173177DS		
55	Award Number*	269-0062-010X-3173177DS		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$500,000.00
58	Award Date *	09/20/2021		
59	Period of Performance Start Date *	10/04/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	7201 Hickman Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Urbandale		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50322-4736		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/04/2021	12/31/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$500,000.00	

Sub Screen: Award: 401-CC-18

54	Sub-Recipient Organization (Awardee)*	IOWA CONGOLESE ORGANIZATION AND CENTER-3175135CO
55	Award Number*	401-CC-18
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$150,000.00
58	Award Date *	11/16/2021
59	Period of Performance Start Date *	11/16/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	509 SE Peterson Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ankeny
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50021-3438
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
Total		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$150,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$150,000.00	

Sub Screen: Award: 269-0063-010X-3181500YO

54	Sub-Recipient Organization (Awardee)*	YOUNG MENS CHRISTIAN ASSOCIATION OF WASH-3181500YO	
55	Award Number*	269-0063-010X-3181500YO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$272,149.50
58	Award Date *	11/04/2021	
59	Period of Performance Start Date *	12/14/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	PO BOX 887	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Washington	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52353-0887	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$272,149.50	\$272,149.50	\$272,149.50	\$272,149.50
Total		\$272,149.50	\$272,149.50	\$272,149.50	\$272,149.50

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/14/2021	12/31/2021	\$272,149.50	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$272,149.50

Sub Screen: Award: 583001800003183711

54	Sub-Recipient Organization (Awardee)*	NEW VISIONS HOMELESS SERVICES-3183711NE
55	Award Number*	583001800003183711
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$71,542.87
58	Award Date *	11/29/2021
59	Period of Performance Start Date *	11/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	1435 N 15th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Council Bluffs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51501-1133
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	COVID expenses to support local response efforts

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$71,542.87	\$71,542.87	\$0.00	\$0.00
Total		\$71,542.87	\$71,542.87	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 583001800003184186

54	Sub-Recipient Organization (Awardee)*	WEST DES MOINES WATER WORKS-3184186WE	
55	Award Number*	583001800003184186	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$169,223.27
58	Award Date *	11/09/2021	
59	Period of Performance Start Date *	11/09/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	1505 Railroad Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	West Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50265-4300	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		3
70	Award Description *	COVID expenses to support public utility services and other governmental and non-profit response efforts	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$169,223.27	\$169,223.27	\$169,223.27	\$169,223.27
Total		\$169,223.27	\$169,223.27	\$169,223.27	\$169,223.27

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-582-0018 - COVID Response Efforts	11/09/2021	12/31/2021	\$169,223.27	Public Health Expenses		
Total:							\$169,223.27

Sub Screen: Award: 583001800003184573

54	Sub-Recipient Organization (Awardee)*	ETERNITY CHURCH-3184573ET		
55	Award Number*	583001800003184573		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$68,561.42
58	Award Date *	12/20/2021		
59	Period of Performance Start Date *	12/20/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	8980 Hickman Rd STE 100		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Clive		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50325-5305		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	COVID expenses to support local response efforts		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$68,561.42	\$68,561.42	\$0.00	\$0.00
Total		\$68,561.42	\$68,561.42	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Award: 401-CC-15

54	Sub-Recipient Organization (Awardee)*	HIGHLAND PARK COMMUNITY DEVELOPMENT ASSOC-3187150HI
55	Award Number*	401-CC-15
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$148,026.77
58	Award Date *	11/16/2021
59	Period of Performance Start Date *	11/16/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	4101 Amherst St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50313-3761
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$148,026.77	\$148,026.77	\$148,026.77	\$148,026.77
Total		\$148,026.77	\$148,026.77	\$148,026.77	\$148,026.77

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$148,026.77	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$148,026.77	

Sub Screen: Award: 269-0049-010F-3190265ME

54	Sub-Recipient Organization (Awardee)*	MERCY REHABILITATION HOSPITAL LLC-3190265ME		
55	Award Number*	269-0049-010F-3190265ME		
56	Award Payment Method*	Lump Sum Payment(s)		
57	Amount of Award *			\$123,819.67
58	Award Date *	10/18/2021		
59	Period of Performance Start Date *	10/19/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	1401 Campus Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Clive		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50325-6500		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	3		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	\$123,819.67	\$123,819.67	\$123,819.67	\$123,819.67
Total		\$123,819.67	\$123,819.67	\$123,819.67	\$123,819.67

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0049 - Iowa Hospital COVID-19 Relief Program	10/19/2021	12/31/2021	\$123,819.67	Public Health Expenses		
Total:							\$123,819.67

Sub Screen: Award: 269-0062-010X-3192516CE

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS INFERNO SOCCER CLUB-3192516CE	
55	Award Number*	269-0062-010X-3192516CE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$56,530.00
58	Award Date *	09/20/2021	
59	Period of Performance Start Date *	10/04/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	865 Bentley Dr	
62	Primary Place of Performance Address Line 2	Apt 9	
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Marion	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52302-1291	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$56,530.00	\$56,530.00	\$56,530.00	\$56,530.00
Total		\$56,530.00	\$56,530.00	\$56,530.00	\$56,530.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/04/2021	12/31/2021	\$56,530.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$56,530.00

Sub Screen: Award: 401-CC-21

54	Sub-Recipient Organization (Awardee)*	SHALOM COMMUNITY IMPACT CENTER-3192789SH		
55	Award Number*	401-CC-21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$79,109.80
58	Award Date *	11/16/2021		
59	Period of Performance Start Date *	11/16/2021		
60	Period of Performance End Date *	12/31/2021		
61	Primary Place of Performance Address Line 1 *	7605 Aurora Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Urbandale		
65	Primary Place of Performance State Code *	IA		
66	Primary Place of Performance Zip+4 *	50322-1759		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			3
70	Award Description *	Reimbursement for PPE and other COVID-related costs of providing child care services.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-401-G09V - Iowa Child Care	\$79,109.80	\$79,109.80	\$79,109.80	\$79,109.80
Total		\$79,109.80	\$79,109.80	\$79,109.80	\$79,109.80

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-401-G09V - Iowa Child Care	11/16/2021	12/31/2021	\$79,109.80	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$79,109.80	

Sub Screen: Award: 269-0063-010X-3193200LE

54	Sub-Recipient Organization (Awardee)*	LEMARS AREA FAMILY YMCA-3193200LE
55	Award Number*	269-0063-010X-3193200LE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$98,012.99
58	Award Date *	10/12/2021
59	Period of Performance Start Date *	10/29/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	241 12th St SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Le Mars
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51031-2528
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$98,012.99	\$98,012.99	\$98,012.99	\$98,012.99
Total		\$98,012.99	\$98,012.99	\$98,012.99	\$98,012.99

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	10/29/2021	12/31/2021	\$98,012.99	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:							\$98,012.99

Sub Screen: Award: 269-0063-010X-3194285RE

54	Sub-Recipient Organization (Awardee)*	REC CENTER LTD THE-3194285RE
55	Award Number*	269-0063-010X-3194285RE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$89,411.45
58	Award Date *	11/04/2021
59	Period of Performance Start Date *	12/17/2021
60	Period of Performance End Date *	12/31/2021
61	Primary Place of Performance Address Line 1 *	200 E Monroe St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mount Pleasant
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52641-1917
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$89,411.45	\$89,411.45	\$89,411.45	\$89,411.45
Total		\$89,411.45	\$89,411.45	\$89,411.45	\$89,411.45

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/17/2021	12/31/2021	\$89,411.45	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$89,411.45	

Sub Screen: Award: 269-0063-010X-3194313YO

54	Sub-Recipient Organization (Awardee)*	YOUNG MENS CHRISTIAN ASSTN OF THE IOWA MISSIS-3194313YO	
55	Award Number*	269-0063-010X-3194313YO	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$1,000,000.00
58	Award Date *	10/12/2021	
59	Period of Performance Start Date *	12/10/2021	
60	Period of Performance End Date *	12/31/2021	
61	Primary Place of Performance Address Line 1 *	630 E 4th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52801-1713	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
Total		\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	12/10/2021	12/31/2021	\$1,000,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$1,000,000.00	

Sub Screen: Transfer: 309-PFIF-0052-0025000

94	Sub-Recipient Organization (Transferee/Government Unit)*	IOWA PRISON INDUSTRIES-0025000PR
95	Transfer Number *	309-PFIF-0052-0025000
96	Transfer Amount *	\$100,000.00
97	Transfer Date *	09/29/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project will provide vocational training to men incarcerated at the North Central Correctional Facility in Rockwell City. The participants are soon to be released and will be provided with training, testing, and work opportunities leading to American Welding Society Qualification and OSHA 10 certificates. The pandemic has limited training opportunities to this population and this project seeks to provide this critical training to a population in need.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	10/15/2020	10/15/2020	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2127342

94	Sub-Recipient Organization (Transferee/Government Unit)*	DALLAS CO AUDITOR-2127342DA
95	Transfer Number *	401-D09V-009V-2127342
96	Transfer Amount *	\$1,011,417.41
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,011,417.41	\$00	\$1,011,417.41
Total		\$00	\$1,011,417.41	\$00	\$1,011,417.41

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,011,417.41	Medical Expenses	
Total:						\$1,011,417.41

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2127740

94	Sub-Recipient Organization (Transferee/Government Unit)*	DES MOINES CO AUDITOR-2127740DE
95	Transfer Number *	401-D09V-009V-2127740
96	Transfer Amount *	\$1,541,716.24
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,541,716.24	\$00	\$1,541,716.24
Total		\$00	\$1,541,716.24	\$00	\$1,541,716.24

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,541,716.24	Medical Expenses	
Total:						\$1,541,716.24

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-3071900

94	Sub-Recipient Organization (Transferee/Government Unit)*	MENTAL HEALTH DISABILITY SERVICES OF THE EAST-3071900ME
95	Transfer Number *	401-D09V-009V-3071900
96	Transfer Amount *	\$4,878,426.37
97	Transfer Date *	12/27/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-1,722.50	\$4,878,426.37	\$-1,722.50	\$4,878,426.37
Total		\$-1,722.50	\$4,878,426.37	\$-1,722.50	\$4,878,426.37

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$5,700,926.29	Medical Expenses	
Line 2	IA-413-MHS - Mental Health Services	07/15/2021	07/15/2021	\$-820,777.42	Medical Expenses	
Total:						\$4,880,148.87

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	10/01/2021	12/31/2021	\$-1,722.50	Medical Expenses		
Total:							\$-1,722.50

Sub Screen: Transfer: 401-D09V-009V-2127377

94	Sub-Recipient Organization (Transferee/Government Unit)*	MONROE CO AUDITOR-2127377MO
95	Transfer Number *	401-D09V-009V-2127377
96	Transfer Amount *	\$746,391.56
97	Transfer Date *	08/14/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$746,391.56	\$00	\$746,391.56
Total		\$00	\$746,391.56	\$00	\$746,391.56

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$746,391.56	Medical Expenses	
Total:						\$746,391.56

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-3071904

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHWEST IOWA CARE CONNECTIONS-3071904NO
95	Transfer Number *	401-D09V-009V-3071904
96	Transfer Amount *	\$608,165.97
97	Transfer Date *	08/14/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$608,165.97	\$00	\$608,165.97
Total		\$00	\$608,165.97	\$00	\$608,165.97

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	09/18/2020	\$608,165.97	Medical Expenses	
Total:						\$608,165.97

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2128566

94	Sub-Recipient Organization (Transferee/Government Unit)*	POLK COUNTY HEALTH DEPARTMENT-2128566PO
95	Transfer Number *	401-D09V-009V-2128566
96	Transfer Amount *	\$4,628,358.74
97	Transfer Date *	11/22/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-2,645.22	\$4,628,358.74	\$-2,645.22	\$4,628,358.74
Total		\$-2,645.22	\$4,628,358.74	\$-2,645.22	\$4,628,358.74

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$4,631,003.96	Medical Expenses	
Total:						\$4,631,003.96

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	10/01/2021	12/31/2021	\$-2,645.22	Medical Expenses		
Total:							\$-2,645.22

Sub Screen: Transfer: 401-D09V-009V-2128127

94	Sub-Recipient Organization (Transferee/Government Unit)*	POTTAWATTAMIE CO AUDITOR-2128127PO
95	Transfer Number *	401-D09V-009V-2128127
96	Transfer Amount *	\$1,788,529.99
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,788,529.99	\$00	\$1,788,529.99
Total		\$00	\$1,788,529.99	\$00	\$1,788,529.99

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,788,529.99	Medical Expenses	
Total:						\$1,788,529.99

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-3071905

94	Sub-Recipient Organization (Transferee/Government Unit)*	ROLLING HILLS COMMUNITY SERVICES REGION-3071905RO
95	Transfer Number *	401-D09V-009V-3071905
96	Transfer Amount *	\$1,714,719.62
97	Transfer Date *	07/08/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,714,719.62	\$00	\$1,714,719.62
Total		\$00	\$1,714,719.62	\$00	\$1,714,719.62

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,875,436.65	Medical Expenses	
Line 2	IA-413-MHS - Mental Health Services	07/08/2021	07/08/2021	\$-160,717.03	Medical Expenses	
Total:						\$1,714,719.62

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2128218

94	Sub-Recipient Organization (Transferee/Government Unit)*	SCOTT COUNTY-2128218SC
95	Transfer Number *	401-D09V-009V-2128218
96	Transfer Amount *	\$2,831,367.52
97	Transfer Date *	07/15/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$2,831,367.52	\$00	\$2,831,367.52
Total		\$00	\$2,831,367.52	\$00	\$2,831,367.52

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$2,859,079.67	Medical Expenses	
Line 2	IA-413-MHS - Mental Health Services	07/15/2021	07/15/2021	\$-27,712.15	Medical Expenses	
Total:						\$2,831,367.52

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2130083

94	Sub-Recipient Organization (Transferee/Government Unit)*	SIOUX CO AUDITOR-2130083SI
95	Transfer Number *	401-D09V-009V-2130083
96	Transfer Amount *	\$977,217.46
97	Transfer Date *	08/19/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$977,217.46	\$00	\$977,217.46
Total		\$00	\$977,217.46	\$00	\$977,217.46

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$977,217.46	Medical Expenses	
Total:						\$977,217.46

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2129933

94	Sub-Recipient Organization (Transferee/Government Unit)*	STORY CO AUDITOR-2129933ST
95	Transfer Number *	401-D09V-009V-2129933
96	Transfer Amount *	\$3,184,784.67
97	Transfer Date *	10/07/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-2,292.11	\$3,184,784.67	\$-2,292.11	\$3,184,784.67
Total		\$-2,292.11	\$3,184,784.67	\$-2,292.11	\$3,184,784.67

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$3,217,608.82	Medical Expenses	
Line 2	IA-413-MHS - Mental Health Services	08/05/2021	08/05/2021	\$-30,532.04	Medical Expenses	
Total:						\$3,187,076.78

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	10/01/2021	12/31/2021	\$-2,292.11	Medical Expenses		
Total:							\$-2,292.11

Sub Screen: Transfer: 401-D09V-009V-2128173

94	Sub-Recipient Organization (Transferee/Government Unit)*	UNION CO AUDITOR-2128173UN
95	Transfer Number *	401-D09V-009V-2128173
96	Transfer Amount *	\$278,105.09
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$278,105.09	\$00	\$278,105.09
Total		\$00	\$278,105.09	\$00	\$278,105.09

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$278,105.09	Medical Expenses	
Total:						\$278,105.09

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 401-D09V-009V-2130166

94	Sub-Recipient Organization (Transferee/Government Unit)*	WAPELLO CO AUDITOR-2130166WA
95	Transfer Number *	401-D09V-009V-2130166
96	Transfer Amount *	\$747,674.77
97	Transfer Date *	01/04/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$747,674.77	\$00	\$747,674.77
Total		\$00	\$747,674.77	\$00	\$747,674.77

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$747,674.77	Medical Expenses	
Line 2	IA-413-MHS - Mental Health Services	12/30/2020	12/30/2020	\$-439,229.28	Medical Expenses	
Line 3	IA-413-MHS - Mental Health Services	01/04/2021	01/04/2021	\$439,229.28	Medical Expenses	
Total:						\$747,674.77

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 583202004061

94	Sub-Recipient Organization (Transferee/Government Unit)*	IOWA PRISON INDUSTRIES-0025000PR
95	Transfer Number *	583202004061
96	Transfer Amount *	\$0.00
97	Transfer Date *	04/06/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Face shields, face masks, gowns, hand sanitizer

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/06/2020	06/30/2020	\$171,793.52	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-171,793.52	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE06

94	Sub-Recipient Organization (Transferee/Government Unit)*	SEVENTH JUDICIAL DISTRICT-2111460SE
95	Transfer Number *	238A20CARE06
96	Transfer Amount *	\$449,600.36
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 7.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$449,600.36	\$00	\$449,600.36
Total		\$00	\$449,600.36	\$00	\$449,600.36

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$449,600.36	Payroll for Public Health and Safety Employees	
Total:						\$449,600.36

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE04

94	Sub-Recipient Organization (Transferee/Government Unit)*	5TH JUD DISTRICT DCS-21165615T
95	Transfer Number *	238A20CARE04
96	Transfer Amount *	\$1,069,452.13
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 5.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$1,069,452.13	\$00	\$1,069,452.13
Total		\$00	\$1,069,452.13	\$00	\$1,069,452.13

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$1,069,452.13	Payroll for Public Health and Safety Employees	
Total:						\$1,069,452.13

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE05

94	Sub-Recipient Organization (Transferee/Government Unit)*	SIXTH JUDICIAL DIST-2115164SI
95	Transfer Number *	238A20CARE05
96	Transfer Amount *	\$733,490.00
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 6.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$733,490.00	\$00	\$733,490.00
Total		\$00	\$733,490.00	\$00	\$733,490.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$733,490.00	Payroll for Public Health and Safety Employees	
Total:						\$733,490.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE01

94	Sub-Recipient Organization (Transferee/Government Unit)*	FIRST JUDICIAL DISTRICT-2102611FI
95	Transfer Number *	238A20CARE01
96	Transfer Amount *	\$900,750.00
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 1.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$900,750.00	\$00	\$900,750.00
Total		\$00	\$900,750.00	\$00	\$900,750.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$900,750.00	Payroll for Public Health and Safety Employees	
Total:						\$900,750.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE07

94	Sub-Recipient Organization (Transferee/Government Unit)*	EIGHTH JUDICAL DISTRICT-2113622EI
95	Transfer Number *	238A20CARE07
96	Transfer Amount *	\$493,559.27
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 8.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$493,559.27	\$00	\$493,559.27
Total		\$00	\$493,559.27	\$00	\$493,559.27

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$493,559.27	Payroll for Public Health and Safety Employees	
Total:						\$493,559.27

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE03

94	Sub-Recipient Organization (Transferee/Government Unit)*	FOURTH JUDICIAL DISTRICT-2114976FO
95	Transfer Number *	238A20CARE03
96	Transfer Amount *	\$341,362.97
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 4.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$341,362.97	\$00	\$341,362.97
Total		\$00	\$341,362.97	\$00	\$341,362.97

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$341,362.97	Payroll for Public Health and Safety Employees	
Total:						\$341,362.97

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE02

94	Sub-Recipient Organization (Transferee/Government Unit)*	SECOND JUDICIAL DISTRICT-2112431SE
95	Transfer Number *	238A20CARE02
96	Transfer Amount *	\$743,152.55
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 2.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$743,152.55	\$00	\$743,152.55
Total		\$00	\$743,152.55	\$00	\$743,152.55

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$743,152.55	Payroll for Public Health and Safety Employees	
Total:						\$743,152.55

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 5833078379202012311

94	Sub-Recipient Organization (Transferee/Government Unit)*	STATE HYGIENIC LABORATORY - UNIVERSITY OF IOWA-3078379ST
95	Transfer Number *	5833078379202012311
96	Transfer Amount *	\$0.00
97	Transfer Date *	10/08/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Testing -- Clinical Laboratory Services

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	10/08/2020	10/08/2020	\$133,426.91	COVID-19 Testing and Contact Tracing	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-133,426.91	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 5832128535202103311

94	Sub-Recipient Organization (Transferee/Government Unit)*	FORT DODGE CORRECTIONAL FACILITY-2128535FO
95	Transfer Number *	5832128535202103311
96	Transfer Amount *	\$0.00
97	Transfer Date *	09/15/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses as match to FEMA Public Assistance federal award

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	12/30/2020	01/08/2021	\$74,078.56	Items Not Listed Above	Pass through match
Line 2	IA-583-0012 - State FEMA PA Match	05/10/2021	05/10/2021	\$-8,817.94	Items Not Listed Above	Pass through match
Line 3	IA-583-0012 - State FEMA PA Match	07/13/2021	07/13/2021	\$-65,260.62	Items Not Listed Above	Pass through match
Total:						\$0.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE30

94	Sub-Recipient Organization (Transferee/Government Unit)*	5TH JUD DISTRICT DCS-21165615T
95	Transfer Number *	238A20CARE30
96	Transfer Amount *	\$125,412.25
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 5.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$125,412.25	\$00	\$125,412.25
Total		\$00	\$125,412.25	\$00	\$125,412.25

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$125,412.25	Payroll for Public Health and Safety Employees	
Total:						\$125,412.25

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE33

94	Sub-Recipient Organization (Transferee/Government Unit)*	EIGHTH JUDICAL DISTRICT-2113622EI
95	Transfer Number *	238A20CARE33
96	Transfer Amount *	\$53,286.75
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 8.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$53,286.75	\$00	\$53,286.75
Total		\$00	\$53,286.75	\$00	\$53,286.75

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$53,286.75	Payroll for Public Health and Safety Employees	
Total:						\$53,286.75

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE26

94	Sub-Recipient Organization (Transferee/Government Unit)*	FIRST JUDICIAL DISTRICT-2102611FI
95	Transfer Number *	238A20CARE26
96	Transfer Amount *	\$94,732.00
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 1.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$94,732.00	\$00	\$94,732.00
Total		\$00	\$94,732.00	\$00	\$94,732.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$94,732.00	Payroll for Public Health and Safety Employees	
Total:						\$94,732.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE27

94	Sub-Recipient Organization (Transferee/Government Unit)*	SECOND JUDICIAL DISTRICT-2112431SE
95	Transfer Number *	238A20CARE27
96	Transfer Amount *	\$72,125.50
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 2.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$72,125.50	\$00	\$72,125.50
Total		\$00	\$72,125.50	\$00	\$72,125.50

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$72,125.50	Payroll for Public Health and Safety Employees	
Total:						\$72,125.50

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE32

94	Sub-Recipient Organization (Transferee/Government Unit)*	SEVENTH JUDICIAL DISTRICT-2111460SE
95	Transfer Number *	238A20CARE32
96	Transfer Amount *	\$53,825.00
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 7.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$53,825.00	\$00	\$53,825.00
Total		\$00	\$53,825.00	\$00	\$53,825.00

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$53,825.00	Payroll for Public Health and Safety Employees	
Total:						\$53,825.00

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 238A20CARE31

94	Sub-Recipient Organization (Transferee/Government Unit)*	SIXTH JUDICIAL DIST-2115164SI
95	Transfer Number *	238A20CARE31
96	Transfer Amount *	\$87,734.75
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 6.

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$87,734.75	\$00	\$87,734.75
Total		\$00	\$87,734.75	\$00	\$87,734.75

Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$87,734.75	Payroll for Public Health and Safety Employees	
Total:						\$87,734.75

Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Transfer: 583001400000059000

94	Sub-Recipient Organization (Transferee/Government Unit)*	PUBLIC SAFETY, DEPT OF - STATE PATROL-0059500PS
95	Transfer Number *	583001400000059000
96	Transfer Amount *	\$309,900.00
97	Transfer Date *	11/05/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses for crisis response

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0014 - COVID-19 Surge Medical Support	\$309,900.00	\$309,900.00	\$0.00	\$0.00
Total		\$309,900.00	\$309,900.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Transfer: 583001800002127538

94	Sub-Recipient Organization (Transferee/Government Unit)*	ANAMOSA STATE PENITENTIARY-2127538AN
95	Transfer Number *	583001800002127538
96	Transfer Amount *	\$134,753.25
97	Transfer Date *	12/21/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses to support state response efforts

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$134,753.25	\$134,753.25	\$0.00	\$0.00
Total		\$134,753.25	\$134,753.25	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Transfer: 58300180000024400

94	Sub-Recipient Organization (Transferee/Government Unit)*	IOWA MEDICAL & CLASSIFICATION CENTER-0024400MC
95	Transfer Number *	58300180000024400
96	Transfer Amount *	\$62,126.22
97	Transfer Date *	11/29/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses to support state response efforts

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$62,126.22	\$62,126.22	\$0.00	\$0.00
Total		\$62,126.22	\$62,126.22	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Transfer: 583001800002128999

94	Sub-Recipient Organization (Transferee/Government Unit)*	IOWA STATE PENITENTIARY-2128999SP
95	Transfer Number *	583001800002128999
96	Transfer Amount *	\$128,829.78
97	Transfer Date *	12/21/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses to support state response efforts

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$128,829.78	\$128,829.78	\$0.00	\$0.00
Total		\$128,829.78	\$128,829.78	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Transfer: 583001800002128707

94	Sub-Recipient Organization (Transferee/Government Unit)*	MT PLEASANT CORRECTIONAL FACILITY-2128707MO
95	Transfer Number *	583001800002128707
96	Transfer Amount *	\$102,105.77
97	Transfer Date *	12/21/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses to support state response efforts

Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-582-0018 - COVID Response Efforts	\$102,105.77	\$102,105.77	\$0.00	\$0.00
Total		\$102,105.77	\$102,105.77	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2121533MI

103	Sub-Recipient Organization (Payee)*	MIDAMERICAN ENERGY CO-2121533MI
104	Obligation Amount*	\$84,301.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$84,301.00	\$00	\$84,301.00
Total		\$00	\$84,301.00	\$00	\$84,301.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/09/2020	09/30/2020	\$84,301.00	Small Business Assistance	
Total:						\$84,301.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2103831AR

103	Sub-Recipient Organization (Payee)*	ARCHER DANIELS MIDLAND-2103831AR
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183307BI

103	Sub-Recipient Organization (Payee)*	BIG RIVER UNITED ENERGY LLC-3183307BI
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183308CO

103	Sub-Recipient Organization (Payee)*	CORN LP-3183308CO
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2093431HO

103	Sub-Recipient Organization (Payee)*	HOMELAND ENERGY SOLUTION-2093431HO
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/04/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2091741LI

103	Sub-Recipient Organization (Payee)*	LINCOLNWAY ENERGY LLC-2091741LI
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183314LO

103	Sub-Recipient Organization (Payee)*	LOUIS DREYFUS COMPANY HOLDING INC-3183314LO
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183325LS

103	Sub-Recipient Organization (Payee)*	LSCP LLC-3183325LS
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183328PL

103	Sub-Recipient Organization (Payee)*	PLYMOUTH ENERGY LLC-3183328PL
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183323PO

103	Sub-Recipient Organization (Payee)*	POET HOLDING COMPANY LLC-3183323PO
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2125644QU

103	Sub-Recipient Organization (Payee)*	QUAD COUNTY CORN PROCESS-2125644QU
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/08/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183324SI

103	Sub-Recipient Organization (Payee)*	SIOUXLAND ENERGY COOPERATIVE-3183324SI
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2092800SO

103	Sub-Recipient Organization (Payee)*	SOUTHWEST IOWA RENEWABLE-2092800SO
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183327VA

103	Sub-Recipient Organization (Payee)*	VALERO RENEWABLE FUELS COMPANY LLC-3183327VA
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/08/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2093406WE

103	Sub-Recipient Organization (Payee)*	WESTERN DUBUQUE BIODIESE-2093406WE
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2105352WE

103	Sub-Recipient Organization (Payee)*	WESTERN IOWA ENERGY LLC-2105352WE
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2093393AB

103	Sub-Recipient Organization (Payee)*	ABSOLUTE ENERGY LLC-2093393AB
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3111756EL

103	Sub-Recipient Organization (Payee)*	ELITE OCTANE LLC-3111756EL
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183329PL

103	Sub-Recipient Organization (Payee)*	PLCP LLLP-3183329PL
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183309FH

103	Sub-Recipient Organization (Payee)*	FHR ARTHUR LLC-3183309FH
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2088013GO

103	Sub-Recipient Organization (Payee)*	GOLDEN GRAIN ENERGY LLC-2088013GO
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183326AN

103	Sub-Recipient Organization (Payee)*	THE ANDERSONS MARATHON HOLDINGS LLC-3183326AN
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/03/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 3183649GR

103	Sub-Recipient Organization (Payee)*	GRAIN PROCESSING CORPORATION-3183649GR
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/30/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2144009GR

103	Sub-Recipient Organization (Payee)*	GREEN PLAINS RENEWABLE-2144009GR
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Direct Sub-Recipient: 2109498DE

103	Sub-Recipient Organization (Payee)*	DES MOINES AREA COMM COL-2109498DE
104	Obligation Amount*	\$1,118,041.00
105	Obligation Date *	08/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$1,118,041.00	\$00	\$1,118,041.00
Total		\$00	\$1,118,041.00	\$00	\$1,118,041.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/12/2020	09/10/2020	\$1,118,041.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$1,118,041.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109562SO

103	Sub-Recipient Organization (Payee)*	SOUTHWESTERN COMM COLLEG-2109562SO
104	Obligation Amount*	\$152,117.00
105	Obligation Date *	08/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$152,117.00	\$00	\$152,117.00
Total		\$00	\$152,117.00	\$00	\$152,117.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/12/2020	09/10/2020	\$152,117.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$152,117.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2107135CA

103	Sub-Recipient Organization (Payee)*	CATHOLIC HEALTH INITIAT-2107135CA
104	Obligation Amount*	\$100,309.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$100,309.00	\$00	\$100,309.00
Total		\$00	\$100,309.00	\$00	\$100,309.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$100,309.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,309.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109477HA

103	Sub-Recipient Organization (Payee)*	HAWKEYE COMMUNITY COLLEGE-2109477HA
104	Obligation Amount*	\$565,625.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$565,625.00	\$00	\$565,625.00
Total		\$00	\$565,625.00	\$00	\$565,625.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$565,625.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$565,625.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2104181CE

103	Sub-Recipient Organization (Payee)*	IOWA CENTRAL COMM COLLEG-2104181CE
104	Obligation Amount*	\$324,443.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$324,443.00	\$00	\$324,443.00
Total		\$00	\$324,443.00	\$00	\$324,443.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$324,443.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$324,443.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109614LA

103	Sub-Recipient Organization (Payee)*	IOWA LAKES COMM COLLEGE-2109614LA
104	Obligation Amount*	\$346,814.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$346,814.00	\$00	\$346,814.00
Total		\$00	\$346,814.00	\$00	\$346,814.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	09/16/2020	\$346,814.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$346,814.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109511VA

103	Sub-Recipient Organization (Payee)*	IOWA VALLEY COMMUNITY COLLEGE DISTRICT-2109511VA
104	Obligation Amount*	\$237,678.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$237,678.00	\$00	\$237,678.00
Total		\$00	\$237,678.00	\$00	\$237,678.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/24/2020	\$237,678.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$237,678.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109627NO

103	Sub-Recipient Organization (Payee)*	NORTH IOWA AREA COMMUNITY COLLEGE-2109627NO
104	Obligation Amount*	\$315,568.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$315,568.00	\$00	\$315,568.00
Total		\$00	\$315,568.00	\$00	\$315,568.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$315,568.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$315,568.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109523SO

103	Sub-Recipient Organization (Payee)*	SOUTHEASTERN COMMUNITY COLLEGE-2109523SO
104	Obligation Amount*	\$203,870.00
105	Obligation Date *	08/19/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$203,870.00	\$00	\$203,870.00
Total		\$00	\$203,870.00	\$00	\$203,870.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$203,870.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$203,870.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109530WE

103	Sub-Recipient Organization (Payee)*	WESTERN IOWA TECH CC-2109530WE
104	Obligation Amount*	\$309,819.00
105	Obligation Date *	09/10/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$309,819.00	\$00	\$309,819.00
Total		\$00	\$309,819.00	\$00	\$309,819.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/10/2020	09/10/2020	\$309,819.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$309,819.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109413EA

103	Sub-Recipient Organization (Payee)*	EASTERN IA COMM COLLEGE-2109413EA
104	Obligation Amount*	\$234,171.00
105	Obligation Date *	09/03/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$234,171.00	\$00	\$234,171.00
Total		\$00	\$234,171.00	\$00	\$234,171.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$234,171.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$234,171.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109450WE

103	Sub-Recipient Organization (Payee)*	IOWA WESTERN COMMUNITY COLLEGE-2109450WE
104	Obligation Amount*	\$226,691.00
105	Obligation Date *	09/03/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$226,691.00	\$00	\$226,691.00
Total		\$00	\$226,691.00	\$00	\$226,691.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$226,691.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$226,691.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109431KI

103	Sub-Recipient Organization (Payee)*	KIRKWOOD COMMUNITY COLLEGE-2109431KI
104	Obligation Amount*	\$649,375.00
105	Obligation Date *	09/03/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$649,375.00	\$00	\$649,375.00
Total		\$00	\$649,375.00	\$00	\$649,375.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$649,375.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$649,375.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109495NO

103	Sub-Recipient Organization (Payee)*	NORTHWEST IOWA COMM COLL-2109495NO
104	Obligation Amount*	\$315,479.00
105	Obligation Date *	09/03/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$315,479.00	\$00	\$315,479.00
Total		\$00	\$315,479.00	\$00	\$315,479.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$315,479.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$315,479.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3177689DR

103	Sub-Recipient Organization (Payee)*	DRE HEALTH CORPORATION-3177689DR
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/27/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/27/2020	06/30/2020	\$3,803,319.89	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-3,803,319.89	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3177663JJ

103	Sub-Recipient Organization (Payee)*	J.J. JINKLEHEIMER-3177663JJ
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/26/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/26/2020	04/07/2020	\$240,562.50	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-240,562.50	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3177748KK

103	Sub-Recipient Organization (Payee)*	KKM GLOBAL GROUP LLC-3177748KK
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/30/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/30/2020	05/27/2020	\$1,810,651.10	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-1,810,651.10	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3178141BR

103	Sub-Recipient Organization (Payee)*	BROKER BROTHERS LOGISTICS INC-3178141BR
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/16/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/16/2020	06/06/2020	\$119,178.35	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-119,178.35	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3178191FO

103	Sub-Recipient Organization (Payee)*	FOCUS INDUSTRIES LLC-3178191FO
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/07/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/07/2020	06/08/2020	\$169,022.05	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-169,022.05	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 0006472DI

103	Sub-Recipient Organization (Payee)*	DICKSON INDUSTRIES INC-0006472DI
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	04/17/2020	\$2,300,000.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-2,300,000.00	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129317UN

103	Sub-Recipient Organization (Payee)*	UNIVERSITY OF IOWA-2129317UN
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/24/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/24/2020	06/23/2020	\$1,002,549.50	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	05/05/2020	05/07/2020	\$1,708.00	COVID-19 Testing and Contact Tracing	
Line 3	IA-583-0012 - State FEMA PA Match	04/24/2020	06/23/2020	\$-1,002,549.50	Personal Protective Equipment	
Line 4	IA-583-0012 - State FEMA PA Match	05/05/2020	05/07/2020	\$-1,708.00	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2117365DI

103	Sub-Recipient Organization (Payee)*	DIMENSIONAL GRAPHIC CORP (THE DIMENSIONAL GROUP)-2117365DI
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/10/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/10/2020	06/29/2020	\$265,625.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-265,625.00	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2116164CO

103	Sub-Recipient Organization (Payee)*	COMPETITIVE EDGE INC-2116164CO
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	06/29/2020	\$1,461,925.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-1,461,925.00	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3077494US

103	Sub-Recipient Organization (Payee)*	iPromo-3077494US
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/25/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/25/2020	03/26/2020	\$74,987.50	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-74,987.50	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3179087TA

103	Sub-Recipient Organization (Payee)*	TAIDA SPORTS INC (DBA BADA SPORT)-3179087TA
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/07/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/07/2020	06/09/2020	\$349,420.25	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-349,420.25	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 0006361HO

103	Sub-Recipient Organization (Payee)*	HONEYCORR ACQUISITION LLC-0006361HO
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/24/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/24/2020	06/02/2020	\$75,000.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-75,000.00	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2099406WW

103	Sub-Recipient Organization (Payee)*	WW GRAINGER INC.-2099406WW
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/23/2020	06/30/2020	\$124,653.05	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	04/21/2020	05/14/2020	\$1,622.57	COVID-19 Testing and Contact Tracing	
Line 3	IA-583-0012 - State FEMA PA Match	03/23/2020	06/30/2020	\$-124,653.05	Personal Protective Equipment	
Line 4	IA-583-0012 - State FEMA PA Match	04/21/2020	05/14/2020	\$-1,622.57	COVID-19 Testing and Contact Tracing	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2107546ME

103	Sub-Recipient Organization (Payee)*	METALCRAFT ID PLATES-2107546ME
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	06/16/2020	\$75,000.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-75,000.00	Personal Protective Equipment	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128202DA

103	Sub-Recipient Organization (Payee)*	DAVENPORT CITY OF-2128202DA
104	Obligation Amount*	\$2,414,445.32
105	Obligation Date *	08/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$2,414,445.32	\$00	\$2,414,445.32
Total		\$00	\$2,414,445.32	\$00	\$2,414,445.32

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/04/2020	09/04/2020	\$2,414,445.32	Payroll for Public Health and Safety Employees	
Total:						\$2,414,445.32

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130589ST

103	Sub-Recipient Organization (Payee)*	STORM LAKE CITY OF-2130589ST
104	Obligation Amount*	\$175,424.88
105	Obligation Date *	09/11/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$175,424.88	\$00	\$175,424.88
Total		\$00	\$175,424.88	\$00	\$175,424.88

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/18/2020	09/18/2020	\$175,424.88	Payroll for Public Health and Safety Employees	
Total:						\$175,424.88

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127951CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE CITY OF-2127951CH
104	Obligation Amount*	\$92,989.58
105	Obligation Date *	09/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$92,989.58	\$00	\$92,989.58
Total		\$00	\$92,989.58	\$00	\$92,989.58

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/18/2020	09/18/2020	\$92,989.58	Payroll for Public Health and Safety Employees	
Total:						\$92,989.58

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 21301110S

103	Sub-Recipient Organization (Payee)*	OSCEOLA CITY OF-21301110S
104	Obligation Amount*	\$103,388.90
105	Obligation Date *	09/24/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$103,388.90	\$00	\$103,388.90
Total		\$00	\$103,388.90	\$00	\$103,388.90

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$102,771.67	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$572.42	Personal Protective Equipment	
Line 3	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$44.81	Medical Expenses	
Total:						\$103,388.90

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128143CR

103	Sub-Recipient Organization (Payee)*	CRESKO CITY OF-2128143CR
104	Obligation Amount*	\$70,593.75
105	Obligation Date *	09/24/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$70,593.75	\$00	\$70,593.75
Total		\$00	\$70,593.75	\$00	\$70,593.75

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$70,593.75	Payroll for Public Health and Safety Employees	
Total:						\$70,593.75

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130836WA

103	Sub-Recipient Organization (Payee)*	WAVERLY CITY OF-2130836WA
104	Obligation Amount*	\$207,553.13
105	Obligation Date *	09/24/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$207,553.13	\$00	\$207,553.13
Total		\$00	\$207,553.13	\$00	\$207,553.13

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$207,553.13	Payroll for Public Health and Safety Employees	
Total:						\$207,553.13

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130489SI

103	Sub-Recipient Organization (Payee)*	SIOUX CENTER CITY OF-2130489SI
104	Obligation Amount*	\$91,781.25
105	Obligation Date *	09/24/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$91,781.25	\$00	\$91,781.25
Total		\$00	\$91,781.25	\$00	\$91,781.25

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$91,781.25	Payroll for Public Health and Safety Employees	
Total:						\$91,781.25

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3181170CO

103	Sub-Recipient Organization (Payee)*	COUNTY SOCIAL SERVICES-3181170CO
104	Obligation Amount*	\$4,016,726.10
105	Obligation Date *	08/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$4,016,726.10	\$00	\$4,016,726.10
Total		\$00	\$4,016,726.10	\$00	\$4,016,726.10

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$4,016,726.10	Medical Expenses	
Total:						\$4,016,726.10

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3068153HE

103	Sub-Recipient Organization (Payee)*	IOWA HEALTHIEST STATE INITIATIVE-3068153HE
104	Obligation Amount*	\$1,000,000.00
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-0170 - Double Up Bucks	\$00	\$1,000,000.00	\$00	\$1,000,000.00
Total		\$00	\$1,000,000.00	\$00	\$1,000,000.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-0170 - Double Up Bucks	11/09/2020	11/09/2020	\$1,000,000.00	Food Programs	
Total:						\$1,000,000.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129081AD

103	Sub-Recipient Organization (Payee)*	ADAIR CO TREASURER-2129081AD
104	Obligation Amount*	\$97,473.59
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$97,473.59	\$00	\$97,473.59
Total		\$00	\$97,473.59	\$00	\$97,473.59

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$90,673.11	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$6,800.48	Public Health Expenses	
Total:						\$97,473.59

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127354AD

103	Sub-Recipient Organization (Payee)*	ADEL CITY OF-2127354AD
104	Obligation Amount*	\$129,646.61
105	Obligation Date *	12/08/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$129,646.61	\$00	\$129,646.61
Total		\$00	\$129,646.61	\$00	\$129,646.61

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/08/2020	12/08/2020	\$129,646.61	Payroll for Public Health and Safety Employees	
Total:						\$129,646.61

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130822AL

103	Sub-Recipient Organization (Payee)*	ALLAMAKEE CO TREASURER-2130822AL
104	Obligation Amount*	\$186,538.17
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$186,538.17	\$00	\$186,538.17
Total		\$00	\$186,538.17	\$00	\$186,538.17

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$173,523.88	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$13,014.29	Public Health Expenses	
Total:						\$186,538.17

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127430AL

103	Sub-Recipient Organization (Payee)*	ALTOONA CITY OF-2127430AL
104	Obligation Amount*	\$456,817.14
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$456,817.14	\$00	\$456,817.14
Total		\$00	\$456,817.14	\$00	\$456,817.14

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$456,817.14	Payroll for Public Health and Safety Employees	
Total:						\$456,817.14

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127436AM

103	Sub-Recipient Organization (Payee)*	AMES CITY OF-2127436AM
104	Obligation Amount*	\$1,574,725.05
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,574,725.05	\$00	\$1,574,725.05
Total		\$00	\$1,574,725.05	\$00	\$1,574,725.05

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$1,574,725.05	Payroll for Public Health and Safety Employees	
Total:						\$1,574,725.05

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127517AN

103	Sub-Recipient Organization (Payee)*	ANAMOSA CITY OF-2127517AN
104	Obligation Amount*	\$131,595.47
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$131,595.47	\$00	\$131,595.47
Total		\$00	\$131,595.47	\$00	\$131,595.47

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$131,595.47	Payroll for Public Health and Safety Employees	
Total:						\$131,595.47

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127543AN

103	Sub-Recipient Organization (Payee)*	ANKENY CITY OF-2127543AN
104	Obligation Amount*	\$1,600,796.97
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,600,796.97	\$00	\$1,600,796.97
Total		\$00	\$1,600,796.97	\$00	\$1,600,796.97

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$1,600,796.97	Payroll for Public Health and Safety Employees	
Total:						\$1,600,796.97

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127891AP

103	Sub-Recipient Organization (Payee)*	APPANOOSE CO TREASURER-2127891AP
104	Obligation Amount*	\$169,352.19
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$169,352.19	\$00	\$169,352.19
Total		\$00	\$169,352.19	\$00	\$169,352.19

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$11,815.27	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$157,536.92	Payroll for Public Health and Safety Employees	
Total:						\$169,352.19

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127570AT

103	Sub-Recipient Organization (Payee)*	ATLANTIC CITY OF-2127570AT
104	Obligation Amount*	\$155,100.60
105	Obligation Date *	12/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$155,100.60	\$00	\$155,100.60
Total		\$00	\$155,100.60	\$00	\$155,100.60

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/09/2020	12/09/2020	\$155,100.60	Payroll for Public Health and Safety Employees	
Total:						\$155,100.60

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127600AU

103	Sub-Recipient Organization (Payee)*	AUDUBON COUNTY TREASURER-2127600AU
104	Obligation Amount*	\$74,904.20
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$74,904.20	\$00	\$74,904.20
Total		\$00	\$74,904.20	\$00	\$74,904.20

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$5,225.87	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$69,678.33	Payroll for Public Health and Safety Employees	
Total:						\$74,904.20

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127647BE

103	Sub-Recipient Organization (Payee)*	BELLEVUE CITY OF-2127647BE
104	Obligation Amount*	\$52,500.34
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$52,500.34	\$00	\$52,500.34
Total		\$00	\$52,500.34	\$00	\$52,500.34

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$52,500.34	Payroll for Public Health and Safety Employees	
Total:						\$52,500.34

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130722BE

103	Sub-Recipient Organization (Payee)*	BENTON CO TREASURER-2130722BE
104	Obligation Amount*	\$349,512.05
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$349,512.05	\$00	\$349,512.05
Total		\$00	\$349,512.05	\$00	\$349,512.05

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$24,384.56	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$325,127.49	Payroll for Public Health and Safety Employees	
Total:						\$349,512.05

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127656BE

103	Sub-Recipient Organization (Payee)*	BETTENDORF CITY OF-2127656BE
104	Obligation Amount*	\$868,501.58
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$868,501.58	\$00	\$868,501.58
Total		\$00	\$868,501.58	\$00	\$868,501.58

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$868,501.58	Payroll for Public Health and Safety Employees	
Total:						\$868,501.58

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130796BL

103	Sub-Recipient Organization (Payee)*	BLACK HAWK CO TREASURER-2130796BL
104	Obligation Amount*	\$1,788,487.73
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,788,487.73	\$00	\$1,788,487.73
Total		\$00	\$1,788,487.73	\$00	\$1,788,487.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$124,778.21	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$1,663,709.52	Payroll for Public Health and Safety Employees	
Total:						\$1,788,487.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127685BO

103	Sub-Recipient Organization (Payee)*	BONDURANT CITY OF-2127685BO
104	Obligation Amount*	\$165,367.76
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$165,367.76	\$00	\$165,367.76
Total		\$00	\$165,367.76	\$00	\$165,367.76

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$165,367.76	Payroll for Public Health and Safety Employees	
Total:						\$165,367.76

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127688BO

103	Sub-Recipient Organization (Payee)*	BOONE CITY OF-2127688BO
104	Obligation Amount*	\$294,325.14
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$294,325.14	\$00	\$294,325.14
Total		\$00	\$294,325.14	\$00	\$294,325.14

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$294,325.14	Payroll for Public Health and Safety Employees	
Total:						\$294,325.14

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127692BO

103	Sub-Recipient Organization (Payee)*	BOONE CO TREASURER-2127692BO
104	Obligation Amount*	\$357,539.45
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$357,539.45	\$00	\$357,539.45
Total		\$00	\$357,539.45	\$00	\$357,539.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/08/2020	\$24,944.61	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/08/2020	\$332,594.84	Payroll for Public Health and Safety Employees	
Total:						\$357,539.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130839BR

103	Sub-Recipient Organization (Payee)*	BREMER CO TREASURER-2130839BR
104	Obligation Amount*	\$341,566.44
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$341,566.44	\$00	\$341,566.44
Total		\$00	\$341,566.44	\$00	\$341,566.44

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	11/09/2020	\$23,830.22	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/23/2020	11/09/2020	\$317,736.22	Payroll for Public Health and Safety Employees	
Total:						\$341,566.44

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129245BU

103	Sub-Recipient Organization (Payee)*	BUCHANAN CO TREASURER-2129245BU
104	Obligation Amount*	\$288,591.06
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$288,591.06	\$00	\$288,591.06
Total		\$00	\$288,591.06	\$00	\$288,591.06

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$20,134.26	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$268,456.80	Payroll for Public Health and Safety Employees	
Total:						\$288,591.06

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130593BU

103	Sub-Recipient Organization (Payee)*	BUENA VISTA COUNTY TREASURER-2130593BU
104	Obligation Amount*	\$267,398.19
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$267,398.19	\$00	\$267,398.19
Total		\$00	\$267,398.19	\$00	\$267,398.19

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$18,655.69	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$248,742.50	Payroll for Public Health and Safety Employees	
Total:						\$267,398.19

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127727BU

103	Sub-Recipient Organization (Payee)*	BURLINGTON CITY OF-2127727BU
104	Obligation Amount*	\$587,343.12
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$587,343.12	\$00	\$587,343.12
Total		\$00	\$587,343.12	\$00	\$587,343.12

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$587,343.12	Payroll for Public Health and Safety Employees	
Total:						\$587,343.12

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127403BU

103	Sub-Recipient Organization (Payee)*	BUTLER CO TREASURER-2127403BU
104	Obligation Amount*	\$196,787.08
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$196,787.08	\$00	\$196,787.08
Total		\$00	\$196,787.08	\$00	\$196,787.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$13,729.33	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$183,057.75	Payroll for Public Health and Safety Employees	
Total:						\$196,787.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130346CA

103	Sub-Recipient Organization (Payee)*	CALHOUN CO TREASURER-2130346CA
104	Obligation Amount*	\$131,763.79
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$131,763.79	\$00	\$131,763.79
Total		\$00	\$131,763.79	\$00	\$131,763.79

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/08/2020	\$9,192.82	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/08/2020	\$122,570.97	Payroll for Public Health and Safety Employees	
Total:						\$131,763.79

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127758CA

103	Sub-Recipient Organization (Payee)*	CARLISLE CITY OF-2127758CA
104	Obligation Amount*	\$102,053.63
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$102,053.63	\$00	\$102,053.63
Total		\$00	\$102,053.63	\$00	\$102,053.63

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$102,053.63	Payroll for Public Health and Safety Employees	
Total:						\$102,053.63

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127764CA

103	Sub-Recipient Organization (Payee)*	CARROLL CITY OF-2127764CA
104	Obligation Amount*	\$233,696.63
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$233,696.63	\$00	\$233,696.63
Total		\$00	\$233,696.63	\$00	\$233,696.63

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$233,696.63	Payroll for Public Health and Safety Employees	
Total:						\$233,696.63

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127767CA

103	Sub-Recipient Organization (Payee)*	CARROLL COUNTY TREASURER-2127767CA
104	Obligation Amount*	\$274,825.91
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$274,825.91	\$00	\$274,825.91
Total		\$00	\$274,825.91	\$00	\$274,825.91

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$19,173.90	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$255,652.01	Payroll for Public Health and Safety Employees	
Total:						\$274,825.91

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127791CA

103	Sub-Recipient Organization (Payee)*	CASCADE CITY OF-2127791CA
104	Obligation Amount*	\$55,352.33
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$55,352.33	\$00	\$55,352.33
Total		\$00	\$55,352.33	\$00	\$55,352.33

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$543.10	Improve Telework Capabilities of Public Employees	
Line 2	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$50.28	Medical Expenses	
Line 3	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$17,762.92	Payroll for Public Health and Safety Employees	
Line 4	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$2,343.43	Personal Protective Equipment	
Line 5	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$275.58	Public Health Expenses	
Line 6	IA-625-009W - Local Government Relief	10/05/2020	11/17/2020	\$34,377.02	Payroll for Public Health and Safety Employees	
Total:						\$55,352.33

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127575CA

103	Sub-Recipient Organization (Payee)*	CASS CO TREASURER-2127575CA
104	Obligation Amount*	\$174,940.02
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$174,940.02	\$00	\$174,940.02
Total		\$00	\$174,940.02	\$00	\$174,940.02

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/08/2020	\$12,205.12	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/08/2020	\$162,734.90	Payroll for Public Health and Safety Employees	
Total:						\$174,940.02

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130656CE

103	Sub-Recipient Organization (Payee)*	CEDAR COUNTY TREASURER-2130656CE
104	Obligation Amount*	\$253,864.73
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$253,864.73	\$00	\$253,864.73
Total		\$00	\$253,864.73	\$00	\$253,864.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	11/09/2020	\$17,711.49	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/05/2020	11/09/2020	\$236,153.24	Payroll for Public Health and Safety Employees	
Total:						\$253,864.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127795CE

103	Sub-Recipient Organization (Payee)*	CEDAR FALLS CITY OF-2127795CE
104	Obligation Amount*	\$963,401.47
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$963,401.47	\$00	\$963,401.47
Total		\$00	\$963,401.47	\$00	\$963,401.47

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$963,401.47	Payroll for Public Health and Safety Employees	
Total:						\$963,401.47

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127843CE

103	Sub-Recipient Organization (Payee)*	CEDAR RAPIDS CITY OF-2127843CE
104	Obligation Amount*	\$3,174,309.93
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$3,174,309.93	\$00	\$3,174,309.93
Total		\$00	\$3,174,309.93	\$00	\$3,174,309.93

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$3,174,309.93	Payroll for Public Health and Safety Employees	
Total:						\$3,174,309.93

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127885CE

103	Sub-Recipient Organization (Payee)*	CENTERVILLE CITY OF-2127885CE
104	Obligation Amount*	\$129,408.95
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$129,408.95	\$00	\$129,408.95
Total		\$00	\$129,408.95	\$00	\$129,408.95

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$129,408.95	Payroll for Public Health and Safety Employees	
Total:						\$129,408.95

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129773CE

103	Sub-Recipient Organization (Payee)*	CERRO GORDO CO TREASURER-2129773CE
104	Obligation Amount*	\$578,545.01
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$578,545.01	\$00	\$578,545.01
Total		\$00	\$578,545.01	\$00	\$578,545.01

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$40,363.61	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$538,181.40	Payroll for Public Health and Safety Employees	
Total:						\$578,545.01

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127909CH

103	Sub-Recipient Organization (Payee)*	CHARITON CITY OF-2127909CH
104	Obligation Amount*	\$98,417.34
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$98,417.34	\$00	\$98,417.34
Total		\$00	\$98,417.34	\$00	\$98,417.34

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$98,417.34	Payroll for Public Health and Safety Employees	
Total:						\$98,417.34

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127927CH

103	Sub-Recipient Organization (Payee)*	CHARLES CITY CITY OF-2127927CH
104	Obligation Amount*	\$173,662.29
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$173,662.29	\$00	\$173,662.29
Total		\$00	\$173,662.29	\$00	\$173,662.29

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$173,662.29	Payroll for Public Health and Safety Employees	
Total:						\$173,662.29

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127951CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE CITY OF-2127951CH
104	Obligation Amount*	\$22,729.82
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$22,729.82	\$00	\$22,729.82
Total		\$00	\$22,729.82	\$00	\$22,729.82

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$22,729.82	Payroll for Public Health and Safety Employees	
Total:						\$22,729.82

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127955CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE COUNTY TREASURER-2127955CH
104	Obligation Amount*	\$153,120.22
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$153,120.22	\$00	\$153,120.22
Total		\$00	\$153,120.22	\$00	\$153,120.22

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$10,682.81	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$142,437.41	Payroll for Public Health and Safety Employees	
Total:						\$153,120.22

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129956CH

103	Sub-Recipient Organization (Payee)*	CHICKASAW COUNTY TREASURER-2129956CH
104	Obligation Amount*	\$162,633.16
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$162,633.16	\$00	\$162,633.16
Total		\$00	\$162,633.16	\$00	\$162,633.16

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$11,346.50	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$151,286.66	Payroll for Public Health and Safety Employees	
Total:						\$162,633.16

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127975CL

103	Sub-Recipient Organization (Payee)*	CLARINDA CITY OF-2127975CL
104	Obligation Amount*	\$127,531.39
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$127,531.39	\$00	\$127,531.39
Total		\$00	\$127,531.39	\$00	\$127,531.39

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$127,531.39	Payroll for Public Health and Safety Employees	
Total:						\$127,531.39

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127994CL

103	Sub-Recipient Organization (Payee)*	CLARION CITY OF-2127994CL
104	Obligation Amount*	\$64,383.62
105	Obligation Date *	12/08/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$64,383.62	\$00	\$64,383.62
Total		\$00	\$64,383.62	\$00	\$64,383.62

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/08/2020	12/08/2020	\$64,383.62	Payroll for Public Health and Safety Employees	
Total:						\$64,383.62

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130541CL

103	Sub-Recipient Organization (Payee)*	CLAY CO TREASURER-2130541CL
104	Obligation Amount*	\$218,279.78
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$218,279.78	\$00	\$218,279.78
Total		\$00	\$218,279.78	\$00	\$218,279.78

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$15,228.82	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$203,050.96	Payroll for Public Health and Safety Employees	
Total:						\$218,279.78

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128817CL

103	Sub-Recipient Organization (Payee)*	CLAYTON CO TREASURER-2128817CL
104	Obligation Amount*	\$239,172.83
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$239,172.83	\$00	\$239,172.83
Total		\$00	\$239,172.83	\$00	\$239,172.83

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$16,686.48	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$222,486.35	Payroll for Public Health and Safety Employees	
Total:						\$239,172.83

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128016CL

103	Sub-Recipient Organization (Payee)*	CLEAR LAKE CITY OF-2128016CL
104	Obligation Amount*	\$179,437.56
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$179,437.56	\$00	\$179,437.56
Total		\$00	\$179,437.56	\$00	\$179,437.56

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$179,437.56	Payroll for Public Health and Safety Employees	
Total:						\$179,437.56

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128028CL

103	Sub-Recipient Organization (Payee)*	CLINTON CO TREASURER-2128028CL
104	Obligation Amount*	\$632,774.23
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$632,774.23	\$00	\$632,774.23
Total		\$00	\$632,774.23	\$00	\$632,774.23

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$44,147.04	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$588,627.19	Payroll for Public Health and Safety Employees	
Total:						\$632,774.23

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131511CL

103	Sub-Recipient Organization (Payee)*	CLIVE CITY OF-2131511CL
104	Obligation Amount*	\$409,783.11
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$409,783.11	\$00	\$409,783.11
Total		\$00	\$409,783.11	\$00	\$409,783.11

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$409,783.11	Payroll for Public Health and Safety Employees	
Total:						\$409,783.11

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129415CO

103	Sub-Recipient Organization (Payee)*	CORALVILLE CITY OF-2129415CO
104	Obligation Amount*	\$529,756.73
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$529,756.73	\$00	\$529,756.73
Total		\$00	\$529,756.73	\$00	\$529,756.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$529,756.73	Payroll for Public Health and Safety Employees	
Total:						\$529,756.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128106CO

103	Sub-Recipient Organization (Payee)*	COUNCIL BLUFFS CITY OF-2128106CO
104	Obligation Amount*	\$1,477,472.27
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,477,472.27	\$00	\$1,477,472.27
Total		\$00	\$1,477,472.27	\$00	\$1,477,472.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$1,477,472.27	Payroll for Public Health and Safety Employees	
Total:						\$1,477,472.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128266CR

103	Sub-Recipient Organization (Payee)*	CRAWFORD CO TREASURER-2128266CR
104	Obligation Amount*	\$229,237.39
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$229,237.39	\$00	\$229,237.39
Total		\$00	\$229,237.39	\$00	\$229,237.39

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$15,993.31	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$213,244.08	Payroll for Public Health and Safety Employees	
Total:						\$229,237.39

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128143CR

103	Sub-Recipient Organization (Payee)*	CRESO CITY OF-2128143CR
104	Obligation Amount*	\$18,269.44
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$18,269.44	\$00	\$18,269.44
Total		\$00	\$18,269.44	\$00	\$18,269.44

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$18,269.44	Payroll for Public Health and Safety Employees	
Total:						\$18,269.44

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128160CR

103	Sub-Recipient Organization (Payee)*	CRESTON CITY OF-2128160CR
104	Obligation Amount*	\$183,311.51
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$183,311.51	\$00	\$183,311.51
Total		\$00	\$183,311.51	\$00	\$183,311.51

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$183,311.51	Payroll for Public Health and Safety Employees	
Total:						\$183,311.51

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127333DA

103	Sub-Recipient Organization (Payee)*	DALLAS COUNTY TREASURER-2127333DA
104	Obligation Amount*	\$1,273,657.64
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,273,657.64	\$00	\$1,273,657.64
Total		\$00	\$1,273,657.64	\$00	\$1,273,657.64

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$88,859.84	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$1,184,797.80	Payroll for Public Health and Safety Employees	
Total:						\$1,273,657.64

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128708DE

103	Sub-Recipient Organization (Payee)*	DE WITT CITY OF-2128708DE
104	Obligation Amount*	\$123,396.00
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$123,396.00	\$00	\$123,396.00
Total		\$00	\$123,396.00	\$00	\$123,396.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$123,396.00	Payroll for Public Health and Safety Employees	
Total:						\$123,396.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129574DE

103	Sub-Recipient Organization (Payee)*	DECATUR CO TREASURER-2129574DE
104	Obligation Amount*	\$107,259.11
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$107,259.11	\$00	\$107,259.11
Total		\$00	\$107,259.11	\$00	\$107,259.11

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	11/09/2020	\$7,483.19	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/12/2020	11/09/2020	\$99,775.92	Payroll for Public Health and Safety Employees	
Total:						\$107,259.11

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128279DE

103	Sub-Recipient Organization (Payee)*	DENISON CITY OF-2128279DE
104	Obligation Amount*	\$195,931.56
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$195,931.56	\$00	\$195,931.56
Total		\$00	\$195,931.56	\$00	\$195,931.56

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$195,931.56	Payroll for Public Health and Safety Employees	
Total:						\$195,931.56

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128536DE

103	Sub-Recipient Organization (Payee)*	DES MOINES CITY OF-2128536DE
104	Obligation Amount*	\$5,091,677.54
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$5,091,677.54	\$00	\$5,091,677.54
Total		\$00	\$5,091,677.54	\$00	\$5,091,677.54

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$5,091,677.54	Payroll for Public Health and Safety Employees	
Total:						\$5,091,677.54

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127731DE

103	Sub-Recipient Organization (Payee)*	DES MOINES COUNTY-2127731DE
104	Obligation Amount*	\$531,075.69
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$531,075.69	\$00	\$531,075.69
Total		\$00	\$531,075.69	\$00	\$531,075.69

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$37,051.79	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$494,023.90	Payroll for Public Health and Safety Employees	
Total:						\$531,075.69

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130558DI

103	Sub-Recipient Organization (Payee)*	DICKINSON CO TREASURER-2130558DI
104	Obligation Amount*	\$235,206.83
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$235,206.83	\$00	\$235,206.83
Total		\$00	\$235,206.83	\$00	\$235,206.83

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	11/09/2020	\$16,409.78	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/12/2020	11/09/2020	\$218,797.05	Payroll for Public Health and Safety Employees	
Total:						\$235,206.83

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128725DU

103	Sub-Recipient Organization (Payee)*	DUBUQUE CITY OF-2128725DU
104	Obligation Amount*	\$1,375,656.30
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,375,656.30	\$00	\$1,375,656.30
Total		\$00	\$1,375,656.30	\$00	\$1,375,656.30

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$1,375,656.30	Payroll for Public Health and Safety Employees	
Total:						\$1,375,656.30

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128743DU

103	Sub-Recipient Organization (Payee)*	DUBUQUE COUNTY-2128743DU
104	Obligation Amount*	\$1,326,237.77
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,326,237.77	\$00	\$1,326,237.77
Total		\$00	\$1,326,237.77	\$00	\$1,326,237.77

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$92,528.22	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$1,233,709.55	Payroll for Public Health and Safety Employees	
Total:						\$1,326,237.77

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128772DY

103	Sub-Recipient Organization (Payee)*	DYERSVILLE CITY OF-2128772DY
104	Obligation Amount*	\$102,885.46
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$102,885.46	\$00	\$102,885.46
Total		\$00	\$102,885.46	\$00	\$102,885.46

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$102,885.46	Payroll for Public Health and Safety Employees	
Total:						\$102,885.46

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128777EA

103	Sub-Recipient Organization (Payee)*	EAGLE GROVE CITY OF-2128777EA
104	Obligation Amount*	\$80,948.92
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$80,948.92	\$00	\$80,948.92
Total		\$00	\$80,948.92	\$00	\$80,948.92

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$80,948.92	Payroll for Public Health and Safety Employees	
Total:						\$80,948.92

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128812EL

103	Sub-Recipient Organization (Payee)*	ELDRIDGE CITY OF-2128812EL
104	Obligation Amount*	\$162,705.90
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$162,705.90	\$00	\$162,705.90
Total		\$00	\$162,705.90	\$00	\$162,705.90

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$162,705.90	Payroll for Public Health and Safety Employees	
Total:						\$162,705.90

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128871EM

103	Sub-Recipient Organization (Payee)*	EMMET COUNTY-2128871EM
104	Obligation Amount*	\$0.00
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/09/2020	\$8,755.43	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	04/01/2021	06/30/2021	\$-8,755.43	Public Health Expenses	
Total:						\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128871EM

103	Sub-Recipient Organization (Payee)*	EMMET COUNTY-2128871EM
104	Obligation Amount*	\$125,494.52
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$125,494.52	\$00	\$125,494.52
Total		\$00	\$125,494.52	\$00	\$125,494.52

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$116,739.09	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	04/01/2021	06/30/2021	\$8,755.43	Public Health Expenses	
Total:						\$125,494.52

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128846EM

103	Sub-Recipient Organization (Payee)*	EMMETSBURG CITY OF-2128846EM
104	Obligation Amount*	\$87,556.02
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$87,556.02	\$00	\$87,556.02
Total		\$00	\$87,556.02	\$00	\$87,556.02

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$87,556.02	Payroll for Public Health and Safety Employees	
Total:						\$87,556.02

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128868ES

103	Sub-Recipient Organization (Payee)*	ESTHERVILLE CITY OF-2128868ES
104	Obligation Amount*	\$134,661.36
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$134,661.36	\$00	\$134,661.36
Total		\$00	\$134,661.36	\$00	\$134,661.36

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$134,661.36	Payroll for Public Health and Safety Employees	
Total:						\$134,661.36

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131061EV

103	Sub-Recipient Organization (Payee)*	EVANSDALE CITY OF-2131061EV
104	Obligation Amount*	\$112,724.82
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$112,724.82	\$00	\$112,724.82
Total		\$00	\$112,724.82	\$00	\$112,724.82

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$112,724.82	Payroll for Public Health and Safety Employees	
Total:						\$112,724.82

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128891FA

103	Sub-Recipient Organization (Payee)*	FAIRFIELD CITY OF-2128891FA
104	Obligation Amount*	\$247,766.44
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$247,766.44	\$00	\$247,766.44
Total		\$00	\$247,766.44	\$00	\$247,766.44

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$247,766.44	Payroll for Public Health and Safety Employees	
Total:						\$247,766.44

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130915FA

103	Sub-Recipient Organization (Payee)*	FAYETTE CO TREASURER-2130915FA
104	Obligation Amount*	\$267,807.05
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$267,807.05	\$00	\$267,807.05
Total		\$00	\$267,807.05	\$00	\$267,807.05

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$18,684.21	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$249,122.84	Payroll for Public Health and Safety Employees	
Total:						\$267,807.05

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127929FL

103	Sub-Recipient Organization (Payee)*	FLOYD CO TREASURER-2127929FL
104	Obligation Amount*	\$213,182.59
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$213,182.59	\$00	\$213,182.59
Total		\$00	\$213,182.59	\$00	\$213,182.59

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$14,873.20	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$198,309.39	Payroll for Public Health and Safety Employees	
Total:						\$213,182.59

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128924FO

103	Sub-Recipient Organization (Payee)*	FOREST CITY CITY OF-2128924FO
104	Obligation Amount*	\$95,660.42
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$95,660.42	\$00	\$95,660.42
Total		\$00	\$95,660.42	\$00	\$95,660.42

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$95,660.42	Payroll for Public Health and Safety Employees	
Total:						\$95,660.42

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128941FO

103	Sub-Recipient Organization (Payee)*	FORT DODGE CITY OF-2128941FO
104	Obligation Amount*	\$567,735.70
105	Obligation Date *	12/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$567,735.70	\$00	\$567,735.70
Total		\$00	\$567,735.70	\$00	\$567,735.70

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/09/2020	12/09/2020	\$567,735.70	Payroll for Public Health and Safety Employees	
Total:						\$567,735.70

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128973FO

103	Sub-Recipient Organization (Payee)*	FORT MADISON CITY OF-2128973FO
104	Obligation Amount*	\$245,294.72
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$245,294.72	\$00	\$245,294.72
Total		\$00	\$245,294.72	\$00	\$245,294.72

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$245,294.72	Payroll for Public Health and Safety Employees	
Total:						\$245,294.72

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129149FR

103	Sub-Recipient Organization (Payee)*	FRANKLIN CO TREASURER-2129149FR
104	Obligation Amount*	\$137,242.60
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$137,242.60	\$00	\$137,242.60
Total		\$00	\$137,242.60	\$00	\$137,242.60

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$9,575.07	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$127,667.53	Payroll for Public Health and Safety Employees	
Total:						\$137,242.60

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130453FR

103	Sub-Recipient Organization (Payee)*	FREMONT CO TREASURER-2130453FR
104	Obligation Amount*	\$94,856.85
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$94,856.85	\$00	\$94,856.85
Total		\$00	\$94,856.85	\$00	\$94,856.85

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$6,617.92	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$88,238.93	Payroll for Public Health and Safety Employees	
Total:						\$94,856.85

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129024GA

103	Sub-Recipient Organization (Payee)*	GARNER TOWN OF-2129024GA
104	Obligation Amount*	\$72,083.99
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$72,083.99	\$00	\$72,083.99
Total		\$00	\$72,083.99	\$00	\$72,083.99

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$72,083.99	Payroll for Public Health and Safety Employees	
Total:						\$72,083.99

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129434GR

103	Sub-Recipient Organization (Payee)*	GREENE CO TREASURER-2129434GR
104	Obligation Amount*	\$121,133.29
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$121,133.29	\$00	\$121,133.29
Total		\$00	\$121,133.29	\$00	\$121,133.29

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$8,451.16	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$112,682.13	Payroll for Public Health and Safety Employees	
Total:						\$121,133.29

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129093GR

103	Sub-Recipient Organization (Payee)*	GRIMES CITY OF-2129093GR
104	Obligation Amount*	\$351,840.23
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$351,840.23	\$00	\$351,840.23
Total		\$00	\$351,840.23	\$00	\$351,840.23

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	10/12/2020	\$351,840.23	Payroll for Public Health and Safety Employees	
Total:						\$351,840.23

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129096GR

103	Sub-Recipient Organization (Payee)*	GRINNELL CITY OF-2129096GR
104	Obligation Amount*	\$216,656.00
105	Obligation Date *	12/08/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$216,656.00	\$00	\$216,656.00
Total		\$00	\$216,656.00	\$00	\$216,656.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/08/2020	12/08/2020	\$216,656.00	Payroll for Public Health and Safety Employees	
Total:						\$216,656.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129102GR

103	Sub-Recipient Organization (Payee)*	GRUNDY CENTER CITY OF-2129102GR
104	Obligation Amount*	\$63,456.73
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$63,456.73	\$00	\$63,456.73
Total		\$00	\$63,456.73	\$00	\$63,456.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$63,456.73	Payroll for Public Health and Safety Employees	
Total:						\$63,456.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129106GR

103	Sub-Recipient Organization (Payee)*	GRUNDY CO TREASURER-2129106GR
104	Obligation Amount*	\$166,708.18
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$166,708.18	\$00	\$166,708.18
Total		\$00	\$166,708.18	\$00	\$166,708.18

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$11,630.80	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$155,077.38	Payroll for Public Health and Safety Employees	
Total:						\$166,708.18

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129125GU

103	Sub-Recipient Organization (Payee)*	GUTHRIE CO TREASURER-2129125GU
104	Obligation Amount*	\$145,678.86
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$145,678.86	\$00	\$145,678.86
Total		\$00	\$145,678.86	\$00	\$145,678.86

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$10,163.64	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$135,515.22	Payroll for Public Health and Safety Employees	
Total:						\$145,678.86

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129147HA

103	Sub-Recipient Organization (Payee)*	HAMPTON CITY OF-2129147HA
104	Obligation Amount*	\$99,938.40
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$99,938.40	\$00	\$99,938.40
Total		\$00	\$99,938.40	\$00	\$99,938.40

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$99,938.40	Payroll for Public Health and Safety Employees	
Total:						\$99,938.40

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128798HA

103	Sub-Recipient Organization (Payee)*	HARDIN COUNTY TREASURER-2128798HA
104	Obligation Amount*	\$229,591.74
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$229,591.74	\$00	\$229,591.74
Total		\$00	\$229,591.74	\$00	\$229,591.74

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$16,018.03	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$213,573.71	Payroll for Public Health and Safety Employees	
Total:						\$229,591.74

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129167HA

103	Sub-Recipient Organization (Payee)*	HARLAN CITY OF-2129167HA
104	Obligation Amount*	\$113,271.45
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$113,271.45	\$00	\$113,271.45
Total		\$00	\$113,271.45	\$00	\$113,271.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$113,271.45	Payroll for Public Health and Safety Employees	
Total:						\$113,271.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129600HA

103	Sub-Recipient Organization (Payee)*	HARRISON COUNTY TREASURER-2129600HA
104	Obligation Amount*	\$191,471.82
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$191,471.82	\$00	\$191,471.82
Total		\$00	\$191,471.82	\$00	\$191,471.82

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$13,358.50	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$178,113.32	Payroll for Public Health and Safety Employees	
Total:						\$191,471.82

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129191HA

103	Sub-Recipient Organization (Payee)*	HAWARDEN CITY OF-2129191HA
104	Obligation Amount*	\$58,085.48
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$58,085.48	\$00	\$58,085.48
Total		\$00	\$58,085.48	\$00	\$58,085.48

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$58,085.48	Payroll for Public Health and Safety Employees	
Total:						\$58,085.48

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129877HE

103	Sub-Recipient Organization (Payee)*	HENRY CO TREASURER-2129877HE
104	Obligation Amount*	\$271,950.22
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$271,950.22	\$00	\$271,950.22
Total		\$00	\$271,950.22	\$00	\$271,950.22

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$18,973.27	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$252,976.95	Payroll for Public Health and Safety Employees	
Total:						\$271,950.22

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131432HI

103	Sub-Recipient Organization (Payee)*	HIAWATHA CITY OF-2131432HI
104	Obligation Amount*	\$176,347.91
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$176,347.91	\$00	\$176,347.91
Total		\$00	\$176,347.91	\$00	\$176,347.91

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$176,347.91	Payroll for Public Health and Safety Employees	
Total:						\$176,347.91

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128147HO

103	Sub-Recipient Organization (Payee)*	HOWARD CO TREASURER-2128147HO
104	Obligation Amount*	\$124,813.08
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$124,813.08	\$00	\$124,813.08
Total		\$00	\$124,813.08	\$00	\$124,813.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$8,707.89	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$116,105.19	Payroll for Public Health and Safety Employees	
Total:						\$124,813.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129212HU

103	Sub-Recipient Organization (Payee)*	HUDSON CITY OF-2129212HU
104	Obligation Amount*	\$58,655.88
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$58,655.88	\$00	\$58,655.88
Total		\$00	\$58,655.88	\$00	\$58,655.88

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$296.26	Medical Expenses	
Line 2	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$58,066.39	Payroll for Public Health and Safety Employees	
Line 3	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$293.23	Personal Protective Equipment	
Total:						\$58,655.88

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129220HU

103	Sub-Recipient Organization (Payee)*	HUMBOLDT CITY OF-2129220HU
104	Obligation Amount*	\$109,017.23
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$109,017.23	\$00	\$109,017.23
Total		\$00	\$109,017.23	\$00	\$109,017.23

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$109,017.23	Payroll for Public Health and Safety Employees	
Total:						\$109,017.23

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128183HU

103	Sub-Recipient Organization (Payee)*	HUMBOLDT CO TREASURER-2128183HU
104	Obligation Amount*	\$130,264.62
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$130,264.62	\$00	\$130,264.62
Total		\$00	\$130,264.62	\$00	\$130,264.62

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$9,088.23	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$121,176.39	Payroll for Public Health and Safety Employees	
Total:						\$130,264.62

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131288HU

103	Sub-Recipient Organization (Payee)*	HUXLEY CITY OF-2131288HU
104	Obligation Amount*	\$95,921.86
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$95,921.86	\$00	\$95,921.86
Total		\$00	\$95,921.86	\$00	\$95,921.86

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$95,921.86	Payroll for Public Health and Safety Employees	
Total:						\$95,921.86

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129227ID

103	Sub-Recipient Organization (Payee)*	IDA CO TREASURER-2129227ID
104	Obligation Amount*	\$93,493.96
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$93,493.96	\$00	\$93,493.96
Total		\$00	\$93,493.96	\$00	\$93,493.96

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	11/09/2020	\$6,522.83	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/12/2020	11/09/2020	\$86,971.13	Payroll for Public Health and Safety Employees	
Total:						\$93,493.96

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129241IN

103	Sub-Recipient Organization (Payee)*	INDEPENDENCE CITY OF-2129241IN
104	Obligation Amount*	\$145,546.44
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$145,546.44	\$00	\$145,546.44
Total		\$00	\$145,546.44	\$00	\$145,546.44

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$145,546.44	Payroll for Public Health and Safety Employees	
Total:						\$145,546.44

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129260IN

103	Sub-Recipient Organization (Payee)*	INDIANOLA CITY OF-2129260IN
104	Obligation Amount*	\$380,621.54
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$380,621.54	\$00	\$380,621.54
Total		\$00	\$380,621.54	\$00	\$380,621.54

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$380,621.54	Payroll for Public Health and Safety Employees	
Total:						\$380,621.54

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129283CI

103	Sub-Recipient Organization (Payee)*	IOWA CITY CITY OF-2129283CI
104	Obligation Amount*	\$1,785,582.01
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,785,582.01	\$00	\$1,785,582.01
Total		\$00	\$1,785,582.01	\$00	\$1,785,582.01

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$1,785,582.01	Payroll for Public Health and Safety Employees	
Total:						\$1,785,582.01

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129722CO

103	Sub-Recipient Organization (Payee)*	IOWA CO TREASURER-2129722CO
104	Obligation Amount*	\$220,569.44
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$220,569.44	\$00	\$220,569.44
Total		\$00	\$220,569.44	\$00	\$220,569.44

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$15,388.57	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$205,180.87	Payroll for Public Health and Safety Employees	
Total:						\$220,569.44

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129424FA

103	Sub-Recipient Organization (Payee)*	IOWA FALLS CITY OF-2129424FA
104	Obligation Amount*	\$120,235.05
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$120,235.05	\$00	\$120,235.05
Total		\$00	\$120,235.05	\$00	\$120,235.05

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$120,235.05	Payroll for Public Health and Safety Employees	
Total:						\$120,235.05

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129699JA

103	Sub-Recipient Organization (Payee)*	JACKSON CO TREASURER-2129699JA
104	Obligation Amount*	\$264,931.36
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$264,931.36	\$00	\$264,931.36
Total		\$00	\$264,931.36	\$00	\$264,931.36

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$18,483.58	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$246,447.78	Payroll for Public Health and Safety Employees	
Total:						\$264,931.36

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129991JA

103	Sub-Recipient Organization (Payee)*	JASPER CO TREASURER-2129991JA
104	Obligation Amount*	\$506,789.08
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$506,789.08	\$00	\$506,789.08
Total		\$00	\$506,789.08	\$00	\$506,789.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$35,357.38	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$471,431.70	Payroll for Public Health and Safety Employees	
Total:						\$506,789.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129429JE

103	Sub-Recipient Organization (Payee)*	JEFFERSON CITY OF-2129429JE
104	Obligation Amount*	\$97,490.45
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$97,490.45	\$00	\$97,490.45
Total		\$00	\$97,490.45	\$00	\$97,490.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$97,490.45	Payroll for Public Health and Safety Employees	
Total:						\$97,490.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129447JE

103	Sub-Recipient Organization (Payee)*	JESUP CITY OF-2129447JE
104	Obligation Amount*	\$64,241.02
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$64,241.02	\$00	\$64,241.02
Total		\$00	\$64,241.02	\$00	\$64,241.02

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$64,241.02	Payroll for Public Health and Safety Employees	
Total:						\$64,241.02

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129313JO

103	Sub-Recipient Organization (Payee)*	JOHNSON COUNTY TREASURER-2129313JO
104	Obligation Amount*	\$2,059,865.55
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$2,059,865.55	\$00	\$2,059,865.55
Total		\$00	\$2,059,865.55	\$00	\$2,059,865.55

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$143,711.55	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$1,916,154.00	Payroll for Public Health and Safety Employees	
Total:						\$2,059,865.55

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2132450JO

103	Sub-Recipient Organization (Payee)*	JOHNSTON CITY OF-2132450JO
104	Obligation Amount*	\$536,696.57
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$536,696.57	\$00	\$536,696.57
Total		\$00	\$536,696.57	\$00	\$536,696.57

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$536,696.57	Payroll for Public Health and Safety Employees	
Total:						\$536,696.57

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129458KE

103	Sub-Recipient Organization (Payee)*	KEOKUK CITY OF-2129458KE
104	Obligation Amount*	\$241,397.00
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$241,397.00	\$00	\$241,397.00
Total		\$00	\$241,397.00	\$00	\$241,397.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$241,397.00	Payroll for Public Health and Safety Employees	
Total:						\$241,397.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130476KE

103	Sub-Recipient Organization (Payee)*	KEOKUK CO TREASURER-2130476KE
104	Obligation Amount*	\$139,641.27
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$139,641.27	\$00	\$139,641.27
Total		\$00	\$139,641.27	\$00	\$139,641.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$9,742.41	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$129,898.86	Payroll for Public Health and Safety Employees	
Total:						\$139,641.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127385KO

103	Sub-Recipient Organization (Payee)*	KOSSUTH CO TREASURER-2127385KO
104	Obligation Amount*	\$201,884.27
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$201,884.27	\$00	\$201,884.27
Total		\$00	\$201,884.27	\$00	\$201,884.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$14,084.95	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$187,799.32	Payroll for Public Health and Safety Employees	
Total:						\$201,884.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129536LA

103	Sub-Recipient Organization (Payee)*	LA PORTE CITY CITY OF-2129536LA
104	Obligation Amount*	\$53,237.11
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$53,237.11	\$00	\$53,237.11
Total		\$00	\$53,237.11	\$00	\$53,237.11

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$50,726.04	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	10/05/2020	10/12/2020	\$2,511.07	Payroll for Public Health and Safety Employees	
Total:						\$53,237.11

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129525LA

103	Sub-Recipient Organization (Payee)*	LAMONI CITY OF-2129525LA
104	Obligation Amount*	\$53,451.00
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$53,451.00	\$00	\$53,451.00
Total		\$00	\$53,451.00	\$00	\$53,451.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$53,451.00	Payroll for Public Health and Safety Employees	
Total:						\$53,451.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129552LE

103	Sub-Recipient Organization (Payee)*	LE MARS CITY OF-2129552LE
104	Obligation Amount*	\$239,590.74
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$239,590.74	\$00	\$239,590.74
Total		\$00	\$239,590.74	\$00	\$239,590.74

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	10/12/2020	\$239,590.74	Payroll for Public Health and Safety Employees	
Total:						\$239,590.74

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131064LE

103	Sub-Recipient Organization (Payee)*	LECLAIRE CITY OF-2131064LE
104	Obligation Amount*	\$94,234.43
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$94,234.43	\$00	\$94,234.43
Total		\$00	\$94,234.43	\$00	\$94,234.43

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$94,234.43	Payroll for Public Health and Safety Employees	
Total:						\$94,234.43

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128981LE

103	Sub-Recipient Organization (Payee)*	LEE CO TREASURER-2128981LE
104	Obligation Amount*	\$458,706.47
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$458,706.47	\$00	\$458,706.47
Total		\$00	\$458,706.47	\$00	\$458,706.47

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$32,002.78	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$426,703.69	Payroll for Public Health and Safety Employees	
Total:						\$458,706.47

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127861LI

103	Sub-Recipient Organization (Payee)*	LINN COUNTY TREASURER-2127861LI
104	Obligation Amount*	\$3,089,743.81
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$3,089,743.81	\$00	\$3,089,743.81
Total		\$00	\$3,089,743.81	\$00	\$3,089,743.81

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$215,563.52	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$2,874,180.29	Payroll for Public Health and Safety Employees	
Total:						\$3,089,743.81

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130751LO

103	Sub-Recipient Organization (Payee)*	LOUISA CO TREASURER-2130751LO
104	Obligation Amount*	\$150,394.45
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$150,394.45	\$00	\$150,394.45
Total		\$00	\$150,394.45	\$00	\$150,394.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$10,492.64	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$139,901.81	Payroll for Public Health and Safety Employees	
Total:						\$150,394.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129649MA

103	Sub-Recipient Organization (Payee)*	MADRID CITY OF-2129649MA
104	Obligation Amount*	\$60,580.97
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$60,580.97	\$00	\$60,580.97
Total		\$00	\$60,580.97	\$00	\$60,580.97

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$60,580.97	Payroll for Public Health and Safety Employees	
Total:						\$60,580.97

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130132MA

103	Sub-Recipient Organization (Payee)*	MAHASKA CO TREASURER-2130132MA
104	Obligation Amount*	\$301,129.61
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$301,129.61	\$00	\$301,129.61
Total		\$00	\$301,129.61	\$00	\$301,129.61

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$21,009.04	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$280,120.57	Payroll for Public Health and Safety Employees	
Total:						\$301,129.61

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129661MA

103	Sub-Recipient Organization (Payee)*	MANCHESTER CITY OF-2129661MA
104	Obligation Amount*	\$118,500.09
105	Obligation Date *	12/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$118,500.09	\$00	\$118,500.09
Total		\$00	\$118,500.09	\$00	\$118,500.09

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/09/2020	12/09/2020	\$118,500.09	Payroll for Public Health and Safety Employees	
Total:						\$118,500.09

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129696MA

103	Sub-Recipient Organization (Payee)*	MAQUOKETA CITY OF-2129696MA
104	Obligation Amount*	\$142,361.72
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$142,361.72	\$00	\$142,361.72
Total		\$00	\$142,361.72	\$00	\$142,361.72

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$142,361.72	Payroll for Public Health and Safety Employees	
Total:						\$142,361.72

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129719MA

103	Sub-Recipient Organization (Payee)*	MARENGO CITY OF-2129719MA
104	Obligation Amount*	\$58,608.35
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$58,608.35	\$00	\$58,608.35
Total		\$00	\$58,608.35	\$00	\$58,608.35

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$58,608.35	Payroll for Public Health and Safety Employees	
Total:						\$58,608.35

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129737MA

103	Sub-Recipient Organization (Payee)*	MARION CITY OF-2129737MA
104	Obligation Amount*	\$959,194.79
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$959,194.79	\$00	\$959,194.79
Total		\$00	\$959,194.79	\$00	\$959,194.79

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$959,194.79	Payroll for Public Health and Safety Employees	
Total:						\$959,194.79

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129492MA

103	Sub-Recipient Organization (Payee)*	MARION CO TREASURER-2129492MA
104	Obligation Amount*	\$453,200.40
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$453,200.40	\$00	\$453,200.40
Total		\$00	\$453,200.40	\$00	\$453,200.40

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$31,618.63	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$421,581.77	Payroll for Public Health and Safety Employees	
Total:						\$453,200.40

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129750MA

103	Sub-Recipient Organization (Payee)*	MARSHALL CO TREASURER-2129750MA
104	Obligation Amount*	\$536,554.49
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$536,554.49	\$00	\$536,554.49
Total		\$00	\$536,554.49	\$00	\$536,554.49

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$37,434.03	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$499,120.46	Payroll for Public Health and Safety Employees	
Total:						\$536,554.49

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129742MA

103	Sub-Recipient Organization (Payee)*	MARSHALLTOWN CITY OF-2129742MA
104	Obligation Amount*	\$633,759.22
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$633,759.22	\$00	\$633,759.22
Total		\$00	\$633,759.22	\$00	\$633,759.22

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$633,759.22	Payroll for Public Health and Safety Employees	
Total:						\$633,759.22

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129765MA

103	Sub-Recipient Organization (Payee)*	MASON CITY CITY OF-2129765MA
104	Obligation Amount*	\$640,057.36
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$640,057.36	\$00	\$640,057.36
Total		\$00	\$640,057.36	\$00	\$640,057.36

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$640,057.36	Payroll for Public Health and Safety Employees	
Total:						\$640,057.36

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129047MI

103	Sub-Recipient Organization (Payee)*	MILLS CO TREASURER-2129047MI
104	Obligation Amount*	\$205,918.41
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$205,918.41	\$00	\$205,918.41
Total		\$00	\$205,918.41	\$00	\$205,918.41

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$14,366.40	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$191,552.01	Payroll for Public Health and Safety Employees	
Total:						\$205,918.41

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129822MI

103	Sub-Recipient Organization (Payee)*	MISSOURI VALLEY CITY OF-2129822MI
104	Obligation Amount*	\$62,149.57
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$62,149.57	\$00	\$62,149.57
Total		\$00	\$62,149.57	\$00	\$62,149.57

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$62,149.57	Payroll for Public Health and Safety Employees	
Total:						\$62,149.57

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129825MI

103	Sub-Recipient Organization (Payee)*	MITCHELLVILLE CITY OF-2129825MI
104	Obligation Amount*	\$53,664.90
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$53,664.90	\$00	\$53,664.90
Total		\$00	\$53,664.90	\$00	\$53,664.90

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$53,664.90	Payroll for Public Health and Safety Employees	
Total:						\$53,664.90

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130097MI

103	Sub-Recipient Organization (Payee)*	MITCHELL CO TREASURER-2130097MI
104	Obligation Amount*	\$144,275.08
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$144,275.08	\$00	\$144,275.08
Total		\$00	\$144,275.08	\$00	\$144,275.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$10,065.70	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$134,209.38	Payroll for Public Health and Safety Employees	
Total:						\$144,275.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130052MO

103	Sub-Recipient Organization (Payee)*	MONONA CO TREASURER-2130052MO
104	Obligation Amount*	\$117,412.61
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$117,412.61	\$00	\$117,412.61
Total		\$00	\$117,412.61	\$00	\$117,412.61

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$8,191.58	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$109,221.03	Payroll for Public Health and Safety Employees	
Total:						\$117,412.61

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127370MO

103	Sub-Recipient Organization (Payee)*	MONROE CO TREASURER-2127370MO
104	Obligation Amount*	\$105,037.61
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$105,037.61	\$00	\$105,037.61
Total		\$00	\$105,037.61	\$00	\$105,037.61

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$7,328.21	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$97,709.40	Payroll for Public Health and Safety Employees	
Total:						\$105,037.61

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129852MO

103	Sub-Recipient Organization (Payee)*	MONTICELLO CITY OF-2129852MO
104	Obligation Amount*	\$92,214.27
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$92,214.27	\$00	\$92,214.27
Total		\$00	\$92,214.27	\$00	\$92,214.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$92,214.27	Payroll for Public Health and Safety Employees	
Total:						\$92,214.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129875MO

103	Sub-Recipient Organization (Payee)*	MOUNT PLEASANT CITY OF-2129875MO
104	Obligation Amount*	\$206,008.58
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$206,008.58	\$00	\$206,008.58
Total		\$00	\$206,008.58	\$00	\$206,008.58

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$206,008.58	Payroll for Public Health and Safety Employees	
Total:						\$206,008.58

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129893MO

103	Sub-Recipient Organization (Payee)*	MOUNT VERNON CITY OF-2129893MO
104	Obligation Amount*	\$106,141.48
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$106,141.48	\$00	\$106,141.48
Total		\$00	\$106,141.48	\$00	\$106,141.48

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$103.78	COVID-19 Testing and Contact Tracing	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$4,892.66	Improve Telework Capabilities of Public Employees	
Line 3	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$93,006.79	Payroll for Public Health and Safety Employees	
Line 4	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$3,948.06	Personal Protective Equipment	
Line 5	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$4,190.19	Public Health Expenses	
Total:						\$106,141.48

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129898MU

103	Sub-Recipient Organization (Payee)*	MUSCATINE CITY OF-2129898MU
104	Obligation Amount*	\$561,627.69
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$561,627.69	\$00	\$561,627.69
Total		\$00	\$561,627.69	\$00	\$561,627.69

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	10/12/2020	\$561,627.69	Payroll for Public Health and Safety Employees	
Total:						\$561,627.69

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129921NE

103	Sub-Recipient Organization (Payee)*	NEVADA CITY OF-2129921NE
104	Obligation Amount*	\$158,689.35
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$158,689.35	\$00	\$158,689.35
Total		\$00	\$158,689.35	\$00	\$158,689.35

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$158,689.35	Payroll for Public Health and Safety Employees	
Total:						\$158,689.35

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2109508NO

103	Sub-Recipient Organization (Payee)*	NORTH LIBERTY CITY OF-2109508NO
104	Obligation Amount*	\$463,471.78
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$463,471.78	\$00	\$463,471.78
Total		\$00	\$463,471.78	\$00	\$463,471.78

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$463,471.78	Payroll for Public Health and Safety Employees	
Total:						\$463,471.78

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131503NO

103	Sub-Recipient Organization (Payee)*	NORWALK CITY OF-2131503NO
104	Obligation Amount*	\$283,725.25
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$283,725.25	\$00	\$283,725.25
Total		\$00	\$283,725.25	\$00	\$283,725.25

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$283,725.25	Payroll for Public Health and Safety Employees	
Total:						\$283,725.25

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130037OE

103	Sub-Recipient Organization (Payee)*	OELWEIN CITY OF-2130037OE
104	Obligation Amount*	\$140,222.73
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$140,222.73	\$00	\$140,222.73
Total		\$00	\$140,222.73	\$00	\$140,222.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$140,222.73	Payroll for Public Health and Safety Employees	
Total:						\$140,222.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130049ON

103	Sub-Recipient Organization (Payee)*	ONAWA CITY OF-2130049ON
104	Obligation Amount*	\$65,690.79
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$65,690.79	\$00	\$65,690.79
Total		\$00	\$65,690.79	\$00	\$65,690.79

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$65,690.79	Payroll for Public Health and Safety Employees	
Total:						\$65,690.79

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130088OR

103	Sub-Recipient Organization (Payee)*	ORANGE CITY CITY OF-2130088OR
104	Obligation Amount*	\$146,924.90
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$146,924.90	\$00	\$146,924.90
Total		\$00	\$146,924.90	\$00	\$146,924.90

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$146,924.90	Payroll for Public Health and Safety Employees	
Total:						\$146,924.90

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130094OS

103	Sub-Recipient Organization (Payee)*	OSAGE CITY OF-2130094OS
104	Obligation Amount*	\$84,490.14
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$84,490.14	\$00	\$84,490.14
Total		\$00	\$84,490.14	\$00	\$84,490.14

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$84,490.14	Payroll for Public Health and Safety Employees	
Total:						\$84,490.14

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 21301110S

103	Sub-Recipient Organization (Payee)*	OSCEOLA CITY OF-21301110S
104	Obligation Amount*	\$21,195.43
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$21,195.43	\$00	\$21,195.43
Total		\$00	\$21,195.43	\$00	\$21,195.43

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$21,195.43	Payroll for Public Health and Safety Employees	
Total:						\$21,195.43

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130442OS

103	Sub-Recipient Organization (Payee)*	OSCEOLA CO TREASURER-2130442OS
104	Obligation Amount*	\$81,200.74
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$81,200.74	\$00	\$81,200.74
Total		\$00	\$81,200.74	\$00	\$81,200.74

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$5,665.17	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$75,535.57	Payroll for Public Health and Safety Employees	
Total:						\$81,200.74

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130128OS

103	Sub-Recipient Organization (Payee)*	OSKALOOSA CITY OF-2130128OS
104	Obligation Amount*	\$273,458.09
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$273,458.09	\$00	\$273,458.09
Total		\$00	\$273,458.09	\$00	\$273,458.09

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$273,458.09	Payroll for Public Health and Safety Employees	
Total:						\$273,458.09

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130148OT

103	Sub-Recipient Organization (Payee)*	OTTUMWA CITY OF-2130148OT
104	Obligation Amount*	\$579,143.65
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$579,143.65	\$00	\$579,143.65
Total		\$00	\$579,143.65	\$00	\$579,143.65

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$579,143.65	Payroll for Public Health and Safety Employees	
Total:						\$579,143.65

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127980PA

103	Sub-Recipient Organization (Payee)*	PAGE CO TREASURER-2127980PA
104	Obligation Amount*	\$205,891.15
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$205,891.15	\$00	\$205,891.15
Total		\$00	\$205,891.15	\$00	\$205,891.15

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$14,364.50	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$191,526.65	Payroll for Public Health and Safety Employees	
Total:						\$205,891.15

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128849PA

103	Sub-Recipient Organization (Payee)*	PALO ALTO CO TREASURER-2128849PA
104	Obligation Amount*	\$121,106.03
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$121,106.03	\$00	\$121,106.03
Total		\$00	\$121,106.03	\$00	\$121,106.03

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$8,449.26	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$112,656.77	Payroll for Public Health and Safety Employees	
Total:						\$121,106.03

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130205PE

103	Sub-Recipient Organization (Payee)*	PELLA CITY OF-2130205PE
104	Obligation Amount*	\$243,298.32
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$243,298.32	\$00	\$243,298.32
Total		\$00	\$243,298.32	\$00	\$243,298.32

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$243,298.32	Payroll for Public Health and Safety Employees	
Total:						\$243,298.32

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130212PE

103	Sub-Recipient Organization (Payee)*	PERRY CITY OF-2130212PE
104	Obligation Amount*	\$182,432.15
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$182,432.15	\$00	\$182,432.15
Total		\$00	\$182,432.15	\$00	\$182,432.15

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$182,432.15	Payroll for Public Health and Safety Employees	
Total:						\$182,432.15

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131534PL

103	Sub-Recipient Organization (Payee)*	PLEASANT HILL CITY OF-2131534PL
104	Obligation Amount*	\$238,117.21
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$238,117.21	\$00	\$238,117.21
Total		\$00	\$238,117.21	\$00	\$238,117.21

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$238,117.21	Payroll for Public Health and Safety Employees	
Total:						\$238,117.21

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129556PL

103	Sub-Recipient Organization (Payee)*	PLYMOUTH CO TREASURER-2129556PL
104	Obligation Amount*	\$343,133.75
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$343,133.75	\$00	\$343,133.75
Total		\$00	\$343,133.75	\$00	\$343,133.75

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$23,939.56	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$319,194.19	Payroll for Public Health and Safety Employees	
Total:						\$343,133.75

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130225PO

103	Sub-Recipient Organization (Payee)*	POCAHONTAS CO TREASURER-2130225PO
104	Obligation Amount*	\$90,209.41
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$90,209.41	\$00	\$90,209.41
Total		\$00	\$90,209.41	\$00	\$90,209.41

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$6,293.68	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/09/2020	\$83,915.73	Payroll for Public Health and Safety Employees	
Total:						\$90,209.41

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2111241PO

103	Sub-Recipient Organization (Payee)*	POLK CITY TOWN OF-2111241PO
104	Obligation Amount*	\$117,905.93
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$117,905.93	\$00	\$117,905.93
Total		\$00	\$117,905.93	\$00	\$117,905.93

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$117,905.93	Payroll for Public Health and Safety Employees	
Total:						\$117,905.93

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128551PO

103	Sub-Recipient Organization (Payee)*	POLK CO TREASURER-2128551PO
104	Obligation Amount*	\$6,680,334.51
105	Obligation Date *	10/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$6,680,334.51	\$00	\$6,680,334.51
Total		\$00	\$6,680,334.51	\$00	\$6,680,334.51

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/15/2020	11/09/2020	\$466,069.85	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/15/2020	11/09/2020	\$6,214,264.66	Payroll for Public Health and Safety Employees	
Total:						\$6,680,334.51

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128118PO

103	Sub-Recipient Organization (Payee)*	POTTAWATTAMIE CO TREASUR-2128118PO
104	Obligation Amount*	\$88,624.98
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$88,624.98	\$00	\$88,624.98
Total		\$00	\$88,624.98	\$00	\$88,624.98

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/09/2020	\$88,624.98	Public Health Expenses	
Total:						\$88,624.98

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129836PO

103	Sub-Recipient Organization (Payee)*	POWESHIEK CO TREASURER-2129836PO
104	Obligation Amount*	\$252,188.38
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$252,188.38	\$00	\$252,188.38
Total		\$00	\$252,188.38	\$00	\$252,188.38

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$17,594.54	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$234,593.84	Payroll for Public Health and Safety Employees	
Total:						\$252,188.38

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130280RE

103	Sub-Recipient Organization (Payee)*	RED OAK CITY OF-2130280RE
104	Obligation Amount*	\$125,392.40
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$125,392.40	\$00	\$125,392.40
Total		\$00	\$125,392.40	\$00	\$125,392.40

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$125,392.40	Payroll for Public Health and Safety Employees	
Total:						\$125,392.40

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129862RI

103	Sub-Recipient Organization (Payee)*	RINGGOLD CO TREASURER-2129862RI
104	Obligation Amount*	\$66,699.63
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$66,699.63	\$00	\$66,699.63
Total		\$00	\$66,699.63	\$00	\$66,699.63

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$4,653.46	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$62,046.17	Payroll for Public Health and Safety Employees	
Total:						\$66,699.63

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130319RO

103	Sub-Recipient Organization (Payee)*	ROCK RAPIDS CITY OF-2130319RO
104	Obligation Amount*	\$59,939.28
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$59,939.28	\$00	\$59,939.28
Total		\$00	\$59,939.28	\$00	\$59,939.28

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$59,939.28	Payroll for Public Health and Safety Employees	
Total:						\$59,939.28

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130383SA

103	Sub-Recipient Organization (Payee)*	SAC CO TREASURER-2130383SA
104	Obligation Amount*	\$132,486.13
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$132,486.13	\$00	\$132,486.13
Total		\$00	\$132,486.13	\$00	\$132,486.13

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$9,243.22	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$123,242.91	Payroll for Public Health and Safety Employees	
Total:						\$132,486.13

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128211SC

103	Sub-Recipient Organization (Payee)*	SCOTT CO TREASURER-2128211SC
104	Obligation Amount*	\$2,357,015.53
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$2,357,015.53	\$00	\$2,357,015.53
Total		\$00	\$2,357,015.53	\$00	\$2,357,015.53

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$164,442.94	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$2,192,572.59	Payroll for Public Health and Safety Employees	
Total:						\$2,357,015.53

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130420SE

103	Sub-Recipient Organization (Payee)*	SERGEANT BLUFF CITY OF-2130420SE
104	Obligation Amount*	\$121,851.18
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$121,851.18	\$00	\$121,851.18
Total		\$00	\$121,851.18	\$00	\$121,851.18

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$121,851.18	Payroll for Public Health and Safety Employees	
Total:						\$121,851.18

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129171SH

103	Sub-Recipient Organization (Payee)*	SHELBY CO TREASURER-2129171SH
104	Obligation Amount*	\$156,104.93
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$156,104.93	\$00	\$156,104.93
Total		\$00	\$156,104.93	\$00	\$156,104.93

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$10,891.04	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$145,213.89	Payroll for Public Health and Safety Employees	
Total:						\$156,104.93

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130429SH

103	Sub-Recipient Organization (Payee)*	SHELDON CITY OF-2130429SH
104	Obligation Amount*	\$120,781.68
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$120,781.68	\$00	\$120,781.68
Total		\$00	\$120,781.68	\$00	\$120,781.68

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$120,781.68	Payroll for Public Health and Safety Employees	
Total:						\$120,781.68

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130436SH

103	Sub-Recipient Organization (Payee)*	SHENANDOAH CITY OF-2130436SH
104	Obligation Amount*	\$114,554.84
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$114,554.84	\$00	\$114,554.84
Total		\$00	\$114,554.84	\$00	\$114,554.84

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$114,554.84	Payroll for Public Health and Safety Employees	
Total:						\$114,554.84

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130440SI

103	Sub-Recipient Organization (Payee)*	SIBLEY CITY OF-2130440SI
104	Obligation Amount*	\$61,175.14
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$61,175.14	\$00	\$61,175.14
Total		\$00	\$61,175.14	\$00	\$61,175.14

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$61,175.14	Payroll for Public Health and Safety Employees	
Total:						\$61,175.14

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130489SI

103	Sub-Recipient Organization (Payee)*	SIOUX CENTER CITY OF-2130489SI
104	Obligation Amount*	\$88,963.48
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$88,963.48	\$00	\$88,963.48
Total		\$00	\$88,963.48	\$00	\$88,963.48

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$88,963.48	Payroll for Public Health and Safety Employees	
Total:						\$88,963.48

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130494SI

103	Sub-Recipient Organization (Payee)*	SIOUX CITY CITY OF-2130494SI
104	Obligation Amount*	\$1,964,330.35
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,964,330.35	\$00	\$1,964,330.35
Total		\$00	\$1,964,330.35	\$00	\$1,964,330.35

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	10/12/2020	\$1,964,330.35	Payroll for Public Health and Safety Employees	
Total:						\$1,964,330.35

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130075SI

103	Sub-Recipient Organization (Payee)*	SIOUX CO TREASURER-2130075SI
104	Obligation Amount*	\$475,033.84
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$475,033.84	\$00	\$475,033.84
Total		\$00	\$475,033.84	\$00	\$475,033.84

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$33,141.90	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$441,891.94	Payroll for Public Health and Safety Employees	
Total:						\$475,033.84

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130538SP

103	Sub-Recipient Organization (Payee)*	SPENCER CITY OF-2130538SP
104	Obligation Amount*	\$260,291.42
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$260,291.42	\$00	\$260,291.42
Total		\$00	\$260,291.42	\$00	\$260,291.42

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$260,291.42	Payroll for Public Health and Safety Employees	
Total:						\$260,291.42

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130555SP

103	Sub-Recipient Organization (Payee)*	SPIRIT LAKE CITY OF-2130555SP
104	Obligation Amount*	\$122,516.64
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$122,516.64	\$00	\$122,516.64
Total		\$00	\$122,516.64	\$00	\$122,516.64

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$122,516.64	Payroll for Public Health and Safety Employees	
Total:						\$122,516.64

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130589ST

103	Sub-Recipient Organization (Payee)*	STORM LAKE CITY OF-2130589ST
104	Obligation Amount*	\$69,893.60
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$69,893.60	\$00	\$69,893.60
Total		\$00	\$69,893.60	\$00	\$69,893.60

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$69,893.60	Payroll for Public Health and Safety Employees	
Total:						\$69,893.60

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129924ST

103	Sub-Recipient Organization (Payee)*	STORY CO TREASURER-2129924ST
104	Obligation Amount*	\$1,323,593.77
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,323,593.77	\$00	\$1,323,593.77
Total		\$00	\$1,323,593.77	\$00	\$1,323,593.77

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$92,343.75	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$1,231,250.02	Payroll for Public Health and Safety Employees	
Total:						\$1,323,593.77

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130641TA

103	Sub-Recipient Organization (Payee)*	TAMA CITY OF-2130641TA
104	Obligation Amount*	\$64,930.26
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$64,930.26	\$00	\$64,930.26
Total		\$00	\$64,930.26	\$00	\$64,930.26

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$64,930.26	Payroll for Public Health and Safety Employees	
Total:						\$64,930.26

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130675TA

103	Sub-Recipient Organization (Payee)*	TAMA CO TREASURER-2130675TA
104	Obligation Amount*	\$229,700.77
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$229,700.77	\$00	\$229,700.77
Total		\$00	\$229,700.77	\$00	\$229,700.77

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$16,025.64	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$213,675.13	Payroll for Public Health and Safety Employees	
Total:						\$229,700.77

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127632TA

103	Sub-Recipient Organization (Payee)*	TAYLOR CO TREASURER-2127632TA
104	Obligation Amount*	\$83,422.24
105	Obligation Date *	10/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$83,422.24	\$00	\$83,422.24
Total		\$00	\$83,422.24	\$00	\$83,422.24

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	11/09/2020	\$5,820.16	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/05/2020	11/09/2020	\$77,602.08	Payroll for Public Health and Safety Employees	
Total:						\$83,422.24

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130653TI

103	Sub-Recipient Organization (Payee)*	TIPTON CITY OF-2130653TI
104	Obligation Amount*	\$76,599.64
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$76,599.64	\$00	\$76,599.64
Total		\$00	\$76,599.64	\$00	\$76,599.64

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$76,599.64	Payroll for Public Health and Safety Employees	
Total:						\$76,599.64

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130671TO

103	Sub-Recipient Organization (Payee)*	TOLEDO CITY OF-2130671TO
104	Obligation Amount*	\$50,931.75
105	Obligation Date *	10/12/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$50,931.75	\$00	\$50,931.75
Total		\$00	\$50,931.75	\$00	\$50,931.75

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/12/2020	10/12/2020	\$50,931.75	Payroll for Public Health and Safety Employees	
Total:						\$50,931.75

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128164UN

103	Sub-Recipient Organization (Payee)*	UNION CO TREASURER-2128164UN
104	Obligation Amount*	\$92,151.95
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$92,151.95	\$00	\$92,151.95
Total		\$00	\$92,151.95	\$00	\$92,151.95

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$72,175.90	Improve Telework Capabilities of Public Employees	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$3,454.18	Medical Expenses	
Line 3	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$4,882.51	Personal Protective Equipment	
Line 4	IA-625-009W - Local Government Relief	11/09/2020	12/15/2020	\$11,639.36	Public Health Expenses	
Total:						\$92,151.95

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128700UR

103	Sub-Recipient Organization (Payee)*	URBANDALE CITY OF-2128700UR
104	Obligation Amount*	\$1,054,736.38
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,054,736.38	\$00	\$1,054,736.38
Total		\$00	\$1,054,736.38	\$00	\$1,054,736.38

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$1,054,736.38	Payroll for Public Health and Safety Employees	
Total:						\$1,054,736.38

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130718VI

103	Sub-Recipient Organization (Payee)*	VINTON CITY OF-2130718VI
104	Obligation Amount*	\$120,615.32
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$120,615.32	\$00	\$120,615.32
Total		\$00	\$120,615.32	\$00	\$120,615.32

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$120,615.32	Payroll for Public Health and Safety Employees	
Total:						\$120,615.32

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129263WA

103	Sub-Recipient Organization (Payee)*	WARREN CO TREASURER-2129263WA
104	Obligation Amount*	\$701,422.79
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$701,422.79	\$00	\$701,422.79
Total		\$00	\$701,422.79	\$00	\$701,422.79

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$48,936.47	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$652,486.32	Payroll for Public Health and Safety Employees	
Total:						\$701,422.79

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130772WA

103	Sub-Recipient Organization (Payee)*	WASHINGTON CO TREa-2130772WA
104	Obligation Amount*	\$299,357.86
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$299,357.86	\$00	\$299,357.86
Total		\$00	\$299,357.86	\$00	\$299,357.86

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$20,885.43	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$278,472.43	Payroll for Public Health and Safety Employees	
Total:						\$299,357.86

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130788WA

103	Sub-Recipient Organization (Payee)*	WATERLOO CITY OF-2130788WA
104	Obligation Amount*	\$1,600,155.27
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,600,155.27	\$00	\$1,600,155.27
Total		\$00	\$1,600,155.27	\$00	\$1,600,155.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$1,600,155.27	Payroll for Public Health and Safety Employees	
Total:						\$1,600,155.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2131085WA

103	Sub-Recipient Organization (Payee)*	WAUKEE CITY OF-2131085WA
104	Obligation Amount*	\$572,512.78
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$572,512.78	\$00	\$572,512.78
Total		\$00	\$572,512.78	\$00	\$572,512.78

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$572,512.78	Payroll for Public Health and Safety Employees	
Total:						\$572,512.78

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130819WA

103	Sub-Recipient Organization (Payee)*	WAUKON CITY OF-2130819WA
104	Obligation Amount*	\$86,153.80
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$86,153.80	\$00	\$86,153.80
Total		\$00	\$86,153.80	\$00	\$86,153.80

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$86,153.80	Payroll for Public Health and Safety Employees	
Total:						\$86,153.80

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130836WA

103	Sub-Recipient Organization (Payee)*	WAVERLY CITY OF-2130836WA
104	Obligation Amount*	\$34,818.30
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$34,818.30	\$00	\$34,818.30
Total		\$00	\$34,818.30	\$00	\$34,818.30

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$34,818.30	Payroll for Public Health and Safety Employees	
Total:						\$34,818.30

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128093WA

103	Sub-Recipient Organization (Payee)*	WAYNE CO TREASURER-2128093WA
104	Obligation Amount*	\$87,783.47
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$87,783.47	\$00	\$87,783.47
Total		\$00	\$87,783.47	\$00	\$87,783.47

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$6,124.43	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$81,659.04	Payroll for Public Health and Safety Employees	
Total:						\$87,783.47

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130858WE

103	Sub-Recipient Organization (Payee)*	WEBSTER CITY CITY OF-2130858WE
104	Obligation Amount*	\$182,313.32
105	Obligation Date *	12/02/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$182,313.32	\$00	\$182,313.32
Total		\$00	\$182,313.32	\$00	\$182,313.32

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$182,313.32	Payroll for Public Health and Safety Employees	
Total:						\$182,313.32

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128948WE

103	Sub-Recipient Organization (Payee)*	WEBSTER CO TREASURER-2128948WE
104	Obligation Amount*	\$489,330.51
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$489,330.51	\$00	\$489,330.51
Total		\$00	\$489,330.51	\$00	\$489,330.51

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$34,139.34	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$455,191.17	Payroll for Public Health and Safety Employees	
Total:						\$489,330.51

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130886WE

103	Sub-Recipient Organization (Payee)*	WEST BRANCH CITY OF-2130886WE
104	Obligation Amount*	\$59,226.28
105	Obligation Date *	11/18/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$59,226.28	\$00	\$59,226.28
Total		\$00	\$59,226.28	\$00	\$59,226.28

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$59,226.28	Payroll for Public Health and Safety Employees	
Total:						\$59,226.28

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130889WE

103	Sub-Recipient Organization (Payee)*	WEST BURLINGTON CITY OF-2130889WE
104	Obligation Amount*	\$68,685.37
105	Obligation Date *	12/15/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$68,685.37	\$00	\$68,685.37
Total		\$00	\$68,685.37	\$00	\$68,685.37

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/15/2020	12/15/2020	\$68,685.37	Payroll for Public Health and Safety Employees	
Total:						\$68,685.37

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130891WE

103	Sub-Recipient Organization (Payee)*	WEST DES MOINES CITY OF-2130891WE
104	Obligation Amount*	\$1,613,725.98
105	Obligation Date *	12/08/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,613,725.98	\$00	\$1,613,725.98
Total		\$00	\$1,613,725.98	\$00	\$1,613,725.98

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/08/2020	12/08/2020	\$1,613,725.98	Payroll for Public Health and Safety Employees	
Total:						\$1,613,725.98

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130899WE

103	Sub-Recipient Organization (Payee)*	WEST LIBERTY CITY OF-2130899WE
104	Obligation Amount*	\$89,504.88
105	Obligation Date *	12/14/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$89,504.88	\$00	\$89,504.88
Total		\$00	\$89,504.88	\$00	\$89,504.88

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/14/2020	12/14/2020	\$89,504.88	Payroll for Public Health and Safety Employees	
Total:						\$89,504.88

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130940WI

103	Sub-Recipient Organization (Payee)*	WILLIAMSBURG CITY OF-2130940WI
104	Obligation Amount*	\$75,197.41
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$75,197.41	\$00	\$75,197.41
Total		\$00	\$75,197.41	\$00	\$75,197.41

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$75,197.41	Payroll for Public Health and Safety Employees	
Total:						\$75,197.41

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130943WI

103	Sub-Recipient Organization (Payee)*	WILTON CITY OF-2130943WI
104	Obligation Amount*	\$67,116.78
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$67,116.78	\$00	\$67,116.78
Total		\$00	\$67,116.78	\$00	\$67,116.78

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$67,116.78	Payroll for Public Health and Safety Employees	
Total:						\$67,116.78

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128705WI

103	Sub-Recipient Organization (Payee)*	WINDSOR HEIGHTS CITY OF-2128705WI
104	Obligation Amount*	\$114,293.41
105	Obligation Date *	10/23/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$114,293.41	\$00	\$114,293.41
Total		\$00	\$114,293.41	\$00	\$114,293.41

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$114,293.41	Payroll for Public Health and Safety Employees	
Total:						\$114,293.41

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128928WI

103	Sub-Recipient Organization (Payee)*	WINNEBAGO CO TREASURER-2128928WI
104	Obligation Amount*	\$141,113.20
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$141,113.20	\$00	\$141,113.20
Total		\$00	\$141,113.20	\$00	\$141,113.20

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$9,845.11	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$131,268.09	Payroll for Public Health and Safety Employees	
Total:						\$141,113.20

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128243WI

103	Sub-Recipient Organization (Payee)*	WINNESHIEK CO TREASURER-2128243WI
104	Obligation Amount*	\$272,454.49
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$272,454.49	\$00	\$272,454.49
Total		\$00	\$272,454.49	\$00	\$272,454.49

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$19,008.45	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/14/2020	\$253,446.04	Payroll for Public Health and Safety Employees	
Total:						\$272,454.49

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130951WI

103	Sub-Recipient Organization (Payee)*	WINTERSET CITY OF-2130951WI
104	Obligation Amount*	\$127,935.42
105	Obligation Date *	11/17/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$127,935.42	\$00	\$127,935.42
Total		\$00	\$127,935.42	\$00	\$127,935.42

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$127,935.42	Payroll for Public Health and Safety Employees	
Total:						\$127,935.42

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130510WO

103	Sub-Recipient Organization (Payee)*	WOODBURY CO TREASURER-2130510WO
104	Obligation Amount*	\$1,405,230.63
105	Obligation Date *	11/05/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,405,230.63	\$00	\$1,405,230.63
Total		\$00	\$1,405,230.63	\$00	\$1,405,230.63

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$98,039.35	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020	11/09/2020	\$1,307,191.28	Payroll for Public Health and Safety Employees	
Total:						\$1,405,230.63

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127998WR

103	Sub-Recipient Organization (Payee)*	WRIGHT CO TREASURER-2127998WR
104	Obligation Amount*	\$171,205.71
105	Obligation Date *	11/09/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$171,205.71	\$00	\$171,205.71
Total		\$00	\$171,205.71	\$00	\$171,205.71

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$11,944.58	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	12/02/2020	\$159,261.13	Payroll for Public Health and Safety Employees	
Total:						\$171,205.71

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129081AD

103	Sub-Recipient Organization (Payee)*	ADAIR CO TREASURER-2129081AD
104	Obligation Amount*	\$51,200.14
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$51,200.14	\$00	\$51,200.14
Total		\$00	\$51,200.14	\$00	\$51,200.14

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$51,200.14	Payroll for Public Health and Safety Employees	
Total:						\$51,200.14

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127365AL

103	Sub-Recipient Organization (Payee)*	ALBIA CITY OF-2127365AL
104	Obligation Amount*	\$87,484.73
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$87,484.73	\$00	\$87,484.73
Total		\$00	\$87,484.73	\$00	\$87,484.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$87,484.73	Payroll for Public Health and Safety Employees	
Total:						\$87,484.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127381AL

103	Sub-Recipient Organization (Payee)*	ALGONA CITY OF-2127381AL
104	Obligation Amount*	\$128,268.15
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$128,268.15	\$00	\$128,268.15
Total		\$00	\$128,268.15	\$00	\$128,268.15

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$128,268.15	Payroll for Public Health and Safety Employees	
Total:						\$128,268.15

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130822AL

103	Sub-Recipient Organization (Payee)*	ALLAMAKEE CO TREASURER-2130822AL
104	Obligation Amount*	\$85,377.90
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$85,377.90	\$00	\$85,377.90
Total		\$00	\$85,377.90	\$00	\$85,377.90

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$85,377.90	Payroll for Public Health and Safety Employees	
Total:						\$85,377.90

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127891AP

103	Sub-Recipient Organization (Payee)*	APPANOOSE CO TREASURER-2127891AP
104	Obligation Amount*	\$106,701.25
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$106,701.25	\$00	\$106,701.25
Total		\$00	\$106,701.25	\$00	\$106,701.25

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$106,701.25	Payroll for Public Health and Safety Employees	
Total:						\$106,701.25

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2110830AS

103	Sub-Recipient Organization (Payee)*	ASBURY CITY OF-2110830AS
104	Obligation Amount*	\$136,586.45
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$136,586.45	\$00	\$136,586.45
Total		\$00	\$136,586.45	\$00	\$136,586.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$128,807.16	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$608.64	Personal Protective Equipment	
Line 3	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$4,480.00	Public Health Expenses	
Line 4	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$366.21	Medical Expenses	
Line 5	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$2,324.44	Improve Telework Capabilities of Public Employees	
Total:						\$136,586.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127643BE

103	Sub-Recipient Organization (Payee)*	BELLE PLAINE CITY OF-2127643BE
104	Obligation Amount*	\$57,990.42
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$57,990.42	\$00	\$57,990.42
Total		\$00	\$57,990.42	\$00	\$57,990.42

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$57,990.42	Payroll for Public Health and Safety Employees	
Total:						\$57,990.42

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130722BE

103	Sub-Recipient Organization (Payee)*	BENTON CO TREASURER-2130722BE
104	Obligation Amount*	\$229,303.43
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$229,303.43	\$00	\$229,303.43
Total		\$00	\$229,303.43	\$00	\$229,303.43

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$229,303.43	Payroll for Public Health and Safety Employees	
Total:						\$229,303.43

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130796BL

103	Sub-Recipient Organization (Payee)*	BLACK HAWK CO TREASURER-2130796BL
104	Obligation Amount*	\$517,959.75
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$517,959.75	\$00	\$517,959.75
Total		\$00	\$517,959.75	\$00	\$517,959.75

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$517,959.75	Payroll for Public Health and Safety Employees	
Total:						\$517,959.75

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127667BL

103	Sub-Recipient Organization (Payee)*	BLOOMFIELD CITY OF-2127667BL
104	Obligation Amount*	\$63,670.63
105	Obligation Date *	01/12/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$63,670.63	\$00	\$63,670.63
Total		\$00	\$63,670.63	\$00	\$63,670.63

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/12/2021	01/12/2021	\$63,670.63	Payroll for Public Health and Safety Employees	
Total:						\$63,670.63

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127692BO

103	Sub-Recipient Organization (Payee)*	BOONE CO TREASURER-2127692BO
104	Obligation Amount*	\$115,773.35
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$115,773.35	\$00	\$115,773.35
Total		\$00	\$115,773.35	\$00	\$115,773.35

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$115,773.35	Payroll for Public Health and Safety Employees	
Total:						\$115,773.35

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130839BR

103	Sub-Recipient Organization (Payee)*	BREMER CO TREASURER-2130839BR
104	Obligation Amount*	\$100,145.47
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$100,145.47	\$00	\$100,145.47
Total		\$00	\$100,145.47	\$00	\$100,145.47

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$100,145.47	Payroll for Public Health and Safety Employees	
Total:						\$100,145.47

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129245BU

103	Sub-Recipient Organization (Payee)*	BUCHANAN CO TREASURER-2129245BU
104	Obligation Amount*	\$121,035.27
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$121,035.27	\$00	\$121,035.27
Total		\$00	\$121,035.27	\$00	\$121,035.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$121,035.27	Payroll for Public Health and Safety Employees	
Total:						\$121,035.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130593BU

103	Sub-Recipient Organization (Payee)*	BUENA VISTA COUNTY TREASURER-2130593BU
104	Obligation Amount*	\$101,312.60
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$101,312.60	\$00	\$101,312.60
Total		\$00	\$101,312.60	\$00	\$101,312.60

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$101,312.60	Payroll for Public Health and Safety Employees	
Total:						\$101,312.60

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127403BU

103	Sub-Recipient Organization (Payee)*	BUTLER CO TREASURER-2127403BU
104	Obligation Amount*	\$104,379.20
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$104,379.20	\$00	\$104,379.20
Total		\$00	\$104,379.20	\$00	\$104,379.20

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$104,379.20	Payroll for Public Health and Safety Employees	
Total:						\$104,379.20

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130346CA

103	Sub-Recipient Organization (Payee)*	CALHOUN CO TREASURER-2130346CA
104	Obligation Amount*	\$117,495.15
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$117,495.15	\$00	\$117,495.15
Total		\$00	\$117,495.15	\$00	\$117,495.15

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$117,495.15	Payroll for Public Health and Safety Employees	
Total:						\$117,495.15

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127767CA

103	Sub-Recipient Organization (Payee)*	CARROLL COUNTY TREASURER-2127767CA
104	Obligation Amount*	\$157,013.40
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$157,013.40	\$00	\$157,013.40
Total		\$00	\$157,013.40	\$00	\$157,013.40

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$157,013.40	Payroll for Public Health and Safety Employees	
Total:						\$157,013.40

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127786CA

103	Sub-Recipient Organization (Payee)*	CARTER LAKE CITY OF-2127786CA
104	Obligation Amount*	\$89,956.45
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$89,956.45	\$00	\$89,956.45
Total		\$00	\$89,956.45	\$00	\$89,956.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$89,956.45	Payroll for Public Health and Safety Employees	
Total:						\$89,956.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127575CA

103	Sub-Recipient Organization (Payee)*	CASS CO TREASURER-2127575CA
104	Obligation Amount*	\$115,383.17
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$115,383.17	\$00	\$115,383.17
Total		\$00	\$115,383.17	\$00	\$115,383.17

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$115,383.17	Payroll for Public Health and Safety Employees	
Total:						\$115,383.17

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130656CE

103	Sub-Recipient Organization (Payee)*	CEDAR COUNTY TREASURER-2130656CE
104	Obligation Amount*	\$137,012.08
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$137,012.08	\$00	\$137,012.08
Total		\$00	\$137,012.08	\$00	\$137,012.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$137,012.08	Payroll for Public Health and Safety Employees	
Total:						\$137,012.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129773CE

103	Sub-Recipient Organization (Payee)*	CERRO GORDO CO TREASURER-2129773CE
104	Obligation Amount*	\$193,776.95
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$193,776.95	\$00	\$193,776.95
Total		\$00	\$193,776.95	\$00	\$193,776.95

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$193,776.95	Payroll for Public Health and Safety Employees	
Total:						\$193,776.95

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127955CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE COUNTY TREASURER-2127955CH
104	Obligation Amount*	\$66,735.45
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$66,735.45	\$00	\$66,735.45
Total		\$00	\$66,735.45	\$00	\$66,735.45

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$66,735.45	Payroll for Public Health and Safety Employees	
Total:						\$66,735.45

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129956CH

103	Sub-Recipient Organization (Payee)*	CHICKASAW COUNTY TREASURER-2129956CH
104	Obligation Amount*	\$94,582.79
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$94,582.79	\$00	\$94,582.79
Total		\$00	\$94,582.79	\$00	\$94,582.79

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$94,582.79	Payroll for Public Health and Safety Employees	
Total:						\$94,582.79

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130115CL

103	Sub-Recipient Organization (Payee)*	CLARKE COUNTY TREASURER-2130115CL
104	Obligation Amount*	\$176,137.68
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$176,137.68	\$00	\$176,137.68
Total		\$00	\$176,137.68	\$00	\$176,137.68

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$176,137.68	Payroll for Public Health and Safety Employees	
Total:						\$176,137.68

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130541CL

103	Sub-Recipient Organization (Payee)*	CLAY CO TREASURER-2130541CL
104	Obligation Amount*	\$92,157.79
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$92,157.79	\$00	\$92,157.79
Total		\$00	\$92,157.79	\$00	\$92,157.79

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$92,157.79	Payroll for Public Health and Safety Employees	
Total:						\$92,157.79

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128817CL

103	Sub-Recipient Organization (Payee)*	CLAYTON CO TREASURER-2128817CL
104	Obligation Amount*	\$91,961.37
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$91,961.37	\$00	\$91,961.37
Total		\$00	\$91,961.37	\$00	\$91,961.37

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$91,961.37	Payroll for Public Health and Safety Employees	
Total:						\$91,961.37

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128023CL

103	Sub-Recipient Organization (Payee)*	CLINTON CITY OF-2128023CL
104	Obligation Amount*	\$596,374.41
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$596,374.41	\$00	\$596,374.41
Total		\$00	\$596,374.41	\$00	\$596,374.41

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$596,374.41	Payroll for Public Health and Safety Employees	
Total:						\$596,374.41

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128028CL

103	Sub-Recipient Organization (Payee)*	CLINTON CO TREASURER-2128028CL
104	Obligation Amount*	\$350,173.65
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$350,173.65	\$00	\$350,173.65
Total		\$00	\$350,173.65	\$00	\$350,173.65

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$350,173.65	Payroll for Public Health and Safety Employees	
Total:						\$350,173.65

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128266CR

103	Sub-Recipient Organization (Payee)*	CRAWFORD CO TREASURER-2128266CR
104	Obligation Amount*	\$137,621.32
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$137,621.32	\$00	\$137,621.32
Total		\$00	\$137,621.32	\$00	\$137,621.32

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$137,621.32	Payroll for Public Health and Safety Employees	
Total:						\$137,621.32

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127333DA

103	Sub-Recipient Organization (Payee)*	DALLAS COUNTY TREASURER-2127333DA
104	Obligation Amount*	\$374,642.73
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$374,642.73	\$00	\$374,642.73
Total		\$00	\$374,642.73	\$00	\$374,642.73

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$374,642.73	Payroll for Public Health and Safety Employees	
Total:						\$374,642.73

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127670DA

103	Sub-Recipient Organization (Payee)*	DAVIS COUNTY TREASURER-2127670DA
104	Obligation Amount*	\$163,115.49
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$163,115.49	\$00	\$163,115.49
Total		\$00	\$163,115.49	\$00	\$163,115.49

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$163,115.49	Payroll for Public Health and Safety Employees	
Total:						\$163,115.49

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129574DE

103	Sub-Recipient Organization (Payee)*	DECATUR CO TREASURER-2129574DE
104	Obligation Amount*	\$54,345.08
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$54,345.08	\$00	\$54,345.08
Total		\$00	\$54,345.08	\$00	\$54,345.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$54,345.08	Payroll for Public Health and Safety Employees	
Total:						\$54,345.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128240DE

103	Sub-Recipient Organization (Payee)*	DECORAH CITY OF-2128240DE
104	Obligation Amount*	\$180,055.49
105	Obligation Date *	01/12/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$180,055.49	\$00	\$180,055.49
Total		\$00	\$180,055.49	\$00	\$180,055.49

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/12/2021	01/12/2021	\$180,055.49	Payroll for Public Health and Safety Employees	
Total:						\$180,055.49

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129664DE

103	Sub-Recipient Organization (Payee)*	DELAWARE COUNTY TREASURER-2129664DE
104	Obligation Amount*	\$96,546.87
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$96,546.87	\$00	\$96,546.87
Total		\$00	\$96,546.87	\$00	\$96,546.87

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$96,546.87	Payroll for Public Health and Safety Employees	
Total:						\$96,546.87

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127731DE

103	Sub-Recipient Organization (Payee)*	DES MOINES COUNTY-2127731DE
104	Obligation Amount*	\$205,627.19
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$205,627.19	\$00	\$205,627.19
Total		\$00	\$205,627.19	\$00	\$205,627.19

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$205,627.19	Payroll for Public Health and Safety Employees	
Total:						\$205,627.19

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130558DI

103	Sub-Recipient Organization (Payee)*	DICKINSON CO TREASURER-2130558DI
104	Obligation Amount*	\$158,694.74
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$158,694.74	\$00	\$158,694.74
Total		\$00	\$158,694.74	\$00	\$158,694.74

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$158,694.74	Payroll for Public Health and Safety Employees	
Total:						\$158,694.74

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128743DU

103	Sub-Recipient Organization (Payee)*	DUBUQUE COUNTY-2128743DU
104	Obligation Amount*	\$426,011.51
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$426,011.51	\$00	\$426,011.51
Total		\$00	\$426,011.51	\$00	\$426,011.51

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$426,011.51	Payroll for Public Health and Safety Employees	
Total:						\$426,011.51

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128794EL

103	Sub-Recipient Organization (Payee)*	ELDORA CITY OF-2128794EL
104	Obligation Amount*	\$62,078.27
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$62,078.27	\$00	\$62,078.27
Total		\$00	\$62,078.27	\$00	\$62,078.27

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$62,078.27	Payroll for Public Health and Safety Employees	
Total:						\$62,078.27

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128871EM

103	Sub-Recipient Organization (Payee)*	EMMET COUNTY-2128871EM
104	Obligation Amount*	\$71,265.74
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$71,265.74	\$00	\$71,265.74
Total		\$00	\$71,265.74	\$00	\$71,265.74

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$71,265.74	Payroll for Public Health and Safety Employees	
Total:						\$71,265.74

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130915FA

103	Sub-Recipient Organization (Payee)*	FAYETTE CO TREASURER-2130915FA
104	Obligation Amount*	\$183,967.84
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$183,967.84	\$00	\$183,967.84
Total		\$00	\$183,967.84	\$00	\$183,967.84

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$183,967.84	Payroll for Public Health and Safety Employees	
Total:						\$183,967.84

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127929FL

103	Sub-Recipient Organization (Payee)*	FLOYD CO TREASURER-2127929FL
104	Obligation Amount*	\$103,223.30
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$103,223.30	\$00	\$103,223.30
Total		\$00	\$103,223.30	\$00	\$103,223.30

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$103,223.30	Payroll for Public Health and Safety Employees	
Total:						\$103,223.30

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129149FR

103	Sub-Recipient Organization (Payee)*	FRANKLIN CO TREASURER-2129149FR
104	Obligation Amount*	\$93,245.64
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$93,245.64	\$00	\$93,245.64
Total		\$00	\$93,245.64	\$00	\$93,245.64

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$93,245.64	Payroll for Public Health and Safety Employees	
Total:						\$93,245.64

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130453FR

103	Sub-Recipient Organization (Payee)*	FREMONT CO TREASURER-2130453FR
104	Obligation Amount*	\$95,805.30
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$95,805.30	\$00	\$95,805.30
Total		\$00	\$95,805.30	\$00	\$95,805.30

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$95,805.30	Payroll for Public Health and Safety Employees	
Total:						\$95,805.30

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129043GL

103	Sub-Recipient Organization (Payee)*	GLENWOOD CITY OF-2129043GL
104	Obligation Amount*	\$125,762.63
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$125,762.63	\$00	\$125,762.63
Total		\$00	\$125,762.63	\$00	\$125,762.63

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$125,762.63	Payroll for Public Health and Safety Employees	
Total:						\$125,762.63

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129434GR

103	Sub-Recipient Organization (Payee)*	GREENE CO TREASURER-2129434GR
104	Obligation Amount*	\$86,851.61
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$86,851.61	\$00	\$86,851.61
Total		\$00	\$86,851.61	\$00	\$86,851.61

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$86,851.61	Payroll for Public Health and Safety Employees	
Total:						\$86,851.61

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129106GR

103	Sub-Recipient Organization (Payee)*	GRUNDY CO TREASURER-2129106GR
104	Obligation Amount*	\$61,806.11
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$61,806.11	\$00	\$61,806.11
Total		\$00	\$61,806.11	\$00	\$61,806.11

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$61,806.11	Payroll for Public Health and Safety Employees	
Total:						\$61,806.11

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129125GU

103	Sub-Recipient Organization (Payee)*	GUTHRIE CO TREASURER-2129125GU
104	Obligation Amount*	\$86,809.24
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$86,809.24	\$00	\$86,809.24
Total		\$00	\$86,809.24	\$00	\$86,809.24

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$86,809.24	Payroll for Public Health and Safety Employees	
Total:						\$86,809.24

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130860HA

103	Sub-Recipient Organization (Payee)*	HAMILTON COUNTY-2130860HA
104	Obligation Amount*	\$264,228.07
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$264,228.07	\$00	\$264,228.07
Total		\$00	\$264,228.07	\$00	\$264,228.07

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$264,228.07	Payroll for Public Health and Safety Employees	
Total:						\$264,228.07

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129010HA

103	Sub-Recipient Organization (Payee)*	HANCOCK COUNTY TREASURER-2129010HA
104	Obligation Amount*	\$211,275.03
105	Obligation Date *	01/12/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$211,275.03	\$00	\$211,275.03
Total		\$00	\$211,275.03	\$00	\$211,275.03

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/12/2021	01/12/2021	\$211,275.03	Payroll for Public Health and Safety Employees	
Total:						\$211,275.03

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128798HA

103	Sub-Recipient Organization (Payee)*	HARDIN COUNTY TREASURER-2128798HA
104	Obligation Amount*	\$159,708.76
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$159,708.76	\$00	\$159,708.76
Total		\$00	\$159,708.76	\$00	\$159,708.76

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$159,708.76	Payroll for Public Health and Safety Employees	
Total:						\$159,708.76

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129600HA

103	Sub-Recipient Organization (Payee)*	HARRISON COUNTY TREASURER-2129600HA
104	Obligation Amount*	\$101,731.28
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$101,731.28	\$00	\$101,731.28
Total		\$00	\$101,731.28	\$00	\$101,731.28

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$101,731.28	Payroll for Public Health and Safety Employees	
Total:						\$101,731.28

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129877HE

103	Sub-Recipient Organization (Payee)*	HENRY CO TREASURER-2129877HE
104	Obligation Amount*	\$101,038.11
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$101,038.11	\$00	\$101,038.11
Total		\$00	\$101,038.11	\$00	\$101,038.11

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$101,038.11	Payroll for Public Health and Safety Employees	
Total:						\$101,038.11

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128147HO

103	Sub-Recipient Organization (Payee)*	HOWARD CO TREASURER-2128147HO
104	Obligation Amount*	\$67,890.85
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$67,890.85	\$00	\$67,890.85
Total		\$00	\$67,890.85	\$00	\$67,890.85

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$67,890.85	Payroll for Public Health and Safety Employees	
Total:						\$67,890.85

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129218HU

103	Sub-Recipient Organization (Payee)*	HULL CITY OF-2129218HU
104	Obligation Amount*	\$54,639.33
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$54,639.33	\$00	\$54,639.33
Total		\$00	\$54,639.33	\$00	\$54,639.33

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$54,639.33	Payroll for Public Health and Safety Employees	
Total:						\$54,639.33

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128183HU

103	Sub-Recipient Organization (Payee)*	HUMBOLDT CO TREASURER-2128183HU
104	Obligation Amount*	\$93,877.98
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$93,877.98	\$00	\$93,877.98
Total		\$00	\$93,877.98	\$00	\$93,877.98

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$93,877.98	Payroll for Public Health and Safety Employees	
Total:						\$93,877.98

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129722CO

103	Sub-Recipient Organization (Payee)*	IOWA CO TREASURER-2129722CO
104	Obligation Amount*	\$121,029.78
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$121,029.78	\$00	\$121,029.78
Total		\$00	\$121,029.78	\$00	\$121,029.78

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$121,029.78	Payroll for Public Health and Safety Employees	
Total:						\$121,029.78

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129699JA

103	Sub-Recipient Organization (Payee)*	JACKSON CO TREASURER-2129699JA
104	Obligation Amount*	\$125,983.12
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$125,983.12	\$00	\$125,983.12
Total		\$00	\$125,983.12	\$00	\$125,983.12

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$125,983.12	Payroll for Public Health and Safety Employees	
Total:						\$125,983.12

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129991JA

103	Sub-Recipient Organization (Payee)*	JASPER CO TREASURER-2129991JA
104	Obligation Amount*	\$181,463.95
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$181,463.95	\$00	\$181,463.95
Total		\$00	\$181,463.95	\$00	\$181,463.95

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$181,463.95	Payroll for Public Health and Safety Employees	
Total:						\$181,463.95

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128895JE

103	Sub-Recipient Organization (Payee)*	JEFFERSON CO TREASURER-2128895JE
104	Obligation Amount*	\$368,073.75
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$368,073.75	\$00	\$368,073.75
Total		\$00	\$368,073.75	\$00	\$368,073.75

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$6,621.64	Improve Telework Capabilities of Public Employees	
Line 2	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$3,023.97	Medical Expenses	
Line 3	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$349,263.07	Payroll for Public Health and Safety Employees	
Line 4	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$9,026.08	Personal Protective Equipment	
Line 5	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$138.99	Public Health Expenses	
Total:						\$368,073.75

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129313JO

103	Sub-Recipient Organization (Payee)*	JOHNSON COUNTY TREASURER-2129313JO
104	Obligation Amount*	\$626,490.95
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$626,490.95	\$00	\$626,490.95
Total		\$00	\$626,490.95	\$00	\$626,490.95

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$626,490.95	Payroll for Public Health and Safety Employees	
Total:						\$626,490.95

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127523JO

103	Sub-Recipient Organization (Payee)*	JONES CO TREASURER-2127523JO
104	Obligation Amount*	\$362,666.57
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$362,666.57	\$00	\$362,666.57
Total		\$00	\$362,666.57	\$00	\$362,666.57

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$362,666.57	Payroll for Public Health and Safety Employees	
Total:						\$362,666.57

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130476KE

103	Sub-Recipient Organization (Payee)*	KEOKUK CO TREASURER-2130476KE
104	Obligation Amount*	\$192,240.24
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$192,240.24	\$00	\$192,240.24
Total		\$00	\$192,240.24	\$00	\$192,240.24

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$192,240.24	Payroll for Public Health and Safety Employees	
Total:						\$192,240.24

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129489KN

103	Sub-Recipient Organization (Payee)*	KNOXVILLE CITY OF-2129489KN
104	Obligation Amount*	\$170,358.74
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$170,358.74	\$00	\$170,358.74
Total		\$00	\$170,358.74	\$00	\$170,358.74

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$170,358.74	Payroll for Public Health and Safety Employees	
Total:						\$170,358.74

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127385KO

103	Sub-Recipient Organization (Payee)*	KOSSUTH CO TREASURER-2127385KO
104	Obligation Amount*	\$145,913.10
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$145,913.10	\$00	\$145,913.10
Total		\$00	\$145,913.10	\$00	\$145,913.10

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$145,913.10	Payroll for Public Health and Safety Employees	
Total:						\$145,913.10

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128981LE

103	Sub-Recipient Organization (Payee)*	LEE CO TREASURER-2128981LE
104	Obligation Amount*	\$154,899.53
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$154,899.53	\$00	\$154,899.53
Total		\$00	\$154,899.53	\$00	\$154,899.53

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$154,899.53	Payroll for Public Health and Safety Employees	
Total:						\$154,899.53

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127861LI

103	Sub-Recipient Organization (Payee)*	LINN COUNTY TREASURER-2127861LI
104	Obligation Amount*	\$969,950.13
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$969,950.13	\$00	\$969,950.13
Total		\$00	\$969,950.13	\$00	\$969,950.13

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$969,950.13	Payroll for Public Health and Safety Employees	
Total:						\$969,950.13

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129590LI

103	Sub-Recipient Organization (Payee)*	LISBON CITY OF-2129590LI
104	Obligation Amount*	\$53,403.47
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$53,403.47	\$00	\$53,403.47
Total		\$00	\$53,403.47	\$00	\$53,403.47

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$53,403.47	Payroll for Public Health and Safety Employees	
Total:						\$53,403.47

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130751LO

103	Sub-Recipient Organization (Payee)*	LOUISA CO TREASURER-2130751LO
104	Obligation Amount*	\$76,307.10
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$76,307.10	\$00	\$76,307.10
Total		\$00	\$76,307.10	\$00	\$76,307.10

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$76,307.10	Payroll for Public Health and Safety Employees	
Total:						\$76,307.10

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127913LU

103	Sub-Recipient Organization (Payee)*	LUCAS COUNTY TREASURER-2127913LU
104	Obligation Amount*	\$165,768.12
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$165,768.12	\$00	\$165,768.12
Total		\$00	\$165,768.12	\$00	\$165,768.12

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$165,768.12	Payroll for Public Health and Safety Employees	
Total:						\$165,768.12

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130320LY

103	Sub-Recipient Organization (Payee)*	LYON COUNTY TREASURER-2130320LY
104	Obligation Amount*	\$276,208.94
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$276,208.94	\$00	\$276,208.94
Total		\$00	\$276,208.94	\$00	\$276,208.94

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$274,952.20	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$1,256.74	Medical Expenses	
Total:						\$276,208.94

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130954MA

103	Sub-Recipient Organization (Payee)*	MADISON COUNTY TREASURER-2130954MA
104	Obligation Amount*	\$307,038.32
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$307,038.32	\$00	\$307,038.32
Total		\$00	\$307,038.32	\$00	\$307,038.32

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$307,038.32	Payroll for Public Health and Safety Employees	
Total:						\$307,038.32

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130132MA

103	Sub-Recipient Organization (Payee)*	MAHASKA CO TREASURER-2130132MA
104	Obligation Amount*	\$120,707.99
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$120,707.99	\$00	\$120,707.99
Total		\$00	\$120,707.99	\$00	\$120,707.99

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$120,707.99	Payroll for Public Health and Safety Employees	
Total:						\$120,707.99

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129492MA

103	Sub-Recipient Organization (Payee)*	MARION CO TREASURER-2129492MA
104	Obligation Amount*	\$218,569.96
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$218,569.96	\$00	\$218,569.96
Total		\$00	\$218,569.96	\$00	\$218,569.96

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$218,569.96	Payroll for Public Health and Safety Employees	
Total:						\$218,569.96

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129750MA

103	Sub-Recipient Organization (Payee)*	MARSHALL CO TREASURER-2129750MA
104	Obligation Amount*	\$199,919.60
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$199,919.60	\$00	\$199,919.60
Total		\$00	\$199,919.60	\$00	\$199,919.60

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$199,919.60	Payroll for Public Health and Safety Employees	
Total:						\$199,919.60

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129047MI

103	Sub-Recipient Organization (Payee)*	MILLS CO TREASURER-2129047MI
104	Obligation Amount*	\$93,001.12
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$93,001.12	\$00	\$93,001.12
Total		\$00	\$93,001.12	\$00	\$93,001.12

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$93,001.12	Payroll for Public Health and Safety Employees	
Total:						\$93,001.12

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130097MI

103	Sub-Recipient Organization (Payee)*	MITCHELL CO TREASURER-2130097MI
104	Obligation Amount*	\$51,111.82
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$51,111.82	\$00	\$51,111.82
Total		\$00	\$51,111.82	\$00	\$51,111.82

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$51,111.82	Payroll for Public Health and Safety Employees	
Total:						\$51,111.82

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130052MO

103	Sub-Recipient Organization (Payee)*	MONONA CO TREASURER-2130052MO
104	Obligation Amount*	\$62,165.68
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$62,165.68	\$00	\$62,165.68
Total		\$00	\$62,165.68	\$00	\$62,165.68

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$62,165.68	Payroll for Public Health and Safety Employees	
Total:						\$62,165.68

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130284MO

103	Sub-Recipient Organization (Payee)*	MONTGOMERY CO TREASURER-2130284MO
104	Obligation Amount*	\$176,852.00
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$176,852.00	\$00	\$176,852.00
Total		\$00	\$176,852.00	\$00	\$176,852.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$36,423.69	Improve Telework Capabilities of Public Employees	
Line 2	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$5,708.44	Medical Expenses	
Line 3	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$134,437.92	Payroll for Public Health and Safety Employees	
Line 4	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$281.95	Personal Protective Equipment	
Total:						\$176,852.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129902MU

103	Sub-Recipient Organization (Payee)*	MUSCATINE COUNTY-2129902MU
104	Obligation Amount*	\$719,958.66
105	Obligation Date *	01/12/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$719,958.66	\$00	\$719,958.66
Total		\$00	\$719,958.66	\$00	\$719,958.66

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/12/2021	01/12/2021	\$719,958.66	Payroll for Public Health and Safety Employees	
Total:						\$719,958.66

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129953NE

103	Sub-Recipient Organization (Payee)*	NEW HAMPTON CITY OF-2129953NE
104	Obligation Amount*	\$80,948.92
105	Obligation Date *	01/12/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$80,948.92	\$00	\$80,948.92
Total		\$00	\$80,948.92	\$00	\$80,948.92

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/12/2021	01/12/2021	\$80,948.92	Payroll for Public Health and Safety Employees	
Total:						\$80,948.92

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129985NE

103	Sub-Recipient Organization (Payee)*	NEWTON CITY OF-2129985NE
104	Obligation Amount*	\$360,823.99
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$360,823.99	\$00	\$360,823.99
Total		\$00	\$360,823.99	\$00	\$360,823.99

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$360,823.99	Payroll for Public Health and Safety Employees	
Total:						\$360,823.99

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130257OB

103	Sub-Recipient Organization (Payee)*	O'BRIEN COUNTY TREASURER-2130257OB
104	Obligation Amount*	\$91,808.22
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$91,808.22	\$00	\$91,808.22
Total		\$00	\$91,808.22	\$00	\$91,808.22

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$91,808.22	Payroll for Public Health and Safety Employees	
Total:						\$91,808.22

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127980PA

103	Sub-Recipient Organization (Payee)*	PAGE CO TREASURER-2127980PA
104	Obligation Amount*	\$73,623.83
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$73,623.83	\$00	\$73,623.83
Total		\$00	\$73,623.83	\$00	\$73,623.83

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$73,623.83	Payroll for Public Health and Safety Employees	
Total:						\$73,623.83

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129556PL

103	Sub-Recipient Organization (Payee)*	PLYMOUTH CO TREASURER-2129556PL
104	Obligation Amount*	\$216,943.96
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$216,943.96	\$00	\$216,943.96
Total		\$00	\$216,943.96	\$00	\$216,943.96

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$216,943.96	Payroll for Public Health and Safety Employees	
Total:						\$216,943.96

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130225PO

103	Sub-Recipient Organization (Payee)*	POCAHONTAS CO TREASURER-2130225PO
104	Obligation Amount*	\$86,326.09
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$86,326.09	\$00	\$86,326.09
Total		\$00	\$86,326.09	\$00	\$86,326.09

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$86,326.09	Payroll for Public Health and Safety Employees	
Total:						\$86,326.09

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128551PO

103	Sub-Recipient Organization (Payee)*	POLK CO TREASURER-2128551PO
104	Obligation Amount*	\$1,916,446.98
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,916,446.98	\$00	\$1,916,446.98
Total		\$00	\$1,916,446.98	\$00	\$1,916,446.98

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$1,916,446.98	Payroll for Public Health and Safety Employees	
Total:						\$1,916,446.98

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128118PO

103	Sub-Recipient Organization (Payee)*	POTTAWATTAMIE CO TREASUR-2128118PO
104	Obligation Amount*	\$1,647,723.37
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,647,723.37	\$00	\$1,647,723.37
Total		\$00	\$1,647,723.37	\$00	\$1,647,723.37

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$1,647,723.37	Payroll for Public Health and Safety Employees	
Total:						\$1,647,723.37

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129836PO

103	Sub-Recipient Organization (Payee)*	POWESHIEK CO TREASURER-2129836PO
104	Obligation Amount*	\$85,545.36
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$85,545.36	\$00	\$85,545.36
Total		\$00	\$85,545.36	\$00	\$85,545.36

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$85,545.36	Payroll for Public Health and Safety Employees	
Total:						\$85,545.36

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2108978RO

103	Sub-Recipient Organization (Payee)*	ROBINS CITY OF-2108978RO
104	Obligation Amount*	\$84,062.34
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$84,062.34	\$00	\$84,062.34
Total		\$00	\$84,062.34	\$00	\$84,062.34

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$84,062.34	Payroll for Public Health and Safety Employees	
Total:						\$84,062.34

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130335RO

103	Sub-Recipient Organization (Payee)*	ROCK VALLEY CITY OF-2130335RO
104	Obligation Amount*	\$91,596.34
105	Obligation Date *	01/06/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$91,596.34	\$00	\$91,596.34
Total		\$00	\$91,596.34	\$00	\$91,596.34

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/06/2021	01/06/2021	\$91,596.34	Payroll for Public Health and Safety Employees	
Total:						\$91,596.34

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128211SC

103	Sub-Recipient Organization (Payee)*	SCOTT CO TREASURER-2128211SC
104	Obligation Amount*	\$787,084.39
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$787,084.39	\$00	\$787,084.39
Total		\$00	\$787,084.39	\$00	\$787,084.39

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$787,084.39	Payroll for Public Health and Safety Employees	
Total:						\$787,084.39

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129171SH

103	Sub-Recipient Organization (Payee)*	SHELBY CO TREASURER-2129171SH
104	Obligation Amount*	\$96,325.95
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$96,325.95	\$00	\$96,325.95
Total		\$00	\$96,325.95	\$00	\$96,325.95

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$96,325.95	Payroll for Public Health and Safety Employees	
Total:						\$96,325.95

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130075SI

103	Sub-Recipient Organization (Payee)*	SIOUX CO TREASURER-2130075SI
104	Obligation Amount*	\$219,576.97
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$219,576.97	\$00	\$219,576.97
Total		\$00	\$219,576.97	\$00	\$219,576.97

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$219,576.97	Payroll for Public Health and Safety Employees	
Total:						\$219,576.97

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130536SO

103	Sub-Recipient Organization (Payee)*	SOLON CITY OF-2130536SO
104	Obligation Amount*	\$63,932.06
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$63,932.06	\$00	\$63,932.06
Total		\$00	\$63,932.06	\$00	\$63,932.06

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$4,738.42	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$1,400.31	Improve Telework Capabilities of Public Employees	
Line 3	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$1,553.89	Medical Expenses	
Line 4	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$54,334.13	Payroll for Public Health and Safety Employees	
Line 5	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$1,880.31	Personal Protective Equipment	
Line 6	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$25.00	Public Health Expenses	
Total:						\$63,932.06

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130609ST

103	Sub-Recipient Organization (Payee)*	STORY CITY CITY OF-2130609ST
104	Obligation Amount*	\$78,905.00
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$78,905.00	\$00	\$78,905.00
Total		\$00	\$78,905.00	\$00	\$78,905.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$78,905.00	Payroll for Public Health and Safety Employees	
Total:						\$78,905.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129924ST

103	Sub-Recipient Organization (Payee)*	STORY CO TREASURER-2129924ST
104	Obligation Amount*	\$451,536.03
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$451,536.03	\$00	\$451,536.03
Total		\$00	\$451,536.03	\$00	\$451,536.03

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$451,536.03	Payroll for Public Health and Safety Employees	
Total:						\$451,536.03

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130675TA

103	Sub-Recipient Organization (Payee)*	TAMA CO TREASURER-2130675TA
104	Obligation Amount*	\$125,195.21
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$125,195.21	\$00	\$125,195.21
Total		\$00	\$125,195.21	\$00	\$125,195.21

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$125,195.21	Payroll for Public Health and Safety Employees	
Total:						\$125,195.21

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127632TA

103	Sub-Recipient Organization (Payee)*	TAYLOR CO TREASURER-2127632TA
104	Obligation Amount*	\$80,290.55
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$80,290.55	\$00	\$80,290.55
Total		\$00	\$80,290.55	\$00	\$80,290.55

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$80,290.55	Payroll for Public Health and Safety Employees	
Total:						\$80,290.55

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2108759TI

103	Sub-Recipient Organization (Payee)*	TIFFIN CITY OF-2108759TI
104	Obligation Amount*	\$54,922.61
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$54,922.61	\$00	\$54,922.61
Total		\$00	\$54,922.61	\$00	\$54,922.61

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$54,922.61	Payroll for Public Health and Safety Employees	
Total:						\$54,922.61

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128164UN

103	Sub-Recipient Organization (Payee)*	UNION CO TREASURER-2128164UN
104	Obligation Amount*	\$62,528.58
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$62,528.58	\$00	\$62,528.58
Total		\$00	\$62,528.58	\$00	\$62,528.58

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$62,528.58	Payroll for Public Health and Safety Employees	
Total:						\$62,528.58

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129462VA

103	Sub-Recipient Organization (Payee)*	VAN BUREN CO TREASURER-2129462VA
104	Obligation Amount*	\$155,652.03
105	Obligation Date *	01/11/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$155,652.03	\$00	\$155,652.03
Total		\$00	\$155,652.03	\$00	\$155,652.03

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	01/11/2021	01/11/2021	\$155,652.03	Payroll for Public Health and Safety Employees	
Total:						\$155,652.03

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130157WA

103	Sub-Recipient Organization (Payee)*	WAPELLO COUNTY TREASURER-2130157WA
104	Obligation Amount*	\$200,450.69
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$200,450.69	\$00	\$200,450.69
Total		\$00	\$200,450.69	\$00	\$200,450.69

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$200,450.69	Payroll for Public Health and Safety Employees	
Total:						\$200,450.69

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2129263WA

103	Sub-Recipient Organization (Payee)*	WARREN CO TREASURER-2129263WA
104	Obligation Amount*	\$247,965.08
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$247,965.08	\$00	\$247,965.08
Total		\$00	\$247,965.08	\$00	\$247,965.08

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$247,965.08	Payroll for Public Health and Safety Employees	
Total:						\$247,965.08

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130772WA

103	Sub-Recipient Organization (Payee)*	WASHINGTON CO TREa-2130772WA
104	Obligation Amount*	\$153,629.33
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$153,629.33	\$00	\$153,629.33
Total		\$00	\$153,629.33	\$00	\$153,629.33

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$153,629.33	Payroll for Public Health and Safety Employees	
Total:						\$153,629.33

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128093WA

103	Sub-Recipient Organization (Payee)*	WAYNE CO TREASURER-2128093WA
104	Obligation Amount*	\$113,289.60
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$113,289.60	\$00	\$113,289.60
Total		\$00	\$113,289.60	\$00	\$113,289.60

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$113,289.60	Payroll for Public Health and Safety Employees	
Total:						\$113,289.60

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128948WE

103	Sub-Recipient Organization (Payee)*	WEBSTER CO TREASURER-2128948WE
104	Obligation Amount*	\$235,535.37
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$235,535.37	\$00	\$235,535.37
Total		\$00	\$235,535.37	\$00	\$235,535.37

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$235,535.37	Payroll for Public Health and Safety Employees	
Total:						\$235,535.37

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128928WI

103	Sub-Recipient Organization (Payee)*	WINNEBAGO CO TREASURER-2128928WI
104	Obligation Amount*	\$83,847.67
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$83,847.67	\$00	\$83,847.67
Total		\$00	\$83,847.67	\$00	\$83,847.67

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$83,847.67	Payroll for Public Health and Safety Employees	
Total:						\$83,847.67

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2128243WI

103	Sub-Recipient Organization (Payee)*	WINNESHIEK CO TREASURER-2128243WI
104	Obligation Amount*	\$114,559.41
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$114,559.41	\$00	\$114,559.41
Total		\$00	\$114,559.41	\$00	\$114,559.41

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$114,559.41	Payroll for Public Health and Safety Employees	
Total:						\$114,559.41

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130510WO

103	Sub-Recipient Organization (Payee)*	WOODBURY CO TREASURER-2130510WO
104	Obligation Amount*	\$561,731.80
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$561,731.80	\$00	\$561,731.80
Total		\$00	\$561,731.80	\$00	\$561,731.80

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$561,731.80	Payroll for Public Health and Safety Employees	
Total:						\$561,731.80

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2130011WO

103	Sub-Recipient Organization (Payee)*	WORTH CO TREASURER-2130011WO
104	Obligation Amount*	\$58,731.77
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$58,731.77	\$00	\$58,731.77
Total		\$00	\$58,731.77	\$00	\$58,731.77

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$58,731.77	Payroll for Public Health and Safety Employees	
Total:						\$58,731.77

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 2127998WR

103	Sub-Recipient Organization (Payee)*	WRIGHT CO TREASURER-2127998WR
104	Obligation Amount*	\$123,783.81
105	Obligation Date *	02/18/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$123,783.81	\$00	\$123,783.81
Total		\$00	\$123,783.81	\$00	\$123,783.81

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	02/18/2021	02/18/2021	\$123,783.81	Payroll for Public Health and Safety Employees	
Total:						\$123,783.81

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3013544FO

103	Sub-Recipient Organization (Payee)*	IOWA FOOD BANK ASSOCIATION-3013544FO
104	Obligation Amount*	\$5,500,000.00
105	Obligation Date *	04/01/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-FII2020 - Feeding Iowans Initiative	\$00	\$5,500,000.00	\$00	\$5,500,000.00
Total		\$00	\$5,500,000.00	\$00	\$5,500,000.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-FII2020 - Feeding Iowans Initiative	04/01/2021	06/30/2021	\$5,500,000.00	Food Programs	
Total:						\$5,500,000.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3068153HE

103	Sub-Recipient Organization (Payee)*	IOWA HEALTHIEST STATE INITIATIVE-3068153HE
104	Obligation Amount*	\$1,000,000.00
105	Obligation Date *	04/01/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-0170 - Double Up Bucks	\$00	\$1,000,000.00	\$00	\$1,000,000.00
Total		\$00	\$1,000,000.00	\$00	\$1,000,000.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-0170 - Double Up Bucks	04/01/2021	06/30/2021	\$1,000,000.00	Food Programs	
Total:						\$1,000,000.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 5830012PT

103	Sub-Recipient Organization (Payee)*	PANGAEA TECHNOLOGY INC.-5830012PT
104	Obligation Amount*	\$0.00
105	Obligation Date *	02/20/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$-58,680.00	\$0.00	\$-58,680.00	\$0.00
Total		\$-58,680.00	\$0.00	\$-58,680.00	\$0.00

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$58,680.00	Personal Protective Equipment	
Total:						\$58,680.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0012 - State FEMA PA Match	10/05/2021	11/30/2021	\$-58,680.00	Personal Protective Equipment		
Total:							\$-58,680.00

Sub Screen: Direct Sub-Recipient: 3181170CO

103	Sub-Recipient Organization (Payee)*	COUNTY SOCIAL SERVICES-3181170CO
104	Obligation Amount*	\$3,971,522.13
105	Obligation Date *	07/16/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$3,971,522.13	\$00	\$3,971,522.13
Total		\$00	\$3,971,522.13	\$00	\$3,971,522.13

Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	07/16/2021	07/16/2021	\$3,971,522.13	Medical Expenses	
Total:						\$3,971,522.13

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Direct Sub-Recipient: 3181170CO

103	Sub-Recipient Organization (Payee)*	COUNTY SOCIAL SERVICES-3181170CO
104	Obligation Amount*	\$3,972,466.21
105	Obligation Date *	11/30/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$3,972,466.21	\$3,972,466.21	\$3,972,466.21	\$3,972,466.21
Total		\$3,972,466.21	\$3,972,466.21	\$3,972,466.21	\$3,972,466.21

Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	11/30/2021	12/31/2021	\$3,972,466.21	Medical Expenses		
Total:						\$3,972,466.21	

Sub Screen: Direct Sub-Recipient: 3068153HE

103	Sub-Recipient Organization (Payee)*	IOWA HEALTHIEST STATE INITIATIVE-3068153HE
104	Obligation Amount*	\$1,394,000.00
105	Obligation Date *	08/10/2021

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-0170 - Double Up Bucks	\$1,394,000.00	\$1,394,000.00	\$1,394,000.00	\$1,394,000.00
Total		\$1,394,000.00	\$1,394,000.00	\$1,394,000.00	\$1,394,000.00

Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-0170 - Double Up Bucks	10/01/2021	12/31/2021	\$1,394,000.00	Food Programs		
Total:							\$1,394,000.00