

Regional Encumbrance Application

THE REGION SHALL SUBMIT THE APPLICATION AND SUPPORTING DOCUMENTATION ELECTRONICALLY TO HHS BY 11:59 P.M. ON JULY 31ST, 2024

Request for Acceptable encumbrance	
Administration Obligation (≤10%)	\$0.00
Total binding commitments (contract or purchase ord	\$0.00
Total funds to be encumbered	\$0.00

Contract or PO Date	Provider / Vendor Name	COA Code & Description (e.g. 42329 IRSH startup costs)	RGB vote date	Minutes attached, Y/N?	Contract attached, Y/N?	Multiyear project*, Y/N?	Amount Encumbered for FY2025
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
* 25.13(7) A plan for expenditure, including a description of activities related to required core services, shall accompany documentation for multiyear projects.							\$0.00

QUESTIONS AND COMPLETED APPLICATIONS SHOULD BE DIRECTED TO ROB AIKEN AT RAIKEN@DHS.STATE.IA.US OR 515-669-8002 OR DON GOOKIN AT DGOOKIN@DHS.STATE.IA.US OR (515) 669-8001

Direct & Purchased Admin worksheet

11XXX Direct Administration	
12XXX Purchased Administration	
FY25 ASBP TOTAL Administration	\$0.00
Allowable administration encumbrance	\$0.00
Requested admin encumbrance	

470-5760 (04/24)