



Verification of Funds and Use Form

2024 Member Impact Fund - Washington

Grantees must complete, sign, and return this form to memberimpactfund@fhlbdm.com by Friday, December 20, 2024

Not-for-Profit or Government Entity (Grantee)	
Grantee Name:	
Grantee City/State:	
4-Digit Application Number: <i>(found on your award notice email)</i>	
Contact Person:	Title:
Email:	
FHLB Des Moines Member Financial Institution (Member)	
Name of Member Financial Institution:	
Contact Person:	Title:
Email:	
Member Impact Fund Award	
Member contribution and FHLB Des Moines Member Impact Fund match	\$

Certification

The undersigned, an authorized representative of the Grantee, certifies: (1) the information contained in this form is true and correct; (2) the Member Impact Fund award will be used for capacity building or working capital to support my organization's affordable housing or community development activities in Washington; (3) the total Member Impact Fund Award amount was provided to my organization as a grant and without requirement of repayment; (4) I will name the FHLB Des Moines and the member named above in communications about the award; (5) I will notify the FHLB Des Moines about award communications and will coordinate communications with FHLB Des Moines as needed; and (6) I understand that FHLB Des Moines may publicly communicate information about the award.

Grantee Signature: _____

Date: _____

For support with promoting your Member Impact Fund Award, contact Rachel Wegmann, Public Relations Manager, 515.412.2357, rwegmann@fhlbdm.com.