Completing a Claim Form in Iowa Grants

Claims are given a number based on the order they are entered into the system: The title of the grant with an incremental number for each claim entered.

The Status indicates what stage the claim is currently in.

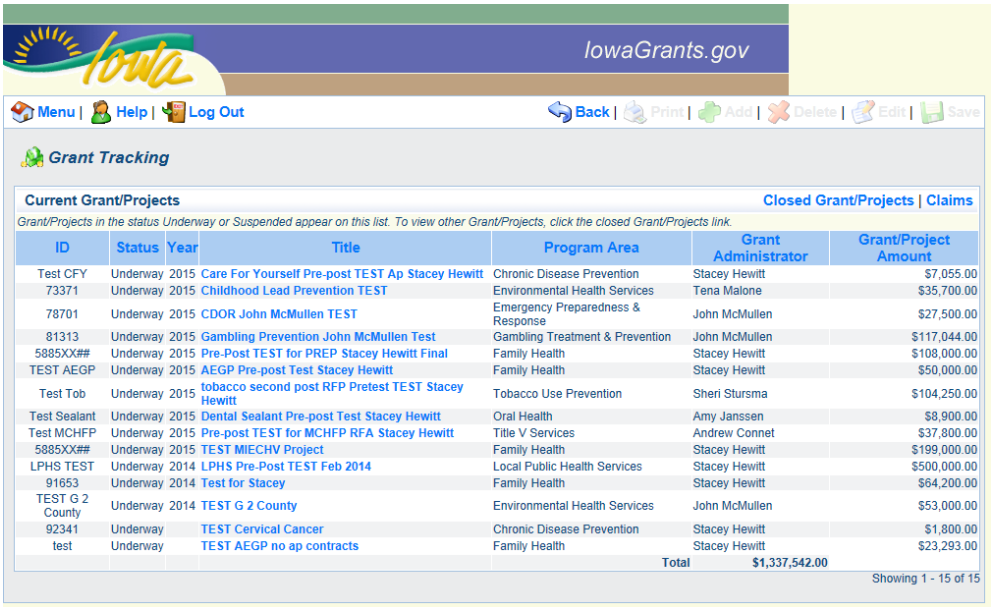
- Editing - The claim data was entered but the claim is not submitted for payment.
- Submitted - The claim data was entered and the claim was submitted for payment .
- Approved - The claim has been reviewed and approved for payment by a IDPH Grant Manager.
- Paid – A state warrant or EFT notice has been sent out to the Grantee.

1. Login to www.IowaGrants.gov as a returning user.
2. Click on My Grants on this main menu.

Completing a Claim Form in Iowa Grants

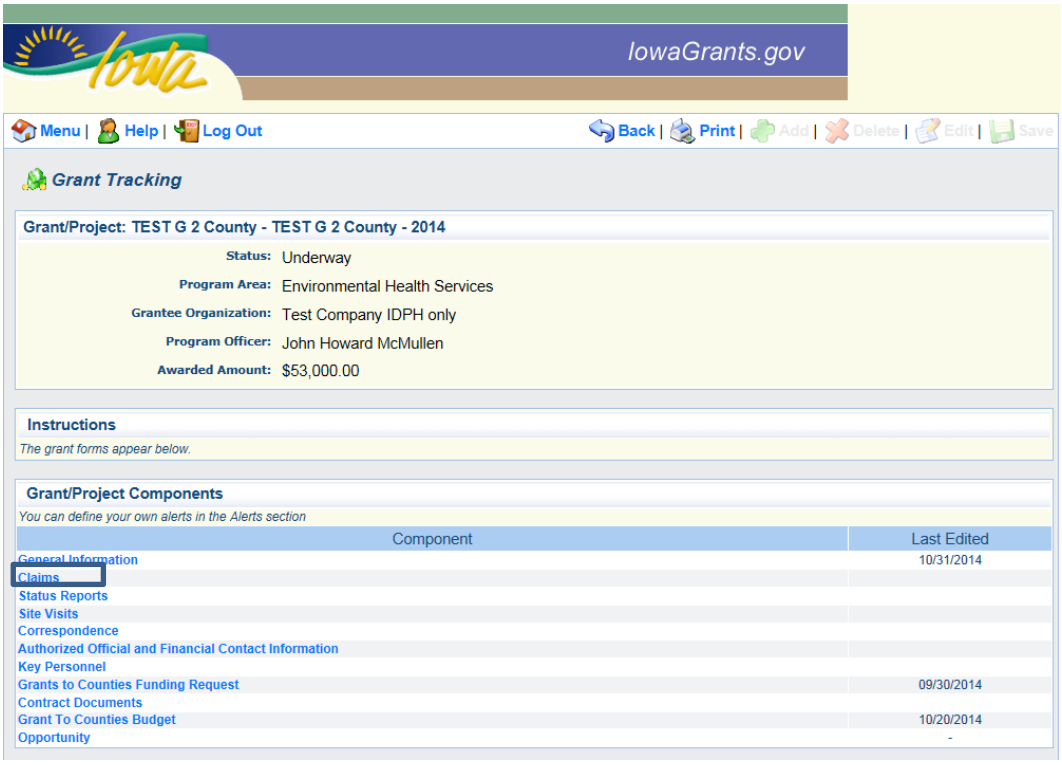
3. Locate the desired Grant from the list.

4. Click the Grant Title to open the specific Grant for editing. (Notice that the Title is a different color blue. This indicates that the wording is a link and will open another screen for editing or viewing.)



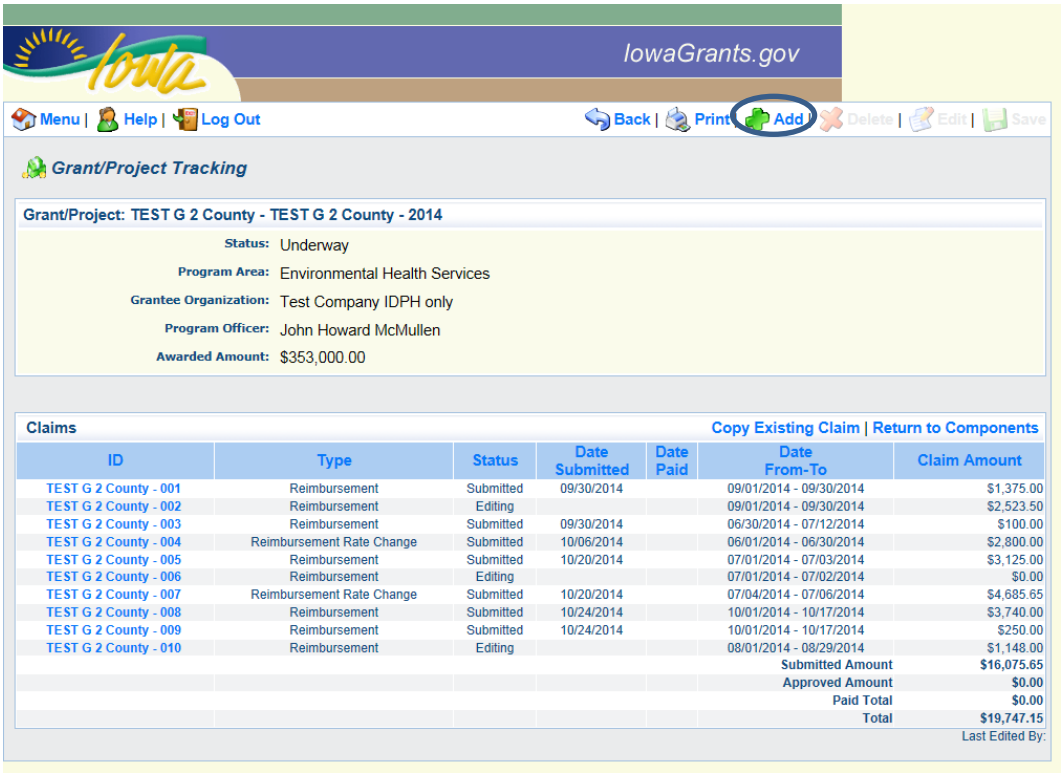
ID	Status	Year	Title	Program Area	Grant Administrator	Grant/Project Amount
Test CFY	Underway	2015	Care For Yourself Pre-post TEST Ap Stacey Hewitt	Chronic Disease Prevention	Stacey Hewitt	$7,055.00
73371	Underway	2015	Childhood Lead Prevention TEST	Environmental Health Services	Tena Malone	$35,700.00
78701	Underway	2015	CDOR John McMullen TEST	Emergency Preparedness & Response	John McMullen	$27,500.00
81313	Underway	2015	Gambling Prevention John McMullen Test	Gambling Treatment & Prevention	John McMullen	$117,044.00
5885XX##	Underway	2015	Pre-Post TEST for PREP Stacey Hewitt Final	Family Health	Stacey Hewitt	$108,000.00
TEST AEGP	Underway	2015	AEGP Pre-post Test Stacey Hewitt	Family Health	Stacey Hewitt	$50,000.00
Test Tob	Underway	2015	tobacco second post RFP Pretest TEST Stacey Hewitt	Tobacco Use Prevention	Sheri Stursma	$104,250.00
Test Sealant	Underway	2015	Dental Sealant Pre-post Test Stacey Hewitt	Oral Health	Amy Janssen	$8,900.00
Test MCHFP	Underway	2015	Pre-post TEST for MCHFP RFA Stacey Hewitt	Title V Services	Andrew Connet	$37,800.00
5885XX##	Underway	2015	TEST MIECHV Project	Family Health	Stacey Hewitt	$199,000.00
LPHS TEST	Underway	2014	LPHS Pre-Post TEST Feb 2014	Local Public Health Services	Stacey Hewitt	$500,000.00
91653	Underway	2014	Test for Stacey	Family Health	Stacey Hewitt	$64,200.00
TEST G 2 County	Underway	2014	TEST G 2 County	Environmental Health Services	John McMullen	$53,000.00
92341	Underway		TEST Cervical Cancer	Chronic Disease Prevention	Stacey Hewitt	$1,800.00
test	Underway		TEST AEGP no ap contracts	Family Health	Stacey Hewitt	$23,293.00
					Total	$1,337,542.00

5. Click Claims in the Component column.



Completing a Claim Form in Iowa Grants

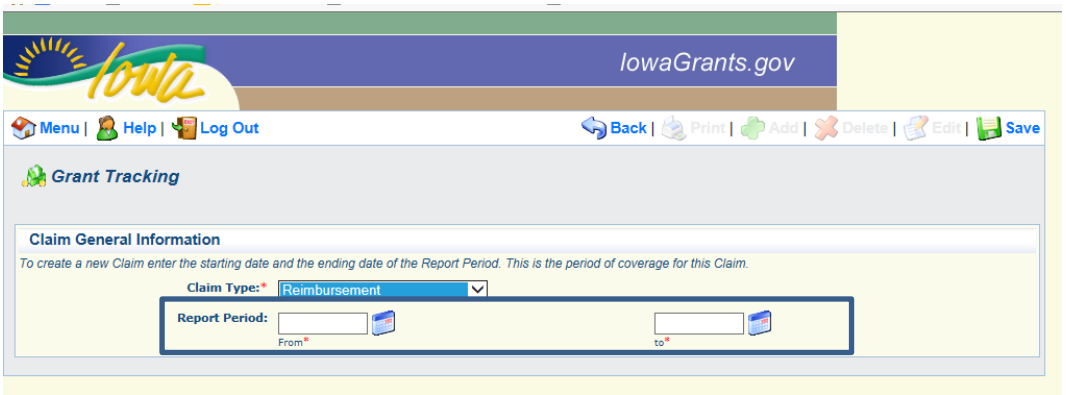
6. Click the Add button (top right of page) to start a new claim form.



7. Select the claim type by using the drop down arrow.

- "Reimbursement" should be used when you are starting a claim which uses the approved cost rate per service. (This option is used for these instructions.)
- "Reimbursement Rate Change" is used only when the approved cost rate is adjusted by the contractor during the funding year. (It is **not** applicable for GTC grants).

8. Enter the Starting Date and End Date of the Reimbursement period into the open boxes for Report Period (first and last date of the services for which you are requesting reimbursement).

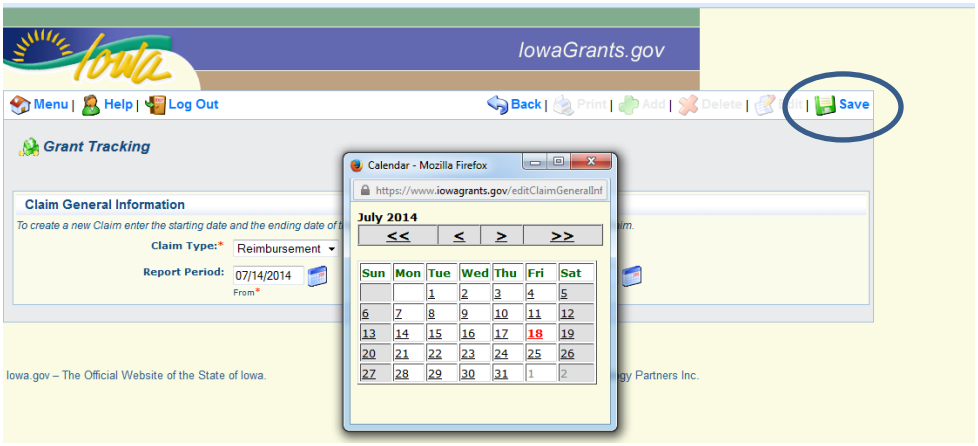


Completing a Claim Form in Iowa Grants

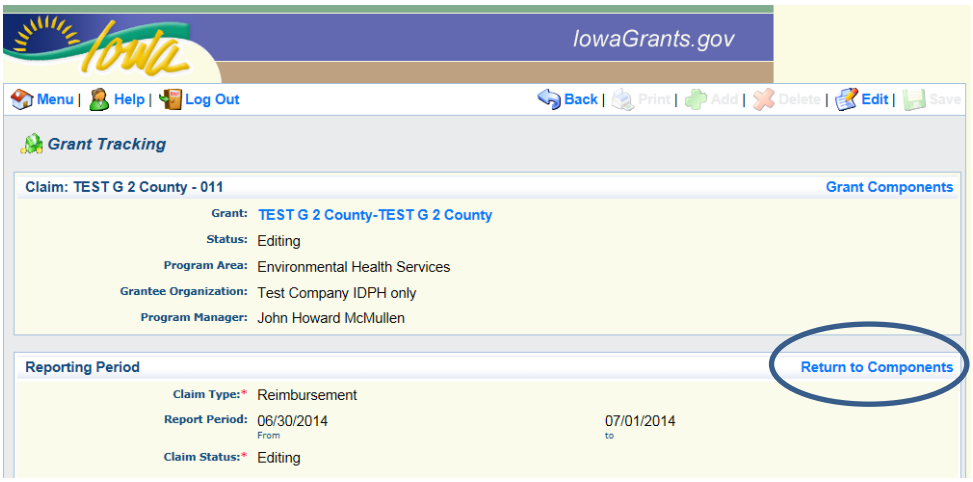
You may use the Date Picker by clicking the small calendar icon to the right of the Report period for the Start Date of the reimbursement period. You may also type in the date using MMDDYYYY format (system will automatically add slashes into the field).

Click on the calendar date to select the first day of the period for which reimbursement is requested. Enter the last day of the period.

Click on Save button.

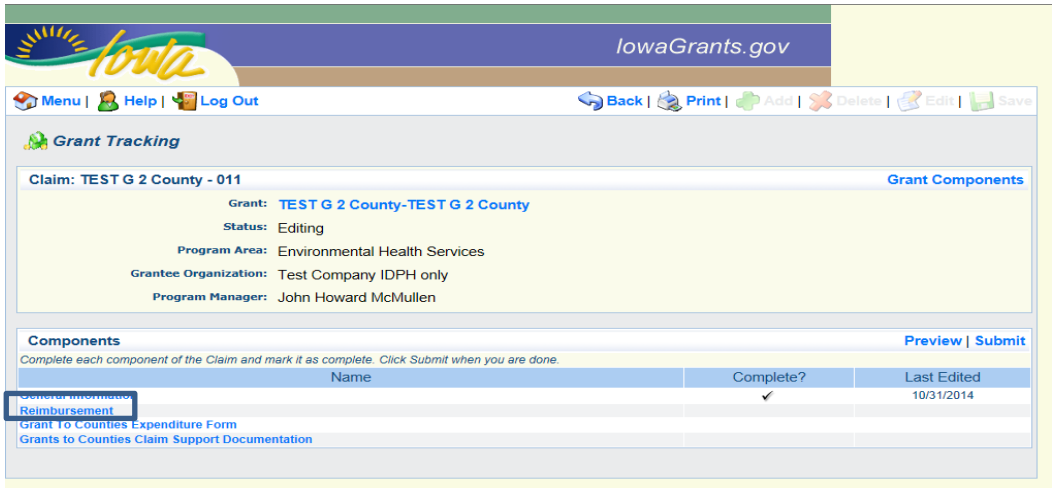


9. Select Return to Components.



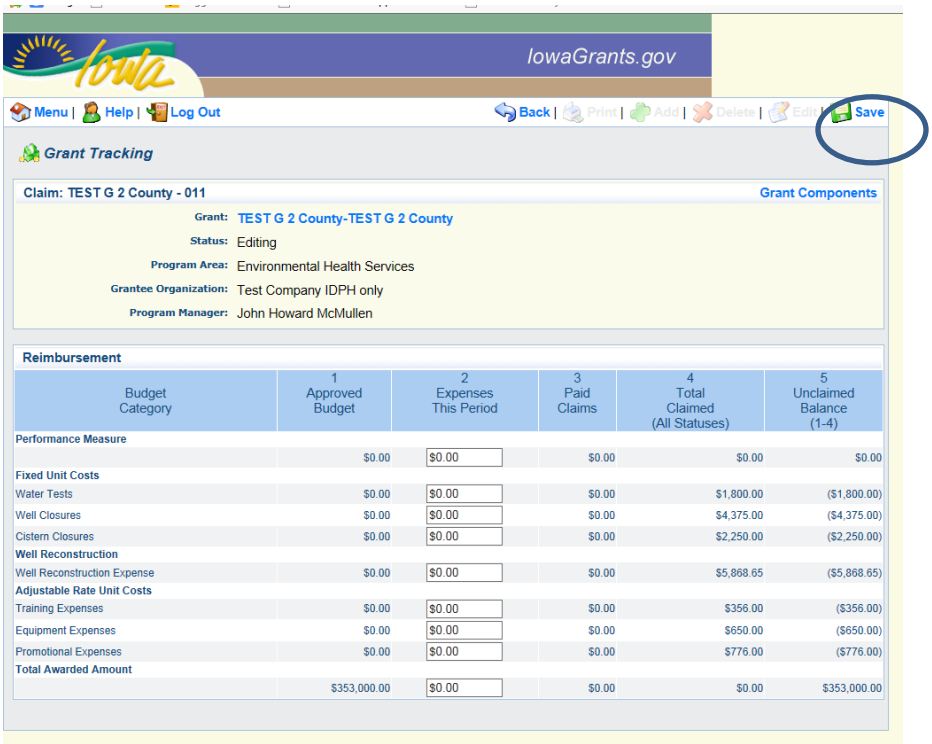
Completing a Claim Form in Iowa Grants

10. Click on Reimbursement in the Name column.



11. **DO NOT** enter any information into this form!!! Select Save.

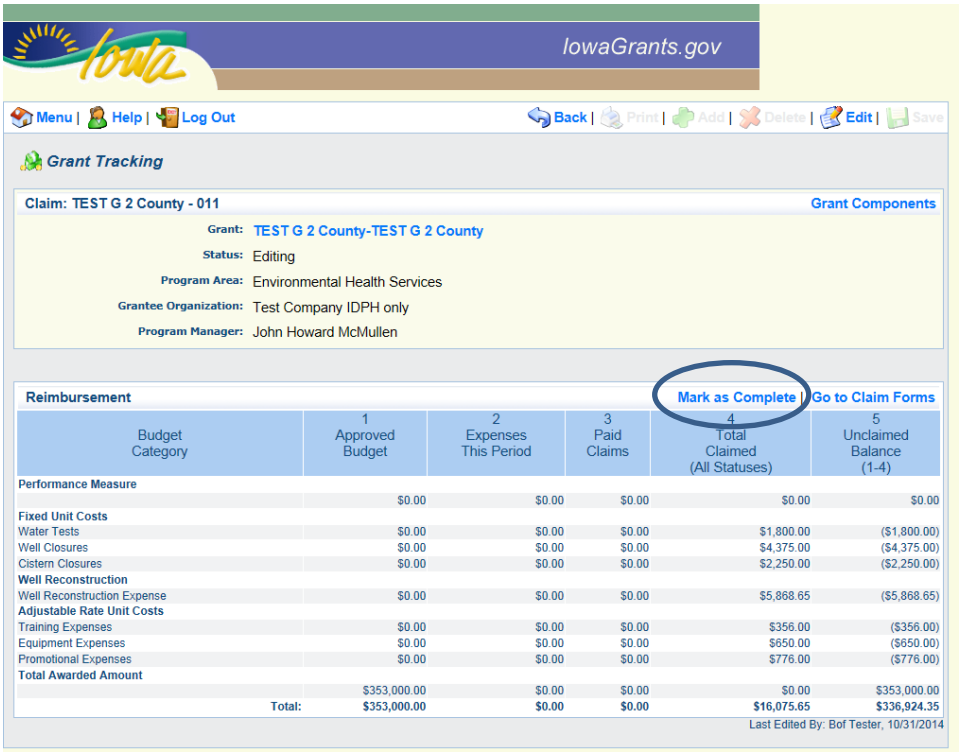
The purpose of opening this form is to "wake it up".



Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
Performance Measure					
	$0.00	$0.00	$0.00	$0.00	$0.00
Fixed Unit Costs					
Water Tests	$0.00	$0.00	$0.00	$1,800.00	($1,800.00)
Well Closures	$0.00	$0.00	$0.00	$4,375.00	($4,375.00)
Cistern Closures	$0.00	$0.00	$0.00	$2,250.00	($2,250.00)
Well Reconstruction					
Well Reconstruction Expense	$0.00	$0.00	$0.00	$5,868.65	($5,868.65)
Adjustable Rate Unit Costs					
Training Expenses	$0.00	$0.00	$0.00	$356.00	($356.00)
Equipment Expenses	$0.00	$0.00	$0.00	$650.00	($650.00)
Promotional Expenses	$0.00	$0.00	$0.00	$776.00	($776.00)
Total Awarded Amount					
	$353,000.00	$0.00	$0.00	$0.00	$353,000.00

Completing a Claim Form in Iowa Grants

12. Select Mark as Complete. The form is now "awake" to accept the calculations from the next form.



Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
Performance Measure					
	$0.00	$0.00	$0.00	$0.00	$0.00
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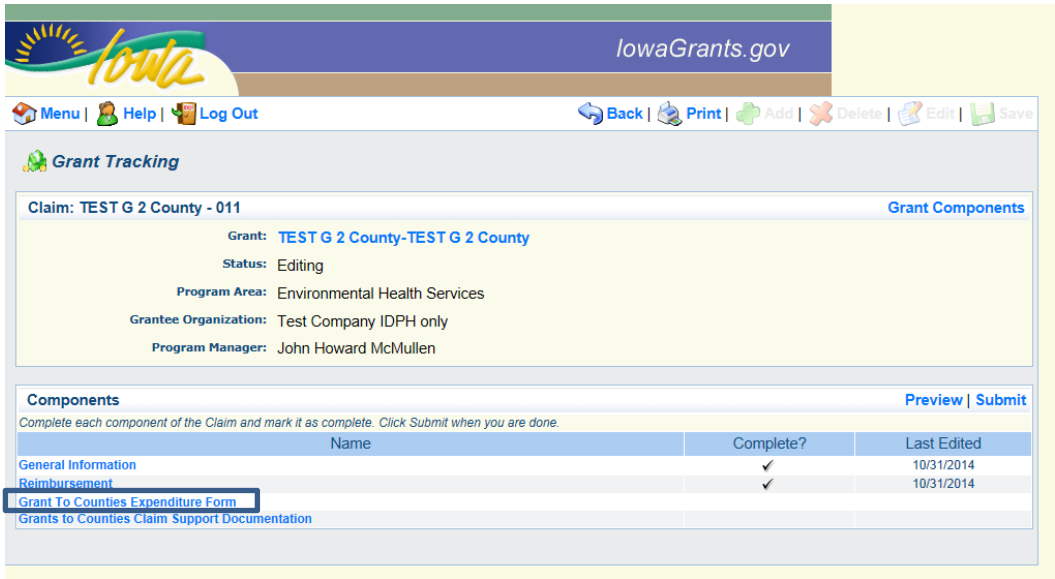
Well Closures	$0.00	$0.00	$0.00	$4,375.00	($4,375.00)
Cistern Closures	$0.00	$0.00	$0.00	$2,250.00	($2,250.00)
Well Reconstruction					
Well Reconstruction Expense	$0.00	$0.00	$0.00	$5,868.65	($5,868.65)
Adjustable Rate Unit Costs					
Training Expenses	$0.00	$0.00	$0.00	$356.00	($356.00)
Equipment Expenses	$0.00	$0.00	$0.00	$650.00	($650.00)
Promotional Expenses	$0.00	$0.00	$0.00	$776.00	($776.00)
Total Awarded Amount					
	$353,000.00	$0.00	$0.00	$0.00	$353,000.00
Total:	**$353,000.00**	**$0.00**	**$0.00**	**$16,075.65**	**$336,924.35**

13. Select Grant To Counties Expenditure Form in the Name column.

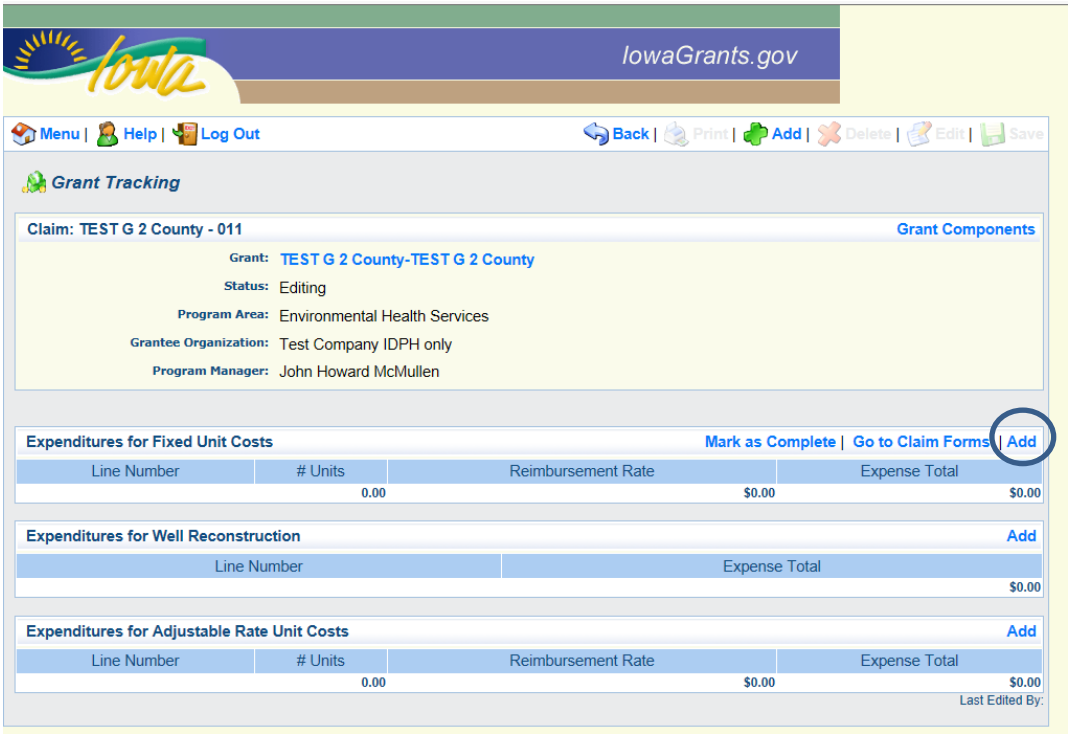
The Expenditure form contains a section for each of the three types of expenditure in the GTC budget.

Expenditures for Fixed Unit Costs – Water Tests, Well Closures, Cistern Closures

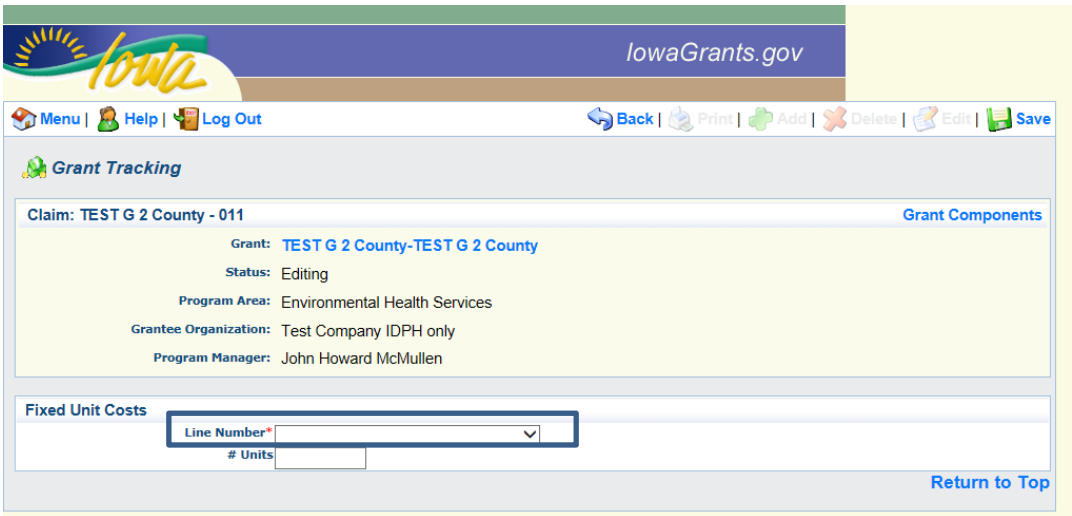


Completing a Claim Form in Iowa Grants

14. Click the Add button to open the Expenditures for Fixed Unit Cost section if you want to list your expenditures for this quarter.

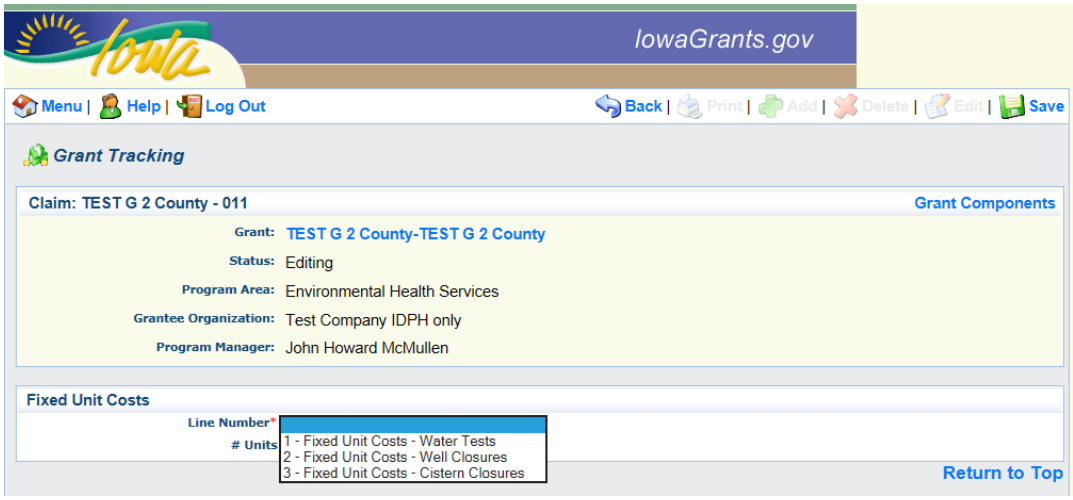


15. Click on the drop down arrow to select the specific activity you wish to invoice (only one activity at a time).

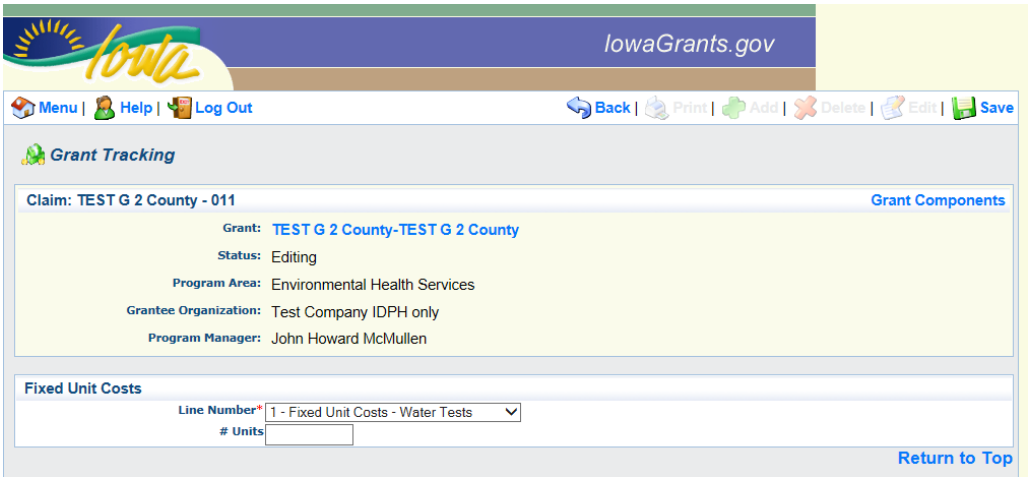


Completing a Claim Form in Iowa Grants

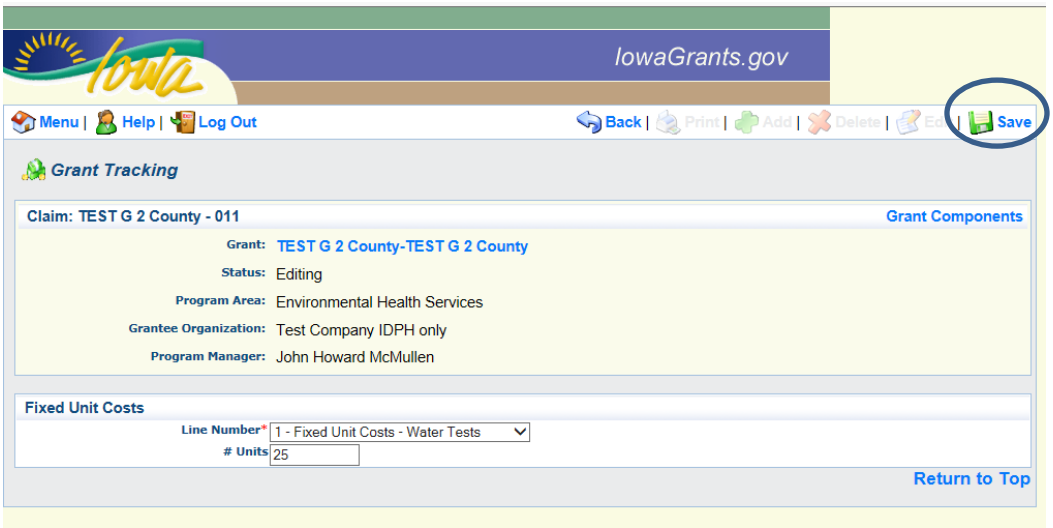
16. Click on the Fixed Unit Cost name. You can select only one type at a time.



17. Enter the number of units for this activity into the open field.

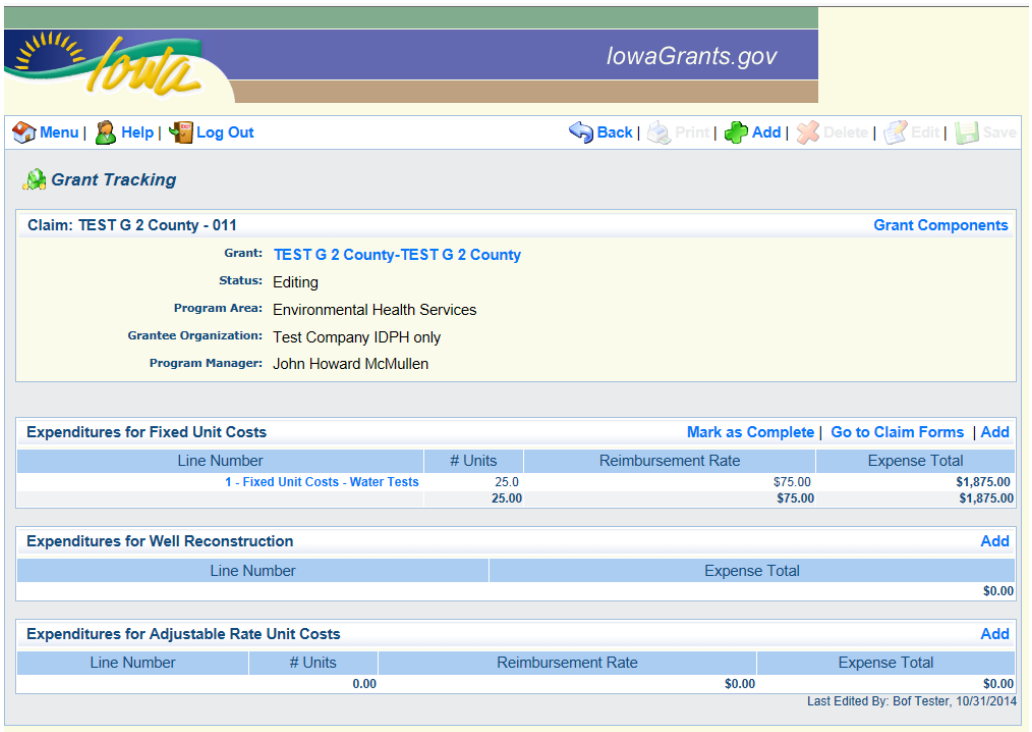


18. Click on Save button.



Completing a Claim Form in Iowa Grants

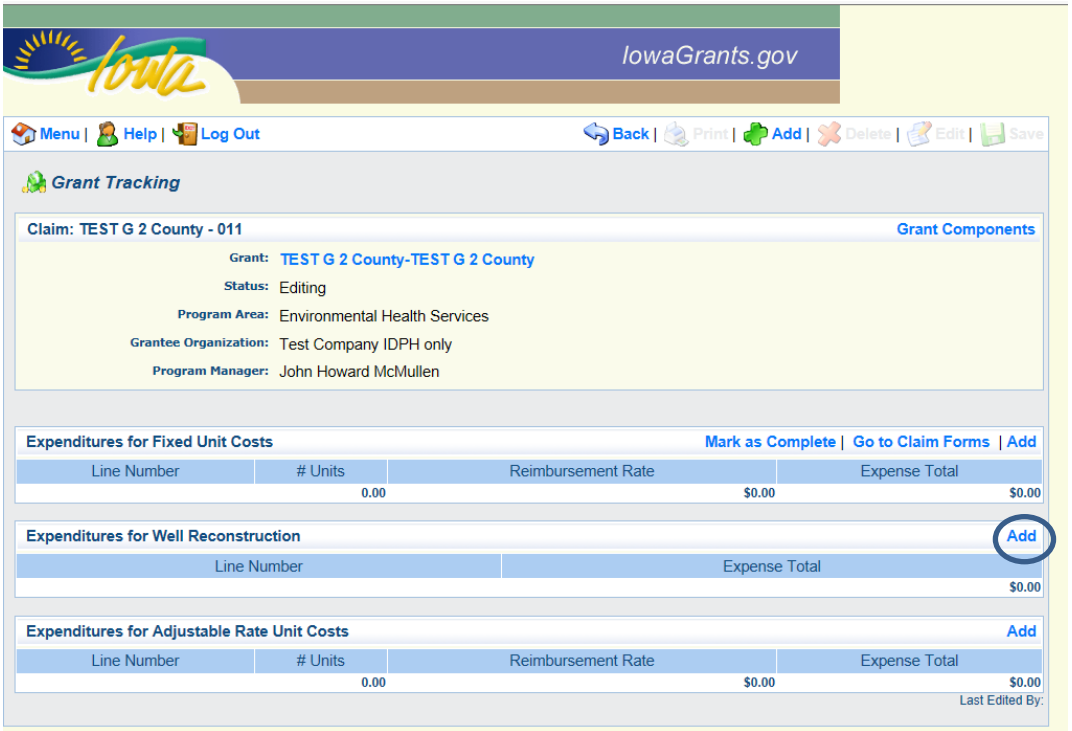
19. Repeat steps 14 – 18 to add the reimbursement information for each Fixed Unit Cost activity provided during the period of the claim.



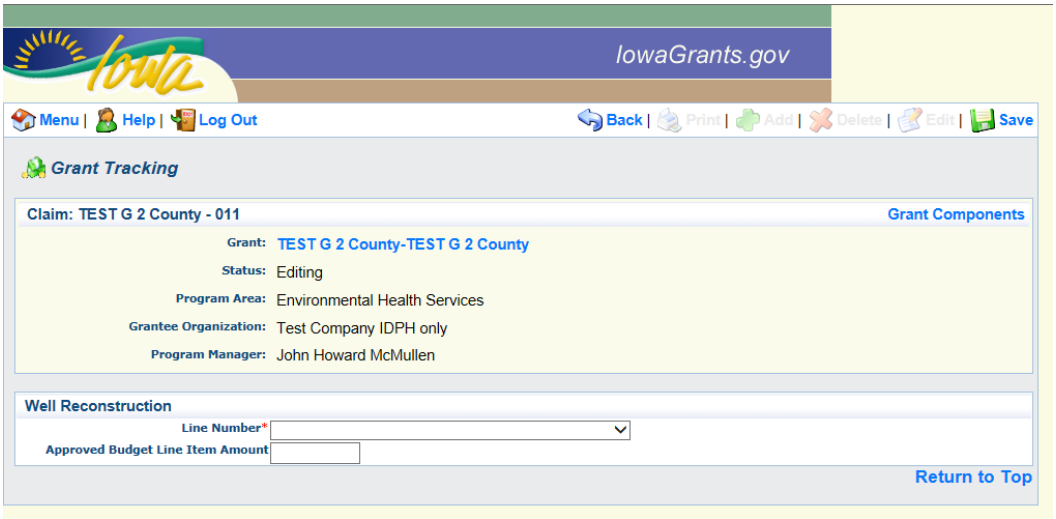
Completing a Claim Form in Iowa Grants

Expenditures for Well Reconstruction

20. Click the Add button to open the Expenditures for Well Reconstruction section if you want to list your expenditures for this quarter.



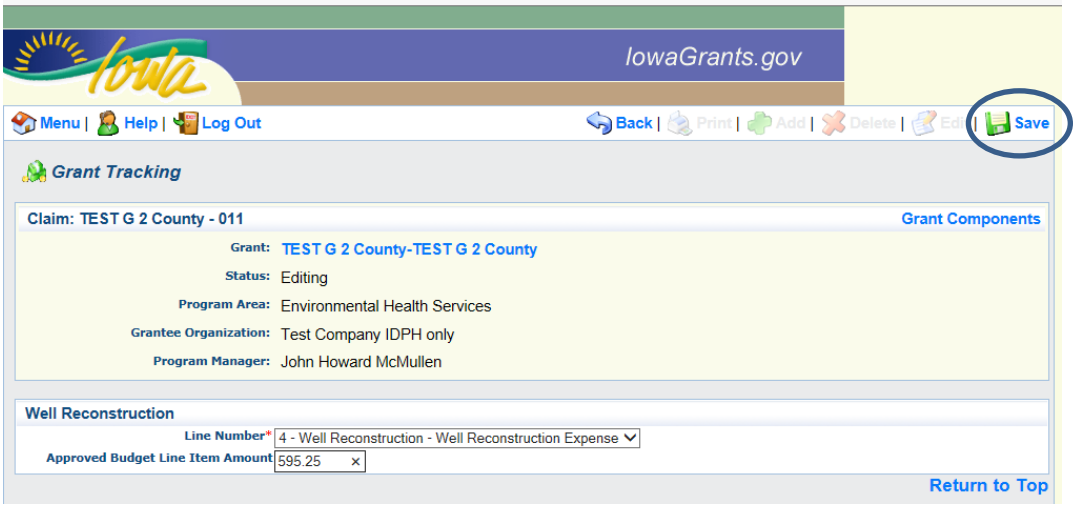
21. Click on the drop down arrow to select Well Reconstruction.



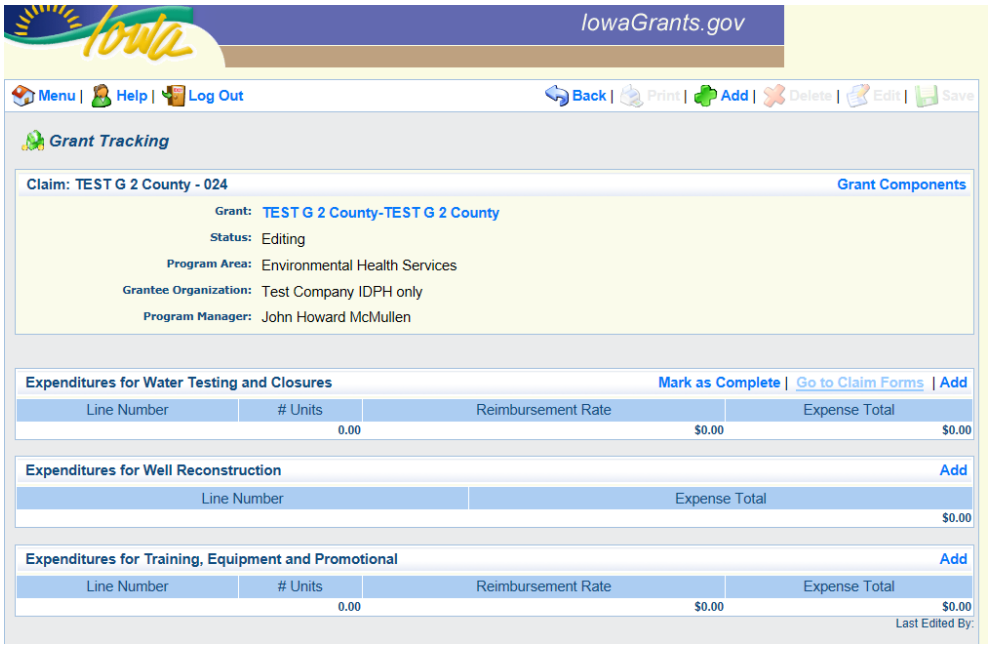
Completing a Claim Form in Iowa Grants

22. Enter the actual cost for a single well reconstruction in the Approved Budget Line Item Amount.

Click on Save button.



The system will report the cost as the actual cost x 1.33 up to the maximum reimbursement of $800.00 per well reconstruction.

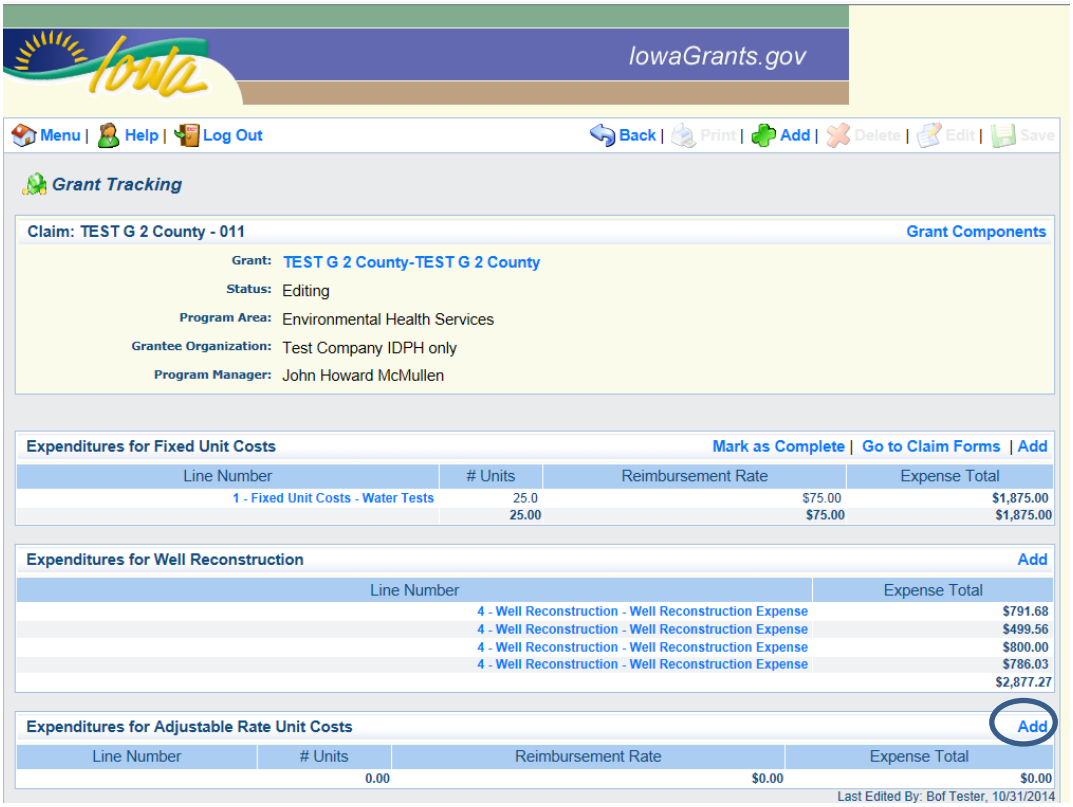


23. Click on Add button in the Expenditures for Well Reconstruction section to add costs for an additional well reconstruction and complete steps 20 through 22 for each individual expense.

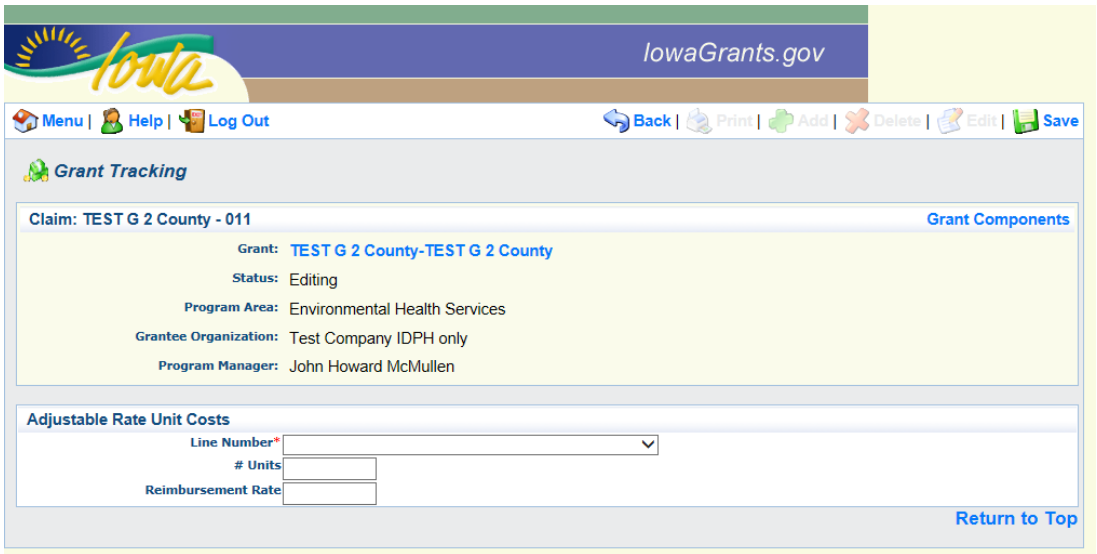
Completing a Claim Form in Iowa Grants

Expenditures for Adjustable Rate Unit Costs – Training, Equipment , Promotional Expenses

24. Click the Add button to open the Expenditures for Adjustable Rate Unit Costs section if you want to list your expenditures for this quarter.



25. Click on the drop down arrow to select the specific activity you wish to invoice (only one activity at a time).



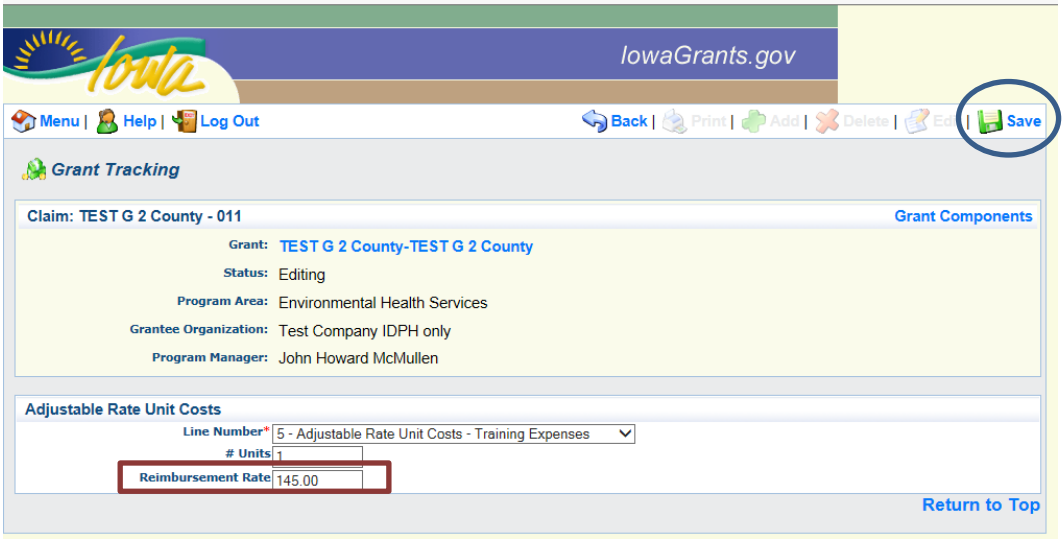
Completing a Claim Form in Iowa Grants

26. Enter "1" as the # of Units, regardless of the total of the claim.

The Reimbursement Rate cost which automatically populates is the <u>maximum annual budgeted amount</u> for this expense for the contract year. ($500 for Training; $250 for Equipment; $250 for Promotional).

27. Highlight the cost in the Reimbursement Rate box and enter the actual total amount for the quarter for this type of expense. For example, Joe attended a class for $75; Chris attended a class for $45 and Jane attended a class for $25 for a total expense of $145.00.

Click on Save Button.



28. Repeat steps 24 – 27 to add the reimbursement information for each Adjustable Rate Unit Cost activity provided during the period of the claim.

Completing a Claim Form in Iowa Grants

29. When you have completed adding all expenses to the expenditure report, review the entries.

    If you need to revise an entry, click on the name of the cost you want to revise and the entry screen will reopen.

    - You may revise the expenditure name by clicking on the drop down box and selecting the correct name.
    - You may revise the expense total by highlighting the cost in the Reimbursement Rate box and enter the actual total amount for the quarter for this type of expense.
    - Click Save button.

30. When entry is complete, click on Mark as Complete.

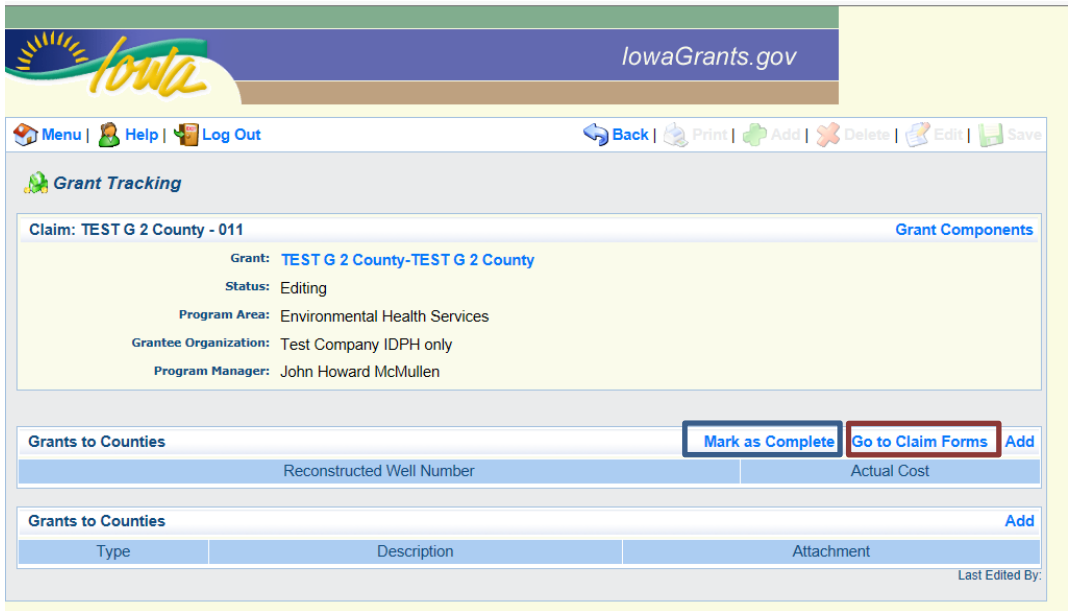
Completing a Claim Form in Iowa Grants

31. Click on Grants to Counties Claim Support Documentation in the Name column.

The Grants to Counties Claim Support Documentation **is required** to be completed for each claim.

If you did not enter any expenditures for Well Reconstruction or Adjustable Rate Unit Costs (Training, Equipment, Promotional Expenses):

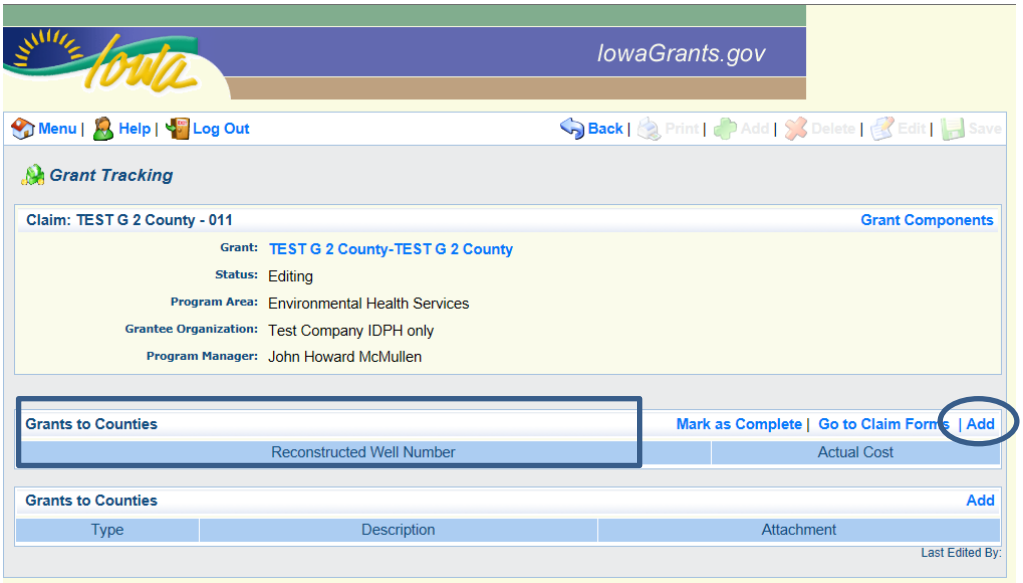
- Click on the Mark as Complete button.
- Click on Go to Claim Forms Button.
- Proceed with step 36.



Completing a Claim Form in Iowa Grants

Reconstructed Well Support Documentation

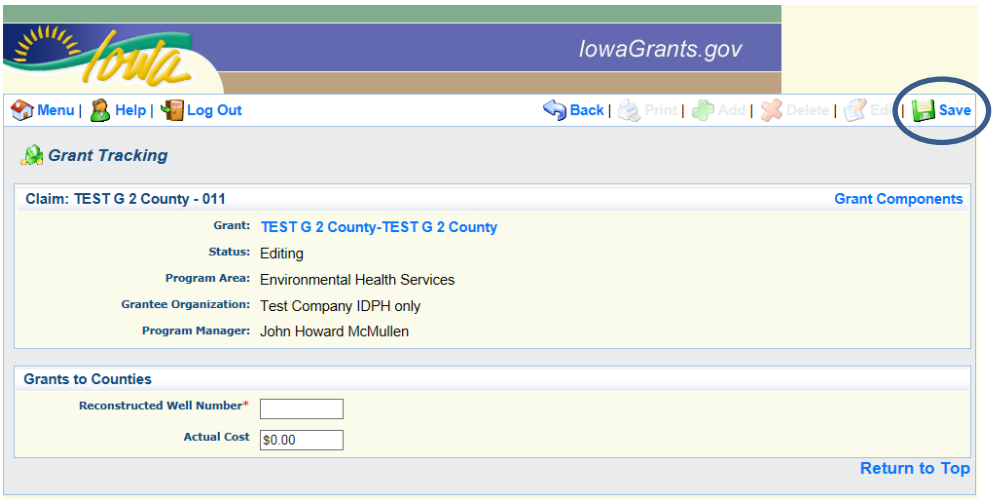
32. Click on Add at the top right of this section.



33. Enter the Reconstructed Well Number into the box.

34. Enter the Actual Cost in the box. This cost <u>must be the same actual cost</u> as you entered in the Approved Budget Line Item Amount in the Grant to Counties Expenditure Form (Step 22).

35. Click Save button.



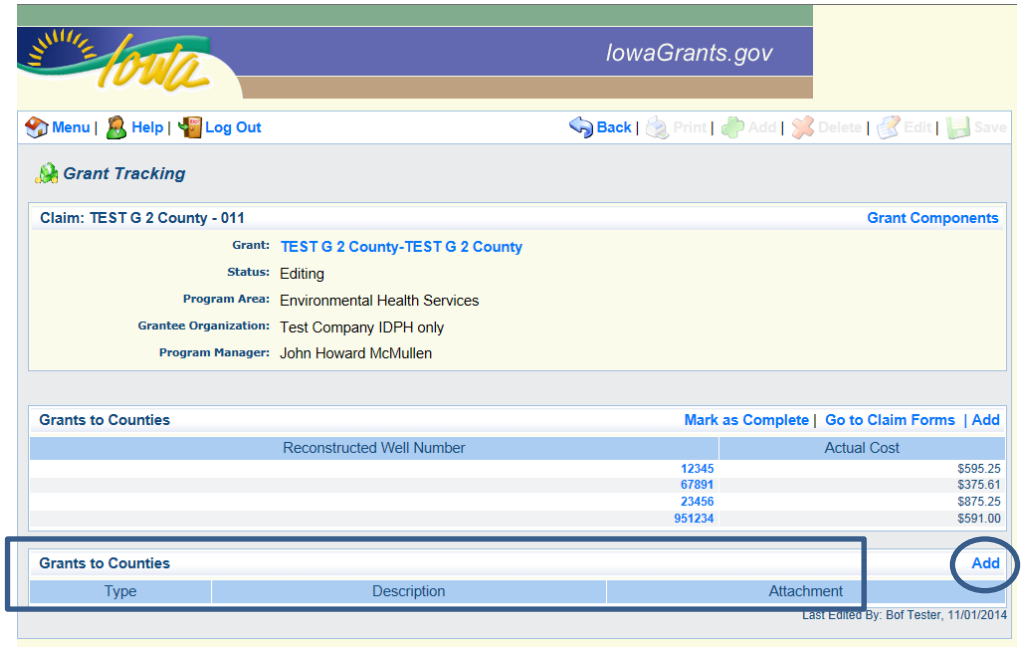
Repeat steps 32-35 to enter information for each well reconstruction for this quarter.

Completing a Claim Form in Iowa Grants

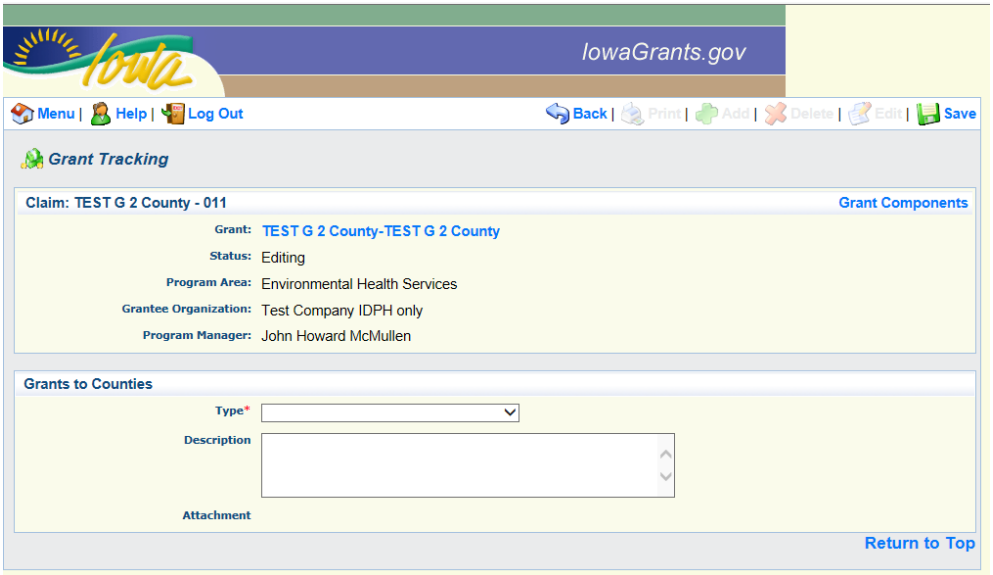
Adjustable Rate Unit Costs -

Supporting documentation is required for the Workplan (1st quarter only), Training, Equipment, and Advertising/Promotional expenses. Documents may be in any file format, including pdf., Word, or image files.

36. Click on Add at the top right of this section.



37. Use the drop down button to view the type of support documentation you will be uploading.



Completing a Claim Form in Iowa Grants

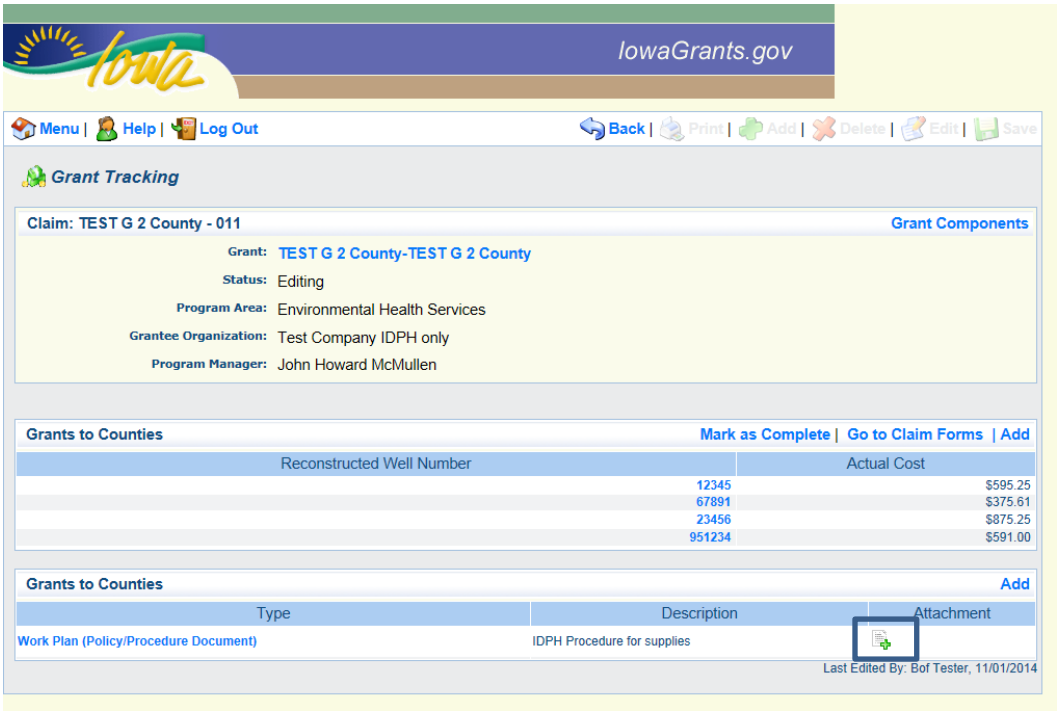
37. Click on the type of support documentation you will be uploading.

38. Enter a brief description of the document you will be uploading into Description box.

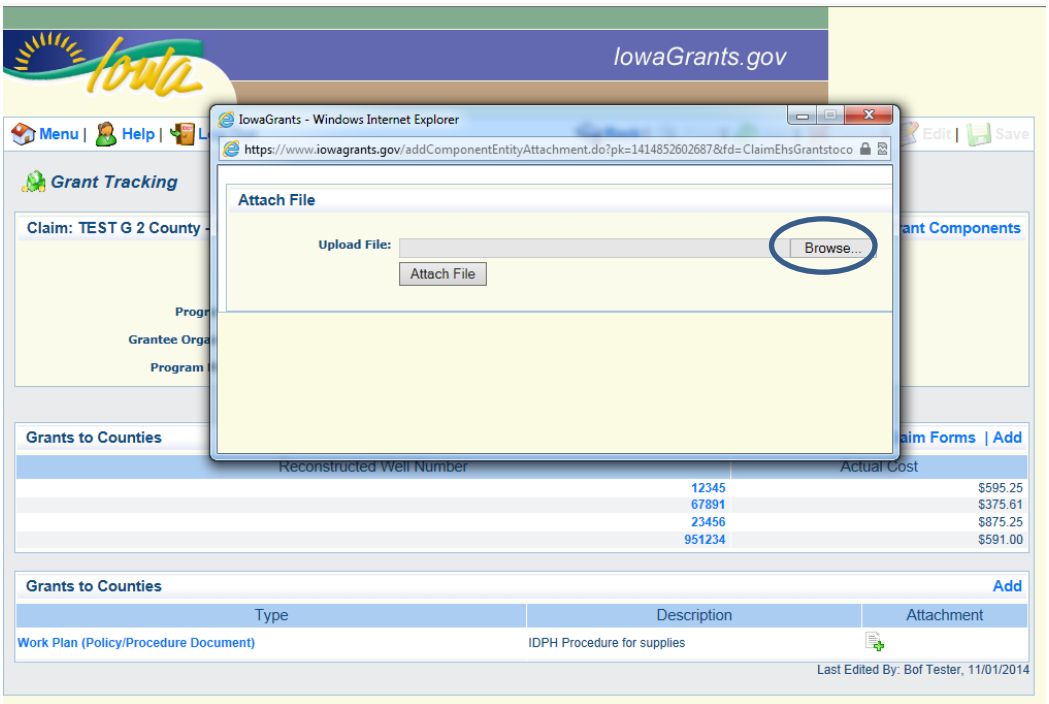
39. Click on Save button.

Completing a Claim Form in Iowa Grants

40. Click on the green plus sign in the Attachment column.



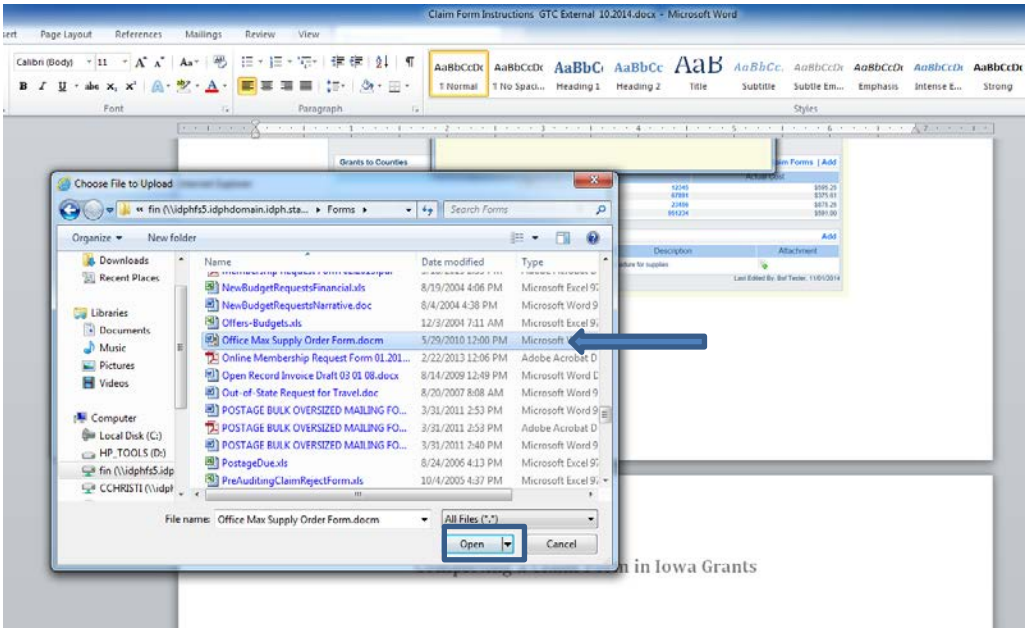
41. Click on the Browse button.



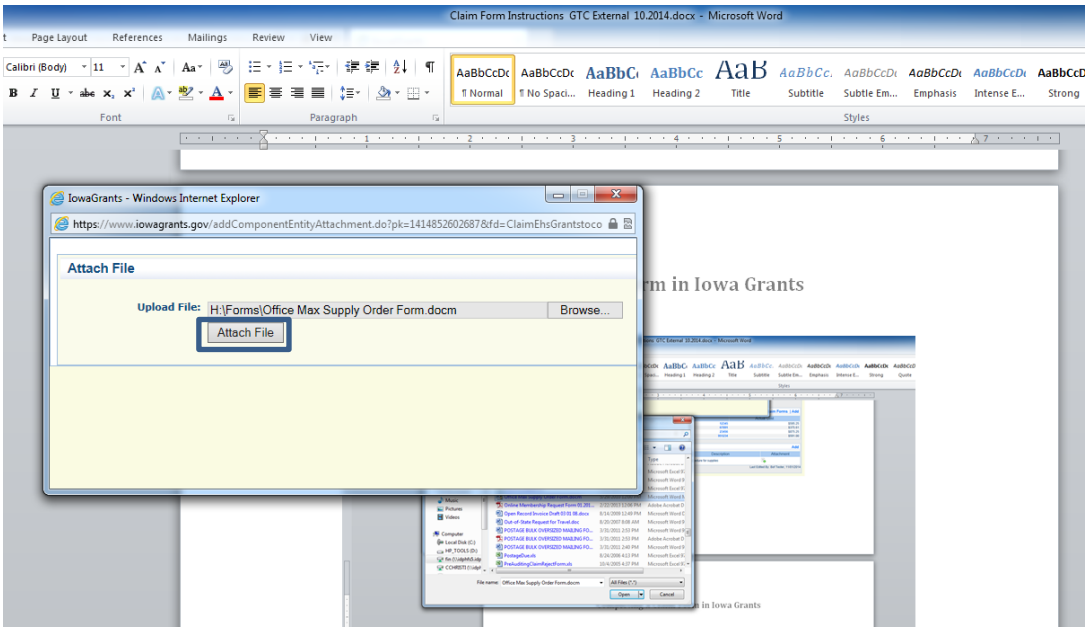
Completing a Claim Form in Iowa Grants

42. Select the document in your computer files that you wish to attach (upload) for support documentation.

43. Click on Open button.

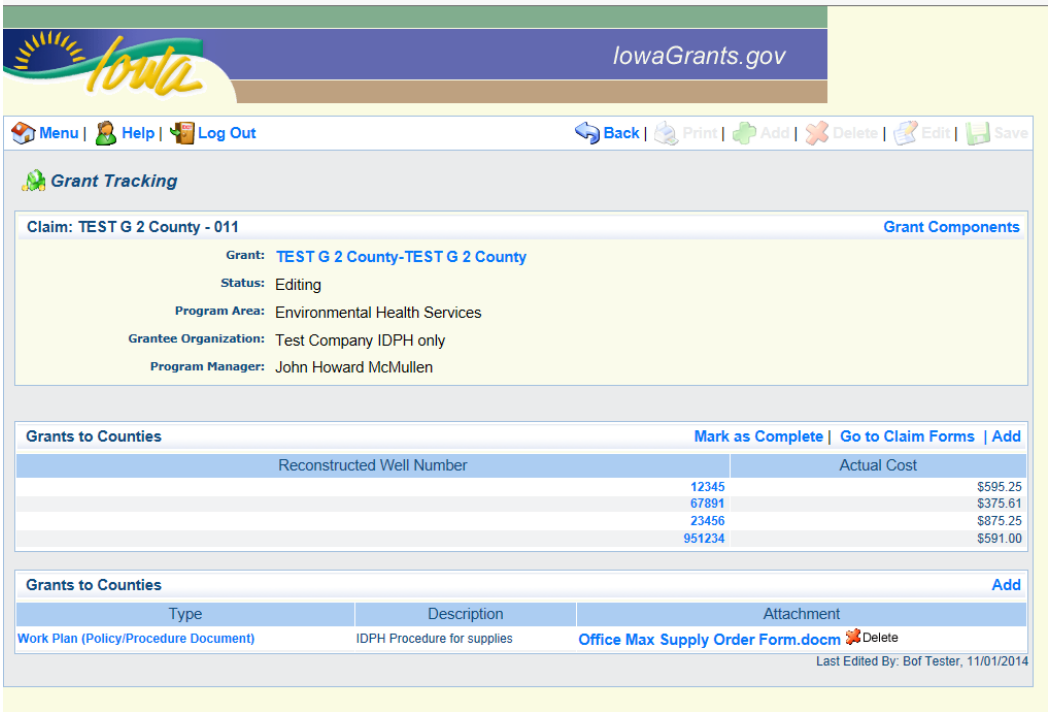


44. Click on Attach File.



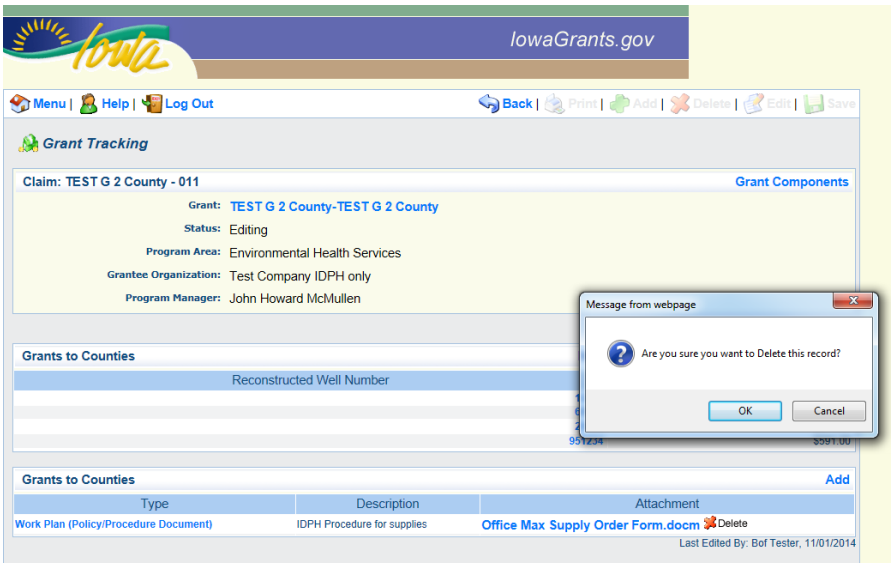
Completing a Claim Form in Iowa Grants

45. Add additional support documents by repeating steps 36 – 44.



If you attached (uploaded) the wrong document, you can remove it by:

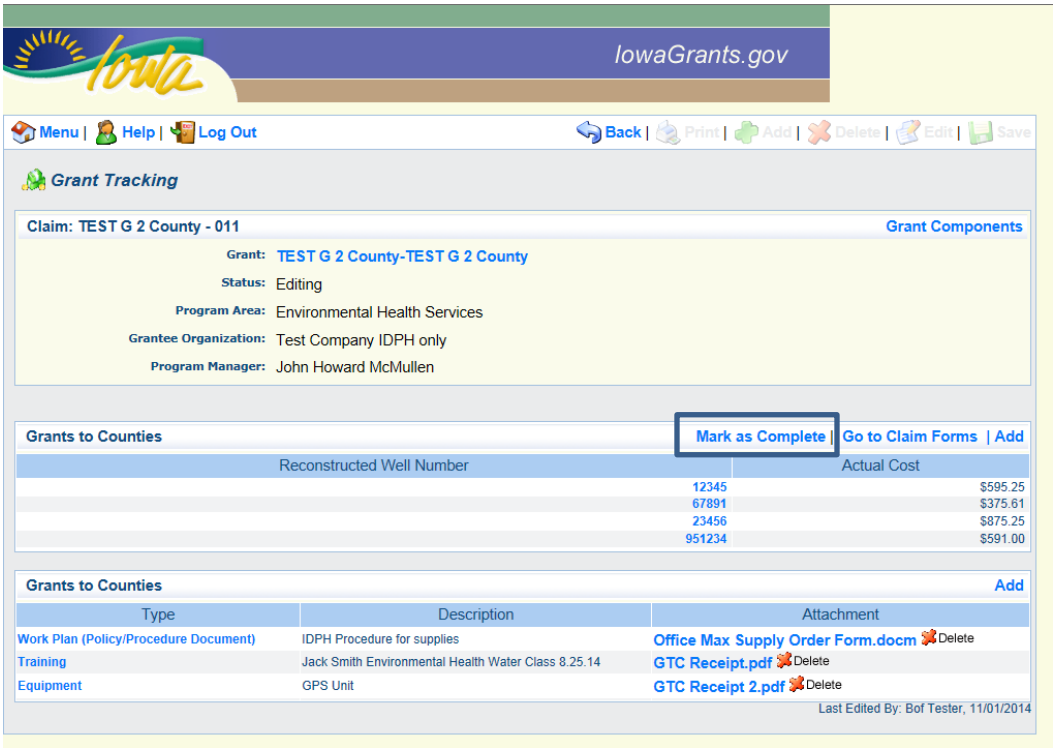
- Click on the red Delete sign in the Attachment column.
- Click OK in the message box



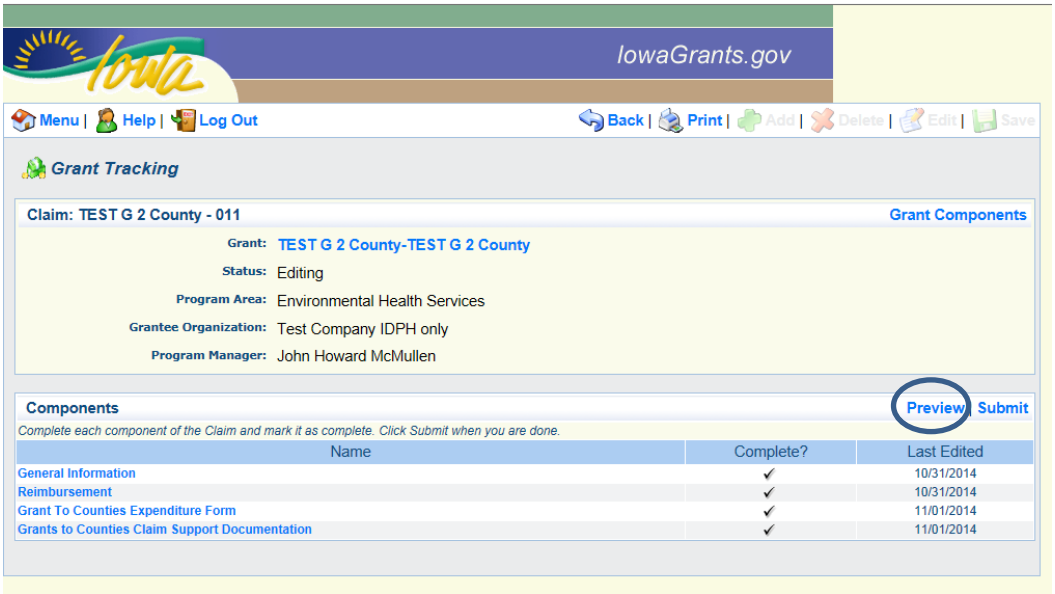
- The green plus sign will reappear in the Attachment column

Completing a Claim Form in Iowa Grants

46. When you have completed entry of all required support documentation, select Mark as Complete.



47. Click on Preview to review the entire claim.



Completing a Claim Form in Iowa Grants

Grant Tracking

Claim Details

TEST G 2 County-TEST G 2 County

Environmental Health Services

Award Year:	2014	**Status:**	Editing
Contract Number:	TEST G 2 County	**Approved Date:**	
Claim Type:	Reimbursement	**Paid Date:**	
Reporting Period:	06/30/2014 - 07/01/2014	**Vendor Number:**	
Claim Number:	TEST G 2 County - 011	**Invoice Number:**	
Submitted By:			
Submitted Date:			

Applicant and Organization

Applicant

AnA User Id	CHERYLD.CHRISTIE@IOWAID		
First Name*	CherylD (First Name)	Middle Name	Christie (Last Name)
Title:			
Email:*	cheryl.christie@idph.iowa.gov		
Address:*	5918 Windsor		
City*	des moines (City)	Iowa (State/Province)	50312 (Postal Code/Zip)
Phone:*	515-255-0009 (Phone)	Ext.	
Program Area of Interest*	Family Health Services - TEST		
Fax:			

Organization Information

Organization Name:*	Test Company IDPH only		
Organization Type:*	Other		
Tax ID:			
DUNS:			
Organization Website:			
Address:			
		City	State/Province	Postal Code/Zip
Phone:	111-222-3333	Ext.	

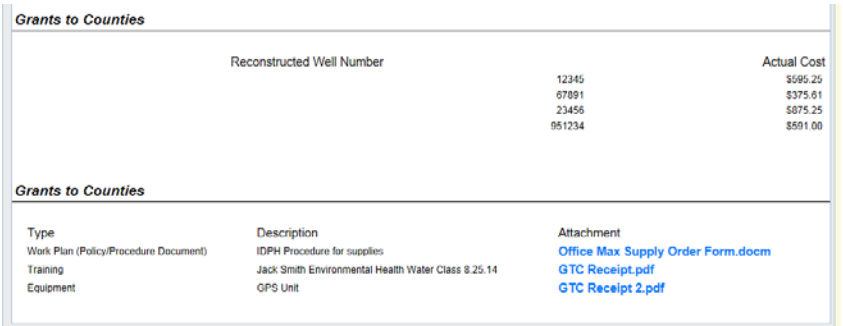
Reimbursement

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
Performance Measure					
	$0.00	$0.00	$0.00	$0.00	$0.00
Fixed Unit Costs					
Water Tests	$0.00	$1,875.00	$0.00	$3,675.00	($3,675.00)
Well Closures	$0.00	$0.00	$0.00	$4,375.00	($4,375.00)
Cistern Closures	$0.00	$0.00	$0.00	$2,250.00	($2,250.00)
Well Reconstruction					
Well Reconstruction Expense	$0.00	$2,877.27	$0.00	$8,745.92	($8,745.92)
Adjustable Rate Unit Costs					
Training Expenses	$0.00	$145.00	$0.00	$501.00	($501.00)
Equipment Expenses	$0.00	$45.35	$0.00	$695.35	($695.35)
Promotional Expenses	$0.00	$0.00	$0.00	$776.00	($776.00)
Total Awarded Amount					
	$353,000.00	$0.00	$0.00	$0.00	$353,000.00
Total:	**$353,000.00**	**$4,942.62**	**$0.00**	**$21,018.27**	**$331,981.73**

Grant To Counties Expenditure Form

Line Number	Expense Total
1 - Fixed Unit Costs - Water Tests	**$1,875.00**
4 - Well Reconstruction - Well Reconstruction Expense	**$791.68**
4 - Well Reconstruction - Well Reconstruction Expense	**$499.56**
4 - Well Reconstruction - Well Reconstruction Expense	**$800.00**
4 - Well Reconstruction - Well Reconstruction Expense	**$786.03**
5 - Adjustable Rate Unit Costs - Training Expenses	**$145.00**
6 - Adjustable Rate Unit Costs - Equipment Expenses	**$45.35**
	$4,942.62

Completing a Claim Form in Iowa Grants



Grants to Counties

Reconstructed Well Number	Actual Cost
12345	$595.25
67891	$375.61
23456	$875.25
951234	$591.00

Grants to Counties

Type	Description	Attachment
Work Plan (Policy/Procedure Document)	IDPH Procedure for supplies	Office Max Supply Order Form.docm
Training	Jack Smith Environmental Health Water Class 8.25.14	GTC Receipt.pdf
Equipment	GPS Unit	GTC Receipt 2.pdf

This form displays per Activity the Expenses This period (as you entered into the Detail of Expenditure form); Total Claimed (editing and submitted claims) and Unclaimed Balance.

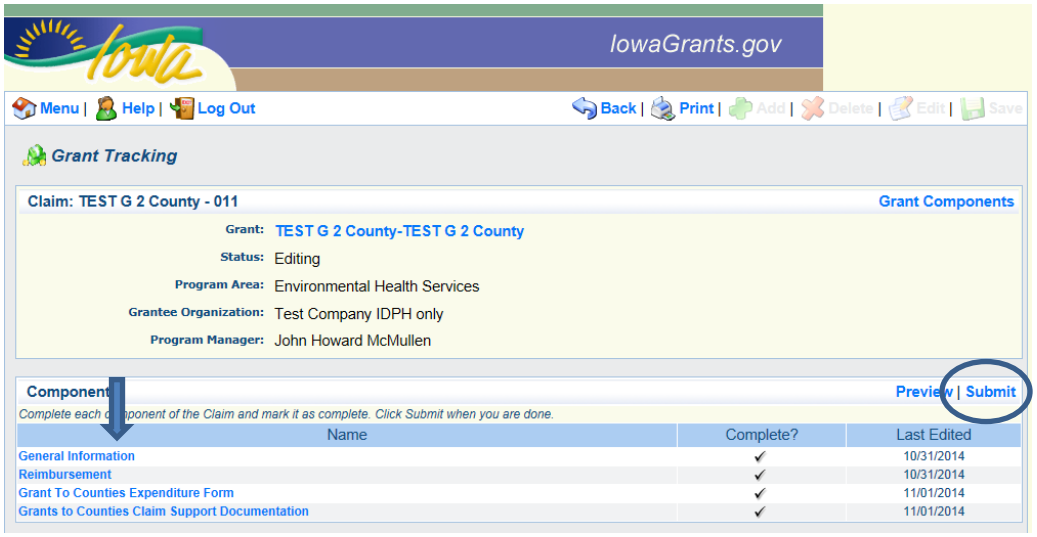
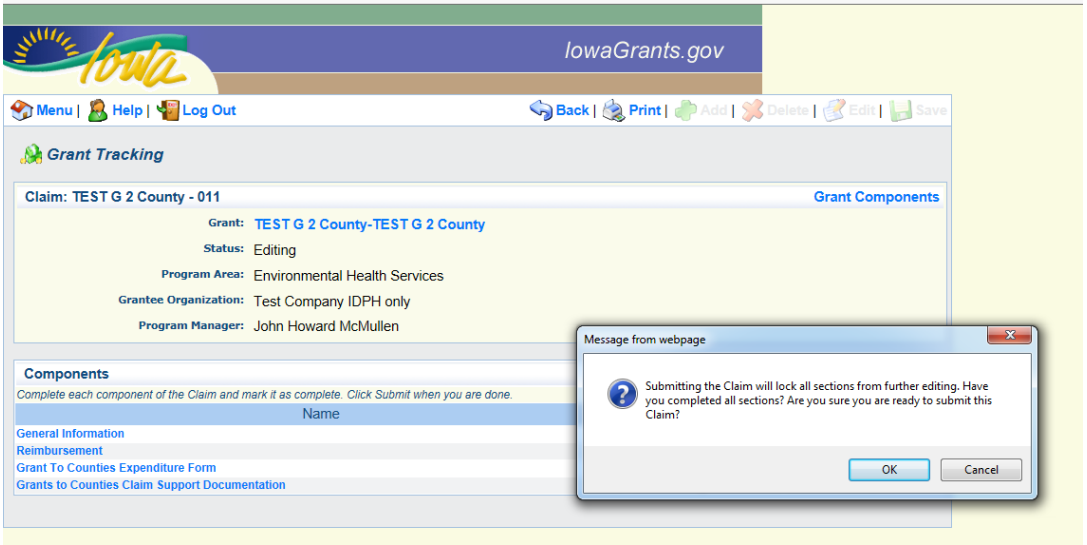
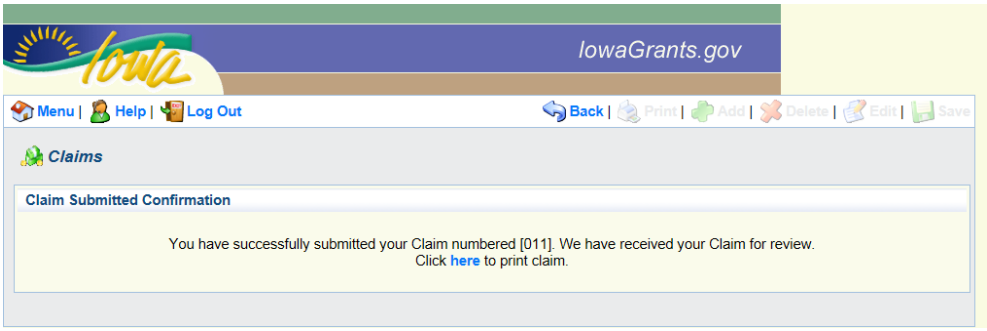
Please refer to the Total line to monitor your overall expenditures and balance.

48. Click on Back button to return to the claim.

49. If you need to revise an entry, click on the name of the Component you want to revise and the entry screen will reopen. Click Save after each entry to save changes.

50. Click Submit button to send the completed claim to IDPH.

Completing a Claim Form in Iowa Grants



51. Please read the message and select OK or Cancel. If you select Cancel, you will be returned to previous screen. If you select Ok, the claim is submitted.