

# *CLAIMS 101:*

*A step-by-step guide to completing monthly Claims for Reimbursement*

Created for the Crime Victims Services Unit – specific to VAWA, SASP, and SSVF subawards

# Getting Started

- From the Main Menu – **select “My Grants”**

Missouri Department of Public Safety

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Welcome TEST TEST

**Main Menu**  
Click Help above to view instructions. Go to "My Profile" to reset password.

- Instructions
- Reviewer Instructions
- My Profile
- Funding Opportunities
- My Applications
- My Grants**
- Conflicts of Interest
- My Reviews

Missouri Department of Public Safety

Dulles Technology Partners Inc.  
© 2001-2017 Dulles Technology Partners Inc.  
WebGrants 6.10 - All Rights Reserved.

# Getting Started

- **Select the Title** of the subaward you wish to create a Claim for

*For this example we will use a VAWA award, however the process is almost identical for completing SASP and SSVF Claims (SASP & SSVF just have fewer steps!)*

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant Tracking

Current Grants

Closed Grants | Claims

Grants in the status Underway or Suspended appear on this list. To view other Grants, click the closed Grants link.

| ID             | Status   | Year | Title                                      | Program Area                                       | Program Officer | Additional Internal Contacts | Grant Amount |
|----------------|----------|------|--|--|-----------------|------------------------------|--------------|
| 2021-DSSSF-001 | Underway | 2021 | Deputy Sheriff Salary Supplementation Fund | Deputy Sheriff Salary Supplementation Fund (DSSSF) | Laura Robinson  | Sarah Crawford               | \$7,479.89   |
| 112382         | Awarded  | 2020 | test10                                     | State Homeland Security Program (SHSP)             | Chelse Dowell   |                              | \$7,000.00   |
| 113104         | Awarded  | 2020 | Branson test 022820                        | State Homeland Security Program (SHSP)             | Joni McCarter   |                              | \$14,500.00  |
| 112397         | Awarded  | 2020 | Michelle Budget test 022820                | 911 Grant Program                                  | Joni McCarter   |                              | \$1,400.00   |
| 112376         | Awarded  | 2020 | test8                                      | 911 Grant Program                                  | Chelse Dowell   |                              | \$200.00     |
| 112353         | Awarded  | 2020 | Budget Test Michelle Final                 | 911 Grant Program                                  | Joni McCarter   |                              | \$0.00       |
| 112368         | Awarded  | 2020 | test6                                      | 911 Grant Program                                  | Chelse Dowell   |                              | \$0.00       |
| 107574         | Underway | 2020 | CVS Domestic Violence Shelter              | STOP Violence Against Women Grant (VAWA)           | Connie Berhorst |                              | \$144,712.70 |
| 113146         | Awarded  | 2020 | Interoperable Communications 2020          | State Homeland Security Program (SHSP)             | Joni McCarter   |                              | \$26,838.25  |
| 108050         | Underway | 2020 | 10.4.19-2                                  | State Services to Victims Fund (SSVF)              | Tina Utley      |                              | \$76,013.56  |

# Grant Components

This is a listing of Grant Components

- **Select Claims** from the list of components

[Menu](#) | [Help](#) | [Log Out](#) [Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

**Grant Tracking**

**Grant: 107574 - CVS Domestic Violence Shelter - 2020**  
**Status:** Underway  
**Program Area:** STOP Violence Against Women Grant (VAWA)  
**Grantee Organization:** BaseLine Organization  
**Program Officer:** Connie Berhorst  
**Awarded Amount:** \$144,712.70

**Instructions**  
*The order of these forms has been set by DPS so that all program areas have the same consistent order. Do not renumber! Space has been provided between each component in the event a new component is added.*

**Grant Components**  
*You can define your own alerts in the Alerts section*

| Component                            | Last Edited |
|--------------------------------------|-------------|
| General Information                  | 06/12/2020  |
| Attachments                          |             |
| Budget                               | 10/08/2019  |
| <b>Claims</b>                        |             |
| Closeout                             |             |
| Contact Information                  | 10/08/2019  |
| Correspondence                       |             |
| Goal and Objectives                  | 10/08/2019  |
| Status Reports                       |             |
| Subaward Adjustments                 |             |
| Subaward Adjustment Notices          |             |
| Subaward Documents - Need Signatures |             |
| Subaward Documents - Final           |             |
| VAWA Data Form                       | 10/08/2019  |
| Opportunity                          | -           |
| Application                          | -           |

# Claims Listing

This is where you will find every Claim that has been created for this subaward.

- Information includes the Status of the Claim, Submitted Date, and Date Paid
- Status includes Editing, Submitted, Correcting, and Withdrawn
- **Select "Add"** from the top action ribbon

*Note: you may notice there is a "Copy Existing Claim" option; we will cover that alternative later in the presentation.*

The screenshot displays the 'Grant Tracking' interface. At the top, there is a navigation bar with icons for Menu, Help, Log Out, Back, Print, Add (highlighted with a red box), Delete, Edit, and Save. Below this, the 'Grant Tracking' section shows details for 'Grant: 107574 - CVS Domestic Violence Shelter - 2020'. The details include: Status: Underway, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, Program Officer: Connie Berhorst, and Awarded Amount: \$144,712.70. Below the details is an 'Instructions' section with text regarding the submission of monthly claim reports and reimbursement requests. At the bottom, there is a 'Claims' table with columns for ID, Type, Status, Date Submitted, Date Paid, Date From-To, and Claim Amount. The table lists four claims: 107574 - 001 (Monthly, Editing, 10/01/2019 - 10/31/2019, \$2,491.30), 107574 - 002 (Monthly, Submitted, 01/01/2020 - 01/31/2020, \$796.76), 107574 - 003 (Monthly, Submitted, 05/01/2020 - 05/31/2020, \$1,008.96), and 107574 - 004 (Monthly, Editing, 07/01/2019 - 07/31/2019, \$2.50). A 'Copy Existing Claim | Return to Components' link is visible in the top right of the table area.

Menu | Help | Log Out | Back | Print | **Add** | Delete | Edit | Save

### Grant Tracking

Grant: 107574 - CVS Domestic Violence Shelter - 2020

Status: Underway

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Officer: Connie Berhorst

Awarded Amount: \$144,712.70

#### Instructions

Recipients of VAWA funds are required to submit a monthly Claim Report to verify actual cash expenditures and request reimbursement of those expenditures.

A Claim Report must be submitted each month even if there are no expenditures to claim. Only one Claim Report may be submitted per month. The reporting period of the Claim merely identifies the month of the report being submitted - it does not prohibit expenditures incurred outside of this reporting period to be claimed. Claim Reports are due on or before the 5th day of each month. This deadline is subject to change if the 5th falls on a weekend or holiday.

Funds will be disbursed approximately the 25th day of each month. Recipients may access payment information within the WebGrants system or at the [State of Missouri Vendor Services Portal](#). Click "Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for VAWA payments will be PG071.

Create only 1 claim each month. Each time you add a claim report, it is assigned a sequential number. 001 should be for January. 002 should be for February and so forth. If you accidentally create too many claims, use the correct template and save the others for future months.

If it is determined that revisions are necessary, the MO Department of Public Safety will negotiate the claim by unlocking the form(s) that need corrections. These edits should be made in the claim with a status of "correcting". Do not add a new claim and start over!

#### Claims

| ID           | Type    | Status    | Date Submitted | Date Paid | Date From-To            | Claim Amount |
|--------------|---------|-----------|----------------|-----------|-------------------------|--------------|
| 107574 - 001 | Monthly | Editing   |                |           | 10/01/2019 - 10/31/2019 | \$2,491.30   |
| 107574 - 002 | Monthly | Submitted | 05/27/2020     |           | 01/01/2020 - 01/31/2020 | \$796.76     |
| 107574 - 003 | Monthly | Submitted | 05/22/2020     |           | 05/01/2020 - 05/31/2020 | \$1,008.96   |
| 107574 - 004 | Monthly | Editing   |                |           | 07/01/2019 - 07/31/2019 | \$2.50       |
| 107574 - 005 | Monthly | Submitted | 07/01/2020     |           | 07/01/2020 - 07/31/2020 | \$40.00      |

Copy Existing Claim | Return to Components

# Claims – General Information

- **Claim Type** – will always be “Monthly”
- **Reporting Period** – the dates/month covered by the Claim
- **Invoice Number** – for State agencies only  
If you are not a STATE agency, please do not enter information into this field
- **Is This Your Final Report?** – mark “No” until the last/final report for the contract period is created
- **Select “Save”** from the top action ribbon

The screenshot shows the 'Grant Tracking' application interface. At the top, there is a navigation bar with links: Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. The 'Save' button is highlighted with a red box. Below the navigation bar is the 'Grant Tracking' header. The main content area is titled 'Claim General Information' and contains the following fields:

- Claim Type:** A dropdown menu set to 'Monthly'.
- Reporting Period:** Two date pickers labeled 'From' and 'To'.
- Invoice Number:** A text input field.
- Is This Your Final Report?:** Radio buttons for 'Yes' and 'No'.

Below the 'Invoice Number' field, there is a note: 'State Agencies Only! Drop first 3 digits of number. Leave blank if there is not an invoice number!'.

# Claims – General Information

- Verify the information entered is correct
  1. If correct, **select “Return to Components”** from the Reporting Period action ribbon
  2. If the information is **NOT** correct, **select “Edit”** from the top action ribbon to make changes, then **select “Save”** again

The screenshot displays the 'Grant Tracking' interface. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add, Delete, Edit (highlighted with a red box), and Save. Below this, the 'Grant Tracking' section shows details for Claim: 107574 - 007. The 'Grant Components' section lists: Grant: 107574-CVS Domestic Violence Shelter, Status: Editing, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, and Program Manager: Connie Berhorst. The 'Reporting Period' section shows: Claim Type: Monthly, Claim Status: Editing, Reporting Period: 03/01/2020 to 03/31/2020, Invoice Number: (blank), and Is This Your Final Report?: No. A red box highlights the 'Return to Components' link in the top right of the Reporting Period section, with a red '1.' next to it. The bottom right corner indicates 'Last Edited By: TEST TEST, 07/20/2020'.

| Grant Components      |  |
|-----------------------|--|
| Claim:                | 107574 - 007                             |
| Grant:                | 107574-CVS Domestic Violence Shelter     |
| Status:               | Editing                                  |
| Program Area:         | STOP Violence Against Women Grant (VAWA) |
| Grantee Organization: | BaseLine Organization                    |
| Program Manager:      | Connie Berhorst                          |

| Reporting Period            |                          |
|-----------------------------|--------------------------|
| Claim Type:                 | Monthly                  |
| Claim Status:               | Editing                  |
| Reporting Period:           | 03/01/2020 To 03/31/2020 |
| Invoice Number:             |                          |
| Is This Your Final Report?: | No                       |

# Claim Components

This is a listing of your Claim Components.

*Note: each component must be marked "Complete" prior to submitting the Claim...more on that to come.*

[Menu](#) | [Help](#) | [Log Out](#)[Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

Grant Tracking

**Claim:** 107574 - 007 [Grant Components](#)

**Grant:** 107574-CVS Domestic Violence Shelter  
**Status:** Editing  
**Program Area:** STOP Violence Against Women Grant (VAWA)  
**Grantee Organization:** BaseLine Organization  
**Program Manager:** Connie Berhorst

**Components** [Preview](#) | [Submit](#)  
Complete each component of the Claim and mark it as complete. Click Submit when you are done.

| Name   | Complete?                           | Last Edited |
|--|-------------------------------------|-------------|
| <a href="#">General Information</a>                          | <input checked="" type="checkbox"/> | 07/20/2020  |
| <a href="#">Victim Services Activity Timesheet</a>           | <input type="checkbox"/>            |             |
| <a href="#">Criminal Justice Agencies Activity Timesheet</a> | <input type="checkbox"/>            |             |
| <a href="#">Detail of Expenditures</a>                       | <input type="checkbox"/>            |             |
| <a href="#">Reimbursement</a>                                | <input type="checkbox"/>            |             |
| <a href="#">Program Income</a>                               | <input type="checkbox"/>            |             |
| <a href="#">Named Attachments</a>                            | <input type="checkbox"/>            |             |
| <a href="#">Other Attachments</a>                            | <input type="checkbox"/>            |             |



# Activity Timesheets

- There are two Activity Timesheets available for **VAWA** Claims\*
  - \* Victim Services
  - \* Criminal Justice Agencies
- You will only complete ONE of these for your **VAWA** Claim, based on agency type
  - If you are unsure which timesheet to complete, please contact your Program Representative for guidance

*Note: VAWA is the only contract that has two activity timesheets; SASP and SSVF have only one timesheet option*

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

### Grant Tracking

Claim: 107574 - 007 [Grant Components](#)

Grant: [107574-CVS Domestic Violence Shelter](#)

Status: Editing

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Manager: Connie Berhorst

#### Components [Preview](#) | [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

| Name   | Complete? | Last Edited |
|--|-----------|-------------|
| <a href="#">General Information</a>                          |           |             |
| <a href="#">Victim Services Activity Timesheet</a>           | ✓         | 07/20/2020  |
| <a href="#">Criminal Justice Agencies Activity Timesheet</a> |           |             |
| <a href="#">Detail of Expenditures</a>                       |           |             |
| <a href="#">Reimbursement</a>                                |           |             |
| <a href="#">Program Income</a>                               |           |             |
| <a href="#">Named Attachments</a>                            |           |             |
| <a href="#">Other Attachments</a>                            |           |             |

# Activity Timesheets

- **Select appropriate Activity Timesheet** for your agency (again, applies to VAWA contracts **only**; SASP and SSVF only have one activity timesheet option)

*For this example, we will use the VAWA "Victim Services Activity Timesheet"*

[Menu](#) | [Help](#) | [Log Out](#)[Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

**Grant Tracking**

Claim: 107574 - 007

Grant Components

Grant: 107574-CVS Domestic Violence Shelter

Status: Editing

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Manager: Connie Berhorst

Components

Preview | Submit

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

| Name   | Complete? | Last Edited |
|--|-----------|-------------|
| General Information                          | ✓         | 07/20/2020  |
| <b>Victim Services Activity Timesheet</b>    |           |             |
| Criminal Justice Agencies Activity Timesheet |           |             |
| Detail of Expenditures                       |           |             |
| Reimbursement                                |           |             |
| Program Income                               |           |             |
| Named Attachments                            |           |             |
| Other Attachments                            |           |             |

# Activity Timesheets – Staff Information

- The **first step** to completing Activity Timesheets is to enter staff information for anyone that will be included in the request
  - Select **“Add”** from the Staff action ribbon

The screenshot displays the Grant Tracking interface. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. Below this, the 'Grant Tracking' section shows details for Claim: 107574 - 007, including Grant: 107574.CVS Domestic Violence Shelter, Status: Editing, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, and Program Manager: Connie Berhorst. A red box highlights the 'Staff' action ribbon, which includes links for 'Mark as Complete', 'Go to Claim Forms', and 'Add'. Below the ribbon, there is a table with columns for Employee Name, Total Number of Victims Served, and Supervisor Name. The 'Activity Timesheet' section follows, containing instructions and a table with various activity categories and time tracking fields.

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

**Grant Tracking**

Claim: 107574 - 007 Grant Components

Grant: 107574.CVS Domestic Violence Shelter  
Status: Editing  
Program Area: STOP Violence Against Women Grant (VAWA)  
Grantee Organization: BaseLine Organization  
Program Manager: Connie Berhorst

**Instructions**  
This form summarizes the employee's activities during the pay period and separates the time between allowable and unallowable hours.

**Staff** Mark as Complete | Go to Claim Forms | Add

| Employee Name | Total Number of Victims Served | Supervisor Name |
|---------------|--------------------------------|-----------------|
|               | 0                              |                 |

**Activity Timesheet** Add

All grant funded employees, regardless of the amount of time spent on the project, must keep detailed timesheets.  
Grant funded employees must record all activities to document the percentage (amount) of time spent on the project. Only actual time spent on the project may be claimed.  
Use this form to document all hours for the employee(s).  
PLEASE ENTER ALL HOURS BY PAY PERIOD.  
Allowable services and activities included under the "Other" column heading must be described at the bottom of the form.  
Please round partial time (up or down) and report in 15 min. increments. \*Note: See the link below for the Pay Period and Attendance Report for definitions of services.

**Definitions**

| Employee | Start Date | End Date | Crisis Counseling | Follow-up Contact | Therapy | Group Treatment | Crisis Hotline | Shelter/Safehouse Coverage | Info & Referral | Case Management | CJ Supp/Adv | Emergency Legal Advocacy | Assist w/CVC | Personal Advocacy | Telephone Contacts | Other Allowable Hours | Paid Time Off | Eligible Hrs | Non-Allowable Hours | Total Paid Hours | Total Hours Worked | Eligible % |
|----------|------------|----------|-------------------|-------------------|---------|-----------------|----------------|----------------------------|-----------------|-----------------|-------------|--------------------------|--------------|-------------------|--------------------|-----------------------|---------------|--------------|---------------------|------------------|--------------------|------------|
|          |            |          |                   |                   |         |                 |                |                            |                 |                 |             |                          |              |                   |                    |                       | 0.00          | 0.00         | 0.00                | 0.00             |                    |            |

# Activity Timesheets – Staff Information

- Enter **Employee Name**
- **Total Number of Victims Served** (for the time period being claimed only)
- Immediate **Supervisor's Name**
- **Select "Save"**

[Menu](#) | [Help](#) | [Log Out](#) [Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

**Grant Tracking**

Claim: 107574 - 007 [Grant Components](#)

Grant: 107574-CVS Domestic Violence Shelter

Status: Editing

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Manager: Connie Berhorst

**Instructions**  
*This form summarizes the employee's activities during the pay period and separates the time between allowable and unallowable hours.*

**Staff**  
*Add staff here then they will appear in the Timesheet below.*

Employee Name\*

Total Number of Victims Served\*

Supervisor Name\*

[Return to Top](#)



# Activity Timesheets – Activities Record

- The **second step** to completing Activity Timesheets is entering the activities for each person and for each pay period included in the request
- A **separate** activity timesheet must be entered for **each pay period and each employee**
- Activity timesheets must be entered **according to pay period dates**; do **NOT** combine multiple pay periods into one timesheet
- **Select “Add”** from the Activity Timesheet action ribbon

Staff

Mark as Complete | Go to Claim Forms | Add

Add staff here then they will appear in the Timesheet below.

| Employee Name      | Total Number of Victims Served | Supervisor Name |
|--------------------|--------------------------------|-----------------|
| Example 1 Employee | 28                             | Supervisor 1    |
| Example 2 Employee | 32                             | Supervisor 1    |
|                    | 60                             |                 |

Activity Timesheet

Add

All grant funded employees, regardless of the amount of time spent on the project, must keep detailed timesheets.

Grant funded employees must record all activities to document the percentage (amount) of time spent on the project. Only actual time spent on the project may be claimed.

Use this form to document all hours for the employee(s).

PLEASE ENTER ALL HOURS BY PAY PERIOD.

Allowable services and activities included under the "Other" column heading must be described at the bottom of the form.

Please round partial time (up or down) and report in 15 min. increments. \*Note: See the link below for the Pay Period and Attendance Report for definitions of services.

Definitions

| Employee           | Start Date | End Date   | Crisis Counseling | Follow-up Therapy Contact | Group Treatment | Crisis Hotline | Shelter/Safehouse Coverage | Info & Referral | Case Management | CJ Supp/Adv | Emergency Legal Advocacy | Assist w/CVC | Personal Advocacy | Telephone Contacts | Other Allowable Hours | Paid Time Off | Eligible Hrs | Non-Allowable Hours | Total Paid Hours | Total Hours Worked | Eligible % |
|--------------------|------------|------------|-------------------|---------------------------|-----------------|----------------|----------------------------|-----------------|-----------------|-------------|--------------------------|--------------|-------------------|--------------------|-----------------------|---------------|--------------|---------------------|------------------|--------------------|------------|
| Example 1 Employee | 03/01/2020 | 03/15/2020 | 0                 | 10.0                      | 40.0            | 20.0           | 0                          | 0               | 0               | 0           | 0                        | 0            | 0                 | 0                  | 0                     | 8.0           | 70.0         | 2.0                 | 80.0             | 72.0               | 97.22%     |

# Activity Timesheets – Activities Record

- **Select the Employee** you are entering activities for
  - If more than one employee was entered in Staff Information, you will select from a drop-down list
- **Enter Start and End Date** of the pay period
- **Enter total hours spent on each activity** for the pay period, including Other Allowable Hours and Paid Time Off (PTO)
  - Other Allowable and/or PTO hours must include a description (this will be illustrated in the next step)
  - PTO includes vacation, holiday, sick, comp time, etc.
  - PTO is NOT included in the Other Allowable category
  - Non-Allowable hours must also be recorded

Definitions

**Employee\*** Example 1 Employee ▼

**Start Date\***

**End Date\***

**Crisis Counseling**

**Follow-up Contact**

**Therapy**

**Group Treatment**

**Crisis Hotline**

**Shelter/ Safehouse Coverage**

**Info & Referral**

**Case Management**

**CJ Supp/Adv**

**Emergency Legal Advocacy**

**Assist w/CVC**

**Personal Advocacy**

**Telephone Contacts**

*Do Not Include Paid Time Off*

**Other Allowable Hours**

*vaca, sick, holiday, etc*

**Paid Time Off**

**Non-Allowable Hours**

# Activity Timesheets – Activities Record

- Once you have completed entering activities for the pay period, **select “Save”**
- You will be returned to the Activity Timesheet component
- Activity timesheets must be entered **according to pay period dates**; do NOT combine multiple pay periods onto one activity timesheet
- Repeat the previous steps to enter activities for multiple pay periods and multiple employees

The screenshot shows a web application interface for 'Grant Tracking'. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add, Delete, and a highlighted Save button. Below the navigation bar, the 'Grant Tracking' section displays the following information: Claim: 107574 - 007, Grant: 107574-CVS Domestic Violence Shelter, Status: Editing, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, and Program Manager: Connie Berhorst. A 'Grant Components' link is visible in the top right. The 'Instructions' section states: 'This form summarizes the employee's activities during the pay period and separates the time between allowable and unallowable hours.' The 'Activity Timesheet' section includes instructions: 'All grant funded employees, regardless of the amount of time spent on the project, must keep detailed timesheets. Grant funded employees must record all activities to document the percentage (amount) of time spent on the project. Only actual time spent on the project may be claimed. Use this form to document all hours for the employee(s). PLEASE ENTER ALL HOURS BY PAY PERIOD. Allowable services and activities included under the "Other" column heading must be described at the bottom of the form. Please round partial time (up or down) and report in 15 min. increments. \*Note: See the link below for the Pay Period and Attendance Report for definitions of services.' Below the instructions, the 'Definitions' section contains a form with the following fields: Employee\* (dropdown menu showing 'Example 2 Employee'), Start Date\* (calendar icon, date 03/01/2020), End Date\* (calendar icon, date 03/15/2020), Crisis Counseling (input field with value 2), Follow-up Contact (input field with value 1), and Therapy (input field).



# Activity Timesheets – Activities Record

- If an error is discovered after you have saved the activity timesheet, **select the Employee Name** for the affected pay period to edit the entry

Staff

Mark as Complete | Go to Claim Forms | Add

Add staff here then they will appear in the Timesheet below.

| Employee Name      | Total Number of Victims Served | Supervisor Name |
|--------------------|--------------------------------|-----------------|
| Example 1 Employee | 28                             | Supervisor 1    |
| Example 2 Employee | 32                             | Supervisor 1    |
|                    | 60                             |                 |

Activity Timesheet

Add

All grant funded employees, regardless of the amount of time spent on the project, must keep detailed timesheets.

Grant funded employees must record all activities to document the percentage (amount) of time spent on the project. Only actual time spent on the project may be claimed.

Use this form to document all hours for the employee(s).

PLEASE ENTER ALL HOURS BY PAY PERIOD.

Allowable services and activities included under the "Other" column heading must be described at the bottom of the form.

Please round partial time (up or down) and report in 15 min. increments. \*Note: See the link below for the Pay Period and Attendance Report for definitions of services.

Definitions

| Employee           | Start Date | End Date   | Crisis Counseling | Follow-up Therapy Contact | Group Treatment | Crisis Hotline | Shelter/Safehouse Coverage | Info & Referral | Case Management | CJ Supp/Adv | Emergency Legal Advocacy | Assist w/CVC | Personal Advocacy | Telephone Contacts | Other Allowable Hours | Paid Time Off | Eligible Hrs | Non-Allowable Hours | Total Paid Hours | Total Hours Worked | Eligible % |        |
|--------------------|------------|------------|-------------------|---------------------------|-----------------|----------------|----------------------------|-----------------|-----------------|-------------|--------------------------|--------------|-------------------|--------------------|-----------------------|---------------|--------------|---------------------|------------------|--------------------|------------|--------|
| Example 1 Employee | 03/01/2020 | 03/15/2020 | 0                 | 10.0                      | 40.0            | 20.0           | 0                          | 0               | 0               | 0           | 0                        | 0            | 0                 | 0                  | 0                     | 8.0           | 70.0         | 2.0                 | 80.0             | 72.0               | 97.22%     |        |
| Example 1 Employee | 03/16/2020 | 03/31/2020 | 4.0               | 0                         | 40.0            | 30.0           | 0                          | 0               | 4.0             | 0           | 0                        | 0            | 0                 | 0                  | 0                     | 0             | 78.0         | 2.0                 | 80.0             | 80.0               | 97.5%      |        |
|                    |            |            |                   |                           |                 |                |                            |                 |                 |             |                          |              |                   |                    | 0.00                  | 8.00          | 148.00       | 4.00                | 160.00           |                    |            |        |
| Example 2 Employee | 03/01/2020 | 03/15/2020 | 4.0               | 2.0                       | 0               | 0              | 6.0                        | 0               | 2.0             | 30.0        | 8.0                      | 0            | 4.0               | 10.0               | 4.0                   | 4.0           | 2.0          | 74.0                | 4.0              | 80.0               | 78.0       | 94.87% |
| Example 2 Employee | 03/16/2020 | 03/31/2020 | 6.0               | 4.0                       | 0               | 0              | 5.0                        | 20.0            | 5.0             | 12.0        | 3.0                      | 5.0          | 0                 | 10.0               | 3.0                   | 3.0           | 4.0          | 76.0                | 0                | 80.0               | 76.0       | 100.0% |
|                    |            |            |                   |                           |                 |                |                            |                 |                 |             |                          |              |                   |                    | 7.00                  | 6.00          | 150.00       | 4.00                | 160.00           |                    |            |        |
|                    |            |            |                   |                           |                 |                |                            |                 |                 |             |                          |              |                   |                    | 7.00                  | 14.00         | 298.00       | 8.00                | 320.00           |                    |            |        |

# Activity Timesheets – Other Allowable Hours / Paid Time Off (PTO)

- **Select “Add”** from the Other Allowable Hours / Paid Time Off action ribbon
- **Select the Employee** you need to enter descriptions for
  - If more than one employee was entered in Staff Information, you will select from a drop-down
- **Enter Start and End Date** of the pay period
- **Enter a Brief Description of the Activity(ies) and/or PTO**
- **Enter number of Hours** Claimed as Other Allowable and/or PTO for the pay period
- Once complete, **select “Save”** and you will be returned to the Activity Timesheet form

Other Allowable Hours/Paid Time Off

Please describe the "Other" Allowable Hours and Paid Time Off.

| Employee | Start Date | End Date | Brief Description of Activity | Hours |
|----------|------------|----------|-------------------------------|-------|
|----------|------------|----------|-------------------------------|-------|

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 107574 - 007

Grant: 107574-CVS Domestic Violence Shelter

Status: Editing

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Manager: Connie Berhorst

Instructions

This form summarizes the employee's activities during the pay period and separates the time between allowable and unallowable hours.

Other Allowable Hours/Paid Time Off

Please describe the "Other" Allowable Hours and Paid Time Off.

Employee\* Example 2 Employee

Start Date\* 03/01/2020

End Date\* 03/15/2020

Brief Description of Activity

Comp Time (2 hrs); Basics of Advocacy Training (4 hrs)-approved 02/18/2020

Hours\* 6.0

# Activity Timesheets – Other Allowable Hours/Paid Time Off (PTO)

- Hours recorded as Other Allowable or Paid Time Off (PTO) must include a description in order to be considered for eligibility
  - Descriptions must be concise, yet descriptive
  - Descriptions must correspond to pay period
  - If claiming training hours, provide the title/type of training and date DPS approved the training (this helps us reference the approval!)
- Other Allowable and PTO hours should equal hours recorded in the Activity Timesheet
- If an error is discovered after you have saved your entries, **select the Employee Name** for the affected pay period to edit the entry

| Employee           | Start Date | End Date   | Crisis Counseling | Follow-up Contact | Therapy | Group Treatment | Crisis Hotline | Shelter/Safehouse Coverage | Info & Referral | Case Management | CJ Suppl/Adv | Emergency Legal Advocacy | Assist w/CVC | Personal Advocacy | Telephone Contacts | Other Allowable Hours | Paid Time Off | Eligible Hrs | Non-Allowable Hours | Total Paid Hours | Total Hours Worked | Eligible % |
|--------------------|------------|------------|-------------------|-------------------|---------|-----------------|----------------|----------------------------|-----------------|-----------------|--------------|--------------------------|--------------|-------------------|--------------------|-----------------------|---------------|--------------|---------------------|------------------|--------------------|------------|
| Example 1 Employee | 03/01/2020 | 03/15/2020 | 0                 | 10.0              | 40.0    | 20.0            | 0              | 0                          | 0               | 0               | 0            | 0                        | 0            | 0                 | 0                  | 0                     | 8.0           | 70.0         | 2.0                 | 80.0             | 72.0               | 97.22%     |
| Example 1 Employee | 03/16/2020 | 03/31/2020 | 4.0               | 0                 | 40.0    | 30.0            | 0              | 0                          | 0               | 4.0             | 0            | 0                        | 0            | 0                 | 0                  | 0                     | 0             | 78.0         | 2.0                 | 80.0             | 80.0               | 97.5%      |
| Example 2 Employee | 03/01/2020 | 03/15/2020 | 4.0               | 2.0               | 0       | 0               | 6.0            | 0                          | 2.0             | 30.0            | 8.0          | 0                        | 4.0          | 10.0              | 4.0                | 4.0                   | 2.0           | 74.0         | 4.0                 | 80.0             | 78.0               | 94.87%     |
| Example 2 Employee | 03/16/2020 | 03/31/2020 | 6.0               | 4.0               | 0       | 0               | 5.0            | 20.0                       | 5.0             | 12.0            | 3.0          | 5.0                      | 0            | 10.0              | 3.0                | 3.0                   | 4.0           | 76.0         | 0                   | 80.0             | 76.0               | 100.0%     |
|                    |            |            |                   |                   |         |                 |                |                            |                 |                 |              |                          |              |                   |                    | 7.00                  | 6.00          | 50.00        | 4.00                | 160.00           |                    |            |
|                    |            |            |                   |                   |         |                 |                |                            |                 |                 |              |                          |              |                   |                    | 7.00                  | 14.00         | 98.00        | 8.00                | 320.00           |                    |            |

| Eligible Percentage |  |
|---------------------|--|
|                     |  |

| Other Allowable Hours/Paid Time Off                            |  | Add   |
|--|--|-------|
| Please describe the "Other" Allowable Hours and Paid Time Off. |  |       |
| Employee   | Brief Description of Activity  | Hours |
| Example 1 Employee   | 03/01/2020 03/15/2020 Vacation   | 8.0   |
| Example 2 Employee   | 03/01/2020 03/15/2020 Comp Time (2 hrs); Basics of Advocacy Training (4 hrs)-approved 02/18/2020 | 8.00  |
| Example 2 Employee   | 03/16/2020 03/31/2020 Comp Time (4 hrs); new employee training (3 hrs)                           | 6.0   |
|  |  | 7.0   |
|  |  | 13.00 |
|  |  | 21.00 |

| Other Allowable Hours | Paid Time Off | Hours |
|-----------------------|---------------|-------|
|                       |               | 8.0   |
| 0                     | 8.0           | 8.00  |
|                       |               | 6.0   |
| 0                     | 0             | 7.0   |
| 0.00                  | 8.00          | 13.00 |
| 4.0                   | 2.0           | 21.00 |
| 3.0                   | 4.0           |       |
| 7.00                  | 6.00          |       |
| 7.00                  | 14.00         |       |

# Activity Timesheets

- WebGrants Activity Timesheets will calculate eligible percentage for each pay period based on your entries
  - Do not claim more than the eligible percentage calculated by the timesheet for each pay period
- Once Activity Timesheets are complete, **select “Mark as Complete”** in the Staff action ribbon
- You will then return to the Claim Components listing

*Note: you may still edit your entries, even after they have been marked as complete, by selecting the employee name for the affected pay period*

Staff

Mark as Complete

Go to Claim Forms | Add

Add staff here then they will appear in the timesheet below.

| Employee Name      | Total Number of Victims Served | Supervisor Name |
|--------------------|--------------------------------|-----------------|
| Example 1 Employee |                                | 28 Supervisor 1 |
| Example 2 Employee |                                | 32 Supervisor 1 |
|                    |                                | 60              |

Activity Timesheet

Add

All grant funded employees, regardless of the amount of time spent on the project, must keep detailed timesheets.

Grant funded employees must record all activities to document the percentage (amount) of time spent on the project. Only actual time spent on the project may be claimed.

Use this form to document all hours for the employee(s).

PLEASE ENTER ALL HOURS BY PAY PERIOD.

Allowable services and activities included under the "Other" column heading must be described at the bottom of the form.

Please round partial time (up or down) and report in 15 min. increments. \*Note: See the link below for the Pay Period and Attendance Report for definitions of services.

Definitions

| Employee           | Start Date | End Date   | Crisis Counseling | Follow-up Contact | Therapy | Group Treatment | Crisis Hotline | Shelter/Safehouse Coverage | Info & Referral | Case Management | CJ Supp/Adv | Emergency Legal Advocacy | Assist w/CVC | Personal Advocacy | Telephone Contacts | Other Allowable Hours | Paid Time Off | Eligible Hrs | Non-Allowable Hours | Total Paid Hours | Total Hours Worked | Eligible % |
|--------------------|------------|------------|-------------------|-------------------|---------|-----------------|----------------|----------------------------|-----------------|-----------------|-------------|--------------------------|--------------|-------------------|--------------------|-----------------------|---------------|--------------|---------------------|------------------|--------------------|------------|
| Example 1 Employee | 03/01/2020 | 03/15/2020 | 0                 | 10.0              | 40.0    | 20.0            | 0              | 0                          | 0               | 0               | 0           | 0                        | 0            | 0                 | 0                  | 0                     | 8.0           | 70.0         | 2.0                 | 80.0             | 72                 | 97.22%     |
| Example 1 Employee | 03/16/2020 | 03/31/2020 | 4.0               | 0                 | 40.0    | 30.0            | 0              | 0                          | 0               | 4.0             | 0           | 0                        | 0            | 0                 | 0                  | 0                     | 0             | 78.0         | 2.0                 | 80.0             | 80                 | 97.5%      |
|                    |            |            |                   |                   |         |                 |                |                            |                 |                 |             |                          |              |                   |                    | 0.00                  | 8.00          | 148.00       | 4.00                | 160.00           |                    |            |
| Example 2 Employee | 03/01/2020 | 03/15/2020 | 4.0               | 2.0               | 0       | 0               | 6.0            | 0                          | 2.0             | 30.0            | 8.0         | 0                        | 4.0          | 10.0              | 4.0                | 4.0                   | 2.0           | 74.0         | 4.0                 | 80.0             | 78                 | 94.87%     |
| Example 2 Employee | 03/16/2020 | 03/31/2020 | 6.0               | 4.0               | 0       | 0               | 5.0            | 20.0                       | 5.0             | 12.0            | 3.0         | 5.0                      | 0            | 10.0              | 3.0                | 3.0                   | 4.0           | 76.0         | 0                   | 80.0             | 76                 | 100.0%     |
|                    |            |            |                   |                   |         |                 |                |                            |                 |                 |             |                          |              |                   |                    | 7.00                  | 6.00          | 150.00       | 4.00                | 160.00           |                    |            |
|                    |            |            |                   |                   |         |                 |                |                            |                 |                 |             |                          |              |                   |                    | 7.00                  | 14.00         | 298.00       | 8.00                | 320.00           |                    |            |

# Activity Timesheets – VAWA Specific

- **This slide is for STOP VAWA Claims only**
  - If you do not receive STOP VAWA funding, please skip ahead to the next slide
- Remember, there are **two** activity timesheets available for VAWA Claims
  - Only **ONE** Activity Timesheet will be completed by your agency
- Determine which Activity Timesheet is required and complete it
- Open the remaining (unused) Activity Timesheet, **select “Mark as Complete”** in the Staff action ribbon
  - Do **NOT** add information to this additional timesheet

The screenshot displays the 'Grant Tracking' web application. At the top, there are navigation links: Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. The main header shows 'Grant: 107574 - 007' and 'Grant Components'. Below this, a summary box contains the following information: Grant: 107574-CVS Domestic Violence Shelter, Status: Editing, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, and Program Manager: Connie Berhorst. The 'Components' section lists various items with a table showing their completion status. The 'Victim Services Activity Timesheet' is highlighted with a red box. Below the components, there is an 'Instructions' section and a 'Staff' section. The 'Staff' section has a red box around the 'Mark as Complete' button. The 'Staff' table has columns for Employee Name, Total Number of Victims Served, and Supervisor Name.

| Name   | Complete? | Last Edited |
|--|-----------|-------------|
| General Information                          |           |             |
| Victim Services Activity Timesheet           | ✓         | 07/20/2020  |
| Criminal Justice Agencies Activity Timesheet |           |             |
| Other Attachments                            |           |             |

| Employee Name | Total Number of Victims Served | Supervisor Name |
|---------------|--------------------------------|-----------------|
|               | 0                              |                 |

# *Detail of Expenditures Form*

- The Detail of Expenditures form is used to provide specific information for the reimbursement request
  - Who, What, When, How Much?
- **Select Detail of Expenditures** from the listing of Claim Components

| Components  |           |             | <a href="#">Preview</a>   <a href="#">Submit</a> |
|---|-----------|-------------|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. |           |             |  |
| Name  | Complete? | Last Edited |  |
| General Information   | ✓         | 07/20/2020  |  |
| Victim Services Activity Timesheet  | ✓         | 07/21/2020  |  |
| Criminal Justice Agencies Activity Timesheet  | ✓         | 07/21/2020  |  |
| <b>Detail of Expenditures</b>   |           |             |  |
| Reimbursement   |           |             |  |
| Program Income  |           |             |  |
| Named Attachments   |           |             |  |
| Other Attachments   |           |             |  |

# Detail of Expenditures Form

- To begin, select “Add” from the Detail of Expenditures action ribbon

Claim: 107574 - 007

Grant Components

Grant: 107574-CVS Domestic Violence Shelter

Status: Editing

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Manager: Connie Berhorst

Instructions

Complete the following columns with the requested information:

Detail of Expenditures

Mark as Complete | Go to Claim Forms

Add

| Line Number | Pay Date | Budget Category | Check Number | Payee | Description | Gross Pay/ Actual Amount | % of Funding Requested | Total | % of Match Funding Requested | Match Total | Federal Share |
|-------------|----------|-----------------|--------------|-------|-------------|--------------------------|------------------------|-------|------------------------------|-------------|---------------|
|             |          |                 |              |       |             |                          |                        |       |                              | \$0.00      | \$0.00        |

# Detail of Expenditures Form

- **Line Number** – select the line number that corresponds with the expense you are claiming
  - These items are pulled directly from your budget
- **Pay Date** - enter the date **payment was made**
- **Budget Category** – select the category that corresponds with the expense you are claiming
  - Line Numbers fall within specific budget categories; for example Line **11000 (Office Supplies)** is within Budget Category **11,000-11,999 Supplies/Operations**
- **Check Number** – enter the check number or EFT that corresponds to the payment
- **Payee** – enter the name of the person or entity payment was remitted to
  - For fringe benefits, this will be name of the company/ entity payment was remitted to; **the employee is not considered the payee**

| Detail of Expenditures  |   |
|---|---|
| Line Number*  | 11000 - Supplies/Operations - Office Supplies |
| Pay Date: indicate the date of expenditure  |   |
| Pay Date*   | 06/25/2020                                    |
| Budget Category: Select the category you are requesting payment for   |   |
| Budget Category*  | (11,000-11,999) Supplies/Operations           |
| Check #: indicate the check number for the expenditure, where applicable. If the payroll was a direct deposit, indicate DD. If the expenditure was paid via electronic transfer, indicate EFT.  |   |
| Check Number*   | 12345   |
| Payee: indicate to whom the check was paid or expenditure made  |   |
| Payee*  | Office Supply Depot                           |
| Description: give a brief description of the expenditure. For example, "Jane - payroll for 7/1/11 - 7/31/11", or "John - Overtime/PRN -10 hours for 7/1/11 - 7/31/11", or "FICA/Medicare", or "Unemployment Comp 1st Qtr", or "Jane - 97 miles at 37¢ per mile", or "John & Jane - 2 Computers", or "John & Jane - Conference Registration", etc. |   |
| Description*  | Misc. Office Supplies (paper, pen)            |
| Gross Pay/Actual Amount: indicate the gross amount paid per pay period and/or full total of the expenditure. This information is helpful when determining eligibility of the cost and for monitoring purposes to locate the appropriate receipt.  |   |
| Gross Pay/ Actual Amount*   | \$46.52                                       |
| % of Personnel Funding Requested: indicate the percentage of the expenditure for which funding reimbursement is requested.  |   |
| % of Funding Requested*   | 100.0%  |
| % of Match: indicate the percentage of the expenditure for which match is being provided. .   |   |
| % of Match Funding Requested*   | 25.0%   |



# Detail of Expenditures Form

- **Description** – enter description of the expense
  - Provide sufficient details!
  - Payroll - include pay period dates
  - Fringe benefits - include pay period dates or time period covered (i.e. FICA/Medi 02/16/20 - 02/28/20; Jane Doe Medical Insurance – March 2020)
  - Include agency rate for Worker's Comp, Unemployment Comp, Pension, etc.
  - Mileage - include number of miles and rate claimed
- **Gross Pay / Actual Amount** of expense
  - Payroll = gross salary before deductions
    - Bonuses are not eligible and must be deducted
    - Agencies may choose to deduct overtime pay from gross salary, or may choose to claim it
      - Keep in mind, claiming OT may result in Personnel and Fringe Benefits funding to be fully expended before the end of the contract period

| Detail of Expenditures  |   |
|---|---|
| Line Number*  | 11000 - Supplies/Operations - Office Supplies |
| Pay Date: indicate the date of expenditure  |   |
| Pay Date*   | 06/25/2020                                    |
| Budget Category: Select the category you are requesting payment for   |   |
| Budget Category*  | (11,000-11,999) Supplies/Operations           |
| Check #: indicate the check number for the expenditure, where applicable. If the payroll was a direct deposit, indicate DD. If the expenditure was paid via electronic transfer, indicate EFT.  |   |
| Check Number*   | 12345   |
| Payee: indicate to whom the check was paid or expenditure made  |   |
| Payee*  | Office Supply Depot                           |
| Description: give a brief description of the expenditure. For example, "Jane - payroll for 7/1/11 - 7/31/11", or "John - Overtime/PRN -10 hours for 7/1/11 - 7/31/11", or "FICA/Medicare", or "Unemployment Comp 1st Qtr", or "Jane - 97 miles at 37¢ per mile", or "John & Jane - 2 Computers", or "John & Jane - Conference Registration", etc. |   |
| Description*  | Misc. Office Supplies (paper, pen)            |
| Gross Pay/Actual Amount: indicate the gross amount paid per pay period and/or full total of the expenditure. This information is helpful when determining eligibility of the cost and for monitoring purposes to locate the appropriate receipt.  |   |
| Gross Pay/ Actual Amount*   | \$46.52                                       |
| % of Personnel Funding Requested: indicate the percentage of the expenditure for which funding reimbursement is requested.  |   |
| % of Funding Requested*   | 100.0%  |
| % of Match: indicate the percentage of the expenditure for which match is being provided. .   |   |
| % of Match Funding Requested*   | 25.0%   |

# Detail of Expenditures Form

- **% of Funding Requested**
  - Payroll and/or fringe benefits may not be claimed at a rate greater than the Eligible % as calculated by the WebGrants Activity Timesheets each pay period
- **% of Match Funding Requested**
  - Represents a **percentage** of the amount **requested** for each expense
  - Not all agencies are required to provide match; if your agency is not required to provide match, enter 0%
- Once all required information for the expense has been entered, **select "Save"**

Menu | Help | Log Out | Back | Print | Add | Delete | **Save**

### Grant Tracking

Claim: 107574 - 007 [Grant Components](#)

Grant: 107574-CVS Domestic Violence Shelter  
Status: Editing  
Program Area: STOP Violence Against Women Grant (VAWA)  
Grantee Organization: BaseLine Organization  
Program Manager: Connie Berhorst

### Instructions

Complete the following columns with the requested information:

### Detail of Expenditures

Line Number\* 11000 - Supplies/Operations - Office Supplies

Pay Date: indicate the date of expenditure  
Pay Date\* 06/25/2020

Budget Category: Select the category you are requesting payment for  
Budget Category\* ((11,000-11,999) Supplies/Operations)

Check #: indicate the check number for the expenditure, where applicable. If the payroll was a direct deposit, indicate DD. If the expenditure was paid via electronic transfer, indicate EFT.  
Check Number\* 12345

Payee: indicate to whom the check was paid or expenditure made  
Payee\* Office Supply Depot

Description: give a brief description of the expenditure. For example, "Jane - payroll for 7/1/11 - 7/31/11", or "John - Overtime/PRN -10 hours for 7/1/11 - 7/31/11", or "FICA/Medicare", or "Unemployment Comp 1st Qtr", or "Jane - 97 miles at 37¢ per mile", or "John & Jane - 2 Computers", or "John & Jane - Conference Registration", etc.  
Description\* Misc. Office Supplies (paper, pen)

Gross Pay/Actual Amount: indicate the gross amount paid per pay period and/or full total of the expenditure. This information is helpful when determining eligibility of the cost and for monitoring purposes to locate the appropriate receipt.

# Detail of Expenditures Form

- Repeat previous steps to add additional lines and expenses to the Claim
- If an error is discovered after you have saved an entry, **select the Line Number** to edit
- Once all expenses have been entered, verify the information is correct
  - If correct, **select “Mark as Complete”** from the Detail of Expenditures action ribbon
- If you discover that a line needs to be **deleted**, **select the line number** to open it for editing
  - **Enter \$0.00** in the Gross Pay/Actual Amount field
  - **Select Save**
  - **Select the line number** again
  - **Select “Delete”** from the top action ribbon

| Detail of Expenditures |            |                                     |              |                     |   |                          | <a href="#">Mark as Complete</a> | <a href="#">Go to Claim Forms</a>   <a href="#">Add</a> |                              |             |               |
|------------------------|------------|-------------------------------------|--------------|---------------------|---|--------------------------|----------------------------------|---|------------------------------|-------------|---------------|
| Line Number            | Pay Date   | Budget Category                     | Check Number | Payee               | Description                               | Gross Pay/ Actual Amount | % of Funding Requested           | Total   | % of Match Funding Requested | Match Total | Federal Share |
| 11000                  | 08/25/2020 | (11,000-11,999) Supplies/Operations | 12345        | Office Supply Depot | Misc. Office Supplies (paper, pens, etc.) | \$46.52                  | 100.0%                           | \$46.52   | 25.0%                        | \$11.63     | \$34.89       |

Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

Grant Tracking

*Following these steps will help ensure the Reimbursement form recognizes the line has been deleted so that amounts will recalculate*

# Reimbursement Form

| Components  |           |             | <a href="#">Preview</a>   <a href="#">Submit</a> |
|---|-----------|-------------|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. |           |             |  |
| Name  | Complete? | Last Edited |  |
| General Information   | ✓         | 07/20/2020  |  |
| Victim Services Activity Timesheet  | ✓         | 07/21/2020  |  |
| Criminal Justice Agencies Activity Timesheet  | ✓         | 07/21/2020  |  |
| Detail of Expenditures  | ✓         | 07/21/2020  |  |
| Reimbursement   |           |             |  |
| Program Income  |           |             |  |
| Named Attachments   |           |             |  |
| Other Attachments   |           |             |  |

- You're almost done!
- **Select Reimbursement** from Claim Components

# Reimbursement Form

1. **Select “Edit”** from the top action ribbon  
**DO NOT ENTER ANY INFORMATION INTO THIS FORM!**  
WebGrants will populate these fields for you.
2. Next, **select “Save”**
3. Finally, **select “Mark as Complete”**

The screenshot shows the 'Grant Tracking' interface. At the top, there is a navigation bar with 'Menu', 'Help', and 'Log Out' on the left, and 'Back', 'Print', 'Add', 'Delete', '1.', 'Edit', and 'Save' on the right. The 'Edit' button is highlighted with a red box. Below the navigation bar, the 'Grant Components' section displays the following information: Claim: 107574 - 007, Grant: 107574-CVS Domestic Violence Shelter, Status: Editing, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, and Program Manager: Connie Berhorst. Below this, the 'Reimbursement' section features a table with 14 columns: Budget Category, Details, Subaward Budget, Prior Expenses, Available Balance, Expenses This Period, Total Expenses To Date, Subaward Match, Prior Match Expenses, Remaining Match Requirement, Match Expenses This Period, Total Match To Date, Match Percentage, and Total Expenses and Match To Date. The first row of the table is labeled 'Personnel' and contains a single data entry: '1000(Line Number)'.

This screenshot shows the same 'Grant Tracking' interface as the previous one, but with the 'Save' button highlighted with a red box. The 'Grant Components' section remains the same. The 'Reimbursement' table is also present, but the data entry in the first row is partially obscured by a black circle on the right side of the image.

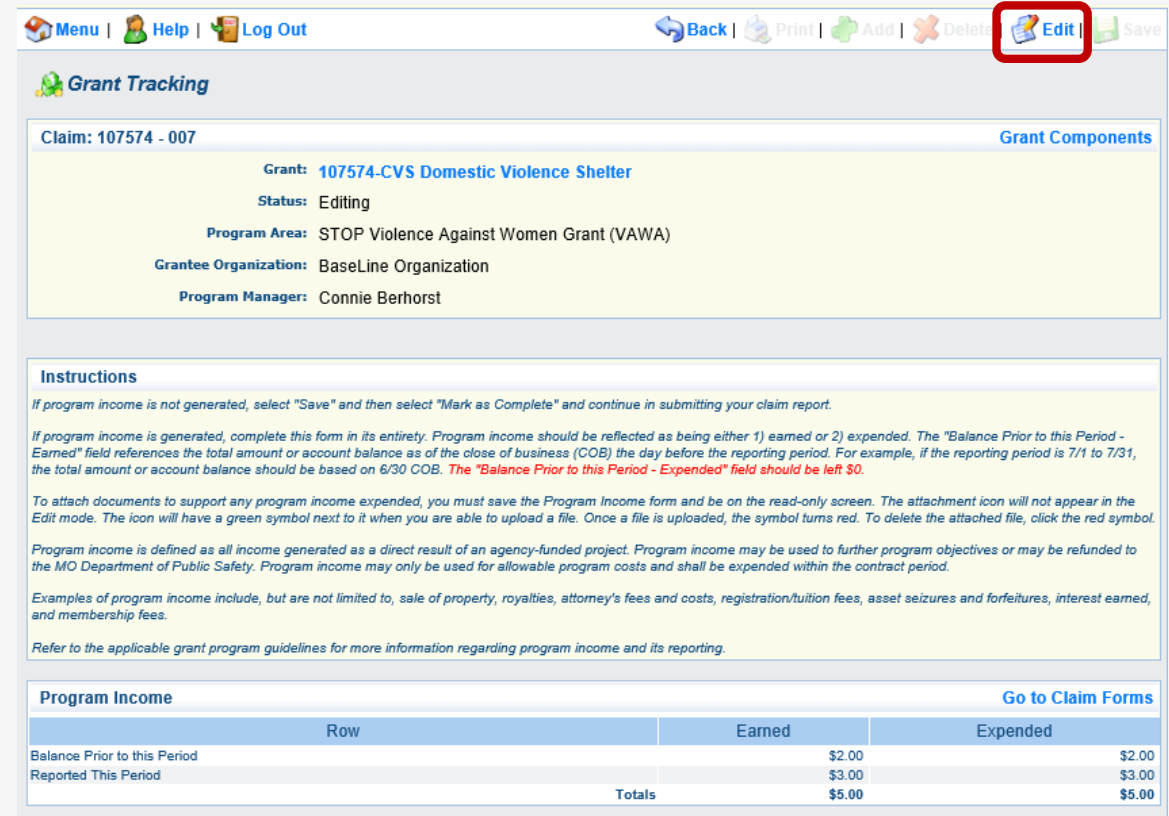
# Program Income – VAWA Specific

- This slide is for **STOP VAWA Claims** only
- **Select Program Income** from the list of Claim Components
  - Program Income is applicable to **very few** subrecipients; if your project does not generate income, you will simply enter \$0.00
  - If your project does generate income, enter the required information and attach any necessary documentation
- **Select “Save”**
- **Select “Mark as Complete”**

| Components  |           |             | <a href="#">Preview</a>   <a href="#">Submit</a> |
|---|-----------|-------------|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. |           |             |  |
| Name  | Complete? | Last Edited |  |
| General Information   | ✓         | 07/20/2020  |  |
| Victim Services Activity Timesheet  | ✓         | 07/21/2020  |  |
| Criminal Justice Agencies Activity Timesheet  | ✓         | 07/21/2020  |  |
| Detail of Expenditures  | ✓         | 07/21/2020  |  |
| Reimbursement   | ✓         | 07/21/2020  |  |
| <b>Program Income</b>   |           |             |  |
| Named Attachments   |           |             |  |
| Other Attachments   |           |             |  |

# Program Income – VAWA Specific

- This slide is for **STOP VAWA Claims** only
- If you enter the wrong information into this form, **select Program Income** from the list of Claim Components
- **Select “Edit”** from the top action ribbon
- Make needed corrections
- **Select “Save”**



The screenshot displays the 'Grant Tracking' web application. At the top, there is a navigation bar with links for Menu, Help, Log Out, Back, Print, Add, Delete, **Edit** (highlighted with a red box), and Save. Below this, the 'Grant Components' section shows details for Claim: 107574 - 007, including Grant: 107574-CVS Domestic Violence Shelter, Status: Editing, Program Area: STOP Violence Against Women Grant (VAWA), Grantee Organization: BaseLine Organization, and Program Manager: Connie Berhorst. The 'Instructions' section provides guidance on program income reporting, including instructions on how to handle generated vs. non-generated income, how to attach documents, and the definition of program income. At the bottom, the 'Program Income' table shows the following data:

| Row                          | Earned        | Expended      |
|------------------------------|---------------|---------------|
| Balance Prior to this Period | \$2.00        | \$2.00        |
| Reported This Period         | \$3.00        | \$3.00        |
| <b>Totals</b>                | <b>\$5.00</b> | <b>\$5.00</b> |

# Named Attachments

- **Select Named Attachments** from the listing of Claim Components
- Named Attachments are the **required documentation** needed to support each expense that is being claimed for reimbursement

| Components  |           |             | <a href="#">Preview</a>   <a href="#">Submit</a> |
|---|-----------|-------------|--|
| Complete each component of the Claim and mark it as complete. Click Submit when you are done. |           |             |  |
| Name  | Complete? | Last Edited |  |
| <a href="#">General Information</a>   | ✓         | 07/20/2020  |  |
| <a href="#">Victim Services Activity Timesheet</a>  | ✓         | 07/21/2020  |  |
| <a href="#">Criminal Justice Agencies Activity Timesheet</a>                                  | ✓         | 07/21/2020  |  |
| <a href="#">Detail of Expenditures</a>  | ✓         | 07/21/2020  |  |
| <a href="#">Reimbursement</a>   | ✓         | 07/21/2020  |  |
| <a href="#">Program Income</a>  | ✓         | 07/21/2020  |  |
| <a href="#">Named Attachments</a>   |           |             |  |
| <a href="#">Other Attachments</a>   |           |             |  |



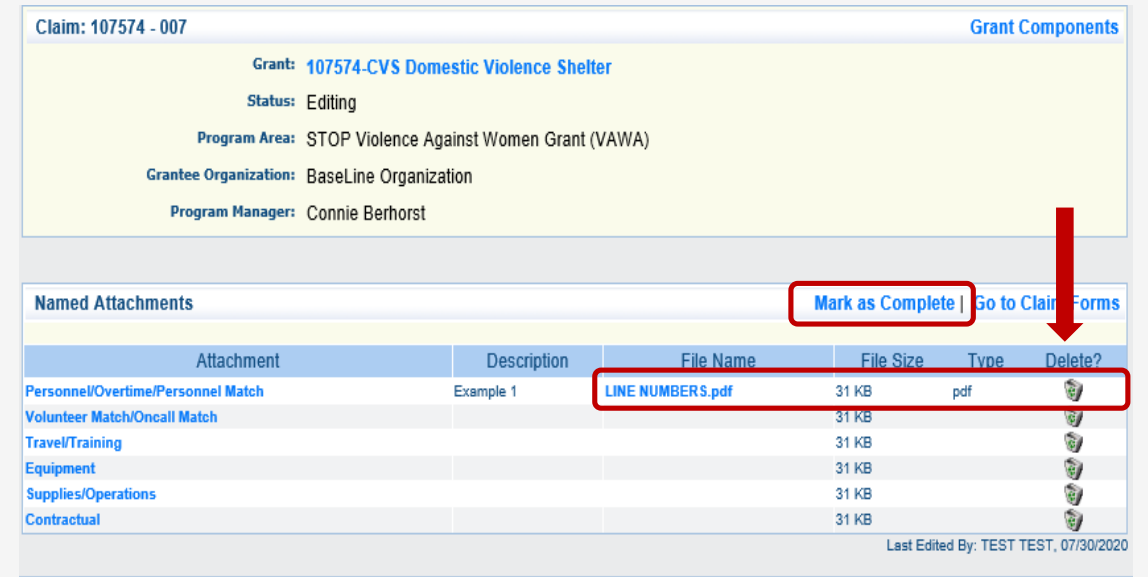
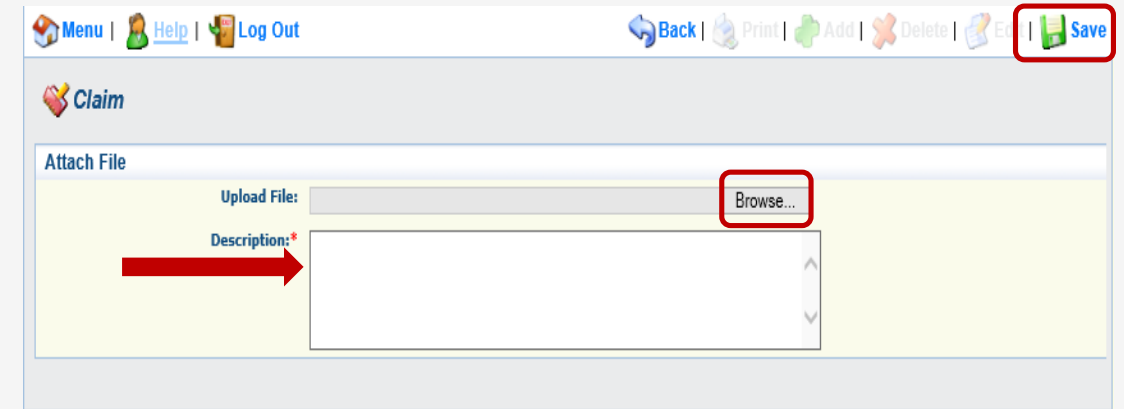
# Named Attachments

- Named Attachments include:
  - Personnel/Overtime/Personnel Match includes signed daily activity timesheets, payroll documentation, invoices, receipts/payment confirmations for fringe benefits, etc.
  - Volunteer Match/On-Call Match includes signed volunteer activity timesheets
  - Travel/Training – includes mileage logs, training certificates, lodging receipts, airfare receipts, payment confirmations, etc.
  - Equipment includes invoices and payment confirmations
  - Supplies/Operations include billing documentation/ invoices, and payment confirmations
  - Contractual includes invoices and payment confirmations
- To upload documentation, **select the appropriate attachment heading**

| Claim: 107574 - 007   | <a href="#">Grant Components</a>                                     |           |           |      |   |
|---|--|-----------|-----------|------|---|
| Grant: <a href="#">107574-CVS Domestic Violence Shelter</a> |  |           |           |      |   |
| Status: Editing   |  |           |           |      |   |
| Program Area: STOP Violence Against Women Grant (VAWA)      |  |           |           |      |   |
| Grantee Organization: BaseLine Organization                 |  |           |           |      |   |
| Program Manager: Connie Berhorst                            |  |           |           |      |   |
|   |  |           |           |      |   |
| Named Attachments   | <a href="#">Mark as Complete</a>   <a href="#">Go to Claim Forms</a> |           |           |      |   |
| Attachment  | Description  | File Name | File Size | Type | Delete?   |
| <a href="#">Personnel/Overtime/Personnel Match</a>          |  |           |           |      |    |
| <a href="#">Volunteer Match/Oncall Match</a>                |  |           |           |      |    |
| <a href="#">Travel/Training</a>                             |  |           |           |      |    |
| <a href="#">Equipment</a>                                   |  |           |           |      |    |
| <a href="#">Supplies/Operations</a>                         |  |           |           |      |   |
| <a href="#">Contractual</a>                                 |  |           |           |      |  |

# Named Attachments

- Only one file per category is accepted by the system; documentation should be combined into a single attachment and uploaded under the appropriate heading
  - Please ensure all scans are oriented in the same direction...it takes a lot of time to continually rotate pages as we review
- Select **"Browse"** to locate the file you wish to upload from your computer
- Type a brief **Description** of the file you are uploading, for example: "Payroll and Benefits 07/01/2020-07/31/2020"
- Select **"Save"**
  - If you upload the wrong file, **select the trash can icon** to delete the attachment and select the correct one
- When all necessary attachments have been uploaded, **select "Mark as Complete"**



| Attachment                         | Description | File Name        | File Size | Type | Delete? |
|------------------------------------|-------------|------------------|-----------|------|---------|
| Personnel/Overtime/Personnel Match | Example 1   | LINE NUMBERS.pdf | 31 KB     | pdf  |         |
| Volunteer Match/Oncall Match       |             |                  | 31 KB     |      |         |
| Travel/Training                    |             |                  | 31 KB     |      |         |
| Equipment                          |             |                  | 31 KB     |      |         |
| Supplies/Operations                |             |                  | 31 KB     |      |         |
| Contractual                        |             |                  | 31 KB     |      |         |

Last Edited By: TEST TEST, 07/30/2020

# Other Attachments

- Other Attachments should rarely be used
- **Select Other Attachments** from Claim Components
- Follow the steps used previously to upload “other” attachments that are relevant to your Claim
- When you have finished uploading Other Attachments, or if no additional attachments are needed, **select “Mark as Complete”**

Components [Preview](#) | [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

| Name   | Complete? | Last Edited |
|--|-----------|-------------|
| <a href="#">General Information</a>                          | ✓         | 07/20/2020  |
| <a href="#">Victim Services Activity Timesheet</a>           | ✓         | 07/21/2020  |
| <a href="#">Criminal Justice Agencies Activity Timesheet</a> | ✓         | 07/21/2020  |
| <a href="#">Detail of Expenditures</a>                       | ✓         | 07/21/2020  |
| <a href="#">Reimbursement</a>                                | ✓         | 07/21/2020  |
| <a href="#">Program Income</a>                               | ✓         | 07/21/2020  |
| <a href="#">Named Attachments</a>                            |           |             |
| <a href="#">Other Attachments</a>                            |           |             |

# Preview and Submit!

- Once all components of the Claim are marked “Complete”, you are ready to preview your Claim!
- **Select “Preview”**
  - Preview allows you to view the Claim as we see it, double-check your entries, and print a copy for your files
  - **Be sure to double-check the totals from the Detail of Expenditures form against the totals on the Reimbursement form!** (see next slide for an example!)
- If everything looks correct, and all Components are marked “Complete”, **select “Submit”**
- If you discover an error AFTER you have submitted, or if you have any questions, please contact your Program Representative...we can probably help!

Claim: 107574 - 007

Grant Components

Grant: 107574-CVS Domestic Violence Shelter

Status: Editing

Program Area: STOP Violence Against Women Grant (VAWA)

Grantee Organization: BaseLine Organization

Program Manager: Connie Berhorst

Components

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

| Name   | Complete? | Last Edited |
|--|-----------|-------------|
| General Information                          | ✓         | 07/20/2020  |
| Victim Services Activity Timesheet           | ✓         | 07/21/2020  |
| Criminal Justice Agencies Activity Timesheet | ✓         | 07/21/2020  |
| Detail of Expenditures                       | ✓         | 07/21/2020  |
| Reimbursement                                | ✓         | 07/21/2020  |
| Program Income                               | ✓         | 07/21/2020  |
| Named Attachments                            | ✓         | 07/30/2020  |
| Other Attachments                            | ✓         | 07/30/2020  |

Preview

Submit

## Detail of Expenditures

This example was taken from a VAWA Claim; SASP and SSVF Claims will not have Match Total or Match Expenses This Period columns.

| Line Number | Pay Date   | Budget Category                     | Check Number | Payee                      | Description                               | Gross Pay/ Actual Amount | % of Funding Requested | Total    | % of Match Funding Requested | Match Total | Federal Share |
|-------------|------------|-------------------------------------|--------------|----------------------------|---|--------------------------|------------------------|----------|------------------------------|-------------|---------------|
| 12000       | 04/03/2020 | (12,000-12,999) Contractual         | 5556         | Expert Counseling Services | Counseling for Client ABC and XYZ         | \$150.00                 | 90.0%                  | \$135.00 | 50.0%                        | \$67.50     | \$7.50        |
|             |            |                                     |              |                            |   |                          |                        |          |                              | \$67.50     | \$7.50        |
| 10000       | 03/28/2020 | (10,000-10,999) Equipment           | EFT          | Hometown Appliance Store   | Refrigerator for client food storage      | \$893.00                 | 100.0%                 | \$893.00 | 0%                           | \$0.00      | \$0.00        |
|             |            |                                     |              |                            |   |                          |                        |          |                              | \$0.00      | \$0.00        |
| 11000       | 06/25/2020 | (11,000-11,999) Supplies/Operations | 12345        | Office Supply Depot        | Misc. Office Supplies (paper, pens, etc.) | \$46.52                  | 100.0%                 | \$46.52  | 25.0%                        | \$11.63     | \$4.89        |
|             |            |                                     |              |                            |   |                          |                        |          |                              | \$11.63     | \$4.89        |
| 9002        | 04/01/2020 | (9000-9999) Travel/Training         | 98765        | Example 1 Employee         | Client Transportation - 238 mi @ \$0.37   | \$88.06                  | 100.0%                 | \$88.06  | 50.0%                        | \$44.03     | \$4.03        |
|             |            |                                     |              |                            |   |                          |                        |          |                              | \$44.03     | \$4.03        |
|             |            |                                     |              |                            |   |                          |                        |          |                              | \$123.16    | \$1,039.42    |

## Reimbursement

| Budget Category                       | Details  | Subaward Budget     | Prior Expenses | Available Balance   | Expenses This Period | Total Expenses To Date | Subaward Match    | Prior Match Expenses | Remaining Match Requirement | Match Expenses This Period | Total Match To Date | Match Percentage | Total Expenses and Match To Date |
|---------------------------------------|--|---------------------|----------------|---------------------|----------------------|------------------------|-------------------|----------------------|-----------------------------|----------------------------|---------------------|------------------|----------------------------------|
| <b>Personnel</b>                      |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Alexa Friend                          | 1000(Line Number), Shelter Advocate(Title), 100.00(% of Grant Funded Time)                   | \$19,200.00         | \$0.00         | \$19,200.00         | \$0.00               | \$0.00                 | \$4,800.00        | \$0.00               | \$4,800.00                  | \$0.00                     | \$0.00              | --               | \$0.00                           |
| Mary Jones                            | 1001(Line Number), Shelter Advocate (1/1/20-12/31/20)(Title), 100.00(% of Grant Funded Time) | \$31,200.00         | \$0.00         | \$31,200.00         | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
| Mary Jones                            | 1002(Line Number), Shelter Advocate (1/1/21-12/31/21)(Title), 100.00(% of Grant Funded Time) | \$32,136.00         | \$0.00         | \$32,136.00         | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$82,536.00</b>  | <b>\$0.00</b>  | <b>\$80,826.00</b>  | <b>\$0.00</b>        | <b>\$0.00</b>          | <b>\$4,800.00</b> | <b>\$0.00</b>        | <b>\$4,800.00</b>           | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>--</b>        | <b>\$0.00</b>                    |
| <b>Personnel Benefits</b>             |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| FICA/Medicare for Mary Jones          | 2000(Line Number), F.I.C.A. & Medicare(Category), 100.00(% of Funding Requested)             | \$4,845.20          | \$0.00         | \$4,845.20          | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
| Life Insurance                        | 2001(Line Number), Life Insurance(Category), 100.00(% of Funding Requested)                  | \$288.00            | \$0.00         | \$288.00            | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
| UC for both positions                 | 2002(Line Number), Unemployment Compensation(Category), 100.00(% of Funding Requested)       | \$453.60            | \$0.00         | \$453.60            | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
| WVC for all employees                 | 2003(Line Number), Workers Comp(Category), 100.00(% of Funding Requested)                    | \$907.90            | \$0.00         | \$907.90            | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$6,494.70</b>   | <b>\$0.00</b>  | <b>\$6,398.98</b>   | <b>\$0.00</b>        | <b>\$0.00</b>          | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>--</b>        | <b>\$0.00</b>                    |
| <b>PRN/Overtime</b>                   |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Various PRN                           | 3000(Line Number), Various PRN(Name), Advocates(Title), 1000.00(Hours on Project)            | \$12,000.00         | \$0.00         | \$12,000.00         | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$12,000.00</b>  | <b>\$0.00</b>  | <b>\$11,990.00</b>  | <b>\$0.00</b>        | <b>\$0.00</b>          | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>--</b>        | <b>\$0.00</b>                    |
| <b>PRN/Overtime Benefits</b>          |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| FICA/Medicare                         | 4000(Line Number), FICA/Medicare (Category), 100.00(% of Funding Requested)                  | \$918.00            | \$0.00         | \$918.00            | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$918.00</b>     | <b>\$0.00</b>  | <b>\$918.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>          | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>--</b>        | <b>\$0.00</b>                    |
| <b>Volunteer Match (\$18.00/hour)</b> |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Transportation Driver                 | 5000(Line Number), 100.00(Total Hours)   | \$0.00              | \$0.00         | \$0.00              | \$0.00               | \$0.00                 | \$1,800.00        | \$0.00               | \$1,800.00                  | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$0.00</b>       | <b>\$0.00</b>  | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>\$0.00</b>          | <b>\$1,800.00</b> | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>--</b>        | <b>\$0.00</b>                    |
| <b>Travel/Training</b>                |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Airfare                               | 9000(Line Number), Airfare/Baggage (Category), 1.00(Number)                                  | \$500.00            | \$0.00         | \$500.00            | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
| Meals for MVSA                        | 9001(Line Number), Meals (Category), 1.00(Number)  | \$102.00            | \$0.00         | \$102.00            | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
| Miles for transportation of clients   | 9002(Line Number), Mileage (Category), 24.00(Number)   | \$1,032.00          | \$0.00         | \$1,032.00          | \$4.03               | \$44.03                | \$0.00            | \$0.00               | \$0.00                      | \$4.03                     | \$44.03             | 50.00%           | \$88.06                          |
|                                       | <b>Sub Total:</b>  | <b>\$1,634.00</b>   | <b>\$0.00</b>  | <b>\$1,634.00</b>   | <b>\$4.03</b>        | <b>\$44.03</b>         | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$4.03</b>              | <b>\$44.03</b>      | <b>50.00%</b>    | <b>\$88.06</b>                   |
| <b>Equipment</b>                      |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Refrigerator                          | 10000(Line Number), 100.00(% of Funding Requested)   | \$2,800.00          | \$0.00         | \$2,800.00          | \$0.00               | \$893.00               | \$700.00          | \$0.00               | \$700.00                    | \$0.00                     | \$0.00              | 0.00%            | \$893.00                         |
|                                       | <b>Sub Total:</b>  | <b>\$2,800.00</b>   | <b>\$0.00</b>  | <b>\$2,800.00</b>   | <b>\$0.00</b>        | <b>\$893.00</b>        | <b>\$700.00</b>   | <b>\$0.00</b>        | <b>\$700.00</b>             | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>0.00%</b>     | <b>\$893.00</b>                  |
| <b>Supplies/Operations</b>            |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Office Supplies                       | 11000(Line Number), 100.00(% of Funding Requested)   | \$1,200.00          | \$0.00         | \$1,200.00          | \$4.89               | \$34.89                | \$0.00            | \$0.00               | \$0.00                      | \$11.63                    | \$11.63             | 25.00%           | \$46.52                          |
| Rent                                  | 11001(Line Number), 60.00(% of Funding Requested)  | \$17,280.00         | \$0.00         | \$17,280.00         | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$18,480.00</b>  | <b>\$0.00</b>  | <b>\$18,480.00</b>  | <b>\$4.89</b>        | <b>\$34.89</b>         | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$11.63</b>             | <b>\$11.63</b>      | <b>25.00%</b>    | <b>\$46.52</b>                   |
| <b>Contractual</b>                    |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Counseling                            | 12000(Line Number), 100.00(% of Funding Requested)   | \$16,250.00         | \$0.00         | \$16,250.00         | \$7.50               | \$67.50                | \$0.00            | \$0.00               | \$0.00                      | \$67.50                    | \$67.50             | 50.00%           | \$135.00                         |
|                                       | <b>Sub Total:</b>  | <b>\$16,250.00</b>  | <b>\$0.00</b>  | <b>\$16,250.00</b>  | <b>\$7.50</b>        | <b>\$67.50</b>         | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$67.50</b>             | <b>\$67.50</b>      | <b>50.00%</b>    | <b>\$135.00</b>                  |
| <b>Indirect Costs</b>                 |  |                     |                |                     |                      |                        |                   |                      |                             |                            |                     |                  |                                  |
| Indirect Costs                        | 13000(Line Number), 10.00(Indirect Rate)   | \$3,600.00          | \$0.00         | \$3,600.00          | \$0.00               | \$0.00                 | \$0.00            | \$0.00               | \$0.00                      | \$0.00                     | \$0.00              | --               | \$0.00                           |
|                                       | <b>Sub Total:</b>  | <b>\$3,600.00</b>   | <b>\$0.00</b>  | <b>\$3,600.00</b>   | <b>\$0.00</b>        | <b>\$0.00</b>          | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>\$0.00</b>               | <b>\$0.00</b>              | <b>\$0.00</b>       | <b>--</b>        | <b>\$0.00</b>                    |
|                                       | <b>Totals:</b>   | <b>\$144,712.70</b> | <b>\$0.00</b>  | <b>\$144,712.70</b> | <b>\$1,039.42</b>    | <b>\$1,039.42</b>      | <b>\$7,300.00</b> | <b>\$0.00</b>        | <b>\$7,300.00</b>           | <b>\$123.16</b>            | <b>\$123.16</b>     | <b>10.59%</b>    | <b>\$1,162.58</b>                |

# *Copy Existing Claim*

- You have the ability to copy a previous Claim, if you choose
    - The Claim must either be in **Approved** or **Paid** status before it can be copied
  - Keep in mind, that while you have the ability, we do not recommend copying Claims
    - When you copy a Claim, you must ensure **ALL entries**, in **EACH component** are updated appropriately
      - This may include, but may not be limited to:
        - General Information (Reporting Period)
        - Activity Timesheets (to include staff information, number of victims served, record of activities, non-allowable activities, description of Other Allowable Hours/Paid Time Off)
        - Detail of Expenditures (to include pay dates, check numbers, descriptions, gross pay/actual amounts, and % of funding requested)
        - Old attachments may need to be deleted and new attachments uploaded
-

# Copy Existing Claim

| Claims                       |         |           |                |           |                         |              | <a href="#">Copy Existing Claim</a> | <a href="#">Return to Components</a> |
|------------------------------|---------|-----------|----------------|-----------|-------------------------|--------------|-------------------------------------|--------------------------------------|
| ID                           | Type    | Status    | Date Submitted | Date Paid | Date From-To            | Claim Amount |                                     |                                      |
| <a href="#">107574 - 001</a> | Monthly | Editing   |                |           | 10/01/2019 - 10/31/2019 | \$2,491.30   |                                     |                                      |
| <a href="#">107574 - 002</a> | Monthly | Submitted | 05/27/2020     |           | 01/01/2020 - 01/31/2020 | \$798.76     |                                     |                                      |
| <a href="#">107574 - 003</a> | Monthly | Submitted | 05/22/2020     |           | 05/01/2020 - 05/31/2020 | \$1,000.00   |                                     |                                      |

- **Select Copy Existing Claim** from the Claims action ribbon
- **Select the Claim** you wish to copy from the list (remember, the Claim you wish to copy must either be in Approved or Paid status)

| Copy Claim  |                              |         |          |                |          |
|---|------------------------------|---------|----------|----------------|----------|
| Select a Claim to copy and click save. Claim in Editing or Submitted status cannot be copied. |                              |         |          |                |          |
| Copy  | ID                           | Type    | Due Date | Submitted Date | Status   |
| <input type="radio"/>   | <a href="#">108050 - 001</a> | Monthly |          | 10/08/2019     | Approved |

# *Copy Existing Claim*

- **Update each entry** in **each component** of the Claim, including deleting and uploading new attachments
  - **Preview the Claim** to verify all entries have been updated correctly
    - Remember total(s) from the Reimbursement form must equal total(s) from the Detail of Expenditures form
  - Again, if you need to **delete** an entry on the Detail of Expenditures form, you must:
    - Edit the line
    - Enter \$0.00 for Gross Pay/Actual Amount
    - Save
    - Edit the line again and select "Delete"
    - Check the Reimbursement form to verify the amount for that line recalculated correctly
  - **Submit** as you normally would
-



# Negotiations

- If your Claim is negotiated for corrections, or if additional information is needed, you will receive an automated alert from WebGrants
  - Required corrections will be detailed in this message
  - Please note the deadline for resubmission!
- You will find the negotiated Claim within your Claims listing with the status of "Correcting"
  - **Select the Claim ID** to open the Claim
  - When you are finished editing, verify the information is correct, and **Submit** as usual

*Note: only the components that require corrections will be unlocked for editing; if the changes require access to additional components, please re-submit the Claim and notify your Program Representative so that we may negotiate the additional sections to you.*

\*\*\*\* DO NOT RESPOND TO THIS EMAIL \*\*\*\*

Dear TEST TEST,

Your Claim has been unlocked but only the forms that require changes have been unlocked for your editing. You are requested to log into the WebGrants grants management system at <https://dpsgrants.dps.mo.gov>, edit your Claim, and resubmit it.

The Claim's grant details appear below:

Subaward Number: 107574 - 005  
Report Period: 07/09/2020-07/10/2020  
Project Title: CVS Domestic Violence Shelter  
Program Area: STOP Violence Against Women Grant (VAWA)  
Subrecipient Name: BaseLine Organization  
Primary Contact: TEST TEST

You are requested to make the following modifications to your Claim and resubmit the Claim by 08/04/2020:

Sample negotiation.  
Gross salary entered incorrectly for 02/01/2020-02/15/2020; FICA/Medicare and pension must also be corrected.

| Claims       |         |            |                |           |                         | Copy Existing Claim   Return to Components |
|--------------|---------|------------|----------------|-----------|-------------------------|--|
| ID           | Type    | Status     | Date Submitted | Date Paid | Date From-To            | Claim Amount                               |
| 107574 - 001 | Monthly | Editing    |                |           | 10/01/2019 - 10/31/2019 | \$2,491.30                                 |
| 107574 - 002 | Monthly | Submitted  | 05/27/2020     |           | 01/01/2020 - 01/31/2020 | \$796.76                                   |
| 107574 - 003 | Monthly | Submitted  | 05/22/2020     |           | 05/01/2020 - 05/31/2020 | \$1,008.96                                 |
| 107574 - 004 | Monthly | Editing    |                |           | 07/01/2019 - 07/31/2019 | \$2.50                                     |
| 107574 - 005 | Monthly | Correcting | 07/09/2020     |           | 07/09/2020 - 07/10/2020 | \$10.00                                    |
| 107574 - 006 | Monthly | Editing    |                |           | 07/09/2020 - 07/10/2020 | \$0.00                                     |
| 107574 - 007 | Monthly | Editing    |                |           | 03/01/2020 - 03/31/2020 | \$34.89                                    |
|              |         |            |                |           |                         | Submitted Amount                           |
|              |         |            |                |           |                         | \$1,805.72                                 |
|              |         |            |                |           |                         | Approved Amount                            |
|              |         |            |                |           |                         | \$0.00                                     |
|              |         |            |                |           |                         | Paid Total                                 |
|              |         |            |                |           |                         | \$0.00                                     |
|              |         |            |                |           |                         | Total                                      |
|              |         |            |                |           |                         | \$4,344.41                                 |