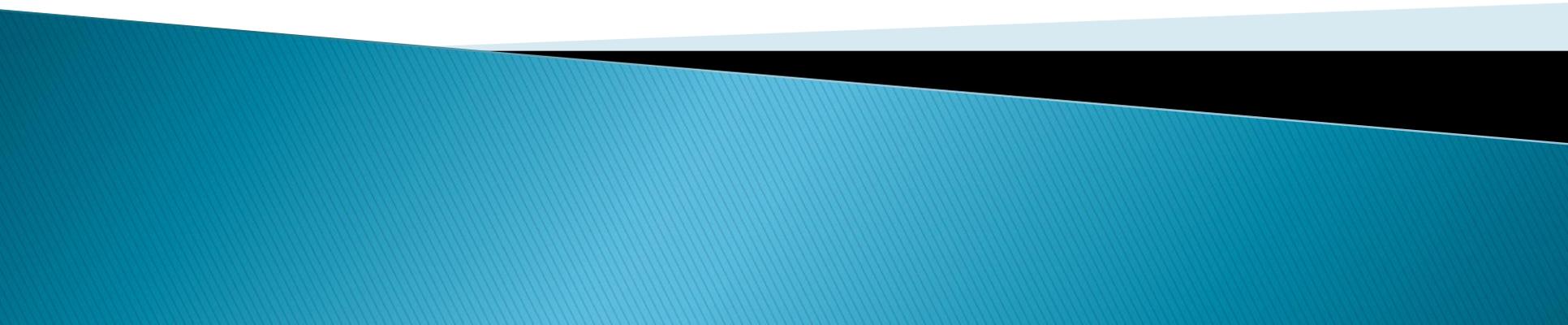
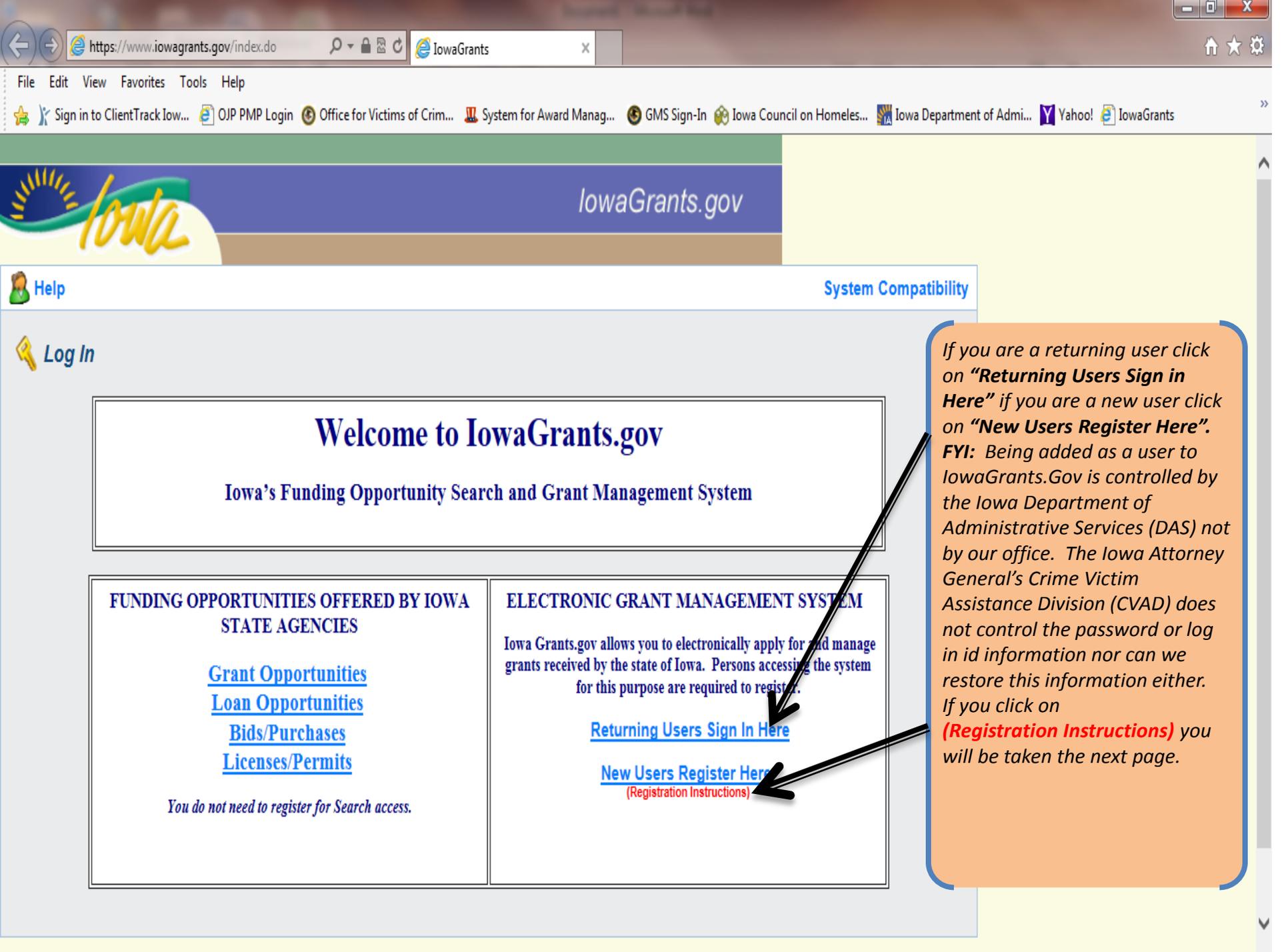


# Instructions on Filing Claims in IowaGrants.Gov

By Donna Phillips





Help

System Compatibility

Log In

# Welcome to IowaGrants.gov

## Iowa's Funding Opportunity Search and Grant Management System

**FUNDING OPPORTUNITIES OFFERED BY IOWA STATE AGENCIES**

[Grant Opportunities](#)  
[Loan Opportunities](#)  
[Bids/Purchases](#)  
[Licenses/Permits](#)

*You do not need to register for Search access.*

**ELECTRONIC GRANT MANAGEMENT SYSTEM**

Iowa Grants.gov allows you to electronically apply for and manage grants received by the state of Iowa. Persons accessing the system for this purpose are required to register.

[Returning Users Sign In Here](#)

[New Users Register Here](#)  
(Registration Instructions)

If you are a returning user click on **“Returning Users Sign in Here”** if you are a new user click on **“New Users Register Here”**. **FYI:** Being added as a user to IowaGrants.Gov is controlled by the Iowa Department of Administrative Services (DAS) not by our office. The Iowa Attorney General’s Crime Victim Assistance Division (CVAD) does not control the password or log in id information nor can we restore this information either. If you click on **(Registration Instructions)** you will be taken the next page.



*When you click on (Registration Instructions) this is what will appear. If you go to <https://www.iowaattorneygeneral.gov/for-crime-victims/victim-services-support-program/fiscal-forms-for-funded-programs/> you will also find step by step instructions in how to register in IowaGrants.Gov.*

**HOW TO REGISTER:**

**NON-STATE EMPLOYEES –**

New users are required to register. To start this process click on the "New Users Register Here" link above. Once you've registered with A&A you'll receive an e-mail with your new user-id, a link to confirm registration and account activation instructions.

**GRANTEES WHO CURRENTLY HAVE AN A&A ACCOUNT WITH THE STATE OF IOWA (This includes state employees and non-state employees) –**

Current A&A account holders who are applying for funding opportunities, or managing funds received, will log in as a "Returning User" (above) with their e-mail address as the user-id and the same password used to log into their A&A account.

**STATE EMPLOYEES NEEDING ACCESS TO POST OPPORTUNITIES AND CREATE APPLICATIONS –**

To Register: Contact Debra Scrowther at [debra.scrowther@iowa.gov](mailto:debra.scrowther@iowa.gov) or 515-281-4321 or Tena Malone at [tena.malone@dullestech.com](mailto:tena.malone@dullestech.com) or 515-249-9139.

\* A&A is the states' secure Authentication and Authorization portal. All state employees, as well as local government employees and vendors who receive payments from the State, have an A&A log in. State employees use this log in to access their computer.



Enterprise A&A

Sign In

Create An Account

Forgot Password

Forgot Id

# DOM Electronic Grant Management System

Enter your Account Id and Password and press sign in to continue.

Account ID:

Password:

Sign In

Account Details

After you click on "Returning Users Sign in Here", you will come to this page.

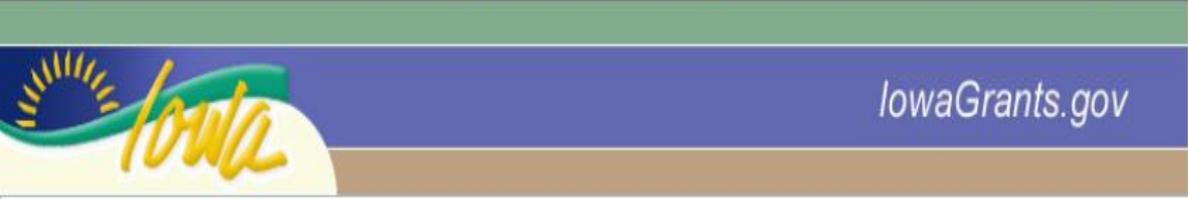
Type in your Account ID and Password and Click on the "Sign In" button.

At the top of this page you if you forget your Account ID or Password, you can use your mouse to double click at the top for assistance. The system will provide you with steps to walk you through retrieving this information

# Claims Processing in IowaGrants.Gov

# Claims for Reimbursement

- ▶ Criminal Justice Programs can submit claims for reimbursement on a monthly or a quarterly basis in IowaGrants.Gov.
  - You must choose monthly or quarterly and stay with it for the entire year unless directed by your VSS primary contact.
- ▶ Claims are due at the end of month following the expended period.
  - For example, monthly claims for expenditures in July would be due the end of August. Programs are required to file claims timely in order to be in compliance with their contract(s) with VSS.
  - For example, quarterly claims for expenditures in July–September would be due the end of October. Programs are required to file claims timely in order to be in compliance with their contract(s) with VSS.
- ▶ Claims will be filed in IowaGrants.Gov including all expense summaries and supporting documentation.



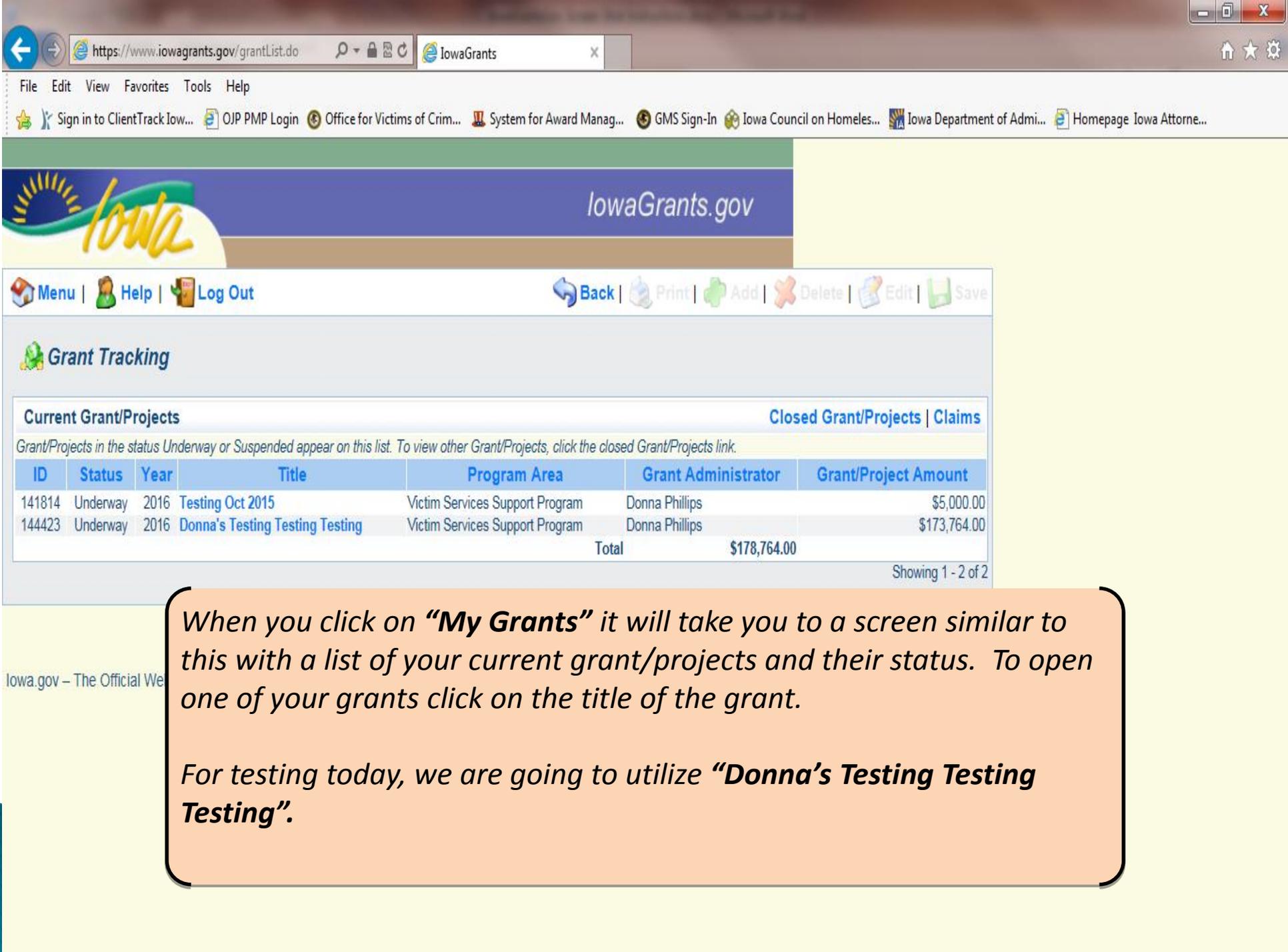
### Welcome

#### Main Menu

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

- Instructions
- My Profile
- Funding Opportunities
- My Applications
- My Grants
- My Inventory

*After logging into IowaGrants.GOV Click on "My Grants" to see your different funded grants.*



IowaGrants.gov

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

### Grant Tracking

**Current Grant/Projects** [Closed Grant/Projects](#) | [Claims](#)

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

| ID     | Status   | Year | Title                           | Program Area                    | Grant Administrator | Grant/Project Amount |
|--------|----------|------|---------------------------------|---------------------------------|---------------------|----------------------|
| 141814 | Underway | 2016 | Testing Oct 2015                | Victim Services Support Program | Donna Phillips      | \$5,000.00           |
| 144423 | Underway | 2016 | Donna's Testing Testing Testing | Victim Services Support Program | Donna Phillips      | \$173,764.00         |
| Total  |          |      |                                 |                                 | \$178,764.00        |                      |

Showing 1 - 2 of 2

*When you click on "My Grants" it will take you to a screen similar to this with a list of your current grant/projects and their status. To open one of your grants click on the title of the grant.*

*For testing today, we are going to utilize "Donna's Testing Testing Testing".*

### Grant Tracking

#### Grant/Project: 144423 - Donna's Testing Testing Testing - 2016

**Status:** Underway  
**Program Area:** Victim Services Support Program  
**Grantee Organization:** Justice, Iowa Department of  
**Program Officer:** Donna Phillips  
**Awarded Amount:** \$173,764.00

*We will go through and click each one of the "Component" or sections.  
Let's click on "Claims" next.*

#### Instructions

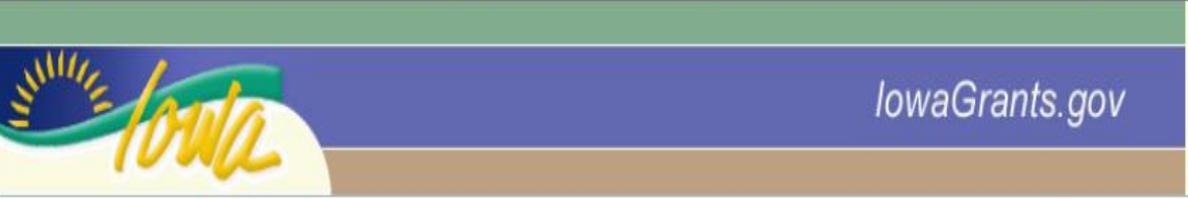
The grant forms appear below.

#### Grant/Project Components

You can define your own alerts in the Alerts section

| Component  | Last Edited |
|--|-------------|
| <a href="#">General Information</a>                    | 07/14/2016  |
| <a href="#">Claims</a>                                 |             |
| <a href="#">Correspondence</a>                         |             |
| <a href="#">Status/Performance Reports/Other Forms</a> |             |
| <a href="#">Site Visits</a>                            |             |
| <a href="#">DAC/SAC/SH Application</a>                 | 07/14/2016  |
| <a href="#">Opportunity Application</a>                | -           |





### Grant/Project Tracking

**Grant/Project: 144423 - Donna's Testing Testing Testing - 2016**

**Status:** Underway

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

**Program Officer:** Donna Phillips

**Awarded Amount:** \$173,764.00

*Below is a list of the claims that have been submitted to date. This will be our first claim, so there are none listed.*

| Claims |      |        |                |           |                  | <a href="#">Return to Components</a> |
|--------|------|--------|----------------|-----------|------------------|--------------------------------------|
| ID     | Type | Status | Date Submitted | Date Paid | Date From-To     | Claim Amount                         |
|        |      |        |                |           | Submitted Amount | \$0.00                               |
|        |      |        |                |           | Approved Amount  | \$0.00                               |
|        |      |        |                |           | Paid Total       | \$0.00                               |
|        |      |        |                |           | Total            | \$0.00                               |

Last Edited By:

**Grant/Project Tracking**

**Grant/Project:** 141814 - Testing Oct 2015 - 2016

**Status:** Underway

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

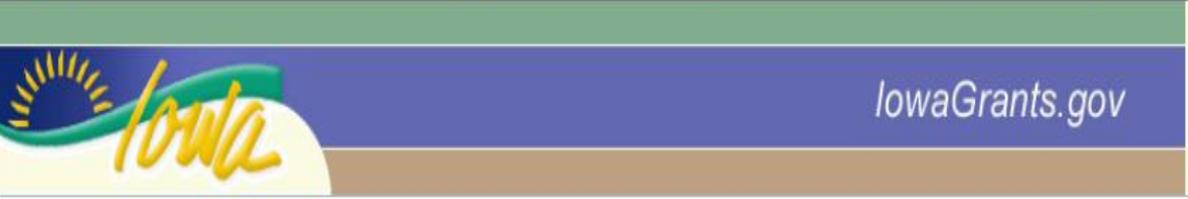
**Program Officer:** Donna Jean Phillips

**Awarded Amount:** \$5,000.00

Once you have submitted more than one claim, you will see them listed here with the various "Status" (Submitted, Editing, Approved, Withdrawn, Paid, etc.)

**Claims** [Copy Existing Claim](#) | [Return to Components](#)

| ID                      | Type          | Status     | Date Submitted | Date Paid | Date From-To            | Claim Amount      |
|-------------------------|---------------|------------|----------------|-----------|-------------------------|-------------------|
| 141814 - 001            | Reimbursement | Editing    |                |           | 03/01/2016 - 04/07/2016 | \$610.00          |
| 141814 - 002            | Reimbursement | Approved   | 04/21/2016     |           | 04/10/2016 - 04/22/2016 | \$655.00          |
| 141814 - 003            | Reimbursement | Editing    |                |           | 02/01/2016 - 02/29/2016 | \$0.00            |
| 141814 - 004            | Reimbursement | Editing    |                |           | 07/01/2016 - 07/31/2016 | \$0.00            |
| 141814 - 005            | Reimbursement | Withdrawn  | 07/11/2016     |           | 05/01/2016 - 07/31/2016 | -                 |
| 141814 - 006            | Reimbursement | Correcting | 07/20/2016     |           | 02/01/2016 - 02/29/2016 | \$857.28          |
| 141814 - 007            | Reimbursement | Approved   | 07/20/2016     |           | 03/01/2016 - 07/31/2016 | \$880.19          |
| 141814 - 008            | Reimbursement | Submitted  | 07/20/2016     |           | 04/01/2016 - 04/30/2016 | \$826.00          |
| 141814 - 009            | Reimbursement | Submitted  | 07/20/2016     |           | 12/01/2015 - 12/31/2015 | \$550.00          |
| <b>Submitted Amount</b> |               |            |                |           |                         | <b>\$1,376.00</b> |
| <b>Approved Amount</b>  |               |            |                |           |                         | <b>\$1,535.19</b> |
| <b>Paid Total</b>       |               |            |                |           |                         | <b>\$0.00</b>     |
| <b>Total</b>            |               |            |                |           |                         | <b>\$4,378.47</b> |



Grant/Project Tracking

**Grant/Project: 144423 - Donna's Testing Testing Testing - 2016**

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Phillips

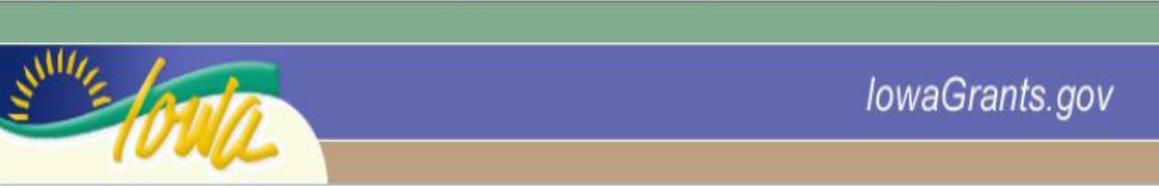
Awarded Amount: \$173,764.00

*Below is a list of the claims that have been submitted to date.  
This will be our first claim, so there are none listed.  
Click the "Add" button.*

Claims [Return to Components](#)

| ID | Type | Status | Date Submitted | Date Paid | Date From-To     | Claim Amount |
|----|------|--------|----------------|-----------|------------------|--------------|
|    |      |        |                |           | Submitted Amount | \$0.00       |
|    |      |        |                |           | Approved Amount  | \$0.00       |
|    |      |        |                |           | Paid Total       | \$0.00       |
|    |      |        |                |           | Total            | \$0.00       |

Last Edited By:



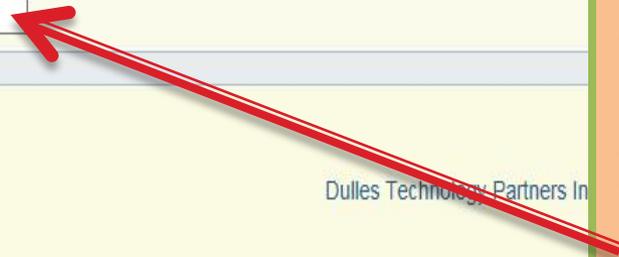
### Grant Tracking

#### Claim General Information

To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.

Claim Type: \* Reimbursement ▼

Report Period:      
From\* to\*



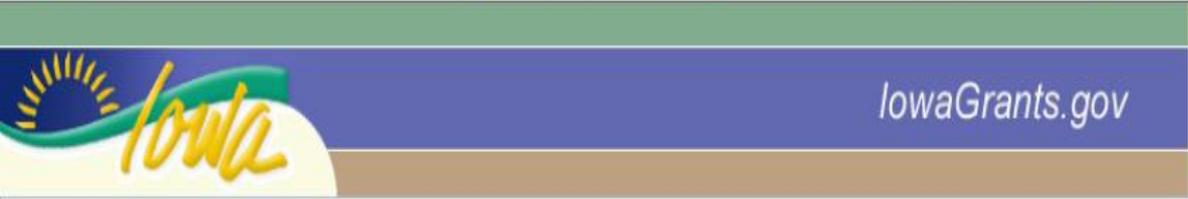
Complete this section to start your claim.

**Claim Type** – Leave as “Reimbursement”

**Report Period From:** You can either use the calendar to the right of the field to pick the starting date for which you are claiming reimbursement. This should always be the first day of the month. Put 2 digit month, 2 digit day and 4 digit year.

**Report Period To:** You can either use the calendar to the right of the field to pick the ending date for which you are claiming reimbursement. This should always be the last day of the month. Put 2 digit month, 2 digit day and 4 digit year.

**Blank Field:** This is where you name the reimbursement time period which should always be the name of the Month and 4 digit year. For example: July 2016; August 2016; September 2016.



Menu | Help | Log Out

Back | Print | Add | Delete | Edit | Save

### Grant Tracking

#### Claim General Information

To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.

Claim Type:\* Reimbursement

Report Period: 07/01/2016 07/31/2016

From\* to\*

July 2016



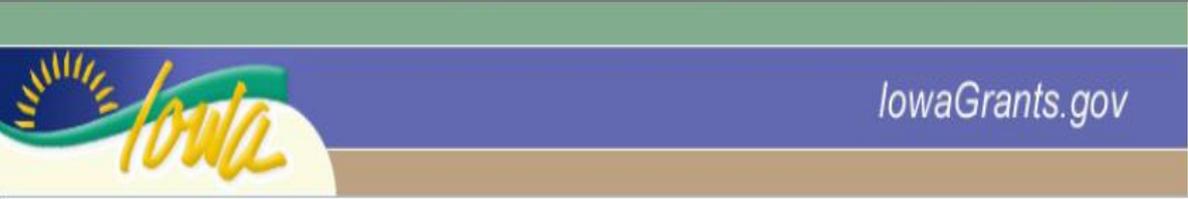
*Here is an example:*

**Report Period From: 07/01/2016**

**Report Period To: 07/31/2016**

**Blank Field (Name of Reimbursement Period): July 2016**

*Then click the "Save" button.*



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

**Grant Tracking**

Claim: 144423 - 001 [Grant Components](#)

Grant: **144423-Donna's Testing Testing Testing**

Status: Editing

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Phillips

**Reporting Period** [Return to Components](#)

Claim Type: \* Reimbursement

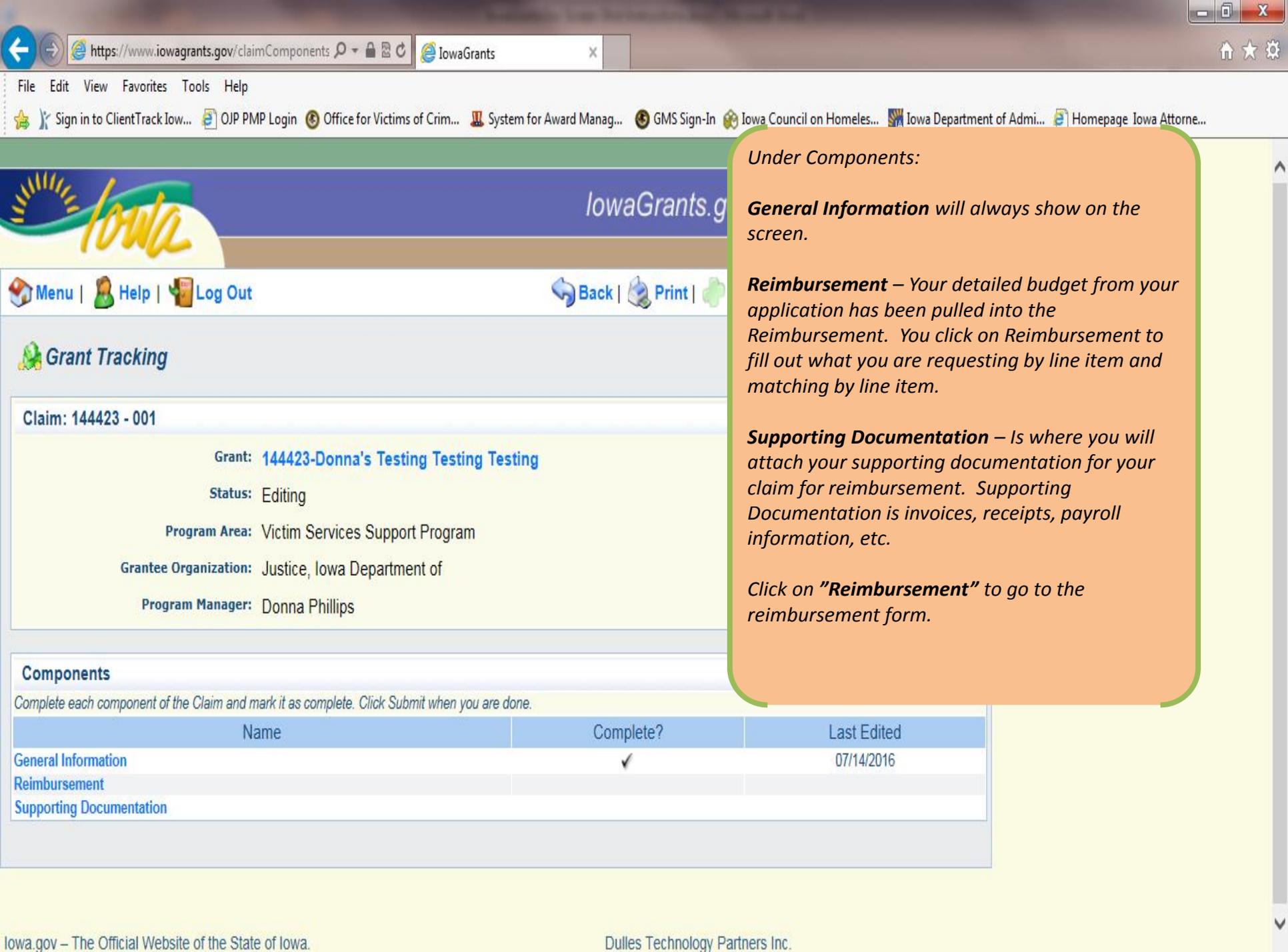
Report Period: 07/01/2016 to 07/31/2016

Claim Status: \* Editing

July 2016

*This screen will appear after you hit save. If you made an error click on "Edit" and then enter the correct information. If it is correct, then click on "Return to Components"*





*Under Components:*

**General Information** will always show on the screen.

**Reimbursement** – Your detailed budget from your application has been pulled into the Reimbursement. You click on Reimbursement to fill out what you are requesting by line item and matching by line item.

**Supporting Documentation** – Is where you will attach your supporting documentation for your claim for reimbursement. Supporting Documentation is invoices, receipts, payroll information, etc.

Click on **"Reimbursement"** to go to the reimbursement form.

Claim: 144423 - 001

Grant: 144423-Donna's Testing Testing Testing

Status: Editing

Program Area: Victim Services Support Program

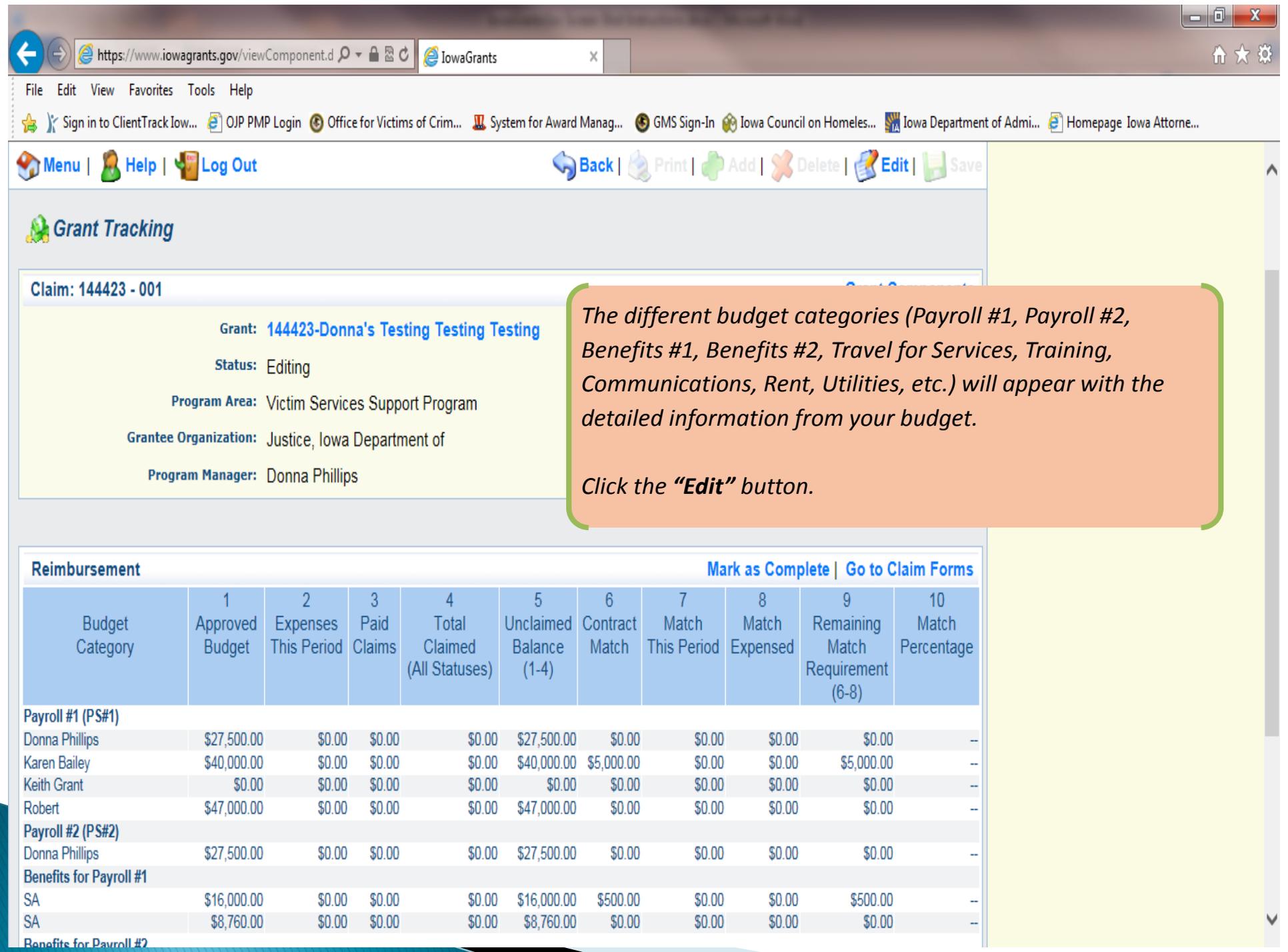
Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Phillips

### Components

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

| Name                     | Complete? | Last Edited |
|--------------------------|-----------|-------------|
| General Information      | ✓         | 07/14/2016  |
| Reimbursement            |           |             |
| Supporting Documentation |           |             |



Claim: 144423 - 001

Grant: [144423-Donna's Testing Testing Testing](#)

Status: Editing

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Phillips

*The different budget categories (Payroll #1, Payroll #2, Benefits #1, Benefits #2, Travel for Services, Training, Communications, Rent, Utilities, etc.) will appear with the detailed information from your budget.*

*Click the "Edit" button.*

### Reimbursement

[Mark as Complete](#) | [Go to Claim Forms](#)

| Budget Category                | 1<br>Approved Budget | 2<br>Expenses This Period | 3<br>Paid Claims | 4<br>Total Claimed (All Statuses) | 5<br>Unclaimed Balance (1-4) | 6<br>Contract Match | 7<br>Match This Period | 8<br>Match Expensed | 9<br>Remaining Match Requirement (6-8) | 10<br>Match Percentage |
|--------------------------------|----------------------|---------------------------|------------------|-----------------------------------|------------------------------|---------------------|------------------------|---------------------|--|------------------------|
| <b>Payroll #1 (PS#1)</b>       |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna Phillips                 | \$27,500.00          | \$0.00                    | \$0.00           | \$0.00                            | \$27,500.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | --                     |
| Karen Bailey                   | \$40,000.00          | \$0.00                    | \$0.00           | \$0.00                            | \$40,000.00                  | \$5,000.00          | \$0.00                 | \$0.00              | \$5,000.00                             | --                     |
| Keith Grant                    | \$0.00               | \$0.00                    | \$0.00           | \$0.00                            | \$0.00                       | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | --                     |
| Robert                         | \$47,000.00          | \$0.00                    | \$0.00           | \$0.00                            | \$47,000.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | --                     |
| <b>Payroll #2 (PS#2)</b>       |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna Phillips                 | \$27,500.00          | \$0.00                    | \$0.00           | \$0.00                            | \$27,500.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | --                     |
| <b>Benefits for Payroll #1</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| SA                             | \$16,000.00          | \$0.00                    | \$0.00           | \$0.00                            | \$16,000.00                  | \$500.00            | \$0.00                 | \$0.00              | \$500.00                               | --                     |
| SA                             | \$8,760.00           | \$0.00                    | \$0.00           | \$0.00                            | \$8,760.00                   | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | --                     |
| <b>Benefits for Payroll #2</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |

**Grant Tracking**

Claim: 144423 - 001

Grant: **144423-Donna's Testing Testing Testing**

Status: Editing

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Phillips

You will see you are now able to enter number into **"Column #2: Expenses This Period"** and **"Column #7: Match This Period"**.

You will enter the amount you are claiming for reimbursement for this Reimbursement Period (July 2016) line by line under Column #2.

You will enter the amount you are matching line by line under Column #7.

Once you are done, click **"Save"**.

**Reimbursement**

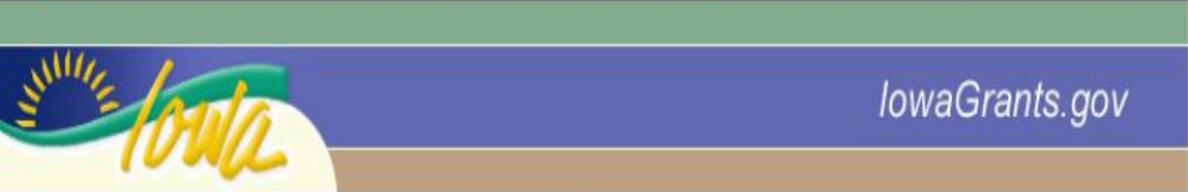
| Budget Category                | 1 Approved Budget | 2 Expenses This Period              | 3 Paid Claims | 4 Total Claimed (All Statuses) | 5 Unclaimed Balance (1-4) | 6 Contract Match | 7 Match This Period                 | 8 Match Expensed | 9 Remaining Match Requirement (6-8) | 10 Match Percentage |
|--------------------------------|-------------------|-------------------------------------|---------------|--------------------------------|---------------------------|------------------|-------------------------------------|------------------|-------------------------------------|---------------------|
| <b>Payroll #1 (PS#1)</b>       |                   |                                     |               |                                |                           |                  |                                     |                  |                                     |                     |
| Donna Phillips                 | \$27,500.00       | <input type="text" value="\$0.00"/> | \$0.00        | \$0.00                         | \$27,500.00               | \$0.00           | <input type="text" value="\$0.00"/> | \$0.00           | \$0.00                              | --                  |
| Karen Bailey                   | \$40,000.00       | <input type="text" value="\$0.00"/> | \$0.00        | \$0.00                         | \$40,000.00               | \$5,000.00       | <input type="text" value="\$0.00"/> | \$0.00           | \$5,000.00                          | --                  |
| Keith Grant                    | \$0.00            | <input type="text" value="\$0.00"/> | \$0.00        | \$0.00                         | \$0.00                    | \$0.00           | <input type="text" value="\$0.00"/> | \$0.00           | \$0.00                              | --                  |
| Robert                         | \$47,000.00       | <input type="text" value="\$0.00"/> | \$0.00        | \$0.00                         | \$47,000.00               | \$0.00           | <input type="text" value="\$0.00"/> | \$0.00           | \$0.00                              | --                  |
| <b>Payroll #2 (PS#2)</b>       |                   |                                     |               |                                |                           |                  |                                     |                  |                                     |                     |
| Donna Phillips                 | \$27,500.00       | <input type="text" value="\$0.00"/> | \$0.00        | \$0.00                         | \$27,500.00               | \$0.00           | <input type="text" value="\$0.00"/> | \$0.00           | \$0.00                              | --                  |
| <b>Benefits for Payroll #1</b> |                   |                                     |               |                                |                           |                  |                                     |                  |                                     |                     |
| SA                             | \$16,000.00       | <input type="text" value="\$0.00"/> | \$0.00        | \$0.00                         | \$16,000.00               | \$500.00         | <input type="text" value="\$0.00"/> | \$0.00           | \$500.00                            | --                  |

**Status:** Editing  
**Program Area:** Victim Services Support Program  
**Grantee Organization:** Justice, Iowa Department of  
**Program Manager:** Donna Phillips

*I entered in the amount I am claiming for reimbursement & amount I am matching line by line for July 1-31, 2016 claim period.  
 If I find in error when I'm reviewing it, you click "Edit" and you can update/correct the information you have entered.  
 If the information is correct, then I click "Mark as Complete".*

**Reimbursement** [Mark as Complete](#) | [Go to Claim Forms](#)

| Budget Category                | 1<br>Approved Budget | 2<br>Expenses This Period | 3<br>Paid Claims | 4<br>Total Claimed (All Statuses) | 5<br>Unclaimed Balance (1-4) | 6<br>Contract Match | 7<br>Match This Period | 8<br>Match Expensed | 9<br>Remaining Match Requirement (6-8) | 10<br>Match Percentage |
|--------------------------------|----------------------|---------------------------|------------------|-----------------------------------|------------------------------|---------------------|------------------------|---------------------|--|------------------------|
| <b>Payroll #1 (PS#1)</b>       |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna Phillips                 | \$27,500.00          | \$850.00                  | \$0.00           | \$850.00                          | \$26,650.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | .00%                   |
| Karen Bailey                   | \$40,000.00          | \$1,000.00                | \$0.00           | \$1,000.00                        | \$39,000.00                  | \$5,000.00          | \$500.00               | \$500.00            | \$4,500.00                             | 33.33%                 |
| Keith Grant                    | \$0.00               | \$0.00                    | \$0.00           | \$0.00                            | \$0.00                       | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | --                     |
| Robert                         | \$47,000.00          | \$1,200.00                | \$0.00           | \$1,200.00                        | \$45,800.00                  | \$0.00              | \$500.00               | \$500.00            | (\$500.00)                             | 29.41%                 |
| <b>Payroll #2 (PS#2)</b>       |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna Phillips                 | \$27,500.00          | \$850.00                  | \$0.00           | \$850.00                          | \$26,650.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | .00%                   |
| <b>Benefits for Payroll #1</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| SA                             | \$16,000.00          | \$1,333.34                | \$0.00           | \$1,333.34                        | \$14,666.66                  | \$500.00            | \$425.25               | \$425.25            | \$74.75                                | 24.18%                 |
| SA                             | \$8,760.00           | \$500.00                  | \$0.00           | \$500.00                          | \$8,260.00                   | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | .00%                   |
| <b>Benefits for Payroll #2</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| SA                             | \$500.00             | \$100.00                  | \$0.00           | \$100.00                          | \$400.00                     | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | .00%                   |
| SA                             | \$2,104.00           | \$150.00                  | \$0.00           | \$150.00                          | \$1,954.00                   | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 | .00%                   |
| <b>Contractual Services</b>    |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Orion's Therapy Association    | \$4,000.00           | \$750.00                  | \$0.00           | \$750.00                          | \$3,250.00                   | \$2,000.00          | \$750.00               | \$750.00            | \$1,250.00                             | 50.00%                 |
| <b>Equipment</b>               |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Tablet                         | \$400.00             | \$400.00                  | \$0.00           | \$400.00                          | \$0.00                       | \$400.00            | \$400.00               | \$400.00            | \$0.00                                 | 50.00%                 |
| <b>Total:</b>                  | <b>\$173,764.00</b>  | <b>\$7,133.34</b>         | <b>\$0.00</b>    | <b>\$7,133.34</b>                 | <b>\$166,630.66</b>          | <b>\$7,900.00</b>   | <b>\$2,575.25</b>      | <b>\$2,575.25</b>   | <b>\$5,324.75</b>                      | <b>26.53%</b>          |



### Grant Tracking

Claim: 144423 - 001  
Grant: 144423-Donna's Testing Testing Testing  
Status: Editing  
Program Area: Victim Services Support Program  
Grantee Organization: Justice, Iowa Department of  
Program Manager: Donna Phillips

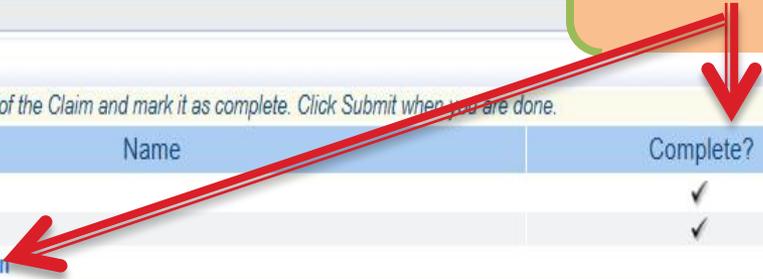
You can see in the **“Complete?”** column for the **“Reimbursement”** line is now checked.  
Now you click on **“Supporting Documentation”** under component.

### 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      | ✓         | 07/14/2016  |
| Reimbursement            | ✓         | 07/14/2016  |
| Supporting Documentation |           |             |



Please attach supporting documentation for all expenses claimed for reimbursement.

### Supporting Documentation

[Mark as Complete](#) | [Go to Claim Forms](#)

The first section explains the supporting documentation needed. If you scroll down you will see where to attach the supporting documentation.

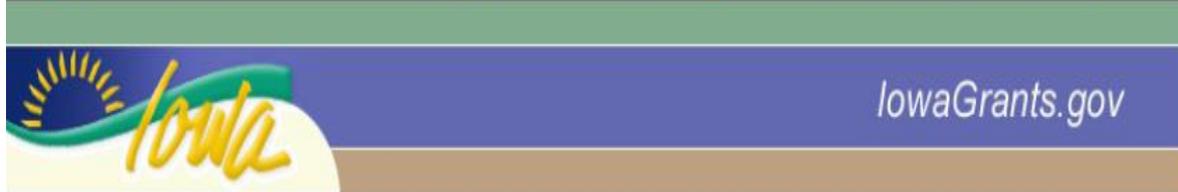
- Payroll #1** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.
- Payroll #2** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.
- Benefit #1** - Attach copies of benefits documentation here - this may include copies of statements for insurance claimed, so please indicate directly on the invoice the breakdown of claimed costs. Please only include re...
- Benefits #2** - Attach copies of benefits documentation here - this may include copies of statements for insurance claimed, so please indicate directly on the invoice the breakdown of claimed costs. Please only include re...
- Training** - Attach copies of travel reimbursement forms, along with copies of detailed receipts for the claim reimbursement for "Janey Advocate" you will need to attach the our Travel form she uses to request reim... registration receipts, airfare receipts, etc.
- Travel for Services** - Attach copies of travel reimbursement forms, along with copies of detailed receipts for the claimed expenditures. In other words, if you are requesting meal reimbursement for "Janey Advocate" you will need to attach the itemized receipts to our Travel form.
- Contractual Services** - There should be a dated invoice attached for all contracted services claimed for reimbursement. Be sure the invoice includes a description of the type(s) of service(s) provided - if you are unsure if there is enough information, you can write directly on the invoice to provide a better description for VSS staff.
- Equipment** - Supporting documentation for equipment should include an expense summary that includes a clear description of the following: the number/quantity, type/description, & purpose of the equipment (i.e. 4 security cameras for shelter exterior). Please note you can write on the receipt.
- Repairs & Maintenance** - Please be sure that all invoices for repairs and maintenance expenses include the date(s) of service, a detailed description of services performed (Ex: August lawncare) and the location of the repairs (Ex: Shelter, outreach office, etc.).
- Rent** - Please attach a copy of the invoice. A current, executed (signed) copy of the lease needs to be on file with the VSS Program. Rents will not be reimbursed until VSS Staff receives and reviews the lease agreement.
- Utilities** - Please attach copies of the utilities receipts/invoices. Please only attach the pages necessary for VSS Staff to verify the expenses, such as the first page of the billing invoice/statement. Typically not all pages of a utility bill are needed.
- Communications** - Please attach copies of the billing statements/invoices or receipts. Please only attach the pages necessary for VSS Staff to verify the expenses, such as the first page of the billing statement. Typically not all pages of bill are needed.
- Advertising** - Please attach copies of the expense summary and advertising receipts or invoices. Please indicate on the invoice the purpose of the advertising and make sure the invoice includes details such as number of copies, ads run, etc.
- Supplies** - Include the expense summary as well as copies of the itemized invoice or receipt.
- Insurance** - Provide the expense summary as well as the invoice/receipt.
- Other Expenses** - Be sure that all "Other Expenses" expenditures are explained in detail and include (1) the amount, (2) the purpose, (3) the date purchased, (4) proof of payment such as a check stub, etc. If you are unsure if an expenditure is allowable as "Other Expenses" please contact your VSS primary contact for pre-approval.
- Client Assistance** - Attach a summary (Client Assistance Expense Form) including receipts and/or invoices documenting the client assistance provided. Whiteout any client/victim name on the copy you are submitting to the VSS Program. The Client Assistance Expense Form assists in determining what type of client assistance was provided (rent, utilities, other, etc.) Please make sure to put all documentation in the same order as listed on the Client Assistance Expense Form.
- Indirect Costs/Expenses** - Please indicate the required indirect cost percentage, a description a brief description on the costs to be included and the amount requested for reimbursement in the "Amount Requested" column. If you are going to use indirect costs for match then put the amount to be used in the "Match" column.
- Match Documentation** - Please attach a summary and match documentation.

| Attachment                                    | Description | File Name | File Size | Type | Delete? |
|---|-------------|-----------|-----------|------|---------|
| Payroll Supporting Documentation              |             |           |           |      |         |
| <a href="#">Payroll #1</a>                    |             |           |           |      |         |
| Payroll #2 Documentation                      |             |           |           |      |         |
| <a href="#">Payroll #2</a>                    |             |           |           |      |         |
| Benefits Supporting Documentation             |             |           |           |      |         |
| <a href="#">Benefit #1</a>                    |             |           |           |      |         |
| Benefit #2 Documentation                      |             |           |           |      |         |
| <a href="#">Benefits #2</a>                   |             |           |           |      |         |
| Training Supporting Documentation             |             |           |           |      |         |
| <a href="#">Training</a>                      |             |           |           |      |         |
| Travel for Services Documentation             |             |           |           |      |         |
| <a href="#">Travel for Services</a>           |             |           |           |      |         |
| Contractual Services Supporting Documentation |             |           |           |      |         |
| <a href="#">Contractual Services</a>          |             |           |           |      |         |
| Equipment Supporting Documentation            |             |           |           |      |         |
| <a href="#">Equipment</a>                     |             |           |           |      |         |
| Repairs & Maintenance Documentation           |             |           |           |      |         |
| <a href="#">Repairs &amp; Maintenance</a>     |             |           |           |      |         |
| Rent Supporting Documentation                 |             |           |           |      |         |
| <a href="#">Rent</a>                          |             |           |           |      |         |
| Utilities Supporting Documentation            |             |           |           |      |         |
| <a href="#">Utilities</a>                     |             |           |           |      |         |
| Communications Supporting Documentation       |             |           |           |      |         |
| <a href="#">Communications</a>                |             |           |           |      |         |
| Advertising Supporting Documentation          |             |           |           |      |         |
| <a href="#">Advertising</a>                   |             |           |           |      |         |
| Supplies Supporting Documentation             |             |           |           |      |         |
| <a href="#">Supplies</a>                      |             |           |           |      |         |
| Insurance Supporting Documentation            |             |           |           |      |         |
| <a href="#">Insurance</a>                     |             |           |           |      |         |
| Other Direct Supporting Documentation         |             |           |           |      |         |
| <a href="#">Other Expenses</a>                |             |           |           |      |         |

*You will need to organize and separate out all the supporting documentation by the expense categories (Payroll #1, Payroll #2, Benefits #1, Benefits #2, Training, Travel for Services, Contractual Services, etc.)*

*You will include the Expense Summary on the front of the documentation.*

*You upload the documentation by clicking on the expense category name that is in blue.*



### Claim

#### Attach File

Please attach supporting documentation for all expenses claimed for reimbursement.

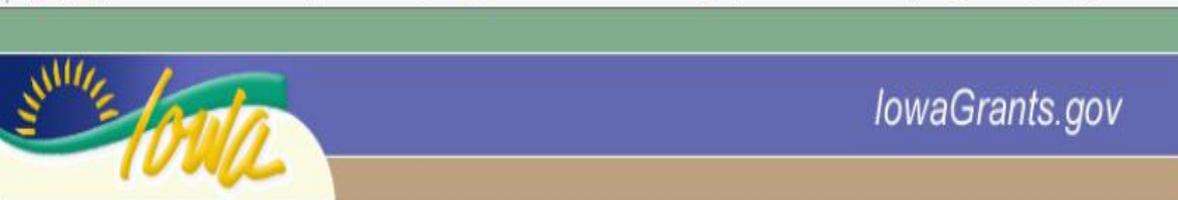
#### Attachment Instructions

Payroll #1 - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for em funding source.

Upload File:

Description: \*

You will click "Browse" and it will open up your computer directories.  
  
Find the document located on your computer and click on it.



**Claim**

**Attach File**  
Please attach supporting documentation for all expenses claimed for reimbursement.

**Attachment Instructions**  
Payroll #1 - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employment from the funding source.

Upload File: C:\Users\dphilli\Desktop\Payroll #1 July 2016.docx Browse...

Description:\* Payroll #1 for July 2016 for DAC Program

*Type in a description that includes expense category, claim time period and if you have more than one funded project/program with us, the name of the program.*

*This will help you organize it on your computer and upload the right documents for the right project & expense.*

*Then click "Save"*



### Grant Tracking

Claim: 144423 - 001 [Grant Components](#)

Grant: **144423-Donna's Testing Testing Testing**

Status: Editing

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Phillips

*It will bring you back to the "Supporting Documentation" component/section for you to add in the documentation for the next expense category. (Scroll down)*

### Instructions

Please attach supporting documentation for all expenses claimed for reimbursement.

### Supporting Documentation

[Mark as Complete](#) | [Go to Claim Forms](#)

**Payroll #1** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Payroll #2** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Benefit #1** - Attach copies of benefits documentation here - this may include copies of statements for insurance, FICA, etc. In most cases the entire amount of the invoice will not be claimed, so please indicate directly on the invoice the breakdown of claimed costs. Please only include required documentation pertaining to the actual benefits claimed.

**Benefits #2** - Attach copies of benefits documentation here - this may include copies of statements for insurance, FICA, etc. In most cases the entire amount of the invoice will not be claimed, so please indicate directly on the invoice the breakdown of claimed costs. Please only include required documentation pertaining to the actual benefits claimed.

Match Documentation - Please attach a summary and match documentation.

| Attachment   | Description                              | File Name                                 | File Size | Type | Delete? |
|--|--|---|-----------|------|---------|
| <b>Payroll Supporting Documentation</b>              |  |   |           |      |         |
| <a href="#">Payroll #1</a>                           | Payroll #1 for July 2016 for DAC Program | <a href="#">Payroll #1 July 2016.docx</a> | 13 KB     | docx |         |
| <b>Payroll #2 Documentation</b>                      |  |   |           |      |         |
| <a href="#">Payroll #2</a>                           |  |   | 13 KB     |      |         |
| <b>Benefits Supporting Documentation</b>             |  |   |           |      |         |
| <a href="#">Benefit #1</a>                           |  |   |           |      |         |
| <b>Benefit #2 Documentation</b>                      |  |   |           |      |         |
| <a href="#">Benefits #2</a>                          |  |   |           |      |         |
| <b>Training Supporting Documentation</b>             |  |   |           |      |         |
| <a href="#">Training</a>                             |  |   |           |      |         |
| <b>Travel for Services Documentation</b>             |  |   |           |      |         |
| <a href="#">Travel for Services</a>                  |  |   |           |      |         |
| <b>Contractual Services Supporting Documentation</b> |  |   |           |      |         |
| <a href="#">Contractual Services</a>                 |  |   |           |      |         |
| <b>Equipment Supporting Documentation</b>            |  |   |           |      |         |
| <a href="#">Equipment</a>                            |  |   |           |      |         |
| <b>Repairs &amp; Maintenance Documentation</b>       |  |   |           |      |         |
| <a href="#">Repairs &amp; Maintenance</a>            |  |   |           |      |         |
| <b>Rent Supporting Documentation</b>                 |  |   |           |      |         |
| <a href="#">Rent</a>                                 |  |   |           |      |         |
| <b>Utilities Supporting Documentation</b>            |  |   |           |      |         |
| <a href="#">Utilities</a>                            |  |   |           |      |         |
| <b>Communications Supporting Documentation</b>       |  |   |           |      |         |
| <a href="#">Communications</a>                       |  |   |           |      |         |
| <b>Advertising Supporting Documentation</b>          |  |   |           |      |         |
| <a href="#">Advertising</a>                          |  |   |           |      |         |
| <b>Supplies Supporting Documentation</b>             |  |   |           |      |         |
| <a href="#">Supplies</a>                             |  |   |           |      |         |
| <b>Insurance Supporting Documentation</b>            |  |   |           |      |         |
| <a href="#">Insurance</a>                            |  |   |           |      |         |
| <b>Other Direct Supporting Documentation</b>         |  |   |           |      |         |

*See where we have already attached the documentation for Payroll #1.*

*Go to the next expense you are claiming and click on blue expense category.*

*Keep uploading the documents until all your supporting documentation has been attached.*

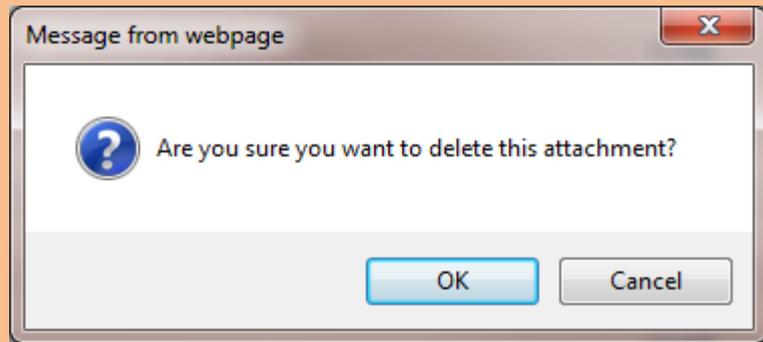
Match Documentation - Please attach a summary and match documentation.

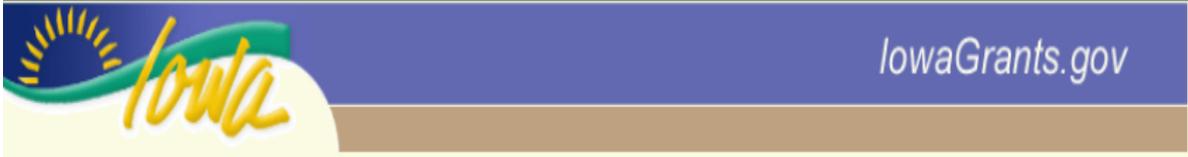
| Attachment                                    | Description                              | File Name                 | File Size | Type | Delete? |
|---|--|---------------------------|-----------|------|---------|
| Payroll Supporting Documentation              |  |                           |           |      |         |
| Payroll #1                                    | Payroll #1 for July 2016 for DAC Program | Payroll #1 July 2016.docx | 13 KB     | docx |         |
| Payroll #2 Documentation                      |  |                           |           |      |         |
| Payroll #2                                    |  |                           | 13 KB     |      |         |
| Benefits Supporting Documentation             |  |                           |           |      |         |
| Benefit #1                                    |  |                           | 13 KB     |      |         |
| Benefit #2 Documentation                      |  |                           |           |      |         |
| Benefits #2                                   |  |                           | 13 KB     |      |         |
| Training Supporting Documentation             |  |                           |           |      |         |
| Training                                      |  |                           |           |      |         |
| Travel for Services Documentation             |  |                           |           |      |         |
| Travel for Services                           |  |                           |           |      |         |
| Contractual Services Supporting Documentation |  |                           |           |      |         |
| Contractual Services                          |  |                           |           |      |         |
| Equipment Supporting Documentation            |  |                           |           |      |         |
| Equipment                                     |  |                           |           |      |         |
| Repairs & Maintenance Documentation           |  |                           |           |      |         |
| Repairs & Maintenance                         |  |                           |           |      |         |
| Rent Supporting Documentation                 |  |                           |           |      |         |
| Rent  |  |                           |           |      |         |
| Utilities Supporting Documentation            |  |                           |           |      |         |
| Utilities                                     |  |                           |           |      |         |
| Communications Supporting Documentation       |  |                           |           |      |         |
| Communications                                |  |                           |           |      |         |
| Advertising Supporting Documentation          |  |                           |           |      |         |
| Advertising                                   |  |                           |           |      |         |
| Supplies Supporting Documentation             |  |                           |           |      |         |
| Supplies                                      |  |                           |           |      |         |
| Insurance Supporting Documentation            |  |                           |           |      |         |
| Insurance                                     |  |                           |           |      |         |
| Other Direct Supporting Documentation         |  |                           |           |      |         |



*If you upload the wrong documentation, you can delete it by click on the trash can symbol under the "Delete" column on that row that you wish to delete.*

*The system will prompt you with the box below. Click "OK" button if you wish to delete or click "Cancel" if you do not want to delete the attachment.*





### Grant Tracking

**Claim:** 144423 - 001 [Grant Components](#)

**Grant:** 144423-Donna's Testing Testing Testing

**Status:** Editing

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

**Program Manager:** Donna Phillips

Once you have attached all the supporting documentation. Click on **“Mark as Complete”**

**Instructions**  
Please attach supporting documentation for all expenses claimed for reimbursement.

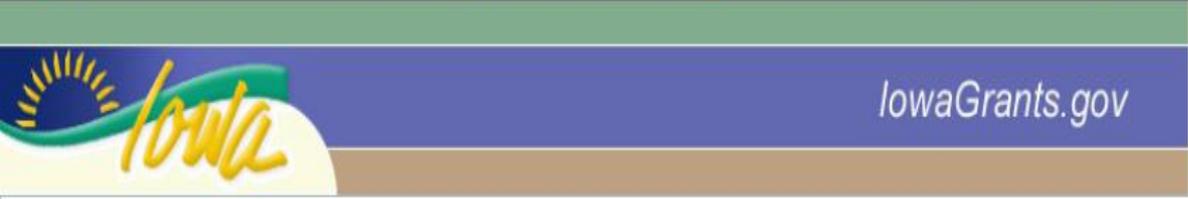
**Supporting Documentation** [Mark as Complete](#) | [Go to Claim Forms](#)

**Payroll #1** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Payroll #2** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Benefit #1** - Attach copies of benefits documentation here - this may include copies of statements for insurance, FICA, etc. In most cases the entire amount of the invoice will not be claimed, so please indicate directly on the invoice the breakdown of claimed costs. Please only include required documentation pertaining to the actual benefits claimed.

**Benefits #2** - Attach copies of benefits documentation here - this may include copies of statements for insurance, FICA, etc. In most cases the entire amount of the invoice will not be claimed, so please indicate directly on the invoice the breakdown of claimed costs. Please only include required documentation pertaining to the actual benefits claimed.



### Grant Tracking

Claim: 144423 - 001

Grant: **144423-Donna's Testing Testing Testing**

Status: Editing

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Phillips

*You see that the **Supporting Documentation** line has a check mark under the **“Complete?”** column.  
  
If you want to preview it, click on **“Preview”***

### 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      | ✓         | 07/14/2016  |
| Reimbursement            | ✓         | 07/14/2016  |
| Supporting Documentation | ✓         | 07/14/2016  |

**Claim Details**

**144423-Donna's Testing Testing Testing**

**Victim Services Support Program**

|                   |                         |                 |         |
|-------------------|-------------------------|-----------------|---------|
| Award Year:       | 2016                    | Status:         | Editing |
| Contract Number:  | 144423                  | Approved Date:  |         |
| Claim Type:       | Reimbursement           | Paid Date:      |         |
| Reporting Period: | 07/01/2016 - 07/31/2016 | Vendor Number:  |         |
| Claim Number:     | 144423 - 001            | Invoice Number: |         |
| Submitted By:     |                         |                 |         |
| Submitted Date:   |                         |                 |         |

**Applicant and Organization**

|                  |  |                       |  |
|------------------|--|-----------------------|--|
| <b>Applicant</b> |  | <b>Organization</b>   |  |
| AnA User Id      |  | Organization Name:*   |  |
| First Name*      |  | Organization Type:*   |  |
| Title:           |  | DUNS:                 |  |
| Email:*          |  | Organization Website: |  |
| Address:*        |  | Address:              |  |

Lucas Building - Ground Floor

*It will show you the claim details:*

- *Claim Time Period,*
- *Applicant/Organization Information,*
- *Claim Amounts (on next page), and*
- *Supporting documentation.*

*You can print this off if you so choose. But there is always a record of the claim in IowaGrants.Gov.*

**Reimbursement**

| Budget Category                | 1<br>Approved Budget | 2<br>Expenses This Period | 3<br>Paid Claims | 4<br>Total Claimed (All Statuses) | 5<br>Unclaimed Balance (1-4) | 6<br>Contract Match | 7<br>Match This Period | 8<br>Match Expensed | 9<br>Remaining Match Requirement (6-8) | 10<br>Match Percentage |
|--------------------------------|----------------------|---------------------------|------------------|-----------------------------------|------------------------------|---------------------|------------------------|---------------------|--|------------------------|
| <b>Payroll #1 (PS#1)</b>       |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna Phillips                 | \$27,500.00          | \$850.00                  | \$0.00           | \$850.00                          | \$26,650.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 |                        |
| Karen Bailey                   | \$40,000.00          | \$1,000.00                | \$0.00           | \$1,000.00                        | \$39,000.00                  | \$5,000.00          | \$500.00               | \$500.00            | \$4,500.00                             |                        |
| Robert                         | \$47,000.00          | \$1,200.00                | \$0.00           | \$1,200.00                        | \$45,800.00                  | \$0.00              | \$500.00               | \$500.00            | (\$500.00)                             |                        |
| <b>Payroll #2 (PS#2)</b>       |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna Phillips                 | \$27,500.00          | \$850.00                  | \$0.00           | \$850.00                          | \$26,650.00                  | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 |                        |
| <b>Benefits for Payroll #1</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| SA                             | \$16,000.00          | \$1,333.34                | \$0.00           | \$1,333.34                        | \$14,666.66                  | \$500.00            | \$425.25               | \$425.25            | \$7,000.00                             |                        |
| SA                             | \$8,760.00           | \$500.00                  | \$0.00           | \$500.00                          | \$8,260.00                   | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 |                        |
| <b>Benefits for Payroll #2</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| SA                             | \$500.00             | \$100.00                  | \$0.00           | \$100.00                          | \$400.00                     | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 |                        |
| SA                             | \$2,104.00           | \$150.00                  | \$0.00           | \$150.00                          | \$1,954.00                   | \$0.00              | \$0.00                 | \$0.00              | \$0.00                                 |                        |
| <b>Contractual Services</b>    |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Orion's Therapy Association    | \$4,000.00           | \$750.00                  | \$0.00           | \$750.00                          | \$3,250.00                   | \$2,000.00          | \$750.00               | \$750.00            | \$1,250.00                             |                        |
| <b>Equipment</b>               |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Tablet                         | \$400.00             | \$400.00                  | \$0.00           | \$400.00                          | \$0.00                       | \$400.00            | \$400.00               | \$400.00            | \$0.00                                 |                        |
| <b>Total:</b>                  | <b>\$173,764.00</b>  | <b>\$7,133.34</b>         | <b>\$0.00</b>    | <b>\$7,133.34</b>                 | <b>\$166,630.66</b>          | <b>\$7,900.00</b>   | <b>\$2,575.25</b>      | <b>\$2,575.25</b>   | <b>\$5,325.00</b>                      |                        |

*Here is what you filled out on the Reimbursement form.*

*If you keep scrolling down you will have the list of supporting documentation you attached.*

*Click the "Back" button at the top, upper right to get back to the previous screen.*

**Supporting Documentation**



### Grant Tracking

Claim: 144423 - 001

Grant: **144423-Donna's**

Status: Editing

Program Area: Victim Services

Grantee Organization: Justice, Iowa De

Program Manager: Donna Phillips

*If you are ready to submit the claim for review and payment, click the "Submit" button. You will not be able to edit this claim after you hit submit. You will get the screen below. If you are ready to submit click "OK", if not click "Cancel". You can always log back in at another time to finish your claim and click submit.*

Message from webpage

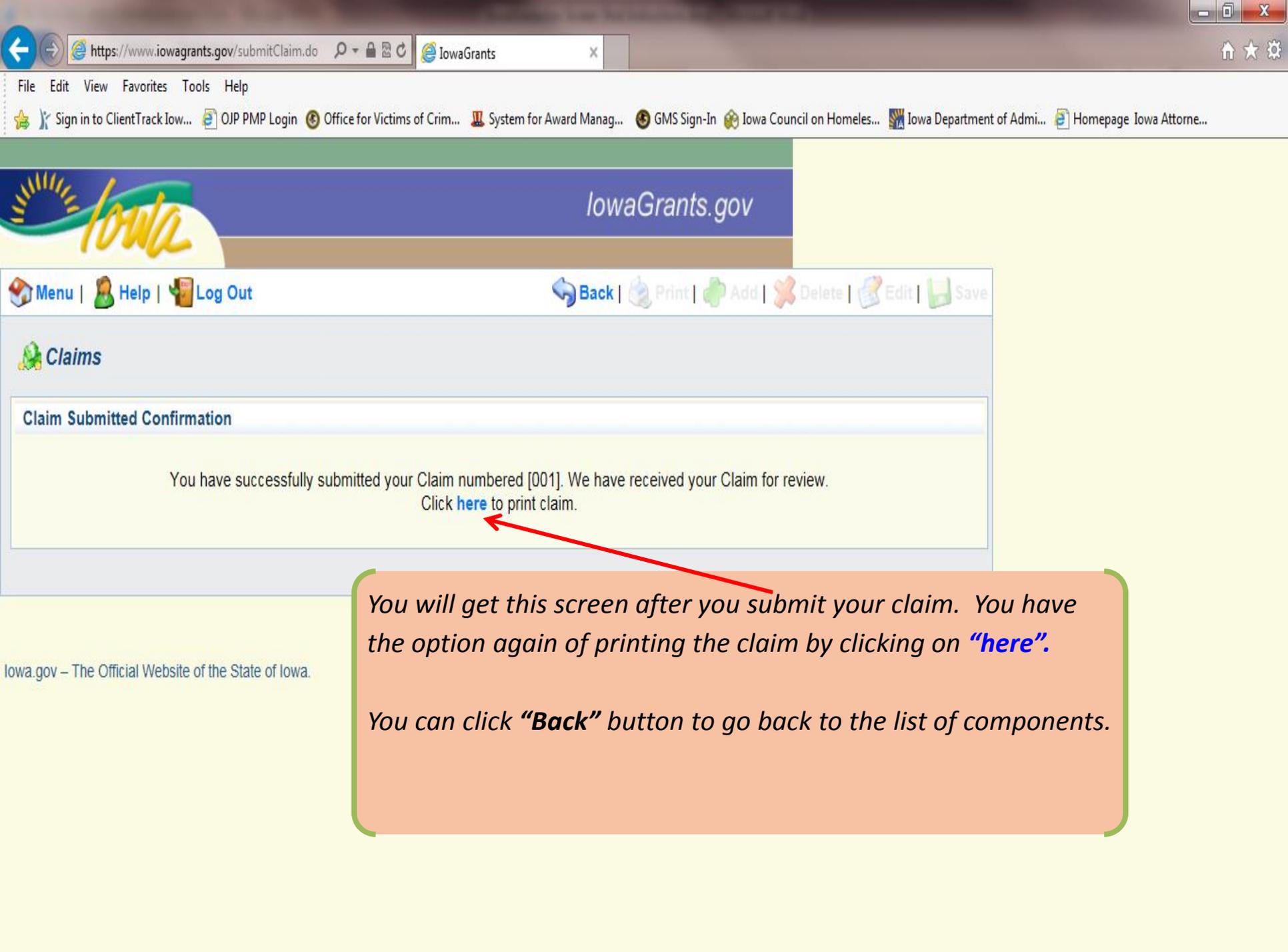
Submitting the Claim will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Claim?

OK Cancel

**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      | ✓         | 07/14/2016  |
| Reimbursement            | ✓         | 07/14/2016  |
| Supporting Documentation | ✓         | 07/14/2016  |



### Claim Submitted Confirmation

You have successfully submitted your Claim numbered [001]. We have received your Claim for review.  
Click [here](#) to print claim.

*You will get this screen after you submit your claim. You have the option again of printing the claim by clicking on “here”.*

*You can click “Back” button to go back to the list of components.*

### Grant Tracking

#### Grant/Project: 144423 - Donna's Testing Testing Testing - 2016

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Phillips

Awarded Amount: \$173,764.00

#### Instructions

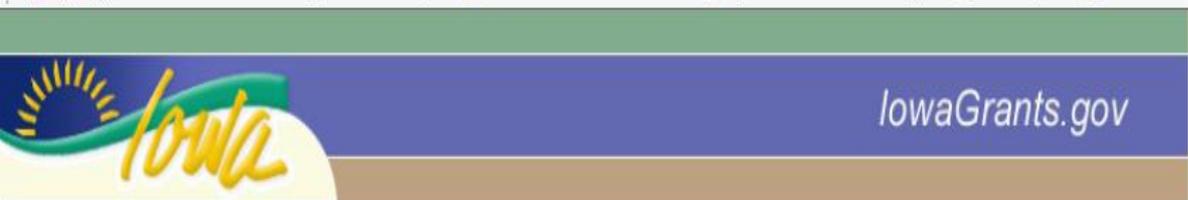
The grant forms appear below.

*Click on "Claims" under Component.*

#### Grant/Project Components

You can define your own alerts in the Alerts section.

| Component                              | Last Edited |
|--|-------------|
| General Information                    | 07/14/2016  |
| Claims                                 |             |
| Correspondence                         |             |
| Status/Performance Reports/Other Forms |             |
| Site Visits                            |             |
| DAC/SAC/SH Application                 | 07/14/2016  |
| Opportunity                            | -           |
| Application                            | -           |



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

### Grant/Project Tracking

Grant/Project: 144423 - Donna's Testing Testing Testing - 2016

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Phillips

Awarded Amount: \$173,764.00

*You will see that your reimbursement is in the "Submitted" status. If you want to view it click on the ID# "14423-001".*

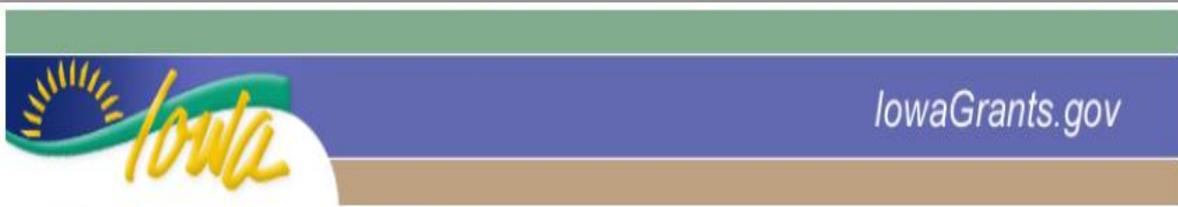
*You can also see you have claimed a total of \$7,133.34 to be reimbursed.*

### Claims [Copy Existing Claim](#) | [Return to Components](#)

| ID           | Type          | Status    | Date Submitted | Date Paid | Date From-To            | Claim Amount |
|--------------|---------------|-----------|----------------|-----------|-------------------------|--------------|
| 144423 - 001 | Reimbursement | Submitted | 07/14/2016     |           | 07/01/2016 - 07/31/2016 | \$7,133.34   |
|              |               |           |                |           | Submitted Amount        | \$7,133.34   |
|              |               |           |                |           | Approved Amount         | \$0.00       |
|              |               |           |                |           | Paid Total              | \$0.00       |
|              |               |           |                |           | Total                   | \$7,133.34   |

*As you add more claims for reimbursement in subsequent months, you will see you total paid, approved and overall total adjust to new requests & payments.*

Last Edited By:



## 144423-Donna's Testing Testing Testing

---

### Victim Services Support Program

|                   |                         |                 |           |
|-------------------|-------------------------|-----------------|-----------|
| Award Year:       | 2016                    | Status:         | Submitted |
| Contract Number:  | 144423                  | Approved Date:  |           |
| Claim Type:       | Reimbursement           | Paid Date:      |           |
| Reporting Period: | 07/01/2016 - 07/31/2016 | Vendor Number:  |           |
| Claim Number:     | 144423 - 001            | Invoice Number: |           |
| Submitted By:     | Donna Jean Phillips     |                 |           |
| Submitted Date:   | 07/14/2016              |                 |           |

### Applicant and Organization

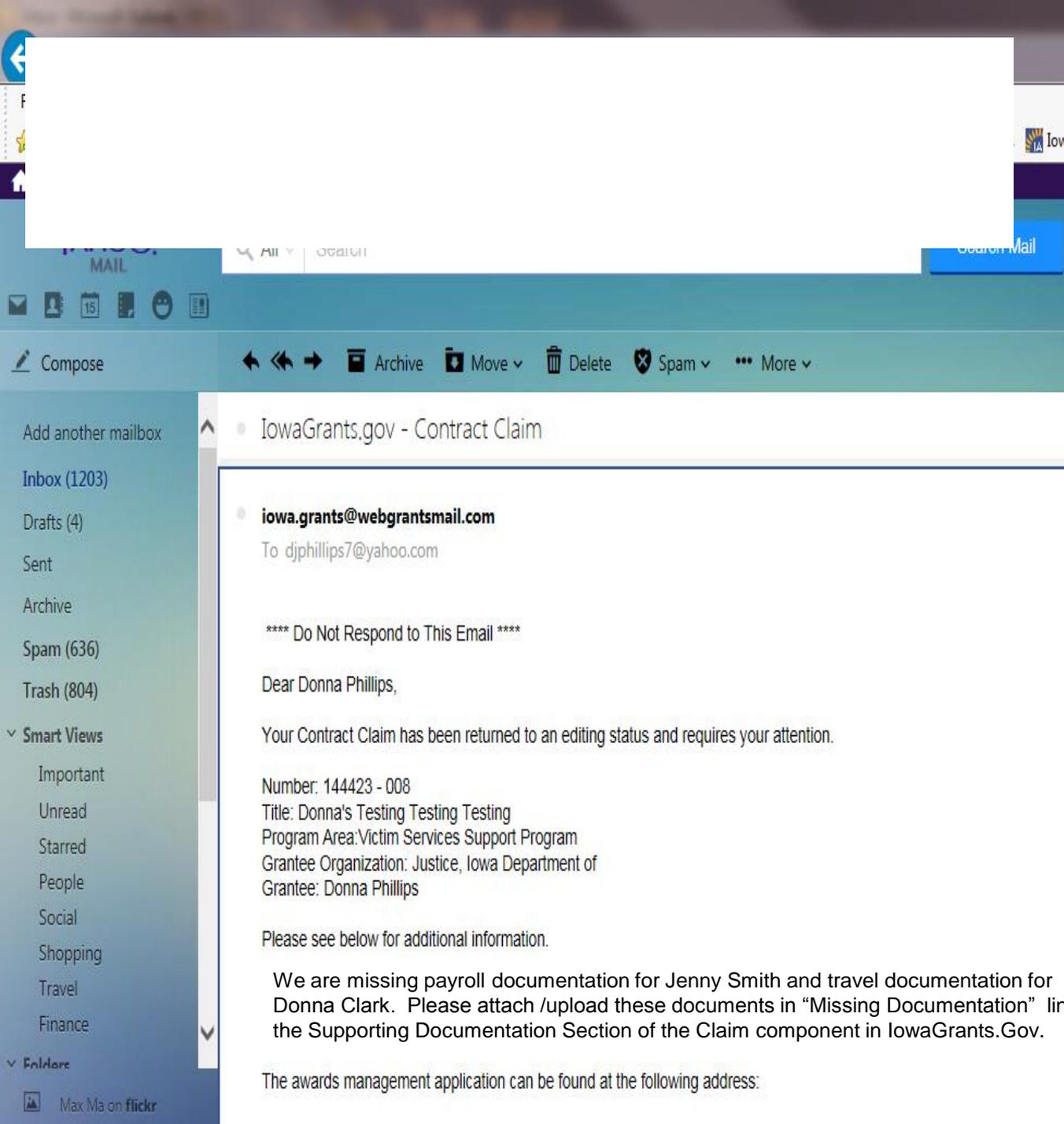
---

Applicant  
AnA User Id  
First Name\*  
Title:  
Email:\*  
Address:\*

*You can again view your claim but not make changes to your claim.*

*Your claim will be reviewed by a VSS staff and either approved for payment, modified or sent back for additional information if needed.*

# Claims Returned by VSS Staff in IowaGrants.Gov



Here is an example of an email you will receive when a claim is being corrected.

IowaGrants.gov - Contract Claim

**iowa.grants@webgrantsmail.com**

To djphillips7@yahoo.com

\*\*\*\* Do Not Respond to This Email \*\*\*\*

Dear Donna Phillips,

Your Contract Claim has been returned to an editing status and requires your attention.

Number: 144423 - 008

Title: Donna's Testing Testing Testing

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Grantee: Donna Phillips

Please see below for additional information.

We are missing payroll documentation for Jenny Smith and travel documentation for Donna Clark. Please attach /upload these documents in "Missing Documentation" line in the Supporting Documentation Section of the Claim component in IowaGrants.Gov.

The awards management application can be found at the following address:

**Grant/Project Tracking**

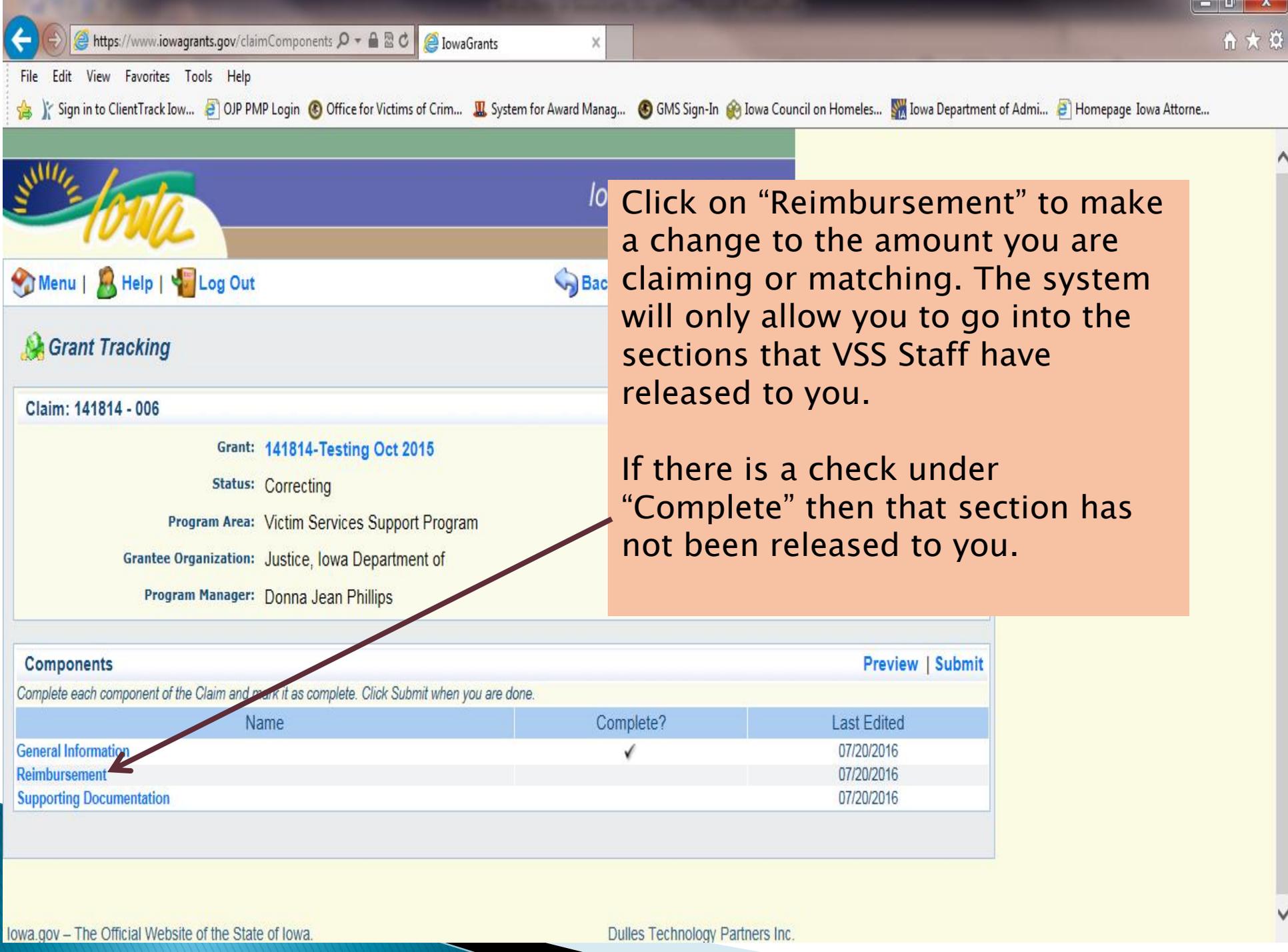
**Grant/Project:** 141814 - Testing Oct 2015 - 2016

**Status:** Underway  
**Program Area:** Victim Servi  
**Grantee Organization:** Justice, low  
**Program Officer:** Donna Jean  
**Awarded Amount:** \$5,000.00

When you are ready to respond to the claim you will  
 (1) Log into IowaGrants.Gov  
 (2) Click on "My Grants"  
 (3) Click on the "Title" of the Grant you wish to open  
 (4) Click on "Claims" from the Component/Section  
 (5) Click on the "Id" number that represents the claim you wish to correct.  
 FYI - Claim is in "Correcting" status.

**Claims** [Copy Existing Claim](#) | [Return to Claims](#)

| ID           | Type          | Status     | Date Submitted | Date Paid | Date From-To            | Claim Amount |
|--------------|---------------|------------|----------------|-----------|-------------------------|--------------|
| 141814 - 001 | Reimbursement | Editing    |                |           | 03/01/2016 - 04/07/2016 |              |
| 141814 - 002 | Reimbursement | Approved   | 04/21/2016     |           | 04/10/2016 - 04/22/2016 |              |
| 141814 - 003 | Reimbursement | Editing    |                |           | 02/01/2016 - 02/29/2016 |              |
| 141814 - 004 | Reimbursement | Editing    |                |           | 07/01/2016 - 07/31/2016 |              |
| 141814 - 005 | Reimbursement | Withdrawn  | 07/11/2016     |           | 05/01/2016 - 07/31/2016 |              |
| 141814 - 006 | Reimbursement | Correcting | 07/20/2016     |           | 02/01/2016 - 02/29/2016 |              |
| 141814 - 007 | Reimbursement | Approved   | 07/20/2016     |           | 03/01/2016 - 07/31/2016 |              |
| 141814 - 008 | Reimbursement | Correcting | 07/20/2016     |           | 04/01/2016 - 04/30/2016 |              |
| 141814 - 009 | Reimbursement | Submitted  | 07/20/2016     |           | 12/01/2015 - 12/31/2015 |              |
|              |               |            |                |           | <b>Submitted Amount</b> |              |
|              |               |            |                |           | <b>Approved Amount</b>  |              |
|              |               |            |                |           | <b>Paid Total</b>       |              |
|              |               |            |                |           | <b>Total</b>            |              |



Click on "Reimbursement" to make a change to the amount you are claiming or matching. The system will only allow you to go into the sections that VSS Staff have released to you.

If there is a check under "Complete" then that section has not been released to you.

### 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>      | ✓         | 07/20/2016  |
| <a href="#">Reimbursement</a>            |           | 07/20/2016  |
| <a href="#">Supporting Documentation</a> |           | 07/20/2016  |

### Grant Tracking

Claim: 141814 - 006

[Grant Components](#)

Grant: 141814-Testing Oct 2015

Status: Correcting

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Jean Phillips

Click on the "Edit" button

### Reimbursement

[Mark as Complete](#) | [Go to Claim Forms](#)

| Budget Category                   | 1<br>Approved Budget | 2<br>Expenses This Period | 3<br>Paid Claims | 4<br>Total Claimed (All Statuses) | 5<br>Unclaimed Balance (1-4) | 6<br>Contract Match | 7<br>Match This Period | 8<br>Match Expensed | 9<br>Remaining Match Requirement (6-8) | 10<br>Match Percentage |
|-----------------------------------|----------------------|---------------------------|------------------|-----------------------------------|------------------------------|---------------------|------------------------|---------------------|--|------------------------|
| <b>Payroll #1 (PS#1)</b>          |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna                             | \$4,000.00           | \$752.00                  | \$0.00           | \$1,307.00                        | \$2,693.00                   | \$400.00            | \$100.00               | \$655.00            | (\$255.00)                             | 33.38%                 |
| <b>Travel To Provide Services</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna                             | \$500.00             | \$55.28                   | \$0.00           | \$105.28                          | \$394.72                     | \$0.00              | \$0.00                 | \$50.00             | (\$50.00)                              | 32.20%                 |
| <b>Communications</b>             |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Cell Phone                        | \$500.00             | \$50.00                   | \$0.00           | \$100.00                          | \$400.00                     | \$0.00              | \$0.00                 | \$50.00             | (\$50.00)                              | 33.33%                 |
| <b>Total:</b>                     | <b>\$5,000.00</b>    | <b>\$857.28</b>           | <b>\$0.00</b>    | <b>\$1,512.28</b>                 | <b>\$3,487.72</b>            | <b>\$400.00</b>     | <b>\$100.00</b>        | <b>\$755.00</b>     | <b>(\$355.00)</b>                      | <b>33.30%</b>          |

### Grant Tracking

Claim: 141814 - 006

Grant: 141814-Testing Oct 2015

Status: Correcting

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Jean Phillips

Edit the amounts listed below and click "Save" button.

### Reimbursement

| Budget Category                   | 1<br>Approved Budget | 2<br>Expenses This Period | 3<br>Paid Claims | 4<br>Total Claimed (All Statuses) | 5<br>Unclaimed Balance (1-4) | 6<br>Contract Match | 7<br>Match This Period | 8<br>Match Expensed | 9<br>Remaining Match Requirement (6-8) | 10<br>Match Percentage |
|-----------------------------------|----------------------|---------------------------|------------------|-----------------------------------|------------------------------|---------------------|------------------------|---------------------|--|------------------------|
| <b>Payroll #1 (PS#1)</b>          |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna                             | \$4,000.00           | \$752.00                  | \$0.00           | \$1,307.00                        | \$2,693.00                   | \$400.00            | \$100.00               | \$655.00            | (\$255.00)                             | 33.38%                 |
| <b>Travel To Provide Services</b> |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Donna                             | \$500.00             | \$55.28                   | \$0.00           | \$105.28                          | \$394.72                     | \$0.00              | \$0.00                 | \$50.00             | (\$50.00)                              | 32.20%                 |
| <b>Communications</b>             |                      |                           |                  |                                   |                              |                     |                        |                     |  |                        |
| Cell Phone                        | \$500.00             | \$50.00                   | \$0.00           | \$100.00                          | \$400.00                     | \$0.00              | \$0.00                 | \$50.00             | (\$50.00)                              | 33.33%                 |

**Grant Tracking**

**Claim: 141814 - 006**

**Grant:** 141814-Testing Oct 2015

**Status:** Correcting

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

**Program Manager:** Donna Jean Phillips

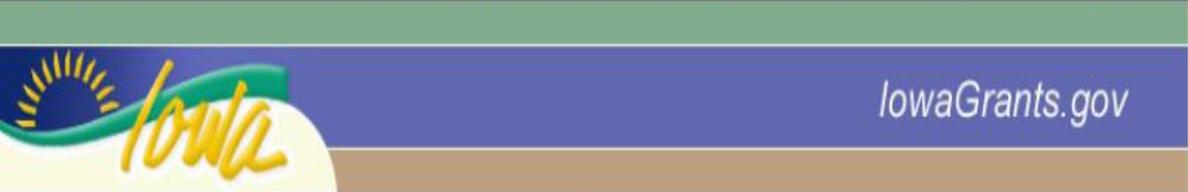
Click "Mark as Complete" if correct.

If you have made a mistake click "Edit" button again, make changes and click "Save" button and then when you come to this page you click "Mark as Complete".

**Reimbursement** [Mark as Complete](#) | [Go to Claim Forms](#)

| Budget Category                   | 1 Approved Budget | 2 Expenses This Period | 3 Paid Claims | 4 Total Claimed (All Statuses) | 5 Unclaimed Balance (1-4) | 6 Contract Match | 7 Match This Period | 8 Match Expensed | 9 Remaining Match Requirement (6-8) | 10 Match Percentage |
|-----------------------------------|-------------------|------------------------|---------------|--------------------------------|---------------------------|------------------|---------------------|------------------|-------------------------------------|---------------------|
| <b>Payroll #1 (PS#1)</b>          |                   |                        |               |                                |                           |                  |                     |                  |                                     |                     |
| Donna                             | \$4,000.00        | \$752.00               | \$0.00        | \$1,307.00                     | \$2,693.00                | \$400.00         | \$100.00            | \$655.00         | (\$255.00)                          | 33.38%              |
| <b>Travel To Provide Services</b> |                   |                        |               |                                |                           |                  |                     |                  |                                     |                     |
| Donna                             | \$500.00          | \$55.28                | \$0.00        | \$105.28                       | \$394.72                  | \$0.00           | \$0.00              | \$50.00          | (\$50.00)                           | 32.20%              |
| <b>Communications</b>             |                   |                        |               |                                |                           |                  |                     |                  |                                     |                     |
| Cell Phone                        | \$500.00          | \$50.00                | \$0.00        | \$100.00                       | \$400.00                  | \$0.00           | \$0.00              | \$50.00          | (\$50.00)                           | 33.33%              |
| <b>Total:</b>                     | <b>\$5,000.00</b> | <b>\$857.28</b>        | <b>\$0.00</b> | <b>\$1,512.28</b>              | <b>\$3,487.72</b>         | <b>\$400.00</b>  | <b>\$100.00</b>     | <b>\$755.00</b>  | <b>(\$355.00)</b>                   | <b>33.30%</b>       |

Last Edited By: Donna Phillips, 07/25/2016



### Grant Tracking

Claim: 141814 - 006

[Grant Components](#)

Grant: **141814-Testing Oct 2015**

Status: Correcting

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Jean Phillips

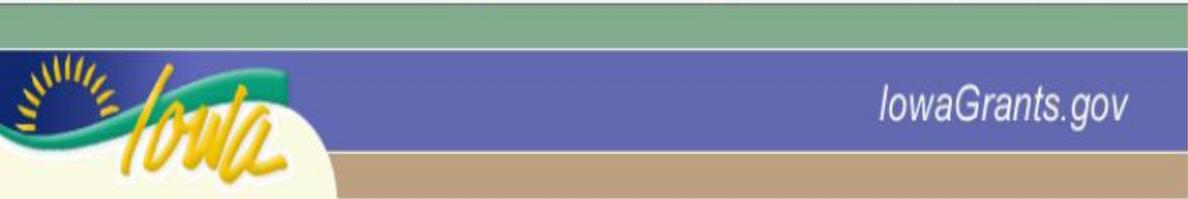
After you "Mark as Complete" the system will take you to this page. Now you will click on supporting documentation to complete the edits to the claim.

### 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      | ✓         | 07/20/2016  |
| Reimbursement            | ✓         | 07/25/2016  |
| Supporting Documentation |           | 07/20/2016  |



### Grant Tracking

Claim: 141814 - 006 [Grant Components](#)

**Grant:** 141814-Testing Oct 2015

**Status:** Correcting

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

**Program Manager:** Donna Jean Phillips

### Instructions

Please attach supporting documentation for all expenses claimed for reimbursement.

### Supporting Documentation

[Mark as Complete](#) | [Go to Claim Forms](#)

**Payroll #1** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

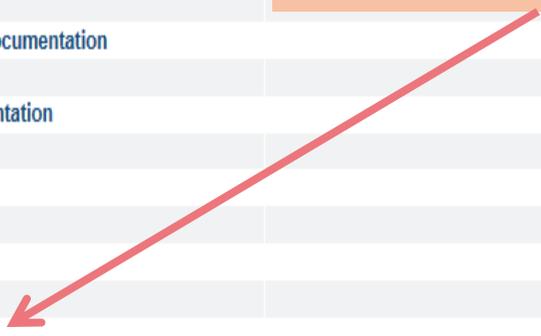
**Payroll #2** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Benefit #1** - Attach copies of benefits documentation here - this may include copies of statements for insurance, FICA, etc. In most cases the entire amount of the invoice will not be claimed so please indicate directly on the invoice the breakdown of claimed costs. Please only include required documentation pertaining to the actual benefits claimed

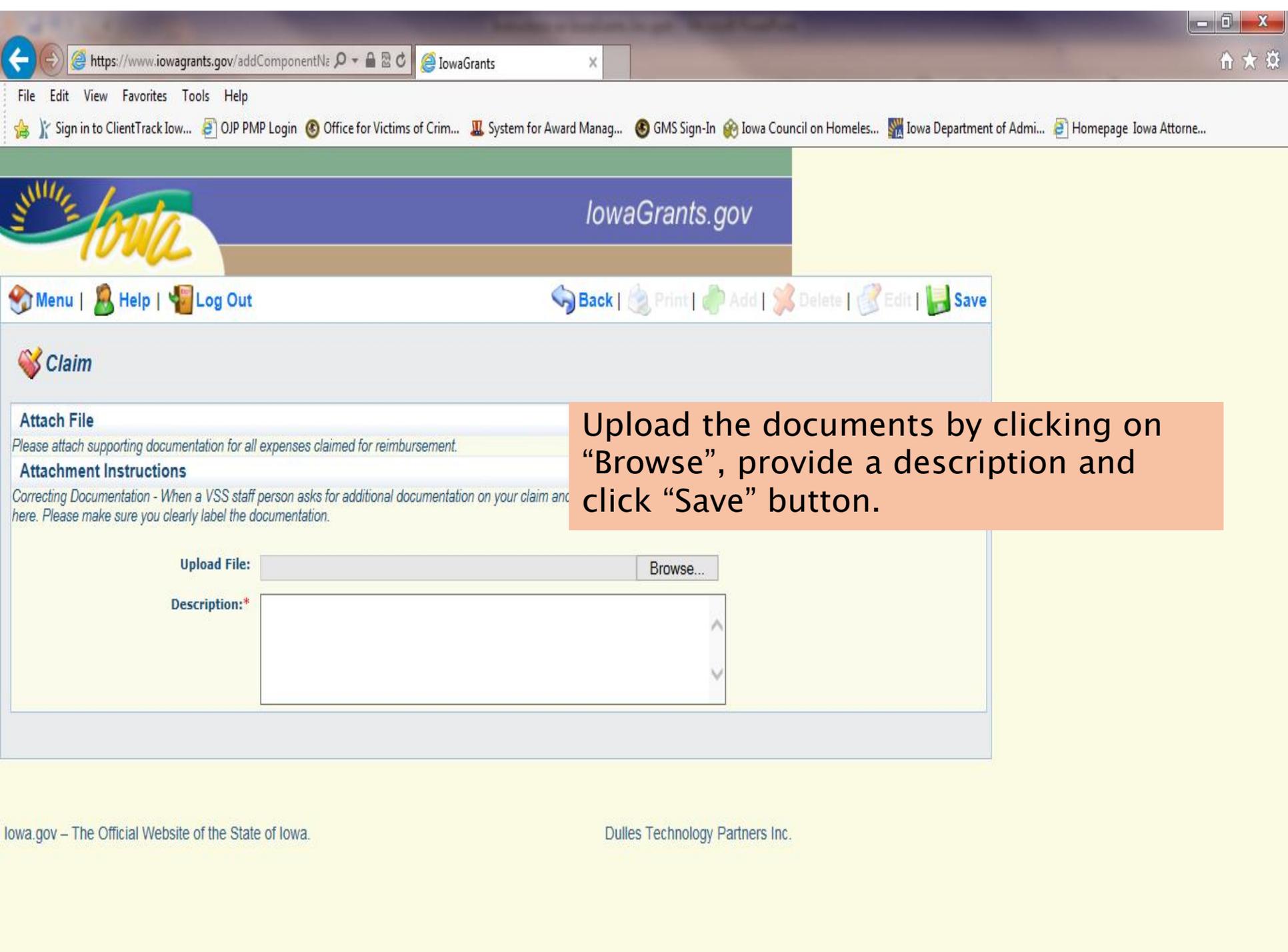
Now you are in the Supporting Documentation section. If you scroll all the way to the bottom you will see

|   |  |       |  |  |
|---|--|-------|--|--|
| Contractual Services Supporting Documentation |  |       |  |  |
| Contractual Services                          |  | 13 KB |  |  |
| Equipment Supporting Documentation            |  |       |  |  |
| Equipment                                     |  | 13 KB |  |  |
| Repairs & Maintenance Documentation           |  |       |  |  |
| Repairs & Maintenance                         |  | 13 KB |  |  |
| Rent Supporting Documentation                 |  |       |  |  |
| Rent  |  |       |  |  |
| Utilities Supporting Documentation            |  |       |  |  |
| Utilities                                     |  |       |  |  |
| Communications Supporting Documentation       |  |       |  |  |
| Communications                                |  |       |  |  |
| Advertising Supporting Documentation          |  |       |  |  |
| Advertising                                   |  |       |  |  |
| Supplies Supporting Documentation             |  |       |  |  |
| Supplies                                      |  |       |  |  |
| Insurance Supporting Documentation            |  |       |  |  |
| Insurance                                     |  |       |  |  |
| Other Direct Supporting Documentation         |  |       |  |  |
| Other Expenses                                |  | 13 KB |  |  |
| Client Assistance Documentation               |  |       |  |  |
| Client Assistance                             |  | 13 KB |  |  |
| Indirect Costs/Expenses                       |  |       |  |  |
| Indirect Costs/Expenses                       |  | 13 KB |  |  |
| Match Documentation                           |  |       |  |  |
| Match Documentation                           |  | 13 KB |  |  |
| Correcting Documentation                      |  |       |  |  |
| Correcting Documentation                      |  | 13 KB |  |  |

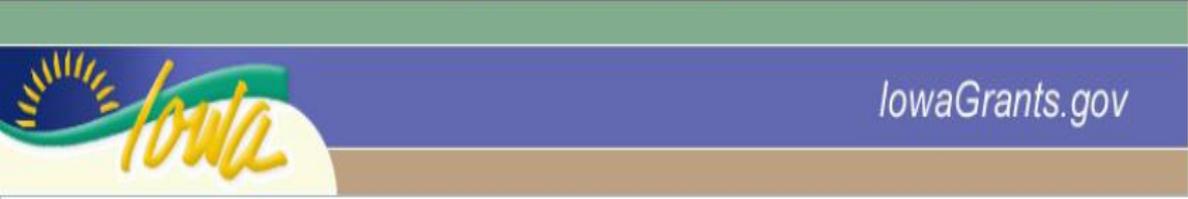
When you are asked to “correct” a claim and provide additional documentation, you will add it to the “Correcting Documentation” which is last on the documentation list. Be sure to clearly mark on the documentation anything needed. (i.e., supplies, communication, etc.)



Last Edited By: Donna Phillips, 07/20/2016



Upload the documents by clicking on "Browse", provide a description and click "Save" button.



**Claim**

**Attach File**  
Please attach supporting documentation for all expenses claimed for reimbursement.

**Attachment Instructions**  
Correcting Documentation - When a VSS staff person asks for additional documentation on your claim and sends it here. Please make sure you clearly label the documentation.

**Uploaded File:** Payroll #1 July 2016.docx

**Description:** Attached is the correcting documentation: (1) U.S. Cellular Phone Bill for Communications and (2) Donna Phillips' travel documents.

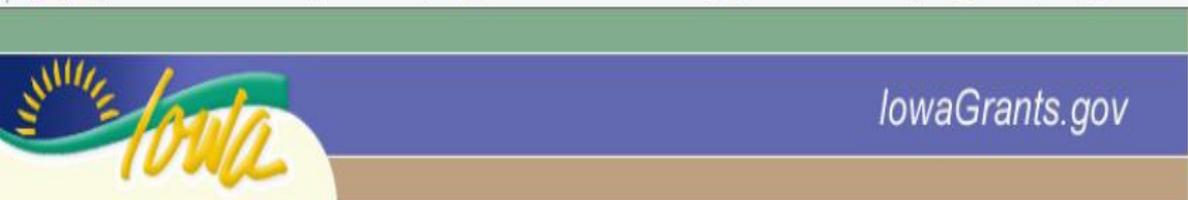
Write a description. Be brief but to the point. Then click "Save"

|   |   |                           |  |       |      |  |
|---|---|---------------------------|--|-------|------|--|
| Equipment Supporting Documentation      |   |                           |  |       |      |  |
| Equipment                               |   |                           |  | 13 KB |      |  |
| Repairs & Maintenance Documentation     |   |                           |  |       |      |  |
| Repairs & Maintenance                   |   |                           |  | 13 KB |      |  |
| Rent Supporting Documentation           |   |                           |  |       |      |  |
| Rent                                    |   |                           |  | 13 KB |      |  |
| Utilities Supporting Documentation      |   |                           |  |       |      |  |
| Utilities                               |   |                           |  | 13 KB |      |  |
| Communications Supporting Documentation |   |                           |  |       |      |  |
| Communications                          | Communications Fake Documents   | Payroll #1 July 2016.docx |  | 13 KB | docx |  |
| Advertising Supporting Documentation    |   |                           |  |       |      |  |
| Advertising                             |   |                           |  | 13 KB |      |  |
| Supplies Supporting Documentation       |   |                           |  |       |      |  |
| Supplies                                |   |                           |  | 13 KB |      |  |
| Insurance Supporting Documentation      |   |                           |  |       |      |  |
| Insurance                               |   |                           |  | 13 KB |      |  |
| Other Direct Supporting Documentation   |   |                           |  |       |      |  |
| Other Expenses                          |   |                           |  | 13 KB |      |  |
| Client Assistance Documentation         |   |                           |  |       |      |  |
| Client Assistance                       |   |                           |  | 13 KB |      |  |
| Indirect Costs/Expenses                 |   |                           |  |       |      |  |
| Indirect Costs/Expenses                 |   |                           |  | 13 KB |      |  |
| Match Documentation                     |   |                           |  |       |      |  |
| Match Documentation                     |   |                           |  | 13 KB |      |  |
| Correcting Documentation                |   |                           |  |       |      |  |
| Correcting Documentation                | Attached is the correcting documentation: (1) U.S. Cellular Phone Bill for Communications and (2) Donna Phillips' travel documents. | Payroll #1 July 2016.docx |  | 13 KB | docx |  |

See the description is now visible here and your documentation is attached.



Last Edited By: Donna Phillips, 07/25/2016



### Grant Tracking

Claim: 141814 - 006 [Grant Components](#)

**Grant:** 141814-Testing Oct 2015

**Status:** Correcting

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

**Program Manager:** Donna Jean Phillips

Scroll to the top of the "Supporting Documentation" page/section and now click "Mark as Complete" if you are done.

### Instructions

Please attach supporting documentation for all expenses claimed for reimbursement.

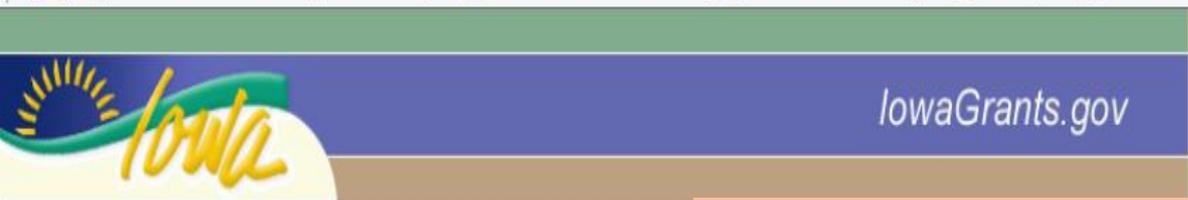
### Supporting Documentation

[Mark as Complete](#) | [Go to Claim Forms](#)

**Payroll #1** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Payroll #2** - Attach copies of paystubs, payroll accounting summaries, or other payroll documentation here. Please only include paystubs for employees claimed for each individual funding source.

**Benefit #1** - Attach copies of benefits documentation here - this may include copies of statements for insurance, FICA, etc. In most cases the entire amount of the invoice will not be claimed so please indicate directly on the invoice the breakdown of claimed costs. Please only include required documentation pertaining to the actual benefits claimed



Menu | Help | Log Out

**Grant Tracking**

Claim: 141814 - 006

Grant: **141814-Testing Oct 2015**

Status: Correcting

Program Area: Victim Services Support Progra

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Jean Phillips

The system brings you back to this page.

See how the "Complete?" column has all checks by the different components.

Click on the "Submit" button and this will change the claim from "Correcting" to "Submit" and the VSS staff person will be notified that you have submitted the claim.

**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      | ✓         | 07/20/2016  |
| Reimbursement            | ✓         | 07/25/2016  |
| Supporting Documentation | ✓         | 07/25/2016  |



Menu | Help | Log Out  
Back | Print

The question box below will open: If you are ready click "OK"

### Grant Tracking

Claim: 141814 - 006

Grant: **141814-Testing Oct 2015**

Status: Correcting

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Manager: Donna Jean Phillips

Message from webpage

Submitting the Claim will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Claim?

OK Cancel

### 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      | ✓         | 07/20/2016  |
| Reimbursement            | ✓         | 07/25/2016  |
| Supporting Documentation | ✓         | 07/25/2016  |

The screenshot shows a web browser window with the URL <https://www.iowagrants.gov/submitClaim.do>. The page header includes the IowaGrants.gov logo and navigation links: Menu, Help, and Log Out. A toolbar contains Back, Print, Add, Delete, Edit, and Save buttons. The main content area displays a 'Claim Submitted Confirmation' message: 'You have successfully submitted your Claim numbered [006]. We have received your Claim for review. Click [here](#) to print claim.'

Iowa.gov – The Official Website of the State of Iowa.

The system will take you here, where you can print off your submitted claim if you want.

Click “Back” button.

### Grant Tracking

#### Grant/Project: 141814 - Testing Oct 2015 - 2016

**Status:** Underway  
**Program Area:** Victim Services Support Program  
**Grantee Organization:** Justice, Iowa Department of  
**Program Officer:** Donna Jean Phillips  
**Awarded Amount:** \$5,000.00

#### Instructions

The grant forms appear below.

#### Grant/Project Components

You can define your own alerts in the Alerts section

| Component                              | Last Edited |
|--|-------------|
| General Information                    | 07/14/2016  |
| Claims                                 |             |
| Status/Performance Reports/Other Forms |             |
| Site Visits                            |             |
| Correspondence                         | 07/09/2016  |
| DAC/SAC/SH Application                 | 04/21/2016  |
| NEW FY16 VSS Standard Budget           | 04/21/2016  |
| Opportunity                            | -           |
| Application                            | -           |

# Correspondence in IowaGrants.Gov

### Grant Tracking

**Grant/Project: 144423 - Donna's Testing Testing Testing - 2016**

**Status:** Underway

**Program Area:** Victim Services Support Program

**Grantee Organization:** Justice, Iowa Department of

**Program Officer:** Donna Phillips

**Awarded Amount:** \$173,764.00

*Now let's click on "Correspondence" under Grant/Project Components*

**Instructions**

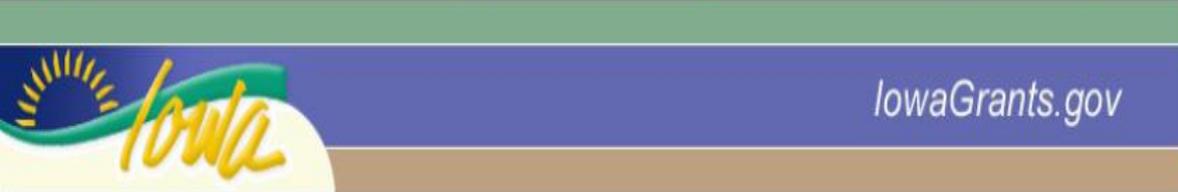
The grant forms appear below.

**Grant/Project Components**

You can define your own alerts in the Alerts section

| Component                              | Last Edited |
|--|-------------|
| General Information                    | 07/14/2016  |
| Claims                                 |             |
| Correspondence                         |             |
| Status/Performance Reports/Other Forms |             |
| Site Visits                            |             |
| DAC/SAC/SH Application                 | 07/14/2016  |
| Opportunity                            | -           |
| Application                            | -           |





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

Grant/Project Tracking

Grant/Project: 144423 - Donna's Testing Testing Testing - 2016

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Phillips

Awarded Amount: \$173,764.00

*In order to ask a question or respond to a question, you will click the "Add" button.*

*If you want to return to the previous screen either click "Return to Components" or the "Back" button.*

Inter-System Grantee Correspondence

Return to Components | Add

| Subject | From | To | Sent/Received | Attachments |
|---------|------|----|---------------|-------------|
|---------|------|----|---------------|-------------|

Last Edited By:

https://www.iowagrants.gov/addComponent.dr

File Edit View Favorites Tools Help

Sign in to ClientTrack Iow... OJP PMP Login Office for Vic

**Grant/Project: 144423 - Donna's Testing Testing Testi**

**Status:** Underway

**Program Area:** Victim Services Sup

**Grantee Organization:** Justice, Iowa Depart

**Program Officer:** Donna Phillips

**Awarded Amount:** \$173,764.00

*It will automatically pull up your primary VSS contact in the "To" line.  
You can add other emails in the "CC:" line.  
Be sure to add a subject as this will help you in going back to numerous emails in the system to know which one is which.  
Type your message.  
Remember to put your contact information (phone and outside email) just in case we need to get a hold of you by phone, etc.  
Remember to type your name. As there may be a couple of staff listed under your grant.  
Then click the "Send" button.*

**Correspondence** [Send](#)

**To:\*** Donna Phillips  
Donna Phillips

**CC:** Natalie.scarpino@iowa.gov

CC addresses must be entered in a valid email format. Use a semicolon (;) to separate multiple CC email addresses.

**Subject:\*** Testing IowaGrants.Gov Correspondence

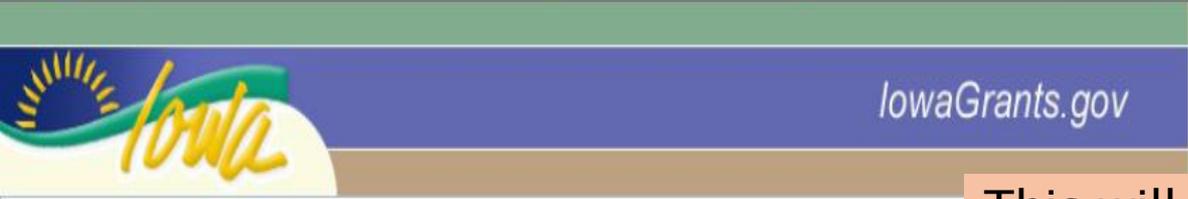
**Message:** Hi, I am testing the Correspondence in the IowaGrants.gov system.

You always want to put your contact information, name and title at the end of this as it will be an email generated from IowaGrants.Gov.

Click on "Browse" to attach documents that you are referring to in the correspondence.

If you have any questions please contact me, Donna Phillips, at donna.phillips@iowa.gov or at 1-515-242-5121.

**Attachments:**



IowaGrants.gov

Menu | Help | Log Out | Back

Grant/Project Tracking

Grant/Project: 141814 - Testing Oct 2015 - 2016

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Jean Phillips

Awarded Amount: \$5,000.00

This will show you the correspondence that has been sent.

If you want to view any of the correspondence sent/received, click on the blue "Subject" to open that piece of correspondence.

Inter-System Grantee Correspondence

[Return to Components](#) | [Add](#)

| Subject   | From                | To                                       | Sent/Received | Attachments |
|---|---------------------|--|---------------|-------------|
| <a href="#">Grant 141814 - Testing Oct 2015: RE: Grant 141814 - Testing Oct 2015: testing July 2016</a> | Donna Jean Phillips | Donna Jean Phillips                      | 07/28/2016    |             |
| <a href="#">Grant 141814 - Testing Oct 2015: Testing Reply</a>  | Donna Jean Phillips | Donna Jean Phillips                      | 07/26/2016    |             |
| <a href="#">Grant 141814 - Testing Oct 2015: testing July 2016</a>                                      | Donna Jean Phillips | Donna Jean Phillips, Donna Jean Phillips | 07/09/2016    |             |

Last Edited By: Donna Phillips, 07/28/2016

### Grant/Project Tracking

Grant/Project: 144423 - Donna's Testing Testing Testing - 2016

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Phillips

Awarded Amount: \$173,764.00

You can reply to this correspondence or click the "Back" button to go back a screen or click the "Menu" button to go back to your main menu.

### Correspondence

Reply

To: Donna Jean Phillips

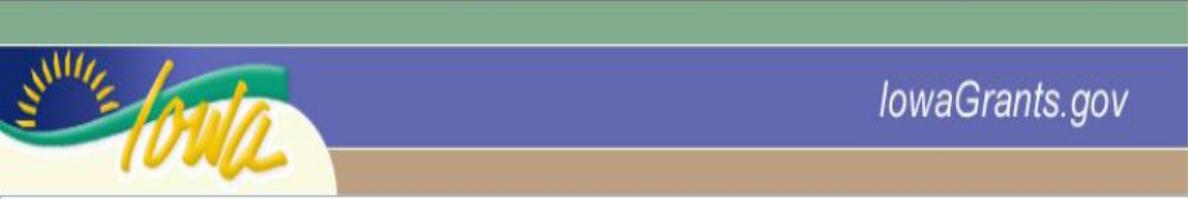
CC: donna.phillips@iowa.gov

Subject\*: Grant 144423 - Donna's Testing Testing Testing: Testing Correspondence From A Program

Message: This is to test the correspondence feature from a program.

Date Sent: 07/19/2016

Attachments:



### Welcome

#### Main Menu

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

- Instructions
- My Profile
- Funding Opportunities
- My Applications
- My Grants
- My Inventory

*After logging into IowaGrants.GOV Click on "My Grants" to see your different funded grants.*

### Grant Tracking

Grant/Project: 144423 - Donna's Testing Testing Testing - 2016

Status: Underway

Program Area: Victim Services Support Program

Grantee Organization: Justice, Iowa Department of

Program Officer: Donna Phillips

Awarded Amount: \$173,764.00

### Instructions

The grant forms appear below.

### Grant/Project Components

You can define your own alerts in the Alerts section

| Component                              | Last Edited |
|--|-------------|
| General Information                    | 07/14/2016  |
| Claims                                 |             |
| Correspondence                         | 07/14/2016  |
| Status/Performance Reports/Other Forms |             |
| Site Visits                            |             |
| DAC/SAC/SH Application                 | 07/14/2016  |
| Opportunity                            | -           |
| Application                            | -           |

**To Exit the system click on the "Log Out" button.**

# VSS Staff Contact Information

Donna Phillips  
Victim Service Support Administrator  
515-242-5121  
[donna.phillips@iowa.gov](mailto:donna.phillips@iowa.gov)

Luana Nelson-Brown  
Community Specialist  
515-242-6112  
[luana.nelson-brown@iowa.gov](mailto:luana.nelson-brown@iowa.gov)

CVAD Office Main Line: 1-515-281-5044  
CVAD Office Toll-Free Line: 1-800-373-5044  
CVAD Fax Line: 1-515-281-8199

Shirley Davis  
Community Specialist  
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[Rebecca.Garcia@iowa.gov](mailto:Rebecca.Garcia@iowa.gov)

Natalie Scarpino  
Community Specialist  
515-281-7215  
[Natalie.Scarpino@iowa.gov](mailto:Natalie.Scarpino@iowa.gov)