

Milk and Shellfish Grant Program

www.afdo.org/msgrants

REPORTING AND REIMBURSEMENT INSTRUCTIONS

Improving implementation of and compliance with the guidelines of the National Grade "A" Milk Safety and National Shellfish Sanitation Programs

October 2021

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I. <u>REPORTING AND REIMBURSEMENT DESCRIPTIONS</u>

As with the application process, the online grants management system is used for project reporting and is aimed at minimizing the grantee's time burden. Grantees must submit their reports through the online grant management portal at <u>http://www.afdo.org/grants/msgrants.</u>

Milk and Shellfish training grantees may complete more than one Training Grant Reimbursement Request, the final reimbursement request submitted will include an Integrated Final Report. Milk and Shellfish equipment grantees must complete one combined Final Equipment Report.

1) TRAINING GRANT REIMBURSEMENT REQUESTS AND INTEGRATED FINAL REPORT

A Training Grant Reimbursement Request is required whenever you are seeking reimbursement for a completed course (or courses). Because your award is intended to meet all your training needs over the course of the project period, more than one Training Grant Reimbursement Request may be submitted during the grant period for the reimbursement of completed course(s). A separate reimbursement check will be mailed after approval of each request. A Training Grant Final Report will be integrated into your final reimbursement request and is required to close out your agency's training award. The final report is due no later than 45 days after the end of the project period listed in your application.

2) EQUIPMENT GRANT REIMBURSEMENT REQUEST AND INTEGRATED FINAL REPORT

A Final Equipment Report is required at the conclusion of the grant once all equipment has been purchased. Only one reimbursement request will be permitted for equipment grants unless circumstances warrant an exception, and advance approval is obtained through the Association of Food and Drug Official (AFDO) Milk and Shellfish Grant Program Management Team. A reimbursement check will be mailed after approval of the Final EquipmentReport.

II. GRANTEE PORTAL OVERVIEW

Many grantees find it helpful to first view the reporting portal while reviewing the following instructions. We also recommend gathering the required information and documentation before entering it into the reporting portal. This can prevent the loss of worktime caused by Internet connection issues. The portal works best with the most updated version of Google Chrome.

1) LOGGING IN TO THE PORTAL

Log in to the grants management system at <u>https://msgrants.fluxx.io/user_sessions</u> using the login and password you received during the application process. If you cannot find the username and/ or password, visit the system's password assistance web page at <u>https://msgrants.fluxx.io/</u> <u>forgot_password</u>. Alternatively, contact us at (717) 814-9873 or <u>msgrants@afdo.org</u>.

2) ACCESSING GRANT INFORMATION

You can access the following information through the grants management system:

1) Applications:

The Applications section provides access to your agency's grant applications in their various states: **DRAFT, REVISIONS REQUESTED, SUBMITTED FOR REVIEW, AND DECLINED**.

2) Grants:

The Grants section provides access to subawards under this grant program. Subawards are listed by their Grant Number with summary information provided. By selecting on the Grant Number for each subaward, you can view the details of each subaward, including: *Grant Number* (at top right of the screen), *Project Title, Organization Information, Primary Contact Name, Authorizing Official Information, Agency Information, Request Information, Budget Information,* and other project information. A copy of the *Award Letter* for each subaward is also provided near the bottom of the detailed grant information page.

3) Amendments (Change Requests):

The Amendment section provides information for all change requests in their various states: *Draft, Under Review, Revisions Needed, Approved Amendments, and Declined.*

All changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.

To Request a Change to your Subaward(s), Log in to the grant portal https://msgrants.fluxx.io/user_sessions

- 1. Go to the GRANTS section in the left column quick links
- 2. Select ACTIVE GRANTS
- 3. Select the grant you are amending
- 4. Select the REQUEST AMENDMENT button on the top right
- 5. Answer all questions and submit a revised budget and budget narrative.
- 6. Submit the amendment

4) Payments:

The Payments section provides information on payments completed. Payments are made after submission and approval of Reimbursement Requests and/or Final Reports.

5) Reports:

The Reports section provides information for all reports in their various states: **REPORTS DUE**, **OVERDUE REPORTS**, **REVISIONS REQUESTED**, **SUBMITTED REPORTS**, **OR COMPLETED REPORTS**.

III. TRAINING GRANTS REIMBURSEMENT REQUESTS (STEP-BY-STEP INSTRUCTIONS)

This section contains a step-by-step guide for completing online Training Reimbursement Requests through the Milk and Shellfish Grant Portal. For each Training Reimbursement Request, grantees must:

- Step 1 Access the **<u>REIMBURSEMENT FORM</u>**;
- Step 2 Confirm the CONTACT INFORMATION;
- Step 3 Complete the **<u>REPORT INFORMATION</u>** section;
- Step 4 Complete the **EXPENSE REIMBURSEMENT** section;
- Step 5 UPLOAD the REQUIRED PROJECT DOCUMENTS;
- Step 6 Complete the <u>**REQUIRED VERIFICATIONS**</u> section;
- Step 7 Complete the FINAL REPORTS METRICS
- Step 8 SAVE AND SUBMIT the REIMBURSEMENT REQUEST.
- Step 9 <u>**RESUBMIT**</u> returned reports

STEP 1 - ACCESS MILK TRAINING OR SHELLFISH TRAINING REIMBURSEMENT FORM

After each approved training is complete, open the corresponding **Training Reimbursement Request.** More than one **Training Reimbursement** request may be submitted during the grant period for completed course(s). You can also request a cumulative reimbursement for up to five separate trainings at once:

1) Access the Milk or Shellfish Training Reimbursement request form

Scroll down to the **REPORTS** section. Select **REPORTS DUE.** All reports due will populate in the middle column, select the report for the grant for which you are requesting reimbursement. The report information will appear on the right-hand side.

2) Overdue Reports

If the report is <u>past due</u>, select **OVERDUE REPORTS** in the left-hand column to begin submission.

3) Complete the form

Select the **EDIT** button in the upper-right corner of the form to open the form and provide your responses.

4) Save the form - The portal forms do not auto-save. You must select the SAVE button in the bottom-right corner of the form to ensure your data will not be lost. Spell check may be run only after saving your work. You can come back and continue working on the report at any time (we recommend saving often during the process to ensure work is captured). To view a Saved Reimbursement Request, navigate to the REPORTS section on the left panel of the grants management system.

STEP 2 – CONFIRM CONTACT INFORMATION

Confirm the organization's address and primary contact

1) Organization Address Confirmation

The organization address on file is displayed. Affirm the organization's address is current and correct by answering **YES** or **NO** to the statement displayed "*I affirm that my organization address is current and correct.*" If answering **NO**, use the text box provided to update your organization's address information.

2) Primary Contact Information

The Primary Contact information is displayed. Affirm the primary contact information is current and correct by answering **YES** or **NO** to the statement displayed "I affirm that $\frac{p_{Be}}{p_{Be}}$

Primary Contact information is current and correct." If answering **NO**, use the text box provided to update the primary contact information. You must provide the full name, title, email address, and phone number of the primary contact.

Note: A reimbursement check will only be made payable to your organization as a whole and cannot be made payable to any individual.

STEP 3 – COMPLETE REPORT INFORMATION

You may submit up to five (5) training reimbursement requests through a single Reimbursement Request. For each Training Reimbursement Request submitted:

- 1) Complete the **REPORT INFORMATION** section.
- 2) Upload the required documents.
- 3) Check the verifications in the REQUIRED VERIFICATIONS section

For <u>each</u> completed course attended by your agency using these grant funds, enter the following information into a separate **Training** box:

- 1) Name of Training Course Attended: Use the drop-down to select the training course title. If the title does not appear, select **Other**.
- 2) Training Course Location: You must provide the city and state of the course location
- 3) **Training Start Date**: use the calendar drop-down to enter the training start date.
- 4) **Training End Date:** use the calendar drop-down to enter the training end date.
- 5) Number Of Attendees: enter the number of attendees who attended the training.
- 6) Training Approved: Was this training part of your agency's approved application? Use the drop-down selection provided to answer YES or NO. If answering NO, use the text box to provide an explanation. Note: Only training projects approved by this grant are eligible for reimbursement.
- 7) Additional Reimbursement Requested: to submit additional reimbursements check the box add second reimbursement as needed, follow steps 1-6 listed above.
- 8) **Outside Training:** for the period covered by this reimbursement report, in the text box provided, enter the total number of staff from your agency who attended courses where the delivery of the course was arranged and/or paid for by another agency or entity.
- 9) **Total Training Attendees:** the total number of staff trained, both using these training funds and outside training funds, will auto-populate at the bottom of all combined **TRAINING** boxes.
- 10) Submit Additional Future Reimbursement Requests: If you will have additional TRAINING REIMBURSEMENT request(s) to submit in the future, navigate to the REQUIRED VERIFICATIONS section and select YES to the question: 'Will you have additional expenses and future reports to submit?". A YES response will instruct AFDO staff to make an additional Reimbursement Request report form available in your account.

STEP 4 – COMPLETE EXPENSE REIMBURSEMENT

You may report up to 10-line items of expenses. The total amount for all expenses listed here will be the total amount for the reimbursement request. The total amount will auto-calculate on the form.

In the **Line Item** field provide the traveler's name, course number or name, a category description of the expense and the total amount for the expense in the Cost field.

If you have more than ten-line items, consolidate your expenses into one of the following categories: Airfare, Baggage Fees, Ground Transportation, Lodging, Mileage, Parking, Per Diem, Incidentals, Registration, Tolls, or Other (explain).

Supporting expenditure verification documents should be attached in the order the expenses are listed.

Enter the address of where your payment should be sent. This should include any special

Provide a description of	the expense in the Line Item field and the	total amount for the expense in the Cost field.
Line Item 1	C. Smith FD371 Airfare	
Cost 1	\$542	
Line Item 2	C. Smith FD371 Baggage Fees	
Cost 2	\$60	
Line Item 3	C. Smith FD371, Lodging	
Cost 3	\$1,272.00	
Line Item 4	C. Smith FD371, Per Diem	
Cost 4	\$217	
Line Item 5	S. Carol, FD372 Mileage	
Cost 5	\$158	
Line Item 6	S. Carol, FD372, Lodging	
Cost 6	\$729	
Line Item 7	S. Carol, FD372, Per Diem	
Cost 7	\$252	
Line Item 8	S. Carol, FD372, Tolls	
Cost 8	\$42.35	
Line Item 9	S. Carol, FD372, Parking	
Cost 9	\$75	
Line Item 10		
Cost 10		
Total Reimbursemen	t Request - Milk:	\$3,347.35

payment handling instructions or identifiers that your jurisdiction's office may need to properly route the check. All checks will be made payable to the jurisdiction (as written in the grant application) unless otherwise specified.

<u>STEP 5 – UPLOAD INSTRUCTIONS-REQUIRED DOCUMENTS</u>

You must submit expense verifying documentation demonstrating proof of payment for every

expense submitted. To upload documents, select the ⁽²⁾ icon in the *Report Documents* section and select the document you wish to upload by selecting **ADD FILES** in the pop-up window. Once your document has been added, select **START UPLOAD**. Close the document upload box when upload confirmed. Attach the following documents:

1) **REQUIRED PROJECT DOCUMENTS**:

Supporting documents should be attached in the order the expenses are listed in the previous EXPENSE REIMBURSEMENT section.

Required Expense Verification Documents

Attach a scanned PDF copy of Verifying Documentation for all expenditures demonstrating the expense has been paid in full by your jurisdiction, expenses cannot be reimbursed if they have not yet been paid. Verifying documents include receipts and invoices marked paid, signed accounting expenditure reports, mapped documentation of mileage, Page 7

accounting documents showing the expense was paid (e.g., a general ledger), and any other pertinent information as requested by the FDA or the Milk and Shellfish Grants Management Team. Name all receipts submitted according to the how they are listed in the EXPENSE VERIFICATION line item. For example, C. Smith_FD371 Airfare.

Agenda and Announcement -

Upload the course (or conference) agenda and announcement for each course or conference attended.

Additional Supporting Documentation

Upload any other documents necessary to support and/or explain the expense reimbursement requested.

STEP 6 – COMPLETE REQUIRED VERIFICATIONS

1) Submit Additional Future Reimbursement Requests

If you will have additional TRAINING REIMBURSEMENT request(s) to submit in the future, select **YES** to the question: "*Will you have additional expenses and future reports to submit?*". Found in the **REQUIRED VERIFICATIONS** section. A **YES** response will instruct staff to make an additional Reimbursement Request report form available in your account.

Select **NO** if you have completed all intended parts of this grant project and will not submit additional Reimbursement Reports. Complete the additional information required in the FINAL REPORT METRICS section that will open below.

2) Verifications

To submit this form, you must verify the following statements by selecting each associated checkbox. When you select a checkbox, a pop-up box will appear. The pop-up box has a Note field. Leaving a note here is optional. Select the **SAVE** button to save each checkmark. Important: Once checked, these cannot be unchecked.

- 1. I understand I must complete the Training Grant Final Report in order to close out this grant.
- 2. I confirm I have completed the Expense Reimbursement form on this screen.
- 3. I confirm I have attached verifying documentation
- 4. By submitting this report, I certify (1) to the statements and list of expenses and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious. or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

STEP 7 - COMPLETE FINAL REPORTS METRICS

If you selected **NO** to the Future Reimbursement Request above, the **FINAL REPORT METRICS** will display. This is the **FINAL REPORT** for this grant. Upon approval and payment of this report this grant will be closed. Complete this section by answering the below questions. If you selected **YES** to the Future Reimbursement Request question and will be submitting additional reimbursement requests, proceed to Step 8 to submit the report.

1) Project Metrics

Looking at the Project Metrics information please explain in the text box provided, any differences (positive or negative) in the number of staff you proposed to train in your application, vs. the number reported as trained.

2) Budget Information

Provide a detailed explanation for all project changes which deviate from the approved grant award. *Note: All changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.*

3) Anticipated Needs - Future Funding

Provide a brief explanation for Projected Training Needs; What are your projected training needs for the next calendar year?

4) Final Summary

Benefits from this Grant Award. Please list 1 - 3 benefits to your agency from this training needs grant.

5) Suggested Changes

Please provide any suggested changes (technical, administrative, or otherwise) that could improve this program for the funding of training in the future.

6) Recommendations

Would you recommend this grant program to other agencies in the future? Select **YES** or **NO** from the drop-down box.

STEP 8 – SAVE AND SUBMIT THE REIMBURSEMENT REQUEST

- 1) Carefully review all completed and required information.
- 2) Select the **SAVE** button at the bottom right corner of the screen. (We recommend s aving often during the process to ensure all work is captured.)
- To view a saved Reimbursement Request, navigate to the REPORTS section on the left panel of the grants management system, select REPORTS DUE and select the report you wish to view.
- 4) Reimbursement Requests cannot be submitted until <u>all required fields are complete</u>.
- 5) To make changes, select the **EDIT** button at the top right corner of the screen, remember to s ave your changes.
- 6) Select the **SUBMIT** button in the bottom right corner of the screen to submit the Rei mbursement Request.
- 7) A Pop-Up will appear "You are about to Submit this Reports form. Please confirm that you would like to proceed." Select **OK** to proceed with submission or cancel if you submitted inerror.
- 8) A red Compliance Warning (error) bar will appear at the top of the screen when required information is missing or not selected. Select JUMP TO NEXT ERROR to view the issue. Correct the issue by entering or selecting the required information and/or by attaching the REQUIRED Expense Verifying Documentation, then select SAVE and resubmit the report.
- 9) A note field box will appear. You are not required to enter any notes. Select **OK.** The Reimbursement Request may now be viewed under **Submitted Reports**.

STEP 9– SUBMIT RETURNED REPORTS

Submitted reports will be reviewed by an AFDO grant administrator who will confirm all forms and documentation related to the project have been turned in and are complete. The report may be returned to you for additional or missing information.

- 1) Scroll down to the Reports section. Select **REVISIONS REQUESTED**.
- 2) All reports due will populate in the middle column, select the report for the grant for which $y_{Q} y_{e,9}$

are requesting reimbursement. The report information will appear on the right-hand side.

- 3) Select **EDIT** on the top right side.
- 4) Review the AFDO Grant Administrator's Review Comments in the **ADDITIONAL INFORMATION REQUESTED** section.
- 5) Make the requested changes and provide the additional or missing information.
- 6) Re-Submit the Report by selecting the **SUBMIT** button on the bottom right side of the report

IV. MS FINAL EQUIPMENT REPORT (STEP-BY-STEP INSTRUCTIONS)

This section contains a step-by-step guide for completing the online **FINAL EQUIPMENT REPORT** through the Milk and Shellfish Grant Portal. To submit the Final Report, grantees must:

- Step 1 Access the **REIMBURSEMENT REQUEST FORM**;
- Step 2 Confirm the CONTACT INFORMATION;
- Step 3 Complete the **<u>REPORT INFORMATION</u>** section;
- Step 4 Complete the **EXPENSE REIMBURSEMENT** section
- Step 5 Complete the **FINAL SUMMARY** section;
- Step 6 Complete the **PROVIDE ANTICIPATED NEEDS** section;
- Step 7 UPLOAD the REQUIRED DOCUMENTS;
- Step 8 Complete the **REQUIRED VERIFICATIONS**;
- Step 9 SAVE AND SUBMIT the REIMBURSEMENT REQUEST.
- Step 10 RE-SUBMIT Returned Reports

STEP 1 – ACCESS THE FINAL EQUIPMENT REPORT FORM

A **FINAL EQUIPMENT REPORT** is required at the conclusion of the grant once all equipment has been purchased. Only one reimbursement request will be permitted for equipment grants unless circumstances warrant an exception, and advanced approval is obtained through the AFDO Milk and Shellfish Grant Program Management Team. After equipment purchases are complete, open the corresponding Reimbursement Request:

1) Access the FINAL EQUIPMENT REPORT

Scroll down to the **REPORTS** section. Select **REPORTS DUE**. All reports due will populate in the middle column, Select the report for the grant for which you are requesting reimbursement. The report information will appear on the right-hand side.

2) Overdue Reports

If the report is <u>past due</u>, select on **OVERDUE REPORTS** in the left-hand column to begin submission.

3) Complete the form

Select the **EDIT** button in the upper-right corner of the form to open the form and provide your responses.

4) Save the form - The portal forms do not auto-save. You must select the SAVE button in the bottom-right corner of the form to ensure your data will not be lost. Spell check may be run only after saving your work. You can come back and continue working on the report at any time (we recommend saving often during the process to ensure work is captured). To view a Saved Reimbursement Request, navigate to the REPORTS section on the left panel of the grants management system.

STEP 2 – CONFIRM CONTACT INFORMATION

Confirm the organization's address and primary contact

1) Organization Address Confirmation

The organization address on file is displayed. Affirm the organization's address is current and correct by answering **YES** or **NO** to the statement displayed "*I affirm that my organization address is current and correct.*" If answering **NO**, use the text box provided to update your organization's address information.

2) Primary Contact Information

The Primary Contact information is displayed. Affirm the primary contact information is current and correct by answering **YES** or **NO** to the statement displayed *"I affirm that the Primary Contact information is current and correct."* If answering **NO**, use the text box provided to update the primary contact information. You must provide the full name, title, email address, and phone number of the primary contact.

Note: A reimbursement check will only be made payable to your organization as a whole and cannot be made payable to any individual.

STEP 3 – **REPORT INFORMATION**

Read the report instructions then review the information populated from your original Grant Application.

a) Application Program Outcomes:

Values displayed in blue are from your application submission.

b) Actual Project Outcomes:

For this Equipment Grant Reimbursement Request, explain how each project outcome was met. Provide actual data in the field provided. (Maximum of 1,500 characters.)

c) All Project Objectives Met Select YES or NO from the drop-down. If the answer is NO explain why each project outcome project outcome was not met. (Maximum of 1,500 characters.)

STEP 4 – BUDGET INFORMATION

Review the information populated from your original Grant Application. Did your actual spending differ by more than 10% from the projected costs requested on your grant? Select **YES** or **NO** from the drop-down. If the answer is **YES**, then provide the Actual Costs incurred and provide a brief explanation for each variance. NOTE: All changes to the project budget should be submitted and approved in advance of the actual expense by submitting an amendment to the grant.

STEP 5 – COMPLETE THE EXPENSE REIMBURSEMENT

You may report up to 10-line items of expenses. The total amount for all expenses listed here will be the total amount for the reimbursement request. The total amount auto-calculate on the form.

If you have more than ten-line items, consolidate your expenses into one of the following categories: **Contractual**, **Equipment**, **Indirect Costs**, **Installation**, **Shipping**, or **Other** (explain).

EXPENSE REIMB	URSEMENT		
You may report up to 10 amount for the reimburse expenses into categories	line items of expenses, <i>but you are not</i> req ment requestthis amount will auto-calcul , such as Infrared thermometers, Digital car	u ired <i>to provid</i> e ate after you sa meras, Mobile i	
Provide a description of t	the expense in the Line Item field and the t	otal amount for	will
Line Item 1	Contractual, Software Maintenance		
Cost 1	\$1,500		
Line Item 2	Equipment, HTST Past. Test Systems		
Cost 2	\$2,000		
Line Item 3	Indirect Costs		
Cost 3	\$1,500		
Line Item 4			
Cost 4			

Complete the Payment Information. Enter the address of where your payment should be sent. This should include any special payment handling instructions or identifiers that your jurisdiction's office may need to properly route the check. All checks will be made payable to the jurisdiction (as written in the grant application) unless otherwise specified.

STEP 6 – COMPLETE FINAL SUMMARY

Please provide benefits, suggested changes, and recommendations in the space provided in this section.

- Three Benefits from this Grant Award. Please list 1 3 benefits to your agency from this equipment grant (character limit of 1500).
- Please provide any suggested changes (technical, administrative, or otherwise) that could improve this program for the funding of equipment in the future (character limit 1500).
- Would you recommend this grant program to other agencies in the future? Select **YES** or **NO** from the drop-down box.

STEP 7 – PROVIDE ANTICIPATED NEEDS

What are your projected equipment needs for the upcoming calendar year? Include equipment you were unable to purchase with current funding, aging equipment that needs to be replaced, etc. (Explain using the text box provided).

STEP 8 – UPLOAD DOCUMENTS

You must submit expense verifying documentation demonstrating proof of payment for every

expense submitted. To upload documents, select the ^(C) icon in the Report Documents section and select the document you wish to upload by selecting **ADD FILES** in the pop-up window. Once your document has been added, select **START UPLOAD**. Close the document upload box when upload confirmed.

Required Expense Verification Documents

Attach a scanned PDF copy of Verifying Documentation for all expenditures demonstrating the expense has been paid in full by your jurisdiction, expenses cannot be reimbursed if they have not yet been paid. Verifying documents include receipts and invoices marked paid, signed accounting expenditure reports, mapped documentation of mileage, accounting documents showing the expense was paid (e.g., a general ledger), and any other pertinent information as requested by the FDA or the AFDO Milk and Shellfish Grants Management Team.

Additional Supporting Documentation

Upload any other documents necessary to support and/or explain the expense reimbursement requested.

STEP 9 – **COMPLETE REQUIRED VERIFICATIONS**

To submit this form, you must verify the following statements by selecting each associated checkbox. When you select a checkbox, a pop-up box will appear. The pop-up box has a Note field. Leaving a note here is optional. select the **SAVE** button to save each checkmark. Important: Once checked, these cannot be unchecked.

- 1. I confirm I have completed the Expense Reimbursement form on this screen.
- 2. I confirm I have attached verifying documentation

3. By submitting this report, I certify (1) to the statements and list of expenses and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious. or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

STEP 10 - SAVE AND SUBMIT

- 1) Carefully review all completed and required information.
- 2) Select the **SAVE** button at the bottom right corner of the screen. (We recommend s aving often during the process to ensure all work is captured.)
- To view a Saved Reimbursement Request, navigate to the REPORTS section on the left panel of the grants management system, select REPORTS DUE and select the report you wish to view.
- 4) Reimbursement Requests cannot be submitted until all required fields are complete.
- 5) To make changes, select the **EDIT** button at the top right corner of the screen, remember to s ave your changes.
- 6) Select the **SUBMIT** button in the bottom right corner of the screen to submit the Rei mbursement Request.
- 7) A Pop-Up will appear "You are about to Submit this Reports form. Please confirm that you would like to proceed." Select **OK** to proceed with submission or cancel if you submitted inerror.
- 8) A red Compliance Warning (error) bar will appear at the top of the screen when required information is missing or not selected. Select JUMP TO NEXT ERROR to view the issue. Correct the issue by entering or selecting the required information and/or by attaching the REQUIRED Expense Verifying Documentation, then select SAVE and resubmit the report.
- 9) A note field box will appear. You are not required to enter any notes. Select **OK**. The Reimbursement Request may now be viewed under Submitted Reports.

STEP 11 – RESUBMIT RETURNED REPORTS

Submitted reports will be reviewed by an AFDO grant administrator who will confirm all forms and documentation related to the project have been turned in and are complete. The report may be returned to you for additional or missing information.

- 1) Scroll down to the Reports section. Select **REVISIONS REQUESTED**.
- 2) All reports due will populate in the middle column, select the report for the grant for which you are requesting reimbursement. The report information will appear on the right-hand side.
- 3) Select **EDIT** on the top right side.
- Review the AFDO Grant Administrator's Review Comments in the ADDITIONAL INFORMATION REQUESTED section.

- 5) Make the requested changes, provide the additional or missing information.
- 6) Re-Submit the Report by selecting the button on the bottom right side of the report.

V. FINAL REMINDERS

Once each Reimbursement Request and/or the Final Report shows as **APPROVED**, you can expect payment in 2 - 4 weeks. A check for the reimbursement amount will be made out to the Payee as specified in the Reimbursement Request and mailed to the address provided under **PAYEE CONTACT INFORMATION**. Once a payment has been made, the Grant will be closed. The amount, paid date, and check number of the payment will appear in the **Payments** section of the grants management system.

If you have any questions, please contact the

Milk and Shellfish Grants Management Team at

(717) 814-9873 or msgrants@afdo.org