



# OGMS Instructions for Submitting a Claim

## A. Before submission of a claim, please ensure the following:

1. All required status reports, including the report associated with the current claim, must be submitted. This is a requirement for processing the claim.
2. Make sure there are no Pending Encumbrances holding the payment. If there are, please address them and follow up with your assigned grant monitor to have the Encumbrance(s) lifted before submitting the claim.

## B. LOGGING INTO OGMS

1. Sign into OGMS <https://ogms.dcjs.virginia.gov>
  - i. On the **Login** Page
  - ii. Click on **User ID** on the left side of your page under Login
  - iii. Enter your User ID
  - iv. Enter your **Password**
  - v. **Click on Sign In**

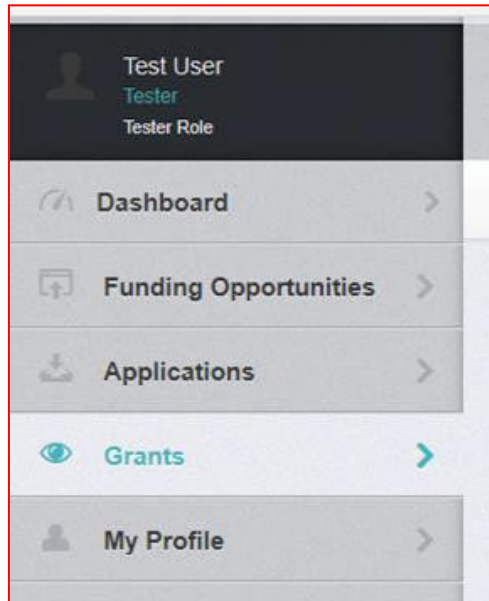
The screenshot shows the OGMS Login interface. At the top left, there is a key icon followed by the text "Login". Below this is a white rectangular box for user authentication. Inside this box, there is a heading "Enter your user id and password" with a person icon. Below the heading are two input fields: "User ID" and a password field (indicated by a dot). A green button labeled "SIGN IN" is positioned below the input fields. Underneath the "SIGN IN" button are two links: "Forgot User ID?" and "Forgot Password?". To the right of the login box is a grey box with a document icon and the text "Announcements". At the bottom of the page, there is a yellow button labeled "Click here to Register".

**Note:** Use the OGMS Menu, not the Browser Menu.

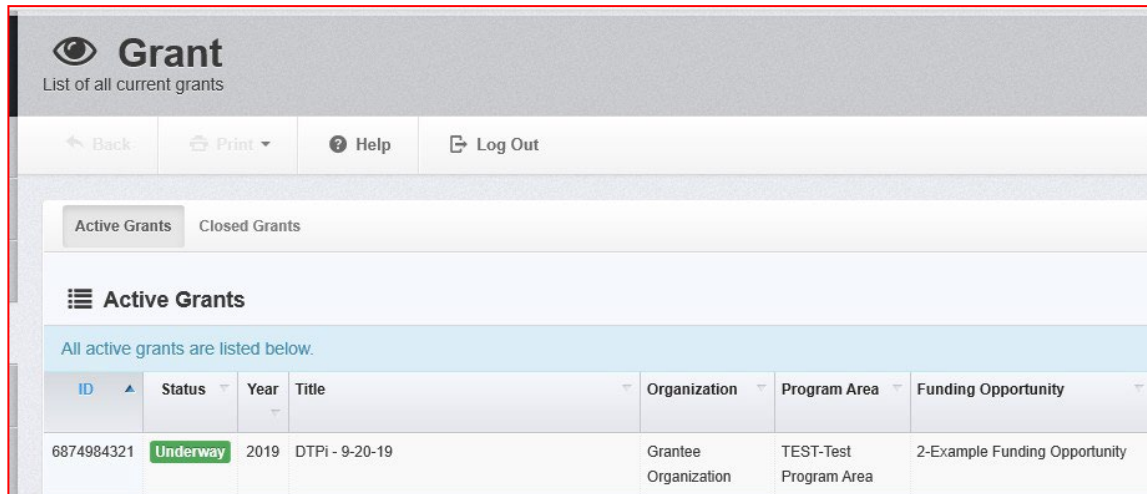
OGMS is compatible with many different browsers; please feel free to use the browser of your choice. Read the Instructions on the screen for navigating in the system.



2. From the Side Menu: Click on **Grants**.



3. Select the **Grant** you would like to access in the **Active Grant** listing. If you need to access a closed grant, click on the **Closed Grants** tab. Please note that you cannot submit a claim for a Closed grant unless its status has been changed to Underway by DCJS staff.





- Once you have selected the Grant, you will be directed to the **Grant Components**. Select **Claims** from the list of Grant Components.

| Grant Components   |   |
|--|---|
| The grant forms appear below. You can define your own alerts in the Alerts section |   |
| Component  | Last Edited                                 |
| General Information  | Nov 7, 2019 1:04 PM - System Administrator  |
| Claims   | Oct 8, 2019 1:02 PM - System Administrator  |
| Encumbrances   | -   |
| Status Reports   | Oct 8, 2019 1:05 PM - System Administrator  |
| Contract Amendments  | Oct 8, 2019 1:06 PM - System Administrator  |
| Site Visits  | Oct 8, 2019 1:07 PM - System Administrator  |
| Contract   | Oct 10, 2019 2:16 PM - System Administrator |
| Correspondence   | -   |
| Grid Budget  | Oct 8, 2019 1:00 PM - System Administrator  |
| Funding Opportunity  |   |
| Application  |   |

- Click **Add Claim**.

| Grant List   Genera   Claims   Encumb   Status   Contra   Site V   Contra   Corres   Grid B |               |         |                  |                |                   |              |             |
|---|---------------|---------|------------------|----------------|-------------------|--------------|-------------|
| Claims  |               |         |                  |                |                   |              | + Add Claim |
| ID  | Type          | Status  | Reporting Period | Submitted Date | Paid Date         | Claim Amount |             |
| T107 - 001  | Reimbursement | Editing | -                |                |                   | \$4,000.00   |             |
|   |               |         |                  |                | Submitted Amount: | \$0.00       |             |
|   |               |         |                  |                | Approved Amount:  | \$0.00       |             |
|   |               |         |                  |                | Paid Amount:      | \$0.00       |             |
|   |               |         |                  |                | Total Amount:     | \$0.00       |             |



- You will then be directed to the Claim **General Information**. Complete the fields on the form, then click **Save Form**.

**Status:** Leave as 'Editing'

**Type:** Select 'Reimbursement' from the dropdown menu (unless otherwise directed by your Grant Monitor).

For Advance Payments, select the Payment type.

For \$0.00 claims, select the Report Only type. When reporting actual expenditures against an advance, select Report Only if the expenditure matches the advance amount. In this case the Reimbursement section must remain blank, if any. If the actual expenditure differs from the advance amount, select the Reimbursement type and include the necessary adjustments in the Reimbursement section.

**Reporting Period:** Claims are processed quarterly, and only one Claim may be submitted per quarter unless otherwise approved. If the due date falls on a weekend or non-business day, the Claim is due on the next business day. A Claim submission is still required even if no expenditures occurred during the quarter. Claims are due within 15 days after the end of each calendar quarter. Please refer to your grant program's Special Conditions for additional information.

Example: 01/01/20XX - 03/31/20XX, 04/01/20XX - 06/30/20XX, 07/01/20XX - 09/30/20XX, or 10/1/20XX-12/31/20XX

**Final Request?:** Do not select 'Yes' unless this is your final quarterly Claim submission

General Information - Claim - Edit Save Form

Status\*:

Type\*:

Report Period:

Start Date End Date

Final Request?\*:  Yes  No

**Note:** The system creates a claim number as soon as you click **Save**. If you log out of the system at this point or any future point, you will click on the existing claim until it has been submitted.



- Once the **General Information** has been completed, you will be returned to the **Claim Component**. This is a complete listing of all claim forms that may be required for completion in order to submit the claim. You can now begin completing the claim forms designated for your grant.

| Claim Preview   Alert History   Map   Versions |           |   |
|--|-----------|---|
| <b>Claim Details</b>                           |           |   |
| Component                                      | Complete? | Last Edited                               |
| General Information                            | ✓         | Apr 16, 2021 12:50 PM - DeAndrea Williams |
| Reimbursement                                  | -         | -   |
| Detail of Expenditures                         | -         | -   |
| Claim Supporting Documentation                 | -         | -   |

**Note:** All forms can be edited and saved as often as necessary but the system will require that ALL fields marked as required MUST have entries and **EVERY** form must be **Marked as Complete** to submit. You will receive a pop-up message notifying you of this if you try to submit without completing these steps.



- 8. You will continue to click on and complete each form in the Claim **Component** listing. You will then be directed to the Claim **Reimbursement** component. Complete the fields on the form, then click **Save Form**.

| Reimbursement   |                 |                      |                       |       |                            |                                     |               |                               | <a href="#">Edit Reimbursement</a> |
|-----------------|-----------------|----------------------|-----------------------|-------|----------------------------|-------------------------------------|---------------|-------------------------------|------------------------------------|
| Budget Category | Contract Budget | Expenses This Period | Prior Expenses (Paid) | Total | Available Balance (Unpaid) | Prior Expenses (Submitted Not Paid) | Total Claimed | Remaining Balance (Unclaimed) |                                    |
| Budget          |                 |                      |                       |       |                            |                                     |               |                               |                                    |

**Note:** Most forms are editable by clicking ‘Edit’ at the top part of the section. However, multi-list sections are editable by clicking ‘Add’ on the section.

**Expenses:** You will only be allowed to key into categories for which there is a budget. Enter line item totals of all federal and state funding sources for each category in the ‘Expenses This Period’ column. All local match (if applicable) should be reported in the ‘Match Expenses This Period’ column.

Example: Personnel \$50,000 ‘Expenses This Period’ (\$30,000 federal and \$20,000 state general funds)

Personnel \$10,000 ‘Match Expenses This Period’ (local match)

| Reimbursement - Edit |                 |                                    |                       |             |                            |                                     |               |                               |                |                                    |                      |             |                             |                  | <a href="#">Save Reimbursement</a> |
|----------------------|-----------------|------------------------------------|-----------------------|-------------|----------------------------|-------------------------------------|---------------|-------------------------------|----------------|------------------------------------|----------------------|-------------|-----------------------------|------------------|------------------------------------|
| Budget Category      | Contract Budget | Expenses This Period               | Prior Expenses (Paid) | Total       | Available Balance (Unpaid) | Prior Expenses (Submitted Not Paid) | Total Claimed | Remaining Balance (Unclaimed) | Contract Match | Match Expenses This Period         | Prior Match Expenses | Total Match | Remaining Match Requirement | Match Percentage |                                    |
| Budget               |                 |                                    |                       |             |                            |                                     |               |                               |                |                                    |                      |             |                             |                  |                                    |
| Personnel            | \$150,000.00    | <input type="text" value="50000"/> | \$25,000.00           | \$25,000.00 | \$125,000.00               | \$0.00                              | \$25,000.00   | \$125,000.00                  | \$216,666.00   | <input type="text" value="10000"/> | \$10,000.00          | \$10,000.00 | \$206,666.00                | 28.57%           |                                    |
| Consultant           | \$6,000.00      | <input type="text" value="0.00"/>  | \$0.00                | \$0.00      | \$6,000.00                 | \$0.00                              | \$0.00        | \$6,000.00                    | \$7,000.00     | <input type="text" value="0.00"/>  | \$0.00               | \$0.00      | \$7,000.00                  | 0%               |                                    |
| Travel               | \$0.00          | \$0.00                             | \$0.00                | \$0.00      | \$0.00                     | \$0.00                              | \$0.00        | \$0.00                        | \$0.00         | \$0.00                             | \$0.00               | \$0.00      | \$0.00                      | 0%               |                                    |
| Subsistence          | \$0.00          | \$0.00                             | \$0.00                | \$0.00      | \$0.00                     | \$0.00                              | \$0.00        | \$0.00                        | \$0.00         | \$0.00                             | \$0.00               | \$0.00      | \$0.00                      | 0%               |                                    |
| Equipment            | \$0.00          | \$0.00                             | \$0.00                | \$0.00      | \$0.00                     | \$0.00                              | \$0.00        | \$0.00                        | \$0.00         | \$0.00                             | \$0.00               | \$0.00      | \$0.00                      | 0%               |                                    |
| Supplies/Other       | \$0.00          | \$0.00                             | \$0.00                | \$0.00      | \$0.00                     | \$0.00                              | \$0.00        | \$0.00                        | \$0.00         | \$0.00                             | \$0.00               | \$0.00      | \$0.00                      | 0%               |                                    |
| Indirect Cost        | \$0.00          | \$0.00                             | \$0.00                | \$0.00      | \$0.00                     | \$0.00                              | \$0.00        | \$0.00                        | \$0.00         | \$0.00                             | \$0.00               | \$0.00      | \$0.00                      | 0%               |                                    |
|                      | \$156,000.00    | \$0.00                             | \$25,000.00           | \$25,000.00 | \$131,000.00               | \$0.00                              | \$25,000.00   | \$131,000.00                  | \$223,666.00   | \$0.00                             | \$10,000.00          | \$10,000.00 | \$213,666.00                | 28.57%           |                                    |

Last Edited By: Tester External - Dec 14, 2020 2:15 PM [Save Reimbursement](#)

**Note:** All information must be saved by clicking ‘Save’ on the forms. If you do not click ‘save’ and you back out of the form or section of the form, your information will be lost.

| Claim Preview   Alert History   Map   Versions |           |   |
|--|-----------|---|
| Claim Details                                  |           |   |
| Component                                      | Complete? | Last Edited                               |
| General Information                            | ✓         | Apr 16, 2021 12:50 PM - DeAndrea Williams |
| Reimbursement                                  | ✓         | Apr 16, 2021 1:09 PM - DeAndrea Williams  |
| Detail of Expenditures                         |           | -   |
| Claim Supporting Documentation                 |           | -   |

**Note: EVERY** form must be **Marked as Complete** to submit a Claim.



9. You will then be directed to the Claim **Detail of Expenditures** component. Complete the fields on the form, then click **Save Form**. This section must correspond to the expenditures entered in the previous 'Reimbursement' section, however, expenditures in this section will need to be broken out by funding source.

Example: In the Description type 'Personnel'  
Enter \$30,000 federal  
Enter \$20,000 state (general funds)  
Enter \$10,000 match (if applicable)

**Personnel Expenditures** Delete Row Save Row

Description\*: Q1 Personnel Expenditures

Federal\*: \$30,000.00

State\*: \$20,000.00

Special\*: \$0.00

Cash Match\*: \$10,000.00

In-Kind Match\*: \$0.00

Total: \$60,000.00

Save Row

**Note:** All information must be saved by clicking 'Save' on the forms. If you do not click 'save' and you back out of the form or section of the form, your information will be lost.

Details will display within the grid after you click the 'Save Row' button. Mark as Complete

Claim List   Genera   Reimbu   Detail   Claim

**Detail of Expenditures - Current Version** Create New Version View Versions

**Personnel Expenditures - Multi-List** Add Row

| Description               | Federal     | State       | Special | Cash Match  | In-Kind Match | Total       |
|---------------------------|-------------|-------------|---------|-------------|---------------|-------------|
| Q1 Personnel Expenditures | \$30,000.00 | \$20,000.00 | \$0.00  | \$10,000.00 | \$0.00        | \$60,000.00 |
|                           | \$30,000.00 | \$20,000.00 | \$0.00  | \$10,000.00 | \$0.00        | \$60,000.00 |

Last Edited By: Will Abbott - Apr 16, 2021 2:13 PM Add Row

**Consultant Expenditures - Multi-List** Add Row

No Data for Table

Last Edited By: Will Abbott - Apr 16, 2021 2:13 PM Add Row

**Travel Expenditures - Multi-List** Add Row

No Data for Table

Last Edited By: Will Abbott - Apr 16, 2021 2:13 PM Add Row



For Advance Payment–type claims, there is no need to complete the Detail of Expenditures section; only the Reimbursement section should reflect the requested amounts. Actual expenditures must be reported at the end of the quarter. In this situation, the Reimbursement section may not match the Detail of Expenditures section.

10. You will then be directed to the **Claim Supporting Documentation** component (only if required). More information on this component will be provided by Grants Management and/or DCJS program staff. Complete the fields on the form, then click **Save Form**.

For all grants with Federal funds, a signed and dated Claim Certification form (see Appendix I) is required. The date on the form must align with the claim submission date. The form may only be signed by the Finance Official (or their successor) either designated in the Statement of Grant Award (SOGA) or by the organization. If another individual is authorized to sign the form, an authorization letter signed by the Project Administrator must be submitted along with the form.

Submission of the Claim Certification Form is not required for grants funded solely with State funds.

| Description        | File Name | Type | Size | Upload Date | Delete |
|--------------------|-----------|------|------|-------------|--------|
| No files attached. |           |      |      |             |        |

**Attach File**

Upload File\*:  Select file

Description\*:

500 character(s) left

Save File Cancel

**Note:** All information must be saved by clicking ‘Save’ on the forms. If you do not click ‘save’ and you back out of the form or section of the form, your information will be lost.



11. Once you have filled out all required fields and you have marked each form as complete, you can **Submit the Claim**. Once submitted, you will not be able to go back and edit. If corrections are needed, please contact your assigned Grant Monitor or a Grant Management staff.

| Claim Preview    Alert History    Map    Versions |           |   |
|---|-----------|---|
| Claim Details                                     |           | Submit Claim                              |
| Component   | Complete? | Last Edited                               |
| General Information                               | ✓         | Apr 16, 2021 12:50 PM - DeAndrea Williams |
| Reimbursement                                     | ✓         | Apr 16, 2021 1:09 PM - DeAndrea Williams  |
| Detail of Expenditures                            | ✓         | Apr 16, 2021 1:15 PM - DeAndrea Williams  |
| Claim Supporting Documentation                    | ✓         | Apr 16, 2021 1:20 PM - DeAndrea Williams  |

**Note: EVERY** form must be **Marked as Complete** to submit a Claim.



Appendix-I

**OGMS Claim Certification**

In our shared effort to ensure compliance and accountability, please have your designated Finance Officer sign this Claim Certification. This signed certification is required for all grants with Federal funds and must be submitted with each corresponding claim.

I, \_\_\_\_\_, certify that this report and the accompanying schedules, statements, and expenses for which payment is requested are true, correct and complete, and were prepared in accordance with the appropriate Federal and State Rules and Regulations. I further certify that the goods or services listed were (or will be) necessary for, and used solely for, the purposes specified in the contract for this project. All supporting documentation will be maintained and made available upon request for audit and reconciliation purposes.

**Signature:** \_\_\_\_\_

**Authorized Official (Financial Officer)**

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_