



OGMS Instructions for Submitting a Claim

Claims shall be submitted no later than 15 days following the close of each calendar quarter. A claim submission is required for every quarter, regardless of whether expenditures were incurred. In the event that a due date falls on a weekend or other non-business day, the claim shall be submitted on the next business day. Recipients are required to review and comply with all applicable requirements set forth in the Special Conditions governing their respective grant programs.

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.

Component	Complete?
General Information	✓
Reimbursement	
Detail of Expenditures	

Logging into OGMS

Using your internet browser navigate to <https://ogms.dcjs.virginia.gov>

- On the *Login* page, enter your User ID and Password.
- Click the green *Sign In* button.

Enter your user id and password

User ID

Password

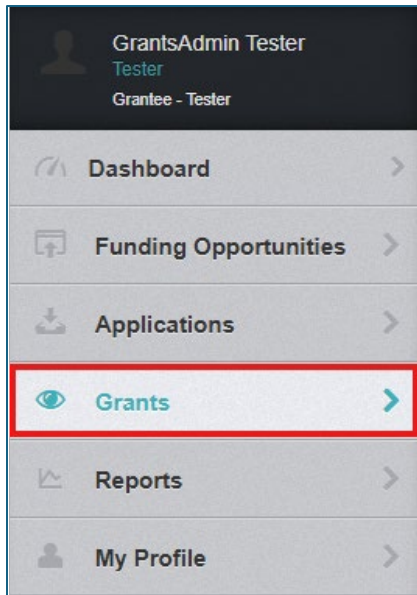
SIGN IN

[Forgot User ID?](#) [Reset Password?](#)



Accessing the Grant

On the left side navigation menu, click on *Grants*.



Select the grant you would like to access in the *Current Grant* listing.

If the grant you need does not appear in the list, select the *Closed Grants* tab. If the grant is closed, or you cannot find it, please contact your grant monitor for assistance.

Current Grants												
Closed Grants												
Search Claims												
Current Grants												
All active grants are listed below.												
Search: <input type="text"/>												
ID	Status	Year	Title	Organization	Program Area	Funding Opportunity	Start Date	End Date	Grant Amount	Total Claimed	Remaining Balance	
558953	Underway	2026	Testing-1	Virginia Department of Criminal Justice Services	TRAIN-OGMS Training Program	541775-Grants Admin Test			\$0.00	\$0.00	\$0.00	



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

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 the green *Add Claim* button.

Claims								+ Add Claim
All claims associated with this grant appear below.								
ID	Type	Status	Start Date	End Date	Last Submitted Date	Paid Date	Claim Amount	
No data available in table								
Submitted Amount:							\$0.00	
Approved Amount:							\$0.00	
Awaiting Payment Amount:							\$0.00	
Paid Amount:							\$0.00	
Total Amount:							\$0.00	



You will then be directed to the claim's *General Information*.

Complete the fields on the form, then click the green *Save Form* button.

Status: the system will populate the status after *General Information* has been saved.

Type: Select one of the following from the dropdown menu.

- **Reimbursement:** If the request is for the reimbursement for the expenditures already incurred, the Claim Type should be selected as "Reimbursement", which is the case for most of the claims.
- **Report Only:** If the request is for reporting \$0.00 expenditures or accounting for expenditures covered by an advance payment, select 'Report Only' as the Claim Type.
- **Payment:** If the request is for the advance payment, the Claim Type should be selected as "Payment". (Pre-approval from DCJS is required before requesting an advance payment.)

Reporting Period: Claims are processed quarterly, and only one claim may be submitted per quarter unless otherwise approved.

- Quarterly Reporting Periods
 - July 1 – September 30
 - October 1 – December 31
 - January 1 – March 31
 - April 1 – June 30

Final Request: Select *No* unless this is your final quarterly claim submission. If it is your final submission, select *Yes*.

General Information - Claim - Edit Save Form

You must be up to date on all status report submissions for your claim to be processed. Claims will be negotiated if status reports are not current.

All expenses reported on this claim must have been incurred during this reporting period.

Type:

- **Payment:** If the request is for the advance payment, the Claim Type should be selected as "Payment".
- **Reimbursement:** If the request is for the reimbursement for the expenditures already incurred, the Claim Type should be selected as "Reimbursement", which is the case for most of the claims.
- **Report Only:** If the request is for reporting \$0.00 expenditures or accounting for expenditures covered by an advance payment, select Report Only as the Claim Type.

Quarterly Reporting Periods:

- July 1 – September 30
- October 1 – December 31
- January 1 – March 31
- April 1 – June 30

Final Request: Select *No* unless this is your final quarterly claim submission. If it is your final submission, select *Yes*.

Status*:

Type*:

Report Period:

Start Date End Date

Final Request?*

Click Yes if this is the final request

Click the green *Save Form* button.

The system generates a claim number once the form is saved. If you log out of the system now or at any point before submission, return to this existing claim to continue working until it is submitted.



Next you will see the *Claim Details* page.

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 Details	
Claim cannot be Submitted Currently <ul style="list-style-type: none">Claim components are not complete	
Component	Complete?
General Information	✓
Reimbursement	
Detail of Expenditures	
Claim Certification Form	

All forms can be edited and saved as needed; however, all required fields must be completed, and every form must be marked as Complete before submission.

The system will display a red box indicating that required forms are incomplete, preventing submission. It will also alert you if there is an encumbrance on the grant. Once the box turns green, you may proceed with submitting the claim.

Claim Details	
Claim cannot be Submitted Currently <ul style="list-style-type: none">Claim components are not completeClaim is encumbered, you cannot submit this document until this is lifted	
Component	Complete?
General Information	✓
Reimbursement	
Detail of Expenditures	

To complete a form, click on the title.

Reimbursement

Click on the *Reimbursement* form under *Claim Details*.

Claim Details	
Claim cannot be Submitted Currently <ul style="list-style-type: none">Claim components are not complete	
Component	Complete?
General Information	✓
Reimbursement	
Detail of Expenditures	
Claim Certification Form	



On the reimbursement grid, click the green *Edit Reimbursement* form.

Expenses: You may enter amounts only in the budget categories that have approved funding.

Enter the line-item totals for all federal and state funding sources for each category in the *Expenses This Period* column.

All local match contributions (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 special funds)

Personnel \$2,500 Match Expenses This Period (local match contribution)

Reimbursement - Edit Save Reimbursement															
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	Total Claim Amount
Budget															
Personnel	\$150,000.00	50000.00	\$0.00	\$50,000.00	\$100,000.00	\$0.00	\$50,000.00	\$100,000.00	\$10,000.00	2500.00	\$0.00	\$2,500.00	\$7,500.00	4.76%	\$52,500.00
Consultant	\$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	0.00%	\$0.00
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	0.00%	\$0.00
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	0.00%	\$0.00
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	0.00%	\$0.00
Supplies/Other	\$10,000.00	3000.00	\$0.00	\$3,000.00	\$7,000.00	\$0.00	\$3,000.00	\$7,000.00	\$3,000.00	1000.00	\$0.00	\$1,000.00	\$2,000.00	25.00%	\$4,000.00
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	0.00%	\$0.00
	\$160,000.00	\$53,000.00	\$0.00	\$53,000.00	\$107,000.00	\$0.00	\$53,000.00	\$107,000.00	\$13,000.00			\$3,500.00	\$9,500.00	6.19%	\$56,500.00

After all information is entered, click the green *Save Reimbursement* button. If you leave the form or navigate away without saving, any information entered will be lost.

The system will not allow you to enter expenses that exceed the approved budget for any category.

When finished, click the orange *Mark as Complete* button. A green check mark will then appear on the *Claim Details* page.

Claim Details	
Claim cannot be Submitted Currently	
<ul style="list-style-type: none"> Claim components are not complete 	
Component	Complete?
General Information	✓
Reimbursement	✓
Detail of Expenditures	
Claim Certification Form	

Detail of Expenditures

The information entered on this form must align with the expenditures entered in the previous Reimbursement section; however, the amounts here must be broken out by funding source.

To add expenditures, click the green *Add Entry* button in the appropriate line-item section.



Next, enter a description of the expenditure and break down the costs by funding source. Please refer to your approved budget to identify the applicable funding sources.

Example:

In the Description field, enter 'Personnel'.

Enter \$30,000 in the Federal field

Enter \$20,000 state in the State field.

Enter \$2,500 in the appropriate match field (if applicable)

Personnel Expenditures [Delete Row](#) [Save Row](#)

Description*:

Federal*:

State*:

Special*:

Cash Match*:

In-Kind Match*:

Total: \$52,500.00

After all information is entered, click the green *Save Row* button. If you leave the form or navigate away without saving, any information entered will be lost.

After the row is saved, details will display within the grid.

When information has been entered in all appropriate sections, click the orange *Mark as Complete* button.

Claim List Genera Reimbu Detail							
Detail of Expenditures - Current Version Create New Version View Versions							
Personnel Expenditures - Multi-List Mark as Complete Add Entry							
Description	Federal	State	Special	Cash Match	In-Kind Match	Total	
Personnel - Jane Doe	\$30,000.00	\$0.00	\$20,000.00	\$2,500.00	\$0.00	\$52,500.00	
	\$30,000.00	\$0.00	\$20,000.00	\$2,500.00	\$0.00	\$52,500.00	
Last Edited By: Michelle Miles - May 11, 2026 11:02 AM Add Entry							
Consultant Expenditures - Multi-List Mark as Complete Add Entry							
Description	Federal	State	Special	Cash Match	In-Kind Match	Total	
No Data for Table							
Last Edited By: Michelle Miles - May 11, 2026 11:02 AM Add Entry							

Advanced Payments

A sub-recipient must complete an approval process before requesting advance funds. Please contact your Grant Monitor for assistance.



When submitting a claim for advanced payment, do not complete the *Detail of Expenditures* form; only the *Reimbursement* form should include the requested amounts. Actual expenditures must be reported at the end of the quarter using a *Report Only* claim type.

Claim Certification (Required for all Federally funded grants)

For all grants with federal funds, a signed and dated Claim Certification form is required. The date of signature must be close to the claim submission date and occur after the reporting quarter has ended, unless specifically approved by DCJS. The form may be signed only by the Finance Officer designated on the Statement of Grant Award (SOGA). If another individual is authorized to sign, an authorization letter signed by the Project Administrator must be submitted with the form.

To start, choose the *Claim Certification* form from the *Claim Details* component list.

Component	Complete?
General Information	✓
Reimbursement	✓
Detail of Expenditures	
Claim Certification Form	

In the *OGMS Claim Certification Form* section, you should attach the claim certification signed by the Finance Officer.

To do this, click the gray *Select file* button and locate the signed form.

OGMS Claim Certification Form Save Form

In our collective effort to ensure compliance and accountability, we ask that you please have your designated Financial Officer sign and post the required OGMS Claim Certification form. The signed certification, which will be an ongoing requirement, is required for all federally funded grants. DCJS does not need any additional invoices, receipts, or documentation posted within OGMS at this time, however, all supporting documentation should be maintained and made available upon request for any audit and reconciliation purposes. Should you need the required form, it can be found here: <https://www.dcjs.virginia.gov/grants/forms>.

OGMS Claim Certification*: Select file

Locate the file on your computer.

Click the green *Save File* button.

Next, click on the orange *Mark as Complete* button.



OGMS Claim Certification Form ✓ Mark as Complete Edit Form

In our collective effort to ensure compliance and accountability, we ask that you please have your designated Financial Officer sign and post the required OGMS Claim Certification form. The signed certification, which will be an ongoing requirement, is required for all federally funded grants. DCJS does not need any additional invoices, receipts, or documentation posted within OGMS at this time, however, all supporting documentation should be maintained and made available upon request for any audit and reconciliation purposes. Should you need the required form, it can be found here: <https://www.dcjs.virginia.gov/grants/forms>.

OGMS Claim TEST.docx
Certification*:

Once you have filled out all required fields and you have marked each form as complete, click the orange *Submit Claim* button.

Once submitted, you will not be able to go back and edit. If corrections are needed, please contact your assigned Grant Monitor.

Claim Details ✓ Submit Claim ✗ Withdraw Preview Claim

• Claim is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	May 1, 2026 7:48 AM - GrantsAdmin Tester
Reimbursement	✓	May 11, 2026 11:25 AM - GrantsAdmin Tester
Detail of Expenditures	✓	May 11, 2026 11:36 AM - GrantsAdmin Tester
Claim Certification Form	✓	May 11, 2026 11:35 AM - GrantsAdmin Tester



OGMS Claim Certification

In our collective effort to ensure compliance and accountability, we ask that you please have your designated Financial Officer sign and return the attached Claim Certification. The signed certification, which is an ongoing requirement for federally funded grants, must be returned through the OGMS Claims component. A new claim certification form must be signed for each new claim.

I _____ certify that this report and the schedules, statements, and expenses for which payment is requested are true, correct and complete and were made in accordance with the appropriate Federal and State Rules and Regulations and that the articles or services listed were (or will be) necessary for and are to be 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.

I further certify that pursuant to the Code of Federal Regulations 200.307(b)(1), all program income earned and reported was used to offset total allowable costs of the grant project; thus reducing the federal award and non-federal entity contributions.

Signature: _____
Authorized Official (Financial Officer)

Title: _____

Date: _____

Claim ID Number: _____