



Purpose

This job aid provides details on using the ezFedGrants External Portal to create, review, and submit claims on award agreements.

Before submitting a claim, check with your awarding agency to confirm which system to use for submitting claims.

There are two general types of claims allowed on agreements:

- **Advance Payment Requests:** This type allows you to request funds be disbursed in advance of having incurred any actual expenses. You must provide a justification narrative for all advance payment requests.
 - The ezFedGrants External Portal does not currently support submission of justification narratives. Therefore, please contact your awarding agency for guidance on submitting advance payment requests, if allowed by your award agreement.
- **Reimbursements:** These are standards claims in which you have incurred expenses and are requesting reimbursement for these expenses.
 - Reimbursement claims may be submitted through the ezFedGrants External Portal. However, please contact your awarding agency for guidance on submitting reimbursement claims for your award. Some agencies may use other systems for claims, or the nature of your award may require manual claim submission.

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Trigger

Perform these procedures when you need to create, edit, or certify a reimbursement claim.

Prerequisites

- Access to the ezFedGrants External Portal
- In order to create claims, you must have either the Grants Processor or Grants Administrative Officer role.
 - Refer to the **Editing Claims** section for more details on editing previously-created claims.
- The agreement you are making a claim against must be in **Active** status.
- In order to submit a new claim to your awarding agency, all prior claims for the same agreement must be fully approved and paid (including Justifications for Advance Payments) before you can start a new claim.
- Any open or overdue performance and/or financial progress reports for the same agreement must be submitted to your awarding agency before a claim can be submitted.



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Menu Path

Use the following menu path to begin this procedure:

- [Launch ezFedGrants](#) > eAuthentication > ezFedGrants External Portal Home Screen

| Title | Last Updated |
|------------------------------|-----------------|
| Test | 8/3/16 2:11 PM |
| Test Both | 7/25/16 1:12 PM |
| Test External | 7/25/16 1:12 PM |
| News and Notes Post - N03 ht | 7/14/16 5:36 PM |
| News and Notes Post - N02 | 7/14/16 5:13 PM |

Helpful Hints

- On certain screens you may need to scroll to view additional data fields.
- Certain screenshots may display only a portion of the screen. Note that when working within a system, only the center body of the screen will change. The navigation options along the left side of the screen and the header bar across the top of the screen will remain the same.
- This job aid proceeds quickly through the basic steps necessary to create, certify, and submit a claim in the ezFedGrants External Portal. In practice, it is recommended to fully review the claim forms, including fields not covered in this job aid, and contact your awarding agency if you have any questions.
- **At this time certain claim types are not supported by the ezFedGrants External Portal.** Please liaise with your USDA Awarding Agencies for information on submitting claims for each agreement you have been awarded.
- You may print a claim at any time by clicking the **Print** button.
- The dollar value of a claim can exceed the total dollar value of a single budget category, but the total dollar value of the claim cannot exceed the dollar value of the entire award amount.

Note: Data used in this procedure is a representative sample for the purpose of training. Actual data in the system may vary based on agency and scenario.



Procedure

Initiating Claim Creation

This section describes two methods for locating an agreement against which you would like to make a claim, and initiating the claim creation process.

1. Start the procedure by accessing the **ezFedGrants External Portal Home** screen.

| Title | Last Updated |
|------------------------------|-----------------|
| Test | 8/3/16 2:11 PM |
| Test Both | 7/25/16 1:12 PM |
| Test External | 7/25/16 1:12 PM |
| News and Notes Post - N03 ht | 7/14/16 5:36 PM |
| News and Notes Post - N02 | 7/14/16 5:13 PM |

2. On the **ezFedGrants External Portal Home** screen, click the **My Agreements** button to reveal a list of your current agreements.

| Title | Last Updated |
|------------------------------|-----------------|
| Test | 8/3/16 2:11 PM |
| Test Both | 7/25/16 1:12 PM |
| Test External | 7/25/16 1:12 PM |
| News and Notes Post - N03 ht | 7/14/16 5:36 PM |
| News and Notes Post - N02 | 7/14/16 5:13 PM |



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3. Within the **My Agreements** table, locate the agreement against which you would like to make a claim and click the **I want to** field in the **Actions** column.

Note: If your desired agreement does not appear in the My Agreement table, please use the procedure described in steps 5-9 to locate the agreement.

The screenshot shows the ezFedGrants portal interface. At the top, there are several summary cards: 32 Notifications, 18 Actionable Items, 1 Applications under Review, 0 Amendments under Review, and 0 Claims under Review. Below these is a table with columns for 'Total Federal Award Amount' and 'Actions'. The first row shows \$5,250.00 and 'I want to'. The second row shows \$38,500.00 and 'I want to'. A red box highlights the 'I want to' dropdown menu in the first row. Below this is a 'My Agreements' table with columns: FAIN, Status, Project Title, Recipient Contact Name, Period of Performance, Total Federal Award Amount, and Actions. The table contains three rows of data. A red box highlights the 'I want to' dropdown menu in the 'Actions' column of the second row.

4. In the **I want to** dropdown menu, click the **Create Claim** option to begin the claims creation process.

Note: Continue to the **Creating a Claim** section if you have successfully located your agreement.

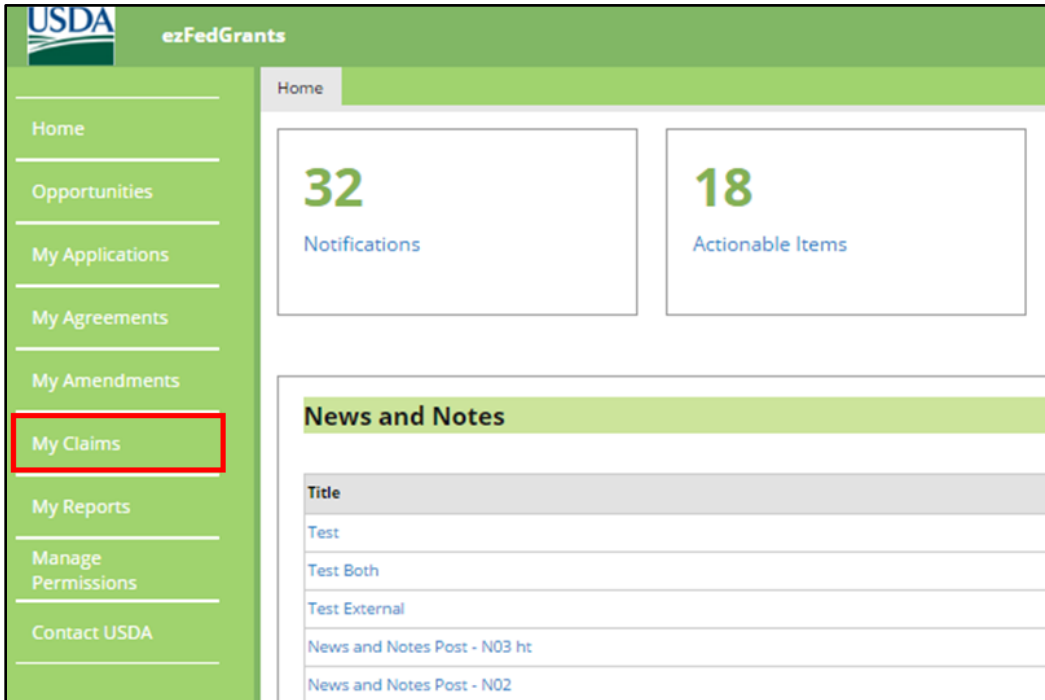
This screenshot shows the same ezFedGrants portal interface as the previous one, but with the 'I want to' dropdown menu open. The dropdown menu contains the following options: View Agreement Details, View Amendments, View Federal Award Document, View Claims, Create Claim (highlighted with a red box), and View Reports. The 'My Agreements' table is also visible at the bottom, with the 'I want to' dropdown menu open for the second row. A red box highlights the 'Create Claim' option in the dropdown menu.



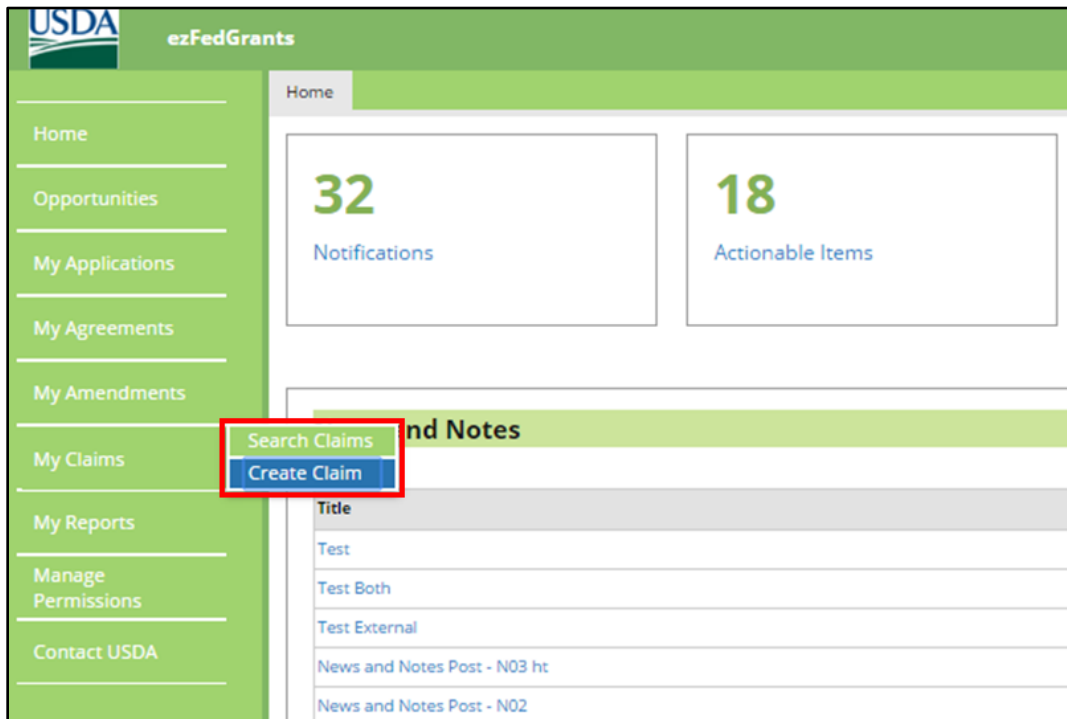
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5. If the agreement you wish to create a claim against does not appear in your **My Agreements** table, click the **My Claims** tile in the left-hand navigational menu.



6. Click the **Create Claim** option from the **My Claims** dropdown menu.





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- The **Search Agreements** screen will open after you click the **Create Claim** dropdown menu option. From here you may search for the agreement you would like to make a claim against. To begin, enter information about the relevant agreement in the available **Search Criteria** fields.

The screenshot shows the 'Search Agreements' interface. A red box highlights the 'Search Criteria' section, which includes input fields for FAIN, Project Title, Recipient Contact Name, Status, Period of Performance Start Date, and Period of Performance End Date. There are 'Search' and 'Clear' buttons below the criteria fields. Below the criteria is a 'Search Results' section with a table header and a message 'No Search Results Were Found'.

- Once you have completed all applicable search criteria fields on the **Search Agreements** screen, click the **Search** button.

This screenshot shows the 'Search Agreements' screen with the 'Search' button highlighted by a red box. The search criteria fields are visible but empty. The 'Search Results' section shows a table header with columns: FAIN, Status, Project Title, and Recipient Contact Name.

- Locate the relevant agreement in the Search Results table and click the Create Claim link to initiate the claim creation process.

Note: Agreements initiated prior to the adoption of the ezFedGrants External Portal may not appear in the ezFedGrants External Portal. If you are unable to locate an agreement, please contact your awarding agency for guidance.

This screenshot shows the 'Search Agreements' screen with search results. A red box highlights the 'Create Claim' link in the 'Total Federal Award Amount' column of the search results table. Another red box highlights the 'Create Claim' link in the 'Total Federal Award Amount' column of the main search results table. The main table has columns: FAIN, Status, Project Title, Recipient Contact Name, Period of Performance, and Total Federal Award Amount.

| FAIN | Status | Project Title | Recipient Contact Name | Period of Performance | Total Federal Award Amount | |
|------------------|---------|-------------------------|------------------------|-----------------------|----------------------------|------------------------------|
| AP1612-APACXG036 | Awarded | TR_Agreement_1 | OSEC OSEC-ST-GL-Pi-Rep | 7/1/16 - 10/1/17 | \$38,500.00 | Create Claim |
| AP1612-APPQCO05 | Awarded | Test CA Dairy Agreement | OSEC OSEC-ST-GL-Pi-Rep | 7/11/16 - 12/31/17 | \$500.00 | Create Claim |
| AP16ACXXXXXG004 | Awarded | TR_Agreement_3 | OSEC OSEC-ST-GL-Pi-Rep | 8/10/16 - 12/30/17 | \$3,000.00 | Create Claim |



Creating Claims

This section describes how to create a claim in the ezFedGrants External Portal. This procedure proceeds quickly through the necessary steps for successfully creating a claim. However, please take time to ensure the fields are completed accurately. Additionally, depending on your organization or award, you may need to complete additional fields not covered here.

Please contact your awarding agency for guidance if you have any questions or concerns.

The claim creation process consists of three major stages, which are indicated by the **1**, **2**, and **3** circles at the top of the **Create Claim** screen. This section has been divided into three subsections, one for each of the three stages.

Stage One: SF-270

Some fields on the SF-270 form are pre-populated based on the award agreement details and your organization's business partner record. If any pre-populated fields are incorrect and cannot be edited, please contact the awarding agency for assistance in correcting these fields.

Note: The **Certification** section of the SF-270 will be populated once a Certifying Official digitally signs the claim.

1. The first stage is the SF-270, which will appear as soon as the **Create Claim** screen opens, and has been prepopulated using information from the agreement.

First, complete section **1. TYPE OF PAYMENT REQUESTED** of the SF-270. In box **a.** select the **REIMBURSEMENT** radio button. In box **b.** select either the **FINAL** or **PARTIAL** radio button, depending on your claim.

Note: At this time, the ezFedGrants External Portal does not support the justification narrative requirement for advance payment requests. If your award allows for advance payment requests, please contact your awarding agency for guidance on submitting these types of claims.

| Create Claim CLM-688 | | Print | Save | Cancel | Next >> |
|--|--|-------|---|--------|---------|
| Status: New | | | | | |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 1 SF-270 </div> <div style="text-align: center;"> 2 Signature </div> <div style="text-align: center;"> 3 Attachments </div> </div> | | | | | |
| OMB APPROVAL No.: 0348-0004 | | | | | |
| REQUEST FOR ADVANCE OR REIMBURSEMENT | 1. TYPE OF PAYMENT REQUESTED: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> a. "X" one or both boxes <input type="radio"/> ADVANCE <input checked="" type="radio"/> REIMBURSEMENT </div> <div style="width: 45%;"> * b. "X" the applicable box <input type="radio"/> FINAL <input type="radio"/> PARTIAL </div> </div> | | * 2. BASIS OF REQUEST: <input type="radio"/> CASH <input type="radio"/> ACCRUAL | | |
| | | | | | |



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- In section **2. BASIS OF REQUEST** of the SF-270, indicate whether the request is cash or accrual by selecting the radio button to the left of the **CASH** or **ACCRUAL** option.

| Create Claim CLM-688 | | |
|---|--|--|
| Print Save Cancel Next >> | | |
| Status: New | | |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div> SF-270 <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">2</div> Signature <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> Attachments </div> | | |
| REQUEST FOR ADVANCE OR REIMBURSEMENT | OMB APPROVAL No.: 0348-0004 | |
| | 1. TYPE OF PAYMENT REQUESTED: a. "X" one or both boxes <input type="radio"/> ADVANCE <input checked="" type="radio"/> REIMBURSEMENT b. "X" the applicable box <input type="radio"/> FINAL <input checked="" type="radio"/> PARTIAL | * 2. BASIS OF REQUEST: <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: Animal and Plant Health Inspection Service | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: AP1612-APACXG036 | 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: |

- Scroll down the **Create Claim** screen to section **8. PERIOD COVERED BY THIS REQUEST** of the SF-270, and click the icon in the **FROM (month, day, year)** field.

Note: Sections 3-6 should be pre-populated based on information from the agreement. Some users may need to complete section 7.

| Create Claim CLM-688 | | |
|--|---|--|
| Print Save | | |
| | TYPE OF PAYMENT REQUESTED: * b. "X" the applicable box <input type="radio"/> FINAL <input checked="" type="radio"/> PARTIAL | <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: Animal and Plant Health Inspection Service | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: AP1612-APACXG036 | 5. PARTIAL PAYMENT REQUEST NUMBER REQUEST: |
| 6. EMPLOYER IDENTIFICATION NUMBER: | 7. RECIPIENT'S ACCOUNT OR IDENTIFYING NUMBER: | 8. PERIOD COVERED BY THIS REQUEST: |
| | | * FROM: (month, day, year)* <input type="text"/> |
| | | * TO: (month, day, year)* <input type="text"/> |
| 9. RECIPIENT ORGANIZATION: Name: CALIFORNIA DAIRY RESEARCH FOUNDATIO N | | 10. PAYEE (Where check is to be sent if different than item 9): Name: |



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- Click the start date of the claim period in the **FROM (month, day, year)** dropdown calendar.

Create Claim CLM-688 Print Save

| | | |
|--|--|--|
| TYPE OF PAYMENT REQUESTED: * b. "X" the applicable box <input type="radio"/> FINAL <input checked="" type="radio"/> PARTIAL | | <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: Animal and Plant Health Inspection Service | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: AP1612-APACXG036 | 5. PARTIAL PAYMENT REQUEST NUMBER REQUEST: |
| 6. EMPLOYER IDENTIFICATION NUMBER: | 7. RECIPIENT'S ACCOUNT OR IDENTIFYING NUMBER: | 8. PERIOD COVERED BY THIS REQUEST: * FROM: (month, day, year)* * TO: (month, day, year)* |
| 9. RECIPIENT ORGANIZATION: Name: CALIFORNIA DAIRY RESEARCH FOUNDATIO N Number and Street: 501 G ST STE 203 City: DAVIS State: CA | | 10. PA... (in item 9): Name: Number: City: State: |

- Click the icon in the **TO (month, day, year)** field in section 8. **PERIOD COVERED BY THIS REQUEST** of the SF-270.

Create Claim CLM-688 Print Save Cancel

| | | |
|--|--|--|
| TYPE OF PAYMENT REQUESTED: * b. "X" the applicable box <input type="radio"/> FINAL <input checked="" type="radio"/> PARTIAL | | <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: Animal and Plant Health Inspection Service | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: AP1612-APACXG036 | 5. PARTIAL PAYMENT REQUEST NUMBER FOR THE REQUEST: |
| 6. EMPLOYER IDENTIFICATION NUMBER: | 7. RECIPIENT'S ACCOUNT OR IDENTIFYING NUMBER: | 8. PERIOD COVERED BY THIS REQUEST: * FROM: (month, day, year)* 6/1/2016 * TO: (month, day, year)* |



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6. Click the end date of the claim period in the **TO (month, day, year)** dropdown calendar.

Note: Section 9 and 10 should be pre-populated based on information from the agreement.

Create Claim CLM-688 Print Save Cancel Next >>

| | | |
|--|---|---|
| | TYPE OF PAYMENT REQUESTED: <input type="checkbox"/> b. "X" the applicable box <input type="radio"/> FINAL <input checked="" type="radio"/> PARTIAL | <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: Animal and Plant Health Inspection Service | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: AP1612-APACKG036 | 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: |
| 6. EMPLOYER IDENTIFICATION NUMBER: | 7. RECIPIENT'S ACCOUNT OR IDENTIFYING NUMBER: | 8. PERIOD COVERED BY THIS REQUEST: FROM: (month, day, year)* 6/1/2016 TO: (month, day, year)* |
| 9. RECIPIENT ORGANIZATION: Name: CALIFORNIA DAIRY RESEARCH FOUNDATIO N Number and Street: 501 G ST STE 203 City: DAVIS State: CA | 10. PAYEE (Where check is to be sent if different than item 9): Name: <input type="text"/> Number and Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> | |

7. Scroll down the **Create Claim** screen to section **11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED** of the SF-270 to begin entering the dollar values for the claim.

The dollar value requested for each budget line can exceed to the total amount allocated to that budget line, however, the total dollar value for the entire claim cannot exceed the total dollar value of the entire award.

Note: Some fields may be prepopulated in this section but may still be manually edited. Some fields may also automatically calculate based on entries on other lines, but may still be available for manual editing.

Create Claim CLM-688 Print Save Cancel Next >>

Zip: 95616-3820

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) AP1612-APACKG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Functions/Activities | Total |
|---|-----------------------------------|---|-----------------------------------|--------|
| * a. Total program outlays to date (As of date) <input type="text"/> | \$ <input type="text" value="0"/> | \$ | \$ | \$0.00 |
| * b. Less: Cumulative program income | \$ <input type="text" value="0"/> | | | \$0.00 |
| c. Net program outlays (Line a minus line b) | \$0.00 | | | \$0.00 |



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8. In section 11., click on the dollar value field in column (a) of row a. **Total program outlays to date** and enter the relevant dollar amount.

Note: Entering a dollar value in row a. **Total program outlays to date** will automatically populate row f. **Non-Federal share of amount on line e** of section 11.

| Create Claim CLM-688 Print | | | | |
|--|--|----------------------|---|-------------------|
| Zip: 95616-3820 | | Zip: | | |
| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | | | |
| PROGRAMS/FUNCTIONS/ACTIVITIES | | (a) AP1612-APACKG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Func |
| * a | Total program outlays to date (As of date) <input type="text"/> | \$ 1500 | \$ | \$ |
| * b. | Less: Cumulative program income | \$ 0 | | |
| c. | Net program outlays (Line a minus line b) | \$0.00 | | |
| d. | Estimated net cash outlays for advance period | \$ | | |
| e. | Total (Sum of lines c & d) | \$0.00 | | |
| * f. | Non-Federal share of amount on line e | \$ 0 | | |

9. In section 11, click on the icon in the (As of date) field in row a. **Total program outlays to date**.

| Create Claim CLM-688 Print | | | | |
|--|--|----------------------|---|------------------------|
| Zip: 95616-3820 | | Zip: | | |
| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | | | |
| PROGRAMS/FUNCTIONS/ACTIVITIES | | (a) AP1612-APACKG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Functions |
| * a | Total program outlays to date (As of date) <input type="text"/> | \$ 1,500 | \$ | \$ |
| * b. | Less: Cumulative program income | \$ b | | |
| c. | Net program outlays (Line a minus line b) | \$1,500.00 | | |
| d. | Estimated net cash outlays for advance period | \$ | | |
| e. | Total (Sum of lines c & d) | \$1,500.00 | | |



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10. Click the current date, or the date applicable for the claim, in the **(As of date)** dropdown calendar.

Create Claim CLM-688 Print

Zip: Zip:

| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | (a) AP1612-APACXG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Functions |
|--|---|---------------------------------------|---|------------------------|
| PROGRAMS/FUNCTIONS/ACTIVITIES | | | | |
| * a | Total program outlays to date (As of date) <input type="text" value=""/> | \$ <input type="text" value="1,500"/> | \$ | \$ |
| * b | Less: Cumulative program income | \$ <input type="text" value="0"/> | | |
| c | Net program outlays (Line a minus line b) | \$1,500.00 | | |
| d | Estimated net cash outlays for advance period | \$ <input type="text"/> | | |
| e | Total (Sum of lines c & d) | \$1,500.00 | | |
| * f | Non-Federal share of amount on line e | \$ <input type="text" value="1,500"/> | | |

11. In section 11., click the dollar value field in column **(a)** of row **b. Less: Cumulative program income** and enter the cumulative program income.

Create Claim CLM-688 Print

Zip: Zip:

| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | (a) AP1612-APACXG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Functions |
|--|--|---------------------------------------|---|------------------------|
| PROGRAMS/FUNCTIONS/ACTIVITIES | | | | |
| * a | Total program outlays to date (As of date) <input type="text" value="8/23/2016"/> | \$ <input type="text" value="1,500"/> | \$ | \$ |
| * b | Less: Cumulative program income | \$ <input type="text" value="0"/> | | |
| c | Net program outlays (Line a minus line b) | \$1,500.00 | | |
| d | Estimated net cash outlays for advance period | \$ <input type="text"/> | | |



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12. In section 11., click the dollar value field in column (a) of row g. **Federal share of amount on line e** and enter the relevant dollar value.

| PROGRAMS/FUNCTIONS/ACTIVITIES | | (a) AP1612-APACXG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Functions |
|-------------------------------|--|----------------------|---|------------------------|
| * a | Total program outlays to date <small>(As of date)</small> 8/23/2016 | \$ 1,500 | \$ | \$ |
| * b | Less: Cumulative program income | \$ 0 | | |
| c | Net program outlays (Line a minus line b) | \$1,500.00 | | |
| d | Estimated net cash outlays for advance period | \$ | | |
| e | Total (Sum of lines c & d) | \$1,500.00 | | |
| * f | Non-Federal share of amount on line e | \$ 1,500 | | |
| * g | Federal share of amount on line e | \$ | | |
| * h | Federal payments previously requested | \$ 0 | \$0.00 | |

13. In section 11., click the dollar value field in column (a) of row h. **Federal payments previously requested** and enter the amount of federal payments previously requested.

Note: Please complete any other fields in this section if necessary.

| PROGRAMS/FUNCTIONS/ACTIVITIES | | (a) AP1612-APACXG036 | (b) Agency Calculations (For your reference only) | (c) Programs/Functions |
|-------------------------------|--|----------------------|---|------------------------|
| * a | Total program outlays to date <small>(As of date)</small> 8/23/2016 | \$ 1,500 | \$ | \$ |
| * b | Less: Cumulative program income | \$ 0 | | |
| c | Net program outlays (Line a minus line b) | \$1,500.00 | | |
| d | Estimated net cash outlays for advance period | \$ | | |
| e | Total (Sum of lines c & d) | \$1,500.00 | | |
| * f | Non-Federal share of amount on line e | \$ 0 | | |
| * g | Federal share of amount on line e | \$ 1,500 | | |
| * h | Federal payments previously requested | \$ 500 | \$0.00 | |
| i | Federal share now requested (Line g minus line h) | \$1,500.00 | | |



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14. Scroll down the **Create Claim** screen to the **REQUESTED AMOUNTS BY COST ELEMENT** section of the SF-270.

Create Claim CLM-688 Print Save Cancel Next >>

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

TYPED OR PRINTED NAME OR TITLE _____ TELEPHONE (AREA CODE, NUMBER, EXTENSION) _____

REQUESTED AMOUNTS BY COST ELEMENT

| Cost Element | Disbursed Amount | Open Balance | Direct Requested Amount | Indirect Requested Amount | Total Requested Amount |
|----------------|------------------|--------------|-------------------------|---------------------------|------------------------|
| Contractual | \$0.00 | \$0.00 | \$ <input type="text"/> | \$ <input type="text"/> | \$0.00 |
| Personnel | \$0.00 | \$3,300.00 | \$ <input type="text"/> | \$ <input type="text"/> | \$0.00 |
| Fringe Benefit | \$0.00 | \$22,000.00 | \$ <input type="text"/> | \$ <input type="text"/> | \$0.00 |
| Travel | \$0.00 | \$0.00 | \$ <input type="text"/> | \$ <input type="text"/> | \$0.00 |

15. Click in the dollar value fields in the **Direct Requested Amount** column and enter the relevant dollar amounts for each **Cost Element** category applicable for this claim.

Create Claim CLM-688

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

TYPED OR PRINTED NAME OR TITLE _____ TELEPHONE (AREA CODE, NUMBER, EXTENSION) _____

REQUESTED AMOUNTS BY COST ELEMENT

| Cost Element | Disbursed Amount | Open Balance | Direct Requested Amount | Indirect Requested Amount |
|-----------------|------------------|--------------|-------------------------|---------------------------|
| Contractual | \$0.00 | \$0.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Personnel | \$0.00 | \$3,300.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Fringe Benefit | \$0.00 | \$22,000.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Travel | \$0.00 | \$0.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Domestic Travel | | | \$ <input type="text"/> | \$ <input type="text"/> |
| Foreign Travel | | | \$ <input type="text"/> | \$ <input type="text"/> |
| Equipment | \$0.00 | \$0.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Supplies | \$0.00 | \$13,200.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Construction | \$0.00 | \$0.00 | \$ <input type="text"/> | \$ <input type="text"/> |
| Printing | | | \$ <input type="text"/> | \$ <input type="text"/> |



ezFedGrants External Portal Claim Creation and Submission Job Aid



16. Once you have entered all of the relevant dollar amounts, click the **Save** button at the top of the screen.

| Cost Element | Disbursed Amount | Open Balance | Total Requested Amount |
|----------------|------------------|--------------|------------------------|
| Contractual | \$0.00 | | \$0.00 |
| Personnel | \$0.00 | \$3 | \$500.00 |
| Fringe Benefit | \$0.00 | \$22 | \$500.00 |
| Travel | \$0.00 | \$0.00 | \$0.00 |

17. Scroll to the top of the **Create Claim** screen and click the **2** icon to move to the second phase of claim creation.

Note: You can also move to the next stage by clicking the **Next >>** button in the top right corner of the screen.

Create Claim CLM-688

Status: Draft

Claim CLM-688 has been successfully saved.

1 SF-270 2 Signature 3 Attachments

OMB APPROVAL No.: 0348-0004

REQUEST FOR ADVANCE OR REIMBURSEMENT

1. TYPE OF PAYMENT

a. "X" one or both boxes

ADVANCE REIMBURSEMENT



Stage Two: Signature

1. The second stage of claim creation is the Signature stage. You must indicate a Primary Certifying Official for this claim. Any user can be a Certifying Official, including yourself.

Note: Certifying Official is **not** the same as Signatory Official. Please refer to the **ezFedGrants External Portal User Role Definitions** document for more information on the differences between the roles.

Create Claim CLM-688 Print Save Cancel << Previous Next >>

Status: Draft

1 SF-270 2 Signature 3 Attachments

Signature

Select a Partner by typing in the name of the individual in the box. Matching names will appear in a drop down box for your selection.
A Primary Certifying Official is a required Partner and notifications and work items will be sent to all listed Certifying Official.

*Primary Certifying Official Clear

Secondary Certifying Official Clear

2. Click in the **Primary Certifying Official** field and begin typing the name of the individual you would like to assign as the Primary Certifying Official. Press the **down arrow** to view a dropdown menu of suggested names. When you see the desired name, click the name on the dropdown menu.

Create Claim CLM-688

Status: Draft

1 SF-270 2 Signature 3 Attachments

Signature

Select a Partner by typing in the name of the individual in the box. Matching names will appear in a drop down box for your selection.
A Primary Certifying Official is a required Partner and notifications and work items will be sent to all listed Certifying Official.

*Primary Certifying Official Clear

Secondary Certifying Official Clear



ezFedGrants External Portal Claim Creation and Submission Job Aid



- Once you have added the Certifying Official(s), click the **Save** button.

Create Claim CLM-688 Print Save Cancel

Status: Draft

1 — 2 — 3
SF-270 Signature Attachments

Signature

Select a Partner by typing in the name of the individual in the box. Matching names will appear in a drop down box for your selection.
A Primary Certifying Official is a required Partner and notifications and work items will be sent to all listed Certifying Official.

*Primary Certifying Official Clear

- If your claim has successfully saved, the system will generate a confirmation message at the top of the **Create Claim** screen. Click the **3** button to continue to stage three of the claim creation process.

Note: You can also advance to the next stage of claim creation by clicking the **Next >>** button in the top right corner of the screen.

Create Claim CLM-688 Print Save Cancel

Status: Draft

Claim CLM-688 has been successfully saved.

1 — 2 — 3
SF-270 Signature Attachments

Signature

Select a Partner by typing in the name of the individual in the box. Matching names will appear in a drop down box for your selection.
A Primary Certifying Official is a required Partner and notifications and work items will be sent to all listed Certifying Official.

*Primary Certifying Official Clear

Secondary Certifying Official Clear



Stage Three: Attachments

1. Stage three, the final stage of claim creation, is the attachments stage. Attachments are not required in order to submit a claim, but your organization or awarding agency may require attachments with your claims.

If your claim requires attachments, **do not** include any personal identifying information (PII) unless specifically instructed to do so. PII includes details such as dates of birth, social security numbers, and personal criminal history.

Note: To return to either of the previous stages of claim creation (SF-270 or Signature), click the numbered icons or the << **Previous** button at the top of the screen.

Create Claim CLM-688

Status: Draft

1 2 3
SF-270 Signature Attachments

List of Attached Files:

| Title | File | Operator | Date/Time | Delete? |
|----------------|------|----------|-----------|---------|
| No attachments | | | | |

[Click Here to Attach Files](#)

2. To add an attachment, click the **Click Here to Attach Files** link under the **List of Attached Files** table. This will open the **Add Attachment** popup window.

Create Claim CLM-688

Status: Draft

1 2 3
SF-270 Signature Attachments

List of Attached Files:

| Title | File | Operator |
|----------------|------|----------|
| No attachments | | |

[Click Here to Attach Files](#)



ezFedGrants External Portal Claim Creation and Submission Job Aid



3. In the **Add Attachment** popup window, click the **Choose File** button to locate and select the desired attachment file on your computer.

Add Attachment

Title: Other

Other Attachment Title:

Upload Document From Local Hard Disk: No file chosen

4. Click in the **Other Attachment Title** field and type a title for your attachment.

Add Attachment

Title: Other

Other Attachment Title:

Upload Document From Local Hard Disk: Budget Bre...plej.docx

5. Click the **OK** button to attach your file and close the **Add Attachment** popup window.

Note: To exit the **Add Attachment** popup window without attaching a document, click the **Cancel** button at the bottom of the popup window, or the **X** button in the top right corner of the popup window.

Add Attachment

Title: Other

Other Attachment Title:

Upload Document From Local Hard Disk: Budget Bre...plej.docx

6. Once you have attached all necessary files, click the **Save** button.

Create Claim CLM-688

Status: Draft

1 SF-270 2 Signature 3 Attachments

List of Attached Files:

| Title | File | Operator | Date/Time | Delete? |
|------------------|--------------------------------------|------------------------|-------------------|---------|
| Budget Breakdown | Budget Breakdown \$28Sample\$29.docx | OSEC OSEC-ST-GL-FI-Rep | 8/24/2016 2:09 PM | |



ezFedGrants External Portal Claim Creation and Submission Job Aid



7. Once you are ready to submit the claim for review by the Certifying Official, click the **Submit** button.

Note: If you would like to print your claim, click the **Print** button.

Create Claim CLM-688

Status: Draft

Claim CLM-688 has been successfully saved.

1 SF-270 2 Signature 3 Attachments

List of Attached Files:

| Title | File | Operator | Date/Time | Delete? |
|------------------|--------------------------------------|------------------------|-------------------|---------|
| Budget Breakdown | Budget Breakdown \$28Sample\$29.docx | OSEC OSEC-ST-GL-FI-Rep | 8/24/2016 2:09 PM | |

8. If your claim has submitted successfully, the system will display a submission confirmation message. The individuals you assigned as certifying officials will then receive work items and notifications altering them to the new claim.

Claim (CLM-688)

Status: Draft Pending Signature

Claim CLM-688 has been submitted for approval and signature to your Certifying Official.

SF-270 Signature Attachments

9. You can view your claims pending review by certifying officials by clicking the **Claims under Review** tile on the **ezFedGrants External Portal Home** screen.

USDA ezFedGrants OSEC OSEC-ST-GL-FI-Rep

Home Create Claim

32 Notifications

19 Actionable Items

1 Applications under Review

0 Amendments under Review

1 Claims under Review

News and Notes

| Title | Last Updated |
|------------------------------|-----------------|
| Test | 8/3/16 2:11 PM |
| Test Both | 7/25/16 1:12 PM |
| Test External | 7/25/16 1:12 PM |
| News and Notes Post - N03 ht | 7/14/16 5:36 PM |
| News and Notes Post - N03 ht | 7/14/16 5:36 PM |



Certifying Claims

This section describes how to review and take action on a claim for which you have been designated a Certifying Official.

1. Begin the procedure by accessing the **ezFedGrants External Portal Home** screen.

The screenshot shows the 'ezFedGrants' home page. On the left is a green navigation menu with options: Home, Opportunities, My Applications, My Agreements, My Amendments, My Claims, My Reports, Manage Permissions, and Contact USDA. The main content area has a header with 'Home' and a user profile 'OSEC OSEC-ST-GL-PL-Rep'. Below the header are five summary tiles: '32 Notifications', '19 Actionable Items', '1 Applications under Review', '0 Amendments under Review', and '1 Claims under Review'. A 'News and Notes' section follows, containing a table with columns 'Title' and 'Last Updated'. The table lists several test entries and one real entry: 'News and Notes Post - N03 ht' updated on 7/14/16 5:36 PM. Below this is a 'My Agreements' section.

2. Click the **Actionable Items** tile to open the **Actionable Items for Past 90 Days** popup window.

This screenshot is identical to the previous one, but the '19 Actionable Items' tile is highlighted with a red rectangular border to indicate it should be clicked.



ezFedGrants External Portal Claim Creation and Submission Job Aid



3. In the **Actionable Items for Past 90 Days** popup window, click the **Transaction ID** link of the claim you wish to take action on in the **Transaction ID** column. This will open the **Claim** screen.

Note: Click the **View All Actionable Items** link to view all work items, including those sent to you more than 90 days ago.

| Transaction | Transaction ID | FAIN | Status | Due Date | Last Updated |
|--------------------|---|------------------|-------------------------|----------|--------------|
| Claim | CLM-688 | AP1612-APACXG036 | Draft Pending Signature | | 8/24/16 |
| Claim | TR Agreement 1 | AP1612-APACXG036 | Draft | | 8/24/16 |
| Financial Report | AP16ACXXXXX002-FI-Q4-16 | AP16ACXXXXX002 | Not started | 9/22/16 | 8/23/16 |
| Performance Report | AP16ACXXXXX002-PE-Q4-16 | AP16ACXXXXX002 | Not started | 9/22/16 | 8/23/16 |
| Performance Report | AP1612-APPPQC005-PE-Annual-16 | AP1612-APPPQC005 | Not started | 11/2/16 | 8/23/16 |
| Financial Report | AP1612-APPPQC005-FI-Annual-16 | AP1612-APPPQC005 | Not started | 10/31/16 | 8/23/16 |
| Performance Report | AP16ACXXXXX002-PE-Q3-16 | AP16ACXXXXX002 | Not started | 9/18/16 | 8/19/16 |
| Report | | AP1612-APPPQC005 | Not started | 11/7/16 | 8/9/16 |
| Financial Report | AP1612-APPPQC005-FI-Annual-16 | AP1612-APPPQC005 | Not started | 11/7/16 | 8/9/16 |
| Report | | AP1612-APPPQC005 | Not started | 11/2/16 | 8/4/16 |

1 2 Next

[View All Actionable Items](#)

4. On the **Claim** screen, review the claim using the **SF-270**, **Signature**, and **Attachments** tabs, and then click the **Please select an option** field in the **Decision** section.

Claim (CLM-688) Print Close

Status: Draft Pending Signature

DECISION:

Please select an option ▼

CLAIM

SF-270 Signature Attachments

OMB APPROVAL No.: 0348-0004

REQUEST FOR ADVANCE OR REIMBURSEMENT

1. TYPE OF PAYMENT REQUESTED:

a. "X" one or both boxes

ADVANCE REIMBURSEMENT

b. "X" the applicable box

2. BASIS OF REQUEST:

CASH ACCRUAL



5. If the claim appears complete, correct, and ready to submit, click the **Sign and Submit** option on the **Please select an option** dropdown menu to proceed with digitally signing the claim and submitting it to the awarding agency.

Note: The **Return** option will return the claim to the claim creator for editing. The **Cancel** option will cancel and void the claim.

The screenshot shows the 'Claim (CLM-688)' interface. At the top, the status is 'Draft Pending Signature'. Below this, there is a 'DECISION:' section with a dropdown menu labeled 'Please select an option'. The dropdown menu is open, showing three options: 'Sign and Submit' (highlighted with a red box), 'Return', and 'Cancel'. To the right of the dropdown is an 'Attachments' button. At the bottom right of the interface, there is a field for 'OMB APPROVAL No.' with the value '0348-0004'.

6. Once you select the **Sign and Submit** option, you must review and agree to the legal notice/terms and conditions before submitting the claim to your agency. To review and accept the terms and conditions, click the **Legal Notice** button. This will open the **Legal Notice** popup window.

The screenshot shows the 'Claim (CLM-688)' interface. At the top, the status is 'Draft Pending Signature'. Below this, there is a 'DECISION:' section with a dropdown menu labeled 'Please select an option'. The dropdown menu is open, showing three options: 'Sign and Submit', 'Return', and 'Cancel'. Below the dropdown menu, there is a 'Legal Notice' button (highlighted with a red box). The text below the button reads: 'I certify that to the best of my knowledge and belief the data in this form are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested. Acceptance of the terms described below upon clicking "Legal Notice" is also required. Upon your acceptance, click the "Complete Signature" button below to finish the process.'



ezFedGrants External Portal Claim Creation and Submission Job Aid



7. Scroll along the **Legal Notice** popup window to review the terms and conditions.

Legal Notice

If you have read and agreed to the Legal Notice, please check the I Agree checkbox located at the bottom of the screen.

1. Electronic Signature Agreement. By selecting the "Complete Signature" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "Complete Signature" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide Animal and Plant Health Inspection Service (APHIS) instructions via Grantor, or in accessing or making any transaction regarding any Grantor related transactions, including, but not limited to, application (such as the SF-424), agreement, request for payment (such as the SF-270), and amendment documents constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and APHIS. You also represent that you are authorized to enter into this Agreement for all persons who own or are authorized to access any of your accounts and that such persons will be bound by the terms of this Agreement. You further agree that each use of your E-Signature in obtaining a APHIS service constitutes your agreement to be bound by the terms and conditions of the APHIS Disclosures and Agreements as they exist on the date of your E-Signature.
2. Consent to Electronic Delivery. You specifically agree to receive and/or obtain any and all APHIS related "Electronic Communications" (defined below) via Grantor. The term "Electronic Communications" includes, but is not limited to, any and all current and future notices and/or disclosures that various federal laws require that we provide to you, as well as such other documents, statements, data, records and any other communications regarding your relationship with APHIS. You acknowledge that, for your records, you are able to use Grantor to retain Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements and Electronic Communications, documents, or records that you agree to using your E-Signature, including, but not limited to, application documents (such as the SF-424), agreement, request for payments (such as the SF-270), and amendment documents. You accept Electronic Communications provided via Grantor as reasonable and proper notice, for the purpose of any and all laws, rules, and regulations, except where prohibited, and agree that such electronic form fully satisfies any requirement that such communications be provided to you in writing or in a form that you may keep.
3. Paper version of Electronic Communications. You may request a paper version of an Electronic Communication. To request a paper copy of an Electronic Communication contact us at www.GrantorHelpDesk@aphis.usda.gov.
4. Revocation of electronic delivery. You have the right to withdraw your consent to receive/obtain communications via Grantor at any time. You acknowledge that APHIS reserves the right to restrict or terminate your access to Grantor if you withdraw your consent to receive Electronic Communications. If you wish to withdraw your consent, contact us at www.GrantorHelpDesk@aphis.usda.gov.
5. USDA Level 2 e-Authentication enrollment. Your current enrollment in USDA level 2 e-Authentication is required in order for you to obtain Grantor services. APHIS may notify you through email when an Electronic Communication pertaining to Grantor is available. APHIS may also use Grantor and email services for Electronic Communications. It is your responsibility to use Grantor and your email service provided email account regularly to check for Electronic Communications and to check for updates to this Agreement.
6. Hardware, software and operating system. You are responsible for installation, maintenance, and operation of your computer, browser and software. APHIS is not responsible for errors or failures from any malfunction of your computer, browser or software. APHIS is also not responsible for computer viruses or related problems associated with use of an online system. The following are the minimum hardware, software and operating system requirements necessary to use Grantor and receive Electronic Communications:

UI Tree

8. Once you have reviewed the legal notice, scroll to the bottom of the **Legal Notice** popup window and click the checkbox to the left of the **I agree with the listed Terms and Conditions** statement.

Monitor - 800 x 600 resolution
Browser- Microsoft Internet Explorer 6.0 or higher
Internet access - 28.8 modem or better

7. Controlling Agreement. If this E Signature is for an Amendment to an Agreement, then the resulting Amendment supplements and/or modifies the original Agreement and the extent that this Amendment contains conflicting provisions, the provisions in this Amendment will control. All other obligations of the parties remain subject to the terms. To obtain electronic services and communications, indicate your consent to the terms and conditions of this Agreement by clicking on the "Complete Signature" button.

I agree with the listed Terms and Conditions

UI Tree



9. Click the **OK** button to submit your acceptance of the legal notice and proceed with claim submission. This will close the **Legal Notice** popup window.

10. Once you click the **OK** button, you will be returned to the **Claim** screen. Click the **Complete Signature** button to finalize your digital signature and submit the claim to your agency.

If submission is successful, the system should display a confirmation message. Otherwise, you can confirm the successful submission by checking that the claim no longer appears on your worklist/actionable items list.

You can also search for and view the claim itself to see that the **Status** field (at the top of the **Claim** screen) indicates that the claim has been submitted to the awarding agency.



Editing Claims

Although all users with either the Grants Administrative Officer (GAO) or Grants Processor (GP) role can create claims, once a claim is submitted to the Certifying Official or the awarding agency, the status of the claim determines who can edit or take action on the claim.

Draft Pending Signature

Once a claim is submitted to the Certifying Official, only the Certifying Official can take action on the claim. However, the Certifying Official **cannot** edit the claim.

If you need to edit a claim once it has been submitted to the Certifying Official, the Certifying Official must send the claim back by selecting the **Return** option when reviewing the claim.

You must return a claim in order to edit it, even if you are self-certifying your own claim.

Returned by Certifying Official

When a claim is returned by the Certifying Official, the claim creator and all GAOs will receive a work item and be able to edit the claim. All other users will not be able to edit the claim.

Returned by Awarding Agency

If you need to make changes to a claim after it has been submitted to the awarding agency, please contact the awarding agency so that your claim is not processed with incorrect information.

Alternately, the awarding agency may determine your claim requires editing during their internal claim review process and return the claim for editing.

When a claim is returned by the awarding agency, or “accepted pending edits”, the claim creator and all GAOs will receive a work item and be able to edit the claim. All other users will not be able to edit the claim.



Comments

Additional Information

Refer to the following additional materials:

- ezFedGrants External Portal Access Request Submission Job Aid
- ezFedGrants External Portal User Role Management Job Aid
- ezFedGrants External Portal User Role Definitions
- ezFedGrants External Portal Onboarding and Basics Job Aid
- ezFedGrants External Portal Search Functionality Job Aid

Version Control

| Name | Date | Changes Made |
|--------------|--------------|--|
| April Murphy | 9/20/2016 | Initial document created |
| April Murphy | Feb/Mar 2017 | Comments: Added version control table, added headings Procedure: Added subsection headings; Clarified information throughout Throughout: Improved 508 alt text and descriptions; Corrected referenced document and job aid titles throughout; Corrected document properties; Added bookmarks for 508 compliance |
| April Murphy | Apr 2017 | Purpose: Prerequisites: Added information on which roles can create claims & being added as a partner on the associated agreement; Helpful Hints: Added helpful hint re: printing Procedure: Creating a Claim: Stage 3 – Attachments: Step 7: Added Note re: printing |
| April Murphy | May 2017 | Purpose: Added warning; added TOC; changed formatting of Trigger; clarified Prerequisites; added Launch ezFedGrants link to Menu Path; Updated Helpful Hint re: roles that can create claims Procedure: Updated title of first subsection to Initiating Claim Creation; Creating Claim Stage 2 Step 1, 2, & 3: Clarified difference between CO & SO, clarified selecting a Certifying Official from the list of names, generally cleaned up text; Added “Editing Claims” section; Creating Claims Stage 3: Added PII information Comments: Corrected document title; Added External Portal Search Functionality |
| April Murphy | 7/6/2017 | Purpose: Added Helpful Hint re: dollar value per budget line item; dollar value per entire claim Procedure: Creating Claims – SF-270: Added intro re: pre-filled items; Added info to Step 7 re: dollar value of claim |
| April Murphy | 7/31/2017 | Procedure: Creating Claims – SF-270: Added info re: Certifying section of SF-270. |
| April Murphy | 4/4/2018 | Purpose: Clarified Prerequisite regarding conditions for starting a new claim. |