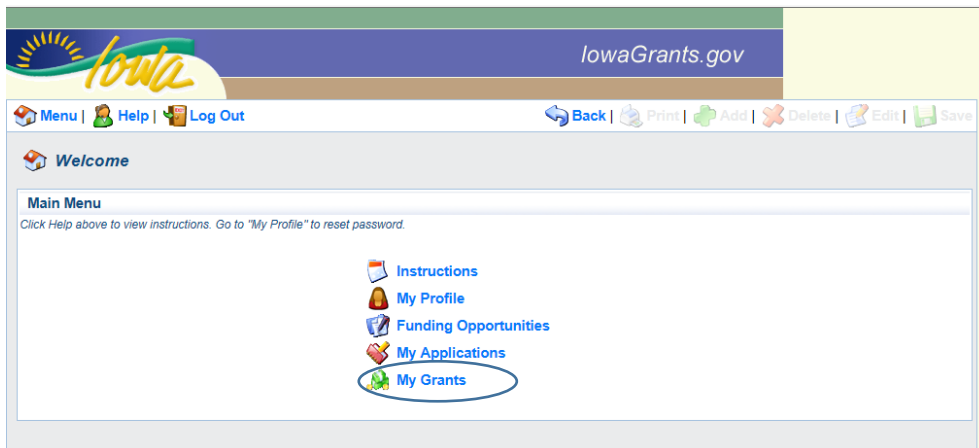


1. Login to www.iowaGrants.gov as a returning user.

2. Click on My Grants on this main menu.



3. Find your county's current GTC grant, and click the Grant Title. (Notice that the Title is a different color blue. This indicates that the wording is a link and will open another screen for editing or viewing.)

The screenshot shows the 'Grant Tracking' page. It features a table of 'Current Grant/Projects' with columns for ID, Status, Year, Title, Program Area, Grant Administrator, and Grant/Project Amount. The 'Title' column contains several grant titles, including 'Care For Yourself Pre-post TEST Ap Stacey Hewitt', 'Childhood Lead Prevention TEST', 'CDOR John McMullen TEST', 'Gambling Prevention John McMullen Test', 'Pre-Post TEST for PREP Stacey Hewitt Final', 'AEGP Pre-post Test Stacey Hewitt', 'tobacco second post RFP Pretest TEST Stacey Hewitt', and 'Dental Sealant Pre-post Test Stacey Hewitt'. The 'Title' column is highlighted in blue, indicating it is a clickable link.

ID	Status	Year	Title	Program Area	Grant Administrator	Grant/Project Amount
Test CFY 73371	Underway	2015	Care For Yourself Pre-post TEST Ap Stacey Hewitt	Chronic Disease Prevention	Stacey Hewitt	\$7,055.00
78701	Underway	2015	Childhood Lead Prevention TEST	Environmental Health Services	Tena Malone	\$35,700.00
81313	Underway	2015	CDOR John McMullen TEST	Emergency Preparedness & Response	John McMullen	\$27,500.00
5885XX##	Underway	2015	Gambling Prevention John McMullen Test	Gambling Treatment & Prevention	John McMullen	\$117,044.00
TEST AEGP	Underway	2015	Pre-Post TEST for PREP Stacey Hewitt Final	Family Health	Stacey Hewitt	\$108,000.00
Test Tob	Underway	2015	AEGP Pre-post Test Stacey Hewitt	Family Health	Stacey Hewitt	\$50,000.00
Test Sealant	Underway	2015	tobacco second post RFP Pretest TEST Stacey Hewitt	Tobacco Use Prevention	Sheri Sturmsma	\$104,250.00
	Underway	2015	Dental Sealant Pre-post Test Stacey Hewitt	Oral Health	Amv Janssen	\$8,900.00

4. Click Claims.

The screenshot shows the 'Grant Tracking' page for a specific grant project. The grant details are as follows:

- Grant/Project: 162295 - FY17 GTC copy Test Mindy Uhle - 2017
- Status: Underway
- Program Area: Environmental Health Services
- Grantee Organization: Public Health, Iowa Department of
- Program Officer: Mindy Uhle
- Awarded Amount: \$50,000.00

Below the grant details, there is an 'Instructions' section and a 'Grant/Project Components' table. The 'Grant/Project Components' table has columns for 'Component' and 'Last Edited'.

Component	Last Edited
General Information	07/18/2016
Claims	
Progress Reports	
Site Visits	
Correspondence	
Cover Sheet-General Information	07/11/2016
Personnel	07/11/2016
NEW Grant To Counties Simple Budget	08/26/2016
Contract Documents	
Opportunity	-
Application	-

5. As you submit claims, they will appear here. The screen below shows claims made in the test site. For first quarter, your screen should not show any existing claims for FY20. Click *Add*.

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

Grant/Project Tracking

Grant/Project: 162295 - FY17 GTC copy Test Mindy Uhle - 2017

Status: Underway
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Officer: Mindy Uhle
 Awarded Amount: \$50,000.00

Claims Copy Existing Claim | Return to Components

ID	Type	Status	Date Submitted	Date Paid	Date From-To	Claim Amount
162295 - 001	Reimbursement	Editing			04/01/2016 - 06/30/2016	\$4,297.00
162295 - 002	Reimbursement	Submitted	08/29/2016		08/01/2016 - 08/31/2016	\$255.00
162295 - 003	Reimbursement	Submitted	08/29/2016		07/01/2016 - 09/30/2016	\$6,040.19
162295 - 004	Reimbursement	Editing			07/01/2016 - 08/31/2016	\$3,636.00
162295 - 005	Reimbursement	Editing			07/01/2016 - 09/30/2016	\$6,322.79
162295 - 006	Reimbursement	Editing			07/01/2016 - 08/01/2016	\$5,124.89
162295 - 007	Reimbursement	Editing			07/01/2016 - 09/30/2016	\$0.00
162295 - 008	Reimbursement	Submitted	09/08/2016		08/01/2016 - 09/01/2016	\$0.00
Submitted Amount						\$6,295.19
Approved Amount						\$0.00
Paid Total						\$0.00
Total						\$25,675.87

Last Edited By:

6. Select *Reimbursement* for the Claim Type. Type in the appropriate dates for the quarter of your claim. If you type in the value, type only: MMDDYYYY (The backslashes will appear).

Or, you can click on the calendar to the right of the box to select the dates. The quarterly Report Periods are as follows:

- 1st quarter: July 1, 2019-September 30, 2019
- 2nd quarter: October 1, 2019-December 31, 2019
- 3rd quarter: January 1, 2020-March 30, 2020
- 4th quarter: April 1, 2020-June 30, 2020

7. Click *Save*.



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

Grant Tracking

Claim General Information

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

Claim Type*: Reimbursement

Report Period: 07/01/2016  09/30/2016 
From Date To Date

8. Click *Return to Components*.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Reporting Period Return to Components

Claim Type:* Reimbursement
 Claim Status:* Editing
 Report Period 07/01/2016 09/30/2016
From Date To Date

Last Edited By: Bof Tester, 10/10/2016

9. Click *Reimbursement*.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Components Preview | Submit

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

Name	Complete?	Last Edited
General Information		
Reimbursement	✓	10/10/2016
FY17 Grant to Counties Expenditure Form		
FY17 Grants to Counties Claim Support Documentation		

10. If your program includes multiple counties, you'll see each county listed under the budget categories. There is nothing to do on this form except to Save it. Click *Save*. Click *Mark as Complete*.

Reimbursement					
Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
Water Tests					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$220.00	(\$220.00)
Davis County	\$0.00	\$0.00	\$0.00	\$63.00	(\$63.00)
Laciel County	\$0.00	\$0.00	\$0.00	\$68.00	(\$68.00)
Wanero County	\$0.00	\$0.00	\$0.00	\$30.00	(\$30.00)
Administrative Costs for Water Tests					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$360.00	(\$360.00)
Davis County	\$0.00	\$0.00	\$0.00	\$1,740.00	(\$1,740.00)
Laciel County	\$0.00	\$0.00	\$0.00	\$2,460.00	(\$2,460.00)
Wanero County	\$0.00	\$0.00	\$0.00	\$4,680.00	(\$4,680.00)
Well Closures					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$1,558.00	(\$1,558.00)
Davis County	\$0.00	\$0.00	\$0.00	\$1,750.00	(\$1,750.00)
Laciel County	\$0.00	\$0.00	\$0.00	\$275.00	(\$275.00)
Wanero County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cistern Closures					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$1,400.00	(\$1,400.00)
Davis County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laciel County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wanero County	\$0.00	\$0.00	\$0.00	\$210.56	(\$210.56)
Well Reconstruction					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$2,839.55	(\$2,839.55)
Davis County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laciel County	\$0.00	\$0.00	\$0.00	\$1,463.00	(\$1,463.00)
Wanero County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Shock Chlorination					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$1,529.50	(\$1,529.50)
Davis County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laciel County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wanero County	\$0.00	\$0.00	\$0.00	\$266.00	(\$266.00)
Well Assessment					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$931.00	(\$931.00)
Davis County	\$0.00	\$0.00	\$0.00	\$1,064.00	(\$1,064.00)
Laciel County	\$0.00	\$0.00	\$0.00	\$665.00	(\$665.00)
Wanero County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fencing					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$2,340.00	(\$2,340.00)
Davis County	\$0.00	\$0.00	\$0.00	\$251.65	(\$251.65)
Laciel County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wanero County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$3,440.00	(\$3,440.00)
Davis County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laciel County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wanero County	\$0.00	\$0.00	\$0.00	\$568.00	(\$568.00)
Promotional					
Appaloosa County	\$0.00	\$0.00	\$0.00	\$1,054.38	(\$1,054.38)
Davis County	\$0.00	\$0.00	\$0.00	\$9,876.00	(\$9,876.00)
Laciel County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wanero County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Awarded Amount	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00

11. Click *Grants to Counties Expenditure Form*

Grant Tracking

Claim: 162295 - 009 [Grant Components](#)

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Components [Preview](#) | [Submit](#)

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

Name	Complete?	Last Edited
General Information	✓	10/10/2016
Reimbursement	✓	10/10/2016
FY17 Grant To Counties Expenditure Form		
FY17 Grants to Counties Claim Support Documentation		

12. All expenditures will be entered on this form. When all of the expenditures have been added, return to this page and click *Mark as Complete*. To add a water test, click *Add* at the end of the row.

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Manganese	Other	Test Cost
									\$0.00

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

Line Number	Number of Wells Tested	Expense Total
		\$0.00

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Line Number	Owner Name	Date	Actual Cost	Expense Total
				\$0.00

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Training			Add
Line Number	Actual Cost	Expense Total	
			\$0.00

Expenditures for Supplies			Add
Line Number	Actual Cost	Expense Total	
			\$0.00

Expenditures for Promotional			Add
Line Number	Actual Cost	Expense Total	
			\$0.00

Last Edited By:

13. Select 1-Water Tests. If you are claiming for a multi-county program, make sure to select the appropriate county (in which the well is located) from the drop-down list. Enter the well # and sample collection date. Enter a "1" next to the tests which were performed. Enter a "0" next to the tests which were not performed. Enter the total cost under *Test Cost*. It is not necessary to type the dollar sign. Click *Save*.

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

Grant Tracking

Claim: 5880AWab - 005 [Grant Components](#)

Grant: **5880AWab-FY20 Grants to Counties TEST**

Status: Editing

Program Area: Environmental Health Services

Grantee Organization: Public Health, Iowa Department of

Program Manager: Mindy Uhle

Expenditures for Water Tests

Line Number* ▼

Well #

Sample Collection Date 📅

Bacteria

Nitrate

Arsenic

Arsenic Speciation

Manganese

Other

Test Cost

14. To add Administrative Costs for Water Tests to the claim, click *Add* at the end of the row.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Water Tests Mark as Complete | Go to Claim Forms | Add

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Test Cost
1 - Water Tests - Adair County	1234567	07/05/2016	1.0	1.0	1.0	0	\$43.00
							\$43.00

Expenditures for Administrative Costs for Water Tests Add

Line Number	Number of Wells Tested	Expense Total
		\$0.00

Expenditures for Well Closures Add

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Cistern Closures Add

Line Number	Owner Name	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Well Reconstruction Add

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Training, Supplies and Promotional Add

Line Number	Actual Cost	Expense Total
		\$0.00

15. Select 4-Administrative Costs for Water Tests. If you are claiming for a multi-county program, make sure to select the appropriate county from the drop-down list. Enter the number of wells tested for the quarter. If you sampled the same well on two separate trips, you can claim two administrative costs. Click Save.

Iowa IowaGrants.gov

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Administrative Costs for Water Tests

Line Number* 4 - Administrative Costs for Water Tests - Adair County

Number of Wells Tested

[Return to Top](#)

16. To add well closures, click *Add* at the end of the row.

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Water Tests Mark as Complete | Go to Claim Forms | Add

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Test Cost
1 - Water Tests - Adair County	1234567	07/05/2016	1.0	1.0	1.0	0	\$43.00
							\$43.00

Expenditures for Administrative Costs for Water Tests Add

Line Number	Number of Wells Tested	Expense Total
4 - Administrative Costs for Water Tests - Adair County	1.0	\$80.00
		\$60.00

Expenditures for Well Closures Add

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Cistern Closures Add

Line Number	Owner Name	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Well Reconstruction Add

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Training, Supplies and Promotional Add

Line Number	Actual Cost	Expense Total
		\$0.00

17. Enter the well # (PWTS id), the date of the service, and the actual cost which is the cost stated on the invoice provided to you from the well owner. DO NOT ROUND. The IowaGrants form will adjust your maximum reimbursement rate and add in the administrative cost. Click *Save*.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Well Closures

Line Number* 7 - Well Closures - Adair County

Well # 1234567

Date 07/05/2016

Actual Cost 726.48

Return to Top

18. To enter cistern closures, click *Add* at the end of the row.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Water Tests Mark as Complete | Go to Claim Forms | Add

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Test Cost
1 - Water Tests - Adair County	1234567	07/05/2016	1.0	1.0	1.0	0	\$43.00
							\$43.00

Expenditures for Administrative Costs for Water Tests Add

Line Number	Number of Wells Tested	Expense Total
4 - Administrative Costs for Water Tests - Adair County	1.0	\$60.00
		\$60.00

Expenditures for Well Closures Add

Line Number	Well #	Date	Actual Cost	Expense Total
7 - Well Closures - Adair County	1234567	07/05/2016	\$726.48	\$575.00
				\$575.00

Expenditures for Cistern Closures Add

Line Number	Owner Name	Date	Actual Cost	Expense Total
\$0.00				

Expenditures for Well Reconstruction Add

Line Number	Well #	Date	Actual Cost	Expense Total
\$0.00				

Expenditures for Training, Supplies and Promotional Add

Line Number	Actual Cost	Expense Total
\$0.00		

19. Enter the information into the form. Enter the owner name, the date of the service, and the actual cost which is the cost stated on the invoice provided to you from the well owner. DO NOT ROUND. The IowaGrants form will adjust your maximum reimbursement rate and add in the administrative cost. Click *Save*.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Cistern Closures

Line Number*

Owner Name

Date

Actual Cost

[Return to Top](#)

20. To enter well reconstructions, click *Add* at the end of the row.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Water Tests Mark as Complete | Go to Claim Forms | Add

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Test Cost
1 - Water Tests - Adair County	1234567	07/05/2016	1.0	1.0	1.0	0	\$43.00 \$43.00

Expenditures for Administrative Costs for Water Tests Add

Line Number	Number of Wells Tested	Expense Total
4 - Administrative Costs for Water Tests - Adair County	1.0	\$60.00 \$60.00

Expenditures for Well Closures Add

Line Number	Well #	Date	Actual Cost	Expense Total
7 - Well Closures - Adair County	1234567	07/05/2016	\$726.48	\$575.00 \$575.00

Expenditures for Cistern Closures Add

Line Number	Owner Name	Date	Actual Cost	Expense Total
10 - Cistern Closures - Adair County	Jim Smith	07/20/2016	\$574.23	\$375.00 \$375.00

Expenditures for Well Reconstruction Add

Line Number	Well #	Date	Actual Cost	Expense Total
				\$0.00

Expenditures for Training, Supplies and Promotional Add

Line Number	Actual Cost	Expense Total
		\$0.00

21. Enter the well ID #, the date of the service, and the actual cost which is on the paid invoice provided to you from the well owner. DO NOT ROUND. The IowaGrants form will adjust your maximum reimbursement rate and add in the administrative cost. Click *Save*.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Well Reconstruction

Line Number* Return to Top

Well #

Date

Actual Cost

22. To add a shock chlorination, Click *Add* at the end of the row.

Expenditures for Shock Chlorination					Add
Line Number	Well #	Date	Actual Cost	Expense Total	
					\$0.00

Enter the well ID#, the date the service was performed, and the actual cost. Once submitted, the claim form will round the reimbursement down to \$300 plus the 33% administrative cost. Click *Save*.

[Menu](#) | [Help](#) | [Log Out](#)

[Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Edit](#) | [Save](#)

Grant Tracking

Claim: 5880AWab - 005 [Grant Components](#)
Grant: 5880AWab-FY20 Grants to Counties TEST
Status: Editing
Program Area: Environmental Health Services
Grantee Organization: Public Health, Iowa Department of
Program Manager: Mindy Uhle

Expenditures for Shock Chlorination

Line Number* 21 - Shock Chlorination - Appanoose County ▼
Well # 1234567
Date 10/15/2019
Actual Cost 327.00

[Return to Top](#)

23. To add a well assessment, click *Add* at the end of the row.

Expenditures for Well Assessment					Add
Line Number	Well #	Date	Actual Cost	Expense Total	
					\$0.00

Enter the well ID #, the date the service was performed, and the actual cost. Once submitted, the claim form will round the



reimbursement down to \$500 plus the 33% administrative cost. Click Save.

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

Grant Tracking

Claim: 5880AWab - 005 Grant Components

Grant: 5880AWab-FY20 Grants to Counties TEST
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Well Assessment

Line Number* 25 - Well Assessment - Appanoose County
 Well # 1234567
 Date 08/07/2019
 Actual Cost 486.00

[Return to Top](#)

24. To add expenditures for Training click *Add* at the end of the row.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Water Tests [Mark as Complete](#) | [Go to Claim Forms](#) | [Add](#)

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Test Cost
1 - Water Tests - Adair County	1234567	07/05/2016	1.0	1.0	1.0	0	\$43.00
							\$43.00

Expenditures for Administrative Costs for Water Tests [Add](#)

Line Number	Number of Wells Tested	Expense Total
5 - Administrative Costs for Water Tests - Appanoose County	3.0	\$180.00
		\$180.00

Expenditures for Well Closures [Add](#)

Line Number	Well #	Date	Actual Cost	Expense Total
7 - Well Closures - Adair County	1234567	07/05/2016	\$726.48	\$575.00
				\$575.00

Expenditures for Cistern Closures [Add](#)

Line Number	Owner Name	Date	Actual Cost	Expense Total
10 - Cistern Closures - Adair County	Jim Smith	07/20/2016	\$574.23	\$375.00
				\$375.00

Expenditures for Well Reconstruction [Add](#)

Line Number	Well #	Date	Actual Cost	Expense Total
13 - Well Reconstruction - Adair County	1234567	08/10/2016	\$2,345.72	\$1,330.00
				\$1,330.00

Expenditures for Training			Add
Line Number	Actual Cost	Expense Total	
			\$0.00

Expenditures for Supplies			Add
Line Number	Actual Cost	Expense Total	
			\$0.00

Expenditures for Promotional			Add
Line Number	Actual Cost	Expense Total	
			\$0.00

25. Enter the total expense for *each individual* with training expenses. Enter the total cost which appears in cell 34F (Total reimbursement) on the Training Expenditure Detail form. Be sure to upload the training expenditure detail to the Claim Support Documentation section of Iowa Grants (found later in these instructions). Unlike the *Actual Cost* fields in other sections of the claim form, this amount cannot exceed the maximum budget. Click *Save*.

Menu |
 Help |
 Log Out

 Back |
 Print |
 Add |
 Delete |
 Save

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Training, Supplies and Promotional

Line Number *

Actual Cost

[Return to Top](#)

26. To add Supplies and Promotional expenses to your claim, click *Add* at the end of the column and follow the same process as you did for Training. If you have no other expenses to add, click *Mark as Complete* at the top of the page.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Expenditures for Water Tests Mark as Complete | Go to Claim Forms | Add

Line Number	Well #	Sample Collection Date	Bacteria	Nitrate	Arsenic	Arsenic Speciation	Test Cost
1 - Water Tests - Adair County	1234567	07/05/2016	1.0	1.0	1.0	0	\$43.00
							\$43.00

Expenditures for Administrative Costs for Water Tests Add

Line Number	Number of Wells Tested	Expense Total
5 - Administrative Costs for Water Tests - Appanoose County	3.0	\$180.00
		\$180.00

Expenditures for Well Closures Add

Line Number	Well #	Date	Actual Cost	Expense Total
7 - Well Closures - Adair County	1234567	07/05/2016	\$726.48	\$575.00
				\$575.00

Expenditures for Cistern Closures Add

Line Number	Owner Name	Date	Actual Cost	Expense Total
10 - Cistern Closures - Adair County	Jim Smith	07/20/2016	\$574.23	\$375.00
				\$375.00

Expenditures for Well Reconstruction Add

Line Number	Well #	Date	Actual Cost	Expense Total
13 - Well Reconstruction - Adair County	1234567	08/10/2016	\$2,345.72	\$1,330.00
				\$1,330.00

Expenditures for Training, Supplies and Promotional Add

Line Number	Actual Cost	Expense Total
16 - Training - Adair County	\$320.00	\$320.00
		\$320.00

27. You will return back to the Components page.

28. Click on the Grants to Counties Claim Support Documentation component.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Components Preview | Submit

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

Name	Complete?	Last Edited
General Information	✓	10/10/2016
Reimbursement	✓	10/10/2016
FY17 Grant To Counties Expenditure Form	✓	10/28/2016
FY17 Grants to Counties Claim Support Documentation		

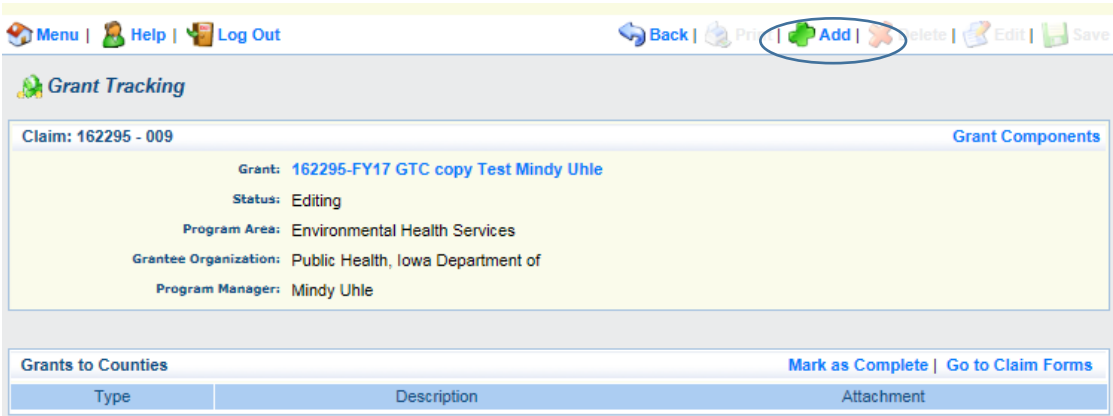
For 1st quarter, you will need to at a minimum upload your procedure manual/work plan.

For 2nd quarter, you will need to at a minimum upload the IEHA Registry certificate for all qualified staff.

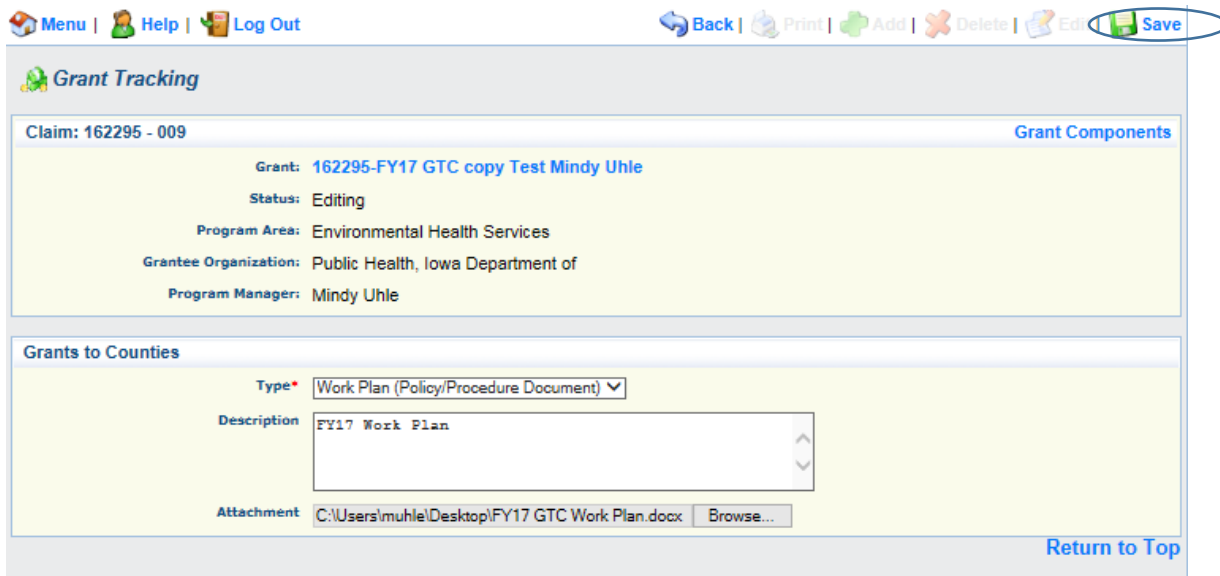
For all subsequent quarters, if you entered expenses under the Training, Supplies, and Promotional section on the Expenditure Form, you will need to upload the supporting documentation for those expenditures on this form. The items to upload for each category are below. Please refer to the Expenditure Guidance document for more detail.

- Training: Training Expenditure Detail form for *each individual*, itemized lodging/meal receipts, agenda or registration, and training approval (if necessary).
- Supplies: Receipts, approval (if required).
- Promotional Items: Receipt, approval (if required).

To upload documents to this form, click *Add* at the top of the screen. In subsequent quarters, if you did not have training, supplies, or promotional expenses, click *Mark as Complete*.



29. Select *Work Plan* from the dropdown list. Enter a brief description of the document, and Browse for the file. Then, click *Save*.



30. Verify the accuracy of the description and uploaded attachments. To add additional documentation, click *Add* at the top of the page.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Grants to Counties Mark as Complete | Go to Claim Forms

Type	Description	Attachment
Work Plan (Policy/Procedure Document)	FY17 Work Plan	FY17 GTC Work Plan.docx

Last Edited By: Bof Tester, 10/28/2016

31. Select Training from the menu, provide a brief description, and Browse for the file. Click Save.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Grants to Counties

Type* Training

Description: IOWWA Training documents for Billy Bob.

Attachment: C:\Users\muhle\Desktop\IOWWA Training for Billy bob. Browse...

Return to Top

32. Click Mark as Complete.

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

Grant Tracking

Claim: 162295 - 009 Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Grants to Counties Mark as Complete | Go to Claim Forms

Type	Description	Attachment
Work Plan (Policy/Procedure Document)	FY17 Work Plan	FY17 GTC Work Plan.docx
Training	IOWWA Training documents for Billy Bob.	IOWWA Training for Billy bob.docx

Last Edited By: Bof Tester, 10/28/2016

33. All four sections of the claim have been completed. To preview the claim, click Preview.

Grant Tracking

Claim: 162295 - 009

[Grant Components](#)

Grant: 162295-FY17 GTC copy Test Mindy Uhle

Status: Editing

Program Area: Environmental Health Services

Grantee Organization: Public Health, Iowa Department of

Program Manager: Mindy Uhle

Components

[Preview](#) [Submit](#)

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

Name	Complete?	Last Edited
General Information	✓	10/10/2016
Reimbursement	✓	10/10/2016
FY17 Grant To Counties Expenditure Form	✓	10/28/2016
FY17 Grants to Counties Claim Support Documentation	✓	10/28/2016

34. Review the claim to verify the accuracy and completeness of your claim. Click *Back*.

Grant Tracking

Claim Details

162295-FY17 GTC copy Test Mindy Uhle

Environmental Health Services

Award Year:	2017	Status:	Editing
Contract Number:	162295	Approved Date:	
Claim Type:	Reimbursement	Paid Date:	
Claim Number:	162295 - 009	Vendor Number:	
Submitted By:		Invoice Number:	
Submitted Date:			
Report Period	07/01/2016 09/30/2016		
	<small>From Date To Date</small>		

Applicant and Organization

Applicant

AnA User Id: BOF.TESTER@IOWAID
 First Name*: Bof
First Name Middle Name Last Name
 Title: Tester
 Email*: cheryl.christie@idph.iowa.gov
 Address*: 111 Main

 City*: Anywhere Iowa 12345
City State/Province Postal Code/Zip
 Phone*: 111-222-3333
Phone Ext.
 Program Area of Interest*: Acute Disease Epidemiology
 Fax:

Organization Information

Organization Name*: Public Health, Iowa Department of
 Organization Type*: State Government
 DUNS: 80-834-5920
 Organization Website: http://www.idph.state.ia.us/
 Address: 321 E. 12th St.
 Lucas State Office Building

 City: Des Moines Iowa 50319-0075
City State/Province Postal Code/Zip
 Phone: 515-281-4417
 Fax:

Reimbursement

Budget Category	1	2	3	4	5
	Approved Budget	Expenses This Period	Paid Claims	Total Claimed	Unclaimed Balance

35. Click *Submit*.

Grant Tracking

Claim: 162295 - 009

Grant Components

Grant: 162295-FY17 GTC copy Test Mindy Uhle
 Status: Editing
 Program Area: Environmental Health Services
 Grantee Organization: Public Health, Iowa Department of
 Program Manager: Mindy Uhle

Components

Preview | **Submit**

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

Name	Complete?	Last Edited
General Information	✓	10/10/2016
Reimbursement	✓	10/31/2016
FY17 Grant To Counties Expenditure Form	✓	10/28/2016
FY17 Grants to Counties Claim Support Documentation	✓	10/28/2016



Claims

Claim Submitted Confirmation

You have successfully submitted your Claim numbered [009]. We have received your Claim for review.
Click [here](#) to print claim.