



# ezFedGrants Reimbursement Claim Submission

Job Aid



## Before You Begin

This document describes how to create, edit, certify, and submit a reimbursement claim in ezFedGrants.

*This document only applies to reimbursement claims, because advance payment claims cannot be submitted through the ezFedGrants External Portal. Furthermore, not all agencies or agreements allow submission of reimbursement claims through ezFedGrants. Please contact the appropriate agency representative if you aren't sure of where/how to submit your claim forms.*

### Key Terms

- **Advance Payment:** A type of claim in which funds are disbursed to the recipient ahead of incurring expenses. After expending advance payment funds, the recipient must submit a justification narrative describing how the funds were used. Advance payment claims and justification narratives **cannot** be submitted in the ezFedGrants External Portal; they must be submitted via email or another method as instructed by the awarding agency.
- **Reimbursement:** A type of claim in which the recipient has incurred expenses and is requesting reimbursement for those expenses. Reimbursement claims may be submitted through the ezFedGrants External Portal (if allowed by the awarding agency and terms of the agreement).

### You Will Need

- An eAuthentication/Login.gov Verified Identity Account
- The Grants Processor or Grants Administrative Officer (GAO) role in the ezFedGrants External Portal
- A qualifying agreement:
  - The agreement is in **Active/Awarded** status.
  - The agreement has funds available for disbursement.
  - All prior claims have been paid or cancelled (including justification narratives for advance payments).
  - All overdue performance, financial, property, or other reports have been submitted to and approved by the agency.

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## Data Note

The screenshots provided with these instructions are a representative sample for the purpose of training, which contain sample data and may not depict the entire screen.

In addition, these instructions focus on the **minimum system requirements** for the above-described procedure(s). You may need to complete additional fields or provide additional information not specifically described in this document.

## Warnings



***Only use this procedure for reimbursement claims!***

***Advance payment claims **cannot** be submitted through the ezFedGrants External Portal!***

Please contact your awarding agency for guidance on advance payment claims.



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### Getting Started

Launch the ezFedGrants External Portal from the [OCFO ezFedGrants website](#) and log in with your Login.gov verified identity account.

For questions regarding ezFedGrants access, including logging-in and eAuthentication, please review the [eAuthentication/Login.gov FAQs](#).

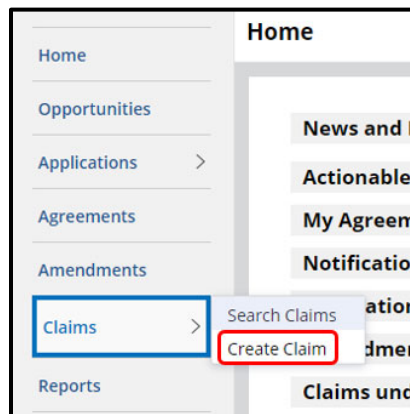
### Create a Claim

To prepare a reimbursement claim in ezFedGrants, you must complete the claim form, designate a Certifying Official (who will review and sign the claim), and upload any supporting attachments.

#### Start New Claim

1. From the **ezFedGrants External Portal Home** screen, click the **Claims** tile on the navigation menu, and then click the **Create Claim** link on the dropdown menu.

**Note:** You can also select **Create Claim** from the **I want to** menu in the **My Agreements** section of the **Home** page (skip steps 2 and 3 below if you use this method).



2. The **Search Agreements** screen will open. Locate the agreement relevant to the claim by completing at least one **Search Criteria** field and clicking the **Search** button.

**Note:** This search will only show active/awarded agreements.

**Search Agreements** Close

**Search Criteria**

|                                                                               |                      |                                                                               |                        |
|-------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|------------------------|
| FAIN                                                                          | Project Title        | Period of Performance Start Date                                              | Recipient Contact Name |
| <input type="text"/>                                                          | <input type="text"/> | <input type="text" value="M/d/yyyy"/> - <input type="text" value="M/d/yyyy"/> | N/A                    |
| Period of Performance End Date                                                | Status               |                                                                               |                        |
| <input type="text" value="M/d/yyyy"/> - <input type="text" value="M/d/yyyy"/> | Awarded              |                                                                               |                        |

3. Locate the relevant agreement in the **Search Results** table and click the **Create Claim** link to open the **Create Claim** screen.

**Note:** If the **Create Claim** link is missing, the awarding agency for that agreement does not accept reimbursement claims through the ezFedGrants External Portal. In this case, please contact an agency representative for alternate submission instructions.



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| Search Results                   |         |                                   |                        |                        |                      |                            |                              |
|----------------------------------|---------|-----------------------------------|------------------------|------------------------|----------------------|----------------------------|------------------------------|
|                                  |         |                                   |                        |                        |                      |                            |                              |
| FAIN                             | Status  | Project Title                     | Recipient Contact Name | Performance Start Date | Performance End Date | Total Federal Award Amount | Actions                      |
| <a href="#">EX170200-10.C007</a> | Awarded | Report Testing                    | Grace Peterson         | 1/10/17                | 12/31/99             | \$5,000.00                 | <a href="#">Create Claim</a> |
| <a href="#">EX170200-10.C008</a> | Awarded | NRCS Enterprise Demo              | app pro1001            | 1/12/17                | 12/31/20             | \$199,999.99               | <a href="#">Create Claim</a> |
| <a href="#">EX170200-10.G029</a> | Awarded | NRCS Demo - agreement workflow    | app pro1001            | 1/19/17                | 12/31/20             | \$2,000.00                 | <a href="#">Create Claim</a> |
| <a href="#">AP17PPQCPHSTG004</a> | Awarded | Patrick Rhodey PPS Test Agreement | PAT RHODEY2            | 1/24/17                | 6/7/19               | \$49,999.99                | <a href="#">Create Claim</a> |

### Complete SF-270

The first stage of the **Create Claim** screen is the SF-270 claim form. You must complete the mandatory fields [indicated by an asterisk (\*)] along with some non-mandatory fields. It is recommended to save your progress often by clicking the **Save** button. You can also print your claim by clicking the **Print** button.

*This document only describes the **minimum** requirements for submitting a reimbursement claim in ezFedGrants. Usually, you will need to complete additional non-mandatory fields or upload additional attachments. To avoid delays in processing, please take your time to ensure that all fields, attachments, etc. are complete and correct (to the best of your knowledge).*

Some fields are pre-populated from the associated agreement and cannot be edited. If the information in a locked field appears incorrect, please contact an agency representative.

1. Select either **Final** or **Partial** for **1b. Type of Payment Requested**.

**Note:** The **Reimbursement** option is selected by default for **1a** because advance payment claims cannot be submitted through the ezFedGrants External Portal. **Do not force advance payment claims through ezFedGrants.** Please contact your awarding agency for guidance on submitting advance payment claims.

Create Claim CLM-2626

Print Save Cancel Next >>

1. SF-270 2. Signature 3. Attachments

**Claim Information:**

1a. Request for Advance or Reimbursement

☐ ADVANCE

☒ REIMBURSEMENT

\* 1b. Type of Payment Requested:

☐ FINAL

☐ PARTIAL

\* 2. Basis of Request

☐ CASH

☐ ACCRUAL

2. Select either **Cash** or **Accrual** for **2. Basis of Request**.

**Claim Information:**

1a. Request for Advance or Reimbursement

☐ ADVANCE

☒ REIMBURSEMENT

\* 1b. Type of Payment Requested:

☐ FINAL

☐ PARTIAL

\* 2. Basis of Request

☐ CASH

☐ ACCRUAL



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3. Fields 3 through 6 are auto populated and not editable. Field 7, **Recipient's Account or Identifying Number** is optional.

|                                                                                                                           |                                           |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| 3. Federal Sponsoring Agency and Organizational Element to Which This Report is Submitted<br>Foreign Agricultural Service |                                           |                                                                       |
| 4. Federal Grant or Other Identifying Number Assigned by Federal Agency<br>FX170200-10.G029                               |                                           |                                                                       |
| 5. Partial Payment Request Number for this Request<br>N/A                                                                 | 6. Employer Identification Number:<br>N/A | 7. Recipient's Account or Identifying Number:<br><input type="text"/> |

4. In **8. Period Covered by This Request**, enter the appropriate dates in the **From** and **To** fields. These dates must fall within the Period of Performance dates for the associated agreement.

Select a date from the calendar (click the **Calendar** icon in each field) or type the date in MM/DD/YYYY format.

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| 8. Period Covered By This Request     |                                       |
| * From                                | * To                                  |
| <input type="text" value="M/d/yyyy"/> | <input type="text" value="M/d/yyyy"/> |

5. Boxes 9 and 10 are auto populated and not editable.

|                           |                                                                                                   |                                                                |  |
|---------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|
| 9. Recipient Organization |                                                                                                   | 10. Payee (Where check is to be sent if different than item 9) |  |
| Name:                     | RUTGERS THE STATE UNIV OF NEW JERSE SCIENCE<br>DEPT2 RESOURCE FOUNDATION SCHOOL OF<br>AGRICULTURE | Name:                                                          |  |
| Number and Street:        | 34 RUTGERS PLAZA                                                                                  | Number and Street:                                             |  |
| City:                     | NEW BRUNSWICK                                                                                     | City:                                                          |  |
| State:                    | NJ                                                                                                | State:                                                         |  |
| Zip:                      | 08901-8559                                                                                        | Zip:                                                           |  |

6. Locate **Section 11 Computation of Amount of Reimbursements/Advances Requested** and enter either today's date or another appropriate date in the **As of Date** field in **Row A (Total Program Outlays to Date)**.

|                                                                |                                       |                      |                                                   |                                     |        |
|----------------------------------------------------------------|---------------------------------------|----------------------|---------------------------------------------------|-------------------------------------|--------|
| Claim Amount:                                                  |                                       |                      |                                                   |                                     |        |
| 11. Computation of Amount of Reimbursements/Advances Requested |                                       |                      |                                                   |                                     |        |
| Programs/ Functions/ Activities                                | As of Date                            | (a) FX170200-10.G029 | (b) Agency Calculations (For your reference only) | (c) Programs/ Functions/ Activities | Total  |
| a. Total program outlays to date                               | <input type="text" value="M/d/yyyy"/> |                      |                                                   |                                     |        |
| b. Less: cumulative program income                             |                                       |                      |                                                   |                                     |        |
| c. Net program outlays (line a minus line b)                   |                                       | \$0.00               |                                                   |                                     | \$0.00 |
| d. Estimated net cash outlays for advance period               |                                       | \$0.00               |                                                   |                                     |        |
| e. Total (sum of lines c & d)                                  |                                       | \$0.00               |                                                   |                                     | \$0.00 |
| f. Non-Federal share of amount on line e                       |                                       | \$0.00               |                                                   |                                     | \$0.00 |
| g. Federal share of amount on line e                           |                                       | \$0.00               |                                                   |                                     | \$0.00 |
| h. Federal payments previously requested                       |                                       |                      | \$0.00                                            |                                     |        |
| i. Federal share now requested (line g minus line h)           |                                       | \$0.00               |                                                   |                                     | \$0.00 |



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7. Complete the rest of **Section 11** by entering dollar values as applicable to this claim. Details are provided in 7a-d, below. Some fields will auto-calculate based on your entries in other fields. Some auto-calculated fields may be manually edited.

- a. Enter the relevant dollar values in **Row A (Total Program Outlays to Date)** and **Row B (Cumulative Program Income)**. **Row C (Net Program Outlays)** will automatically calculate based on your entries in Row A and B.

|                                              |                                       |                      |        |  |        |
|----------------------------------------------|---------------------------------------|----------------------|--------|--|--------|
| a. Total program outlays to date             | <input type="text" value="M/d/yyyy"/> | <input type="text"/> |        |  |        |
| b. Less: cumulative program income           |                                       | <input type="text"/> |        |  |        |
| c. Net program outlays (line a minus line b) |                                       |                      | \$0.00 |  | \$0.00 |

- b. **Row E (Sum of Line C and D)** and **Row F (Non-Federal Share of Amount on Line E)** will also auto-fill based on Row A, B, and C.

|                                          |  |  |        |  |        |
|------------------------------------------|--|--|--------|--|--------|
| e. Total (sum of lines c & d)            |  |  | \$0.00 |  | \$0.00 |
| f. Non-Federal share of amount on line e |  |  | \$0.00 |  | \$0.00 |

- c. Enter the relevant dollar values in **Row G (Federal Share of Amount on Line E)** and **Row H (Federal Payments Previously Requested)**. After completing one or both of these fields, **Row I (Federal Share Now Requested)** will automatically calculate (Row G minus Row H).

|                                                      |  |                                     |        |  |        |
|------------------------------------------------------|--|-------------------------------------|--------|--|--------|
| g. Federal share of amount on line e                 |  | <input type="text" value="\$0.00"/> |        |  | \$0.00 |
| h. Federal payments previously requested             |  | <input type="text"/>                | \$0.00 |  |        |
| i. Federal share now requested (line g minus line h) |  |                                     | \$0.00 |  | \$0.00 |

- d. Complete any additional lines in this section or adjust as necessary.

8. Locate the **Requested Amounts by Cost Element** section. In the **Direct Requested Amount** column, input relevant values for each **Cost Element** applicable to this claim.

The amount requested for an individual cost element **can** exceed the budgeted amount allocated to that line; however, the total amount requested for the entire claim **cannot** exceed the total amount of funds for the entire agreement.

| 14. Requested Amounts by Cost Element |                  |              |                                 |                                 |                        |
|---------------------------------------|------------------|--------------|---------------------------------|---------------------------------|------------------------|
| Cost Element                          | Disbursed Amount | Open Balance | Direct Requested Amount         | Indirect Requested Amount       | Total Requested Amount |
| Personnel                             | \$250.00         | \$2,250.00   | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Travel                                | \$0.00           | \$0.00       | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Supplies                              | \$2,750.00       | \$3,250.00   | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Construction                          | \$0.00           | \$0.00       | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Fringe Benefits                       | \$1,090.00       | \$8,910.00   | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Equipment                             | \$0.00           | \$0.00       | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Contractual                           | \$500.00         | \$2,000.00   | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Other                                 | \$0.00           | \$0.00       | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Total Direct Cost                     | \$0.00           | \$0.00       | <input type="text" value="\$"/> | <input type="text" value="\$"/> |                        |
| Total                                 | \$4,590.00       | \$16,410.00  |                                 |                                 |                        |



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#### 14. 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       |                         |                           |                        |
| Personnel                     | \$0.00           | \$0.00       |                         |                           |                        |
| Fringe Benefit                | \$0.00           | \$0.00       |                         |                           |                        |
| Domestic Travel               | \$0.00           | \$0.00       |                         |                           |                        |
| Foreign Travel                | \$0.00           | \$0.00       |                         |                           |                        |
| Equipment                     | \$0.00           | \$0.00       |                         |                           |                        |
| Supplies                      | \$0.00           | \$0.00       |                         |                           |                        |
| Printing                      | \$0.00           | \$0.00       |                         |                           |                        |
| Other                         | \$0.00           | \$0.00       |                         |                           |                        |
| Total Indirect Cost Requested |                  |              |                         |                           |                        |
| Totals                        | \$0.00           | \$0.00       |                         |                           |                        |

9. Complete any additional fields on the SF-270 as necessary. The total amounts from section 11 and section 14 must match to submit the claim.

**Note:** The fields in the **Certification** section of the SF-270 will remain blank until the Certifying Official digitally signs the claim. The certification procedure is described later in this document.

10. Click the **Next** button to proceed to the **Signature** stage.

AA

Print

Save

Close

Next >>



## ezFedGrants Reimbursement Claim Submission

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### Designate Certifying Official

In the **Signature** stage, you will designate one or more Certifying Officials for your claim. The Certifying Official is responsible for digitally signing the claim. The certifying official is designated at the time the work item is prepared.

*Certifying Official is a temporary role that only applies for a single claim, or report. Any user with ezFedGrants access for your organization can be a Certifying Official, including yourself.*

1. You must designate at least one Certifying Official in the **Primary Certifying Official** field. This can be yourself or any other user with ezFedGrants access for your organization.

To select a Certifying Official, click in the **Primary Certifying Official** field, press the **Down Arrow** key on your keyboard, and then select the relevant user from the dropdown menu. It may take several seconds for the dropdown menu to appear, depending on the number of users in your organization.

You can filter the menu by typing one or more letters into the field. For example, if you want to assign Geoffrey Chaucer as your Certifying Official, you could type "ge" to see all users with "ge" in their name.

*This field **will not** accept typed entries; you **must** select the username from the dropdown menu.*

**Signature**  
Select a Certifying Official by typing their name into the appropriate field. As you type, a list of matching names will appear below the field (you may need to press the down arrow on your keyboard to display the list). Click the appropriate Certifying Official's name when it appears on the list of matches. Please note that the user must be registered in ezFedGrants. You can select yourself as the Certifying Official.  
A Primary Certifying Official must be selected. The Secondary Certifying Official is optional. Notifications and work items will be sent to each Certifying Official selected here.

\* Primary Certifying Official

Clear

Secondary Certifying Official

Clear

2. Repeat the above if you would like to assign an alternate Certifying Official in the **Secondary Certifying Official** field. This is only necessary if you believe the primary Certifying Official will not be available.

Assigning a secondary Certifying Official does not cause the claim to be reviewed twice. Only one of the two Certifying Officials will certify the claim.

3. Click the **Next** button to proceed to the **Attachments** stage.

**Note:** If you need to go back to an earlier stage, click the **Previous** button.

Print

Save

Close

<< Previous

Next >>



## ezFedGrants Reimbursement Claim Submission

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### Add Attachments

1. Upload any supporting documentation required for your claim by clicking the **Click Here to Attach Files** link.

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

| Title                                      | File | Operator | Date/Time | Delete? |
|--------------------------------------------|------|----------|-----------|---------|
| No attachments                             |      |          |           |         |
| <a href="#">Click Here to Attach Files</a> |      |          |           |         |

2. On the **Add Attachment** popup window, click the **Choose File** button to locate the relevant file on your computer.

Add Attachment

Title:  
Other

Other Attachment Title:

Please enter a valid value

Upload Document From Local Hard Disk:  No file chosen

3. Type a title for your document in the **Other Attachment Title** field, then click the **OK** button to upload the file.

Add Attachment

Title:  
Other

Other Attachment Title:

Please enter a valid value

Upload Document From Local Hard Disk:  No file chosen

4. Repeat until you have uploaded all necessary documentation.



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5. Attachments will be limited to PDF files only (**Please no digitally signed or fillable PDFs**) The total size of all attachments cannot exceed 20mb. Users will receive the following error message if attachments do not meet these requirements:

Add Attachment

- File is not a valid pdf, a digitally signed file or password encrypted

Title:  
Attachment

\* Other Attachment Title:

Upload PDF Document From Local Hard Disk:  No file chosen

PDF documents only

Please do not attach digitally signed documents.

Please do not attach fillable form documents.

For invalid pdf message, attempt to create a new document by printing to pdf.

For Word and Excel files use 'Save as Adobe PDF'.

Total

6. To remove an attachment, click the button in the **Delete** column.

| (D) Attachments          |                                     |                   |                   |         |
|--------------------------|-------------------------------------|-------------------|-------------------|---------|
| List of Attached Files:  |                                     |                   |                   |         |
| Title                    | File                                | Operator          | Date/Time         | Delete? |
| Application Instructions | <a href="#">resulttemplate.docx</a> | APHIS AG APHIS MO | 9/11/2019 8:55 AM |         |



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### Finalize the Claim

Once you have completed the SF-270, designated at least one Certifying Official, and uploaded all relevant attachments, you are ready to submit the claim to the Certifying Official for review and signature prior to submission to the relevant agency.

1. Click the **Submit** button to send the claim to the Certifying Official(s). The **Submit** button is only available when viewing the **Attachments** stage.

|       |      |          |       |             |        |
|-------|------|----------|-------|-------------|--------|
| Print | Save | Withdraw | Close | << Previous | Submit |
|-------|------|----------|-------|-------------|--------|

2. ezFedGrants will check that your claim meets all minimum requirements. If submission is successful, a confirmation message will appear at the top of the screen. Otherwise, you will see one or more error messages indicating what must be corrected before the claim can be submitted.

Once submitted, notifications and work items are sent to the designated Certifying Official(s).

**Note:** Click the **Print** button to print the claim.



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### Certifying Official: Review & Sign Claims

If you are assigned as a Certifying Official for a claim, you will receive a work item (Actionable Item) to review and sign the claim. You will receive this work item even if you are certifying your own claim. This section describes how to open and complete claim work items.

Each claim may have up to two Certifying Officials assigned, but only one Certifying Official needs to complete the claim work item. If you receive a work item notification, but do not see the work item in your **Actionable Items** list, the other Certifying Official may have already completed the work item.

Once a claim is certified, it is submitted to the relevant agency.

1. On the **ezFedGrants External Portal Home** screen, locate the claim you want to review in the **Actionable Items** section. Click the **Transaction ID** link to open the claim work item.

**Note:** If you have a lot of work items, use the **Category** dropdown menu to filter the **Actionable Items** list.

| Actionable Items         |             |                  |                         |          |              |
|--------------------------|-------------|------------------|-------------------------|----------|--------------|
| Category                 |             |                  |                         |          |              |
| Claim                    |             |                  |                         |          |              |
| Transaction ID           | Transaction | FAIN             | Status                  | Due Date | Last Updated |
| <a href="#">CLM-2495</a> | Claim       | NR18NRCSCENTG008 | Draft Pending Signature |          | 8/14/19      |

2. On the **Claim** screen, review the SF-270 form and attachments by clicking the tabs.

Claim (CLM-2495) Print Close

Status:  
Draft Pending Signature

Please Select An Option

SF-270 Signature Attachments Comments

3. After reviewing the claim, select **Sign and Submit**, **Return**, or **Cancel** from the **Decision** dropdown menu.

- **Sign and Submit:** The claim is ready to be submitted to the agency.
- **Return:** The claim needs to be corrected before submission to the agency.
- **Cancel:** The claim should be discarded.

Please Select An Option

Sign and Submit

Return

Cancel



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4. If you selected the **Return** or **Cancel** option, enter relevant comments in the **Comments** text box.

If you selected the **Sign and Submit** option, you must click the **Legal Notice** button and accept the legal notice before finalizing your decision. Acceptance of the legal notice is required to submit your claim to the agency. If you disagree with the legal notice, please contact an agency representative.

Claim (CLM-15127) Print Close

Status:  
Draft Pending Signature

Please Select An Option ▾

**Sign and Submit**

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.

**Legal Notice**

Upon your acceptance, click the "Complete Signature" button below to finish the process.

**Complete Signature**

SF-270 Signature Attachments Comments

**Claim Information:**

|                                                           |                                         |                             |
|-----------------------------------------------------------|-----------------------------------------|-----------------------------|
| 1a. Request for Advance or Reimbursement<br>REIMBURSEMENT | 1b. Type of Payment Requested:<br>FINAL | 2. Basis of Request<br>CASH |
|-----------------------------------------------------------|-----------------------------------------|-----------------------------|

5. Click the **Complete Signature** or **Submit** button to finalize your decision.

If submission is successful, you will see a confirmation message. Otherwise, you will see an error message explaining why your decision was not accepted.

Based on your decision, one of the following outcomes will occur:

- **Sign and Submit:** The claim is sent to the appropriate agency for processing
- **Return:** The claim is returned to the creator for modification. You will receive a new work item when the creator resubmits the claim.
- **Cancel:** The claim is voided and no further action can be taken.

Claim (CLM-15127) Print Close

Status:  
Draft Pending Signature

Please Select An Option ▾

**Sign and Submit**

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.

**Legal Notice**

Upon your acceptance, click the "Complete Signature" button below to finish the process.

**Complete Signature**

SF-270 Signature Attachments Comments

**Claim Information:**

|                                                           |                                         |                             |
|-----------------------------------------------------------|-----------------------------------------|-----------------------------|
| 1a. Request for Advance or Reimbursement<br>REIMBURSEMENT | 1b. Type of Payment Requested:<br>FINAL | 2. Basis of Request<br>CASH |
|-----------------------------------------------------------|-----------------------------------------|-----------------------------|



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Job Aid



### Editing Claims

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

*Users with the GAO role can reassign Draft and Returned claims if they are stuck with a Grants Processor who is unavailable or otherwise unable to act on the claim.*

#### Draft

The claim creator and anyone with the GAO role can edit the claim.

#### Draft Pending Signature

In this status, the claim is with the Certifying Official for signature and submission to the agency. If a claim must be edited after 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

The claim creator and anyone with the GAO role can edit the claim.

#### Submitted

If you need to make changes to a claim after it has been submitted to the relevant agency, please contact the agency to request return of the claim.

#### Acceptance Pending Edits

The claim is returned by Awarding Agency The claim creator and anyone with the GAO role can edit the claim.



# ezFedGrants Reimbursement Claim Submission

## Job Aid



### See Also

#### Job Aids

- [ezFedGrants External Portal User Roles Quick Reference](#)
- [Using ezFedGrants – The Basics Job Aid](#)
- [Using ezFedGrants – Searching Job Aid](#)
- [Reassigning Work Items in ezFedGrants Quick Reference](#)

#### ezFedGrants Hyperlinks

- [ezFedGrants Home page](#)
- [ezFedGrants FAQs general](#)

#### Need Help?

Contact the ezFedGrants Help Desk at [ezFedGrants-cfo@usda.gov](mailto:ezFedGrants-cfo@usda.gov).

### Version History

| Name              | Date       | Changes Made                                                                    |
|-------------------|------------|---------------------------------------------------------------------------------|
| Abael Solomon     | June, 2024 | Updated screen shots throughout the document.                                   |
| Abael Solomon     | Jan. 2022  | Updated OCFO Website Link                                                       |
| Courtney Roberson | March 2020 | Replaced all Level 2 eAuthentication references with Verified identity verbiage |
| April Murphy      | Sept. 2019 | Initial document created                                                        |