



**Office of Children
and Family Services**

**NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
Grants Gateway Legislative Claim Guide**

Address for Submission:

New York State Office of Children and Family Services
Bureau of Contract Management
52 Washington Street, 202 South
Rensselaer, NY 12144 - 2796

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Section 1: Claim Guidelines and Required Documentation

Claims are required to include:

- A. Office of Children and Family Services (OCFS) Grants Gateway Legislative Project Report
- B. OCFS Expenditure Claim Report – Summary Page and all applicable budget categories
- C. Financial documentation to support all expenses claimed
- D. Electronic payment submission in the Grants Gateway

Note: All claim forms and supporting documentation submitted via the Grants Gateway are required to be mailed to the Office of Children and Family Services. The address for the submission is available on page 24 of this document.

Overview of Claim Guidelines

1. All expenses must be incurred within the contract term and included in the approved contract budget.
2. If an expense is paid by check, the check cannot be made out to cash or be used to pay a debit/credit card.
3. Personnel changes are required to be noted in the **Project Report** under *Staffing Changes*. If OCFS is not notified of changes in staff funded by a grant contract, claimed expenses may be rejected.
4. Claims should be submitted on a quarterly basis.
5. Submitted claims cannot duplicate reimbursement of expenses received from other sources or for costs previously claimed against the contract.
6. Claims that include unacceptable or incomplete documentation will be reduced to reflect the amount of acceptable documentation that was submitted.
7. When a claim is adjusted or rejected, a notice detailing the amount and reason(s) for the adjustment or rejection will be provided to the contractor via email to the individuals listed on the **Contract Communication Form**.

OCFS reserves the right to audit any claim during the contract term and up to six years after the last transaction occurs per the *Master Contract for Grants - Standard Terms and Conditions*.

Supporting Documentation Required

Budget Expense Category	Acceptable Documentation	Documentation Must Include
Salary	Personnel when using a payroll service <ul style="list-style-type: none"> • Payroll ledger (e.g., ADP, Paychex) 	<ul style="list-style-type: none"> • Employee name • Pay period end date • Date paid • Gross salary amount • All deductions • Net salary amount
	Personnel when using an internal ledger <ul style="list-style-type: none"> • Both items below are required: <ul style="list-style-type: none"> ○ Payroll ledger ○ Canceled check (copy of front and back) or bank statement 	

Expense Category	Acceptable Documentation	Documentation Must Include
Fringe Employer Share Only	<p>Dental, health or life insurance, etc.</p> <p>401K</p> <p>Mandatory Payroll Taxes: FICA, SUI, NYS Disability and Workers' Compensation Insurances</p> <ul style="list-style-type: none"> • No documentation required 	<ul style="list-style-type: none"> • No documentation required
Contractual Services	<p>Proof of services rendered:</p> <ul style="list-style-type: none"> • Invoice/receipt must show: type of service rendered, dates of service, name of service provider • Copies of contracts, consultant agreements or construction bids not previously submitted <p>Proof of payment:</p> <ul style="list-style-type: none"> • Canceled check (copy of front and back) • Bank statement • Credit card statement 	<ul style="list-style-type: none"> • Name of organization • Dates of service/ description of service • Location of service • Date of payment • Amount paid
Travel	<p>Travel (subway, taxi, mileage, tolls) as applicable:</p> <p>Proof of services rendered:</p> <ul style="list-style-type: none"> • Receipts • Signed and dated mileage log <p>Proof of payment:</p> <ul style="list-style-type: none"> • Canceled checks (copy of front and back) • Bank statement • Credit card statement 	<p>As applicable:</p> <ul style="list-style-type: none"> • Name and title of staff member • Date of expense • Distance in miles • Mileage reimbursement rate
Equipment	<p>*Provide copies of bids or price quotes not previously submitted</p> <p>Proof of equipment purchased or rented:</p> <ul style="list-style-type: none"> • Itemized invoice/receipt 	<ul style="list-style-type: none"> • Name of organization • Date of purchase or rental • Items purchased • Date of payment • Amount paid

Expense Category	Acceptable Documentation	Documentation Must Include
Space/Property Rent	<p>Proof of space/property rental:</p> <ul style="list-style-type: none"> • Receipts (if applicable) • Canceled check (copy of front and back) • Copy of rental lease if not submitted with contract • Bank statement • Credit card statement 	<ul style="list-style-type: none"> • Name of organization • Location of rental • Date of payment • Amount paid
Space/Property Own	<p>Proof of space/property ownership:</p> <ul style="list-style-type: none"> • Receipts • Canceled check (copy of front and back) • Bank statement • Credit card statement 	<ul style="list-style-type: none"> • Name of organization • Location of property • Date of payment • Amount paid
Utilities	<p>Proof of services rendered:</p> <ul style="list-style-type: none"> • Invoice/Receipts <p>Proof of payment:</p> <ul style="list-style-type: none"> • Canceled check (copy of front and back) • Bank statement • Credit card statement 	<ul style="list-style-type: none"> • Type of utility provided • Name of utility provider • Billing period • Date of payment • Amount paid
Operating Expenses	<p>Including but not limited to: postage, insurance, photocopying, advertising, and supplies</p> <p>Proof of services rendered:</p> <ul style="list-style-type: none"> • Invoice/Receipts <p>Proof of payment:</p> <ul style="list-style-type: none"> • Canceled checks (copy of front and back) • Bank statement • Credit card statement 	<p>As applicable:</p> <ul style="list-style-type: none"> • Name of organization • Date of purchase • Item(s) purchased • Date of payment • Amount paid
Other Expenses	<p>Expenses not defined above</p> <p>As applicable:</p> <ul style="list-style-type: none"> • Invoice/Itemized Receipts • Canceled check (copy of front and back) • Bank statement • Credit card statement 	<p>As applicable:</p> <ul style="list-style-type: none"> • Name of organization • Date of purchase • Item(s) purchased • Date of payment • Amount paid

Non-Reimbursable Expenses

These are examples of non-allowable expenses; this list is not all inclusive.

- Sales tax
- Late fees, interest expenses, or fines and penalties
- Fundraising expenses
- Gift cards, money orders, or cash payments over \$500
- Duplicate reimbursement of costs and services received from other sources

Recourse if a Claim is Adjusted or Rejected

If documentation submitted to support a claim is not sufficient, OCFS will send a claim adjustment/rejection letter to the organization. The letter will list the cause of the adjustment or rejection to permit the vendor to resolve the issue and submit a new claim.

Prior to submitting a new claim, all items identified within the claim adjustment/rejection letter should be addressed to ensure the second claim will be processed successfully.

Closing the Contract

At the end of the contract, if all expenses have been claimed but there are unused funds, in accordance with the contract, an individual with the authority to bind the organization, i.e., contract signatory, executive director, or chief financial officer should notify the contract manager at OCFS in writing that no additional expenses will be claimed so the contract may be closed.

If an advance was issued by OCFS under the contract and the advance has not been fully offset by claims made on the contract, a check for the balance of the advance must be sent to OCFS. Failure to do so may result in the organization being placed on Fiscal Sanctions.

A check listing the contract number should be submitted to:
New York State Office of Children and Family Services
Bureau of Contract Management, Attention: Contract Cash Receipts
52 Washington Street, Room 202 South Building
Rensselaer, NY 12144

Fiscal Sanctions

A fiscal sanction is defined as an action placed against a contractor when fiscal requirements of a contract or agreement are not being met or when the contractor is not in compliance with an applicable law, rule, regulation, guideline, policy, and/or procedure.

The placement by OCFS of a contractor on fiscal sanction will suspend all contractor transactions with OCFS including payment of claims for the current contract and all other contracts, including processing of amendments, applications and new contracts.

If a fiscal sanction is not resolved, the contractor may also be referred to the Attorney General's Civil Recovery Bureau and may prompt a review of vendor responsibility.

A fiscal sanction may be imposed for a variety of reasons, including but not limited to the following:

- Failure to account for funds issued as an advance
- Failure to refund money owed due to fiscal irregularities revealed by an audit or investigation
- Program monitoring reveals that requirements of the contract/agreement are not being met, and funds are owed to OCFS

Section 2: OCFS Excel Expenditure Claim Report

Excel Worksheet

Once the **Expenditure Claim Report** is opened, tabs to access each sheet within the document are located at the bottom of the worksheet.

The Summary Page is a high-level overview of all expenditures under the contract and amounts entered within this form must match with the amounts claimed within the Grants Gateway. Instructions for completing each budget category are provided below. Only complete the budget categories being claimed and within the approved contract budget.

Tabs for Expenditure Claim Report Worksheets

Summary Page	Salary	Fringe	Contractual Services	Travel	Equipment	Space Property Rent	Space Property Own	Utilities	Operating Expense
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Summary Page: Expenditure Claim Report

Expenditure Claim Report Summary Page			
Organization Name:			
Contract Number:			
Report Period of Claim:			
Category of Expense	Total Cost	Other Funds Used	Amount Chargeable to Contract
1. Personal Services			
a) Salary	\$0.00	\$0.00	\$0.00
b) Fringe	\$0.00	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00	\$0.00
2. Non Personal Services			
a) Contractual Services	\$0.00	\$0.00	\$0.00
b) Travel	\$0.00	\$0.00	\$0.00
c) Equipment	\$0.00	\$0.00	\$0.00
d) Space/Property - Rental	\$0.00	\$0.00	\$0.00
e) Space/Property - Owned	\$0.00	\$0.00	\$0.00
f) Utilities	\$0.00	\$0.00	\$0.00
g) Operating Expenses	\$0.00	\$0.00	\$0.00
h) Other	\$0.00	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00

Field Name and Description

Organization Name: The organization's name as it appears on the contract

Contract Number: Enter the 22-digit Grants Gateway contract number at the top of the contract. It starts with CFS01.

Report Period of Claim: The period of time during which expenses occurred. The end date of the claim period should be on or before the date that the claim is submitted.

Column Name and Description

Total Cost: Total cost of expenses incurred for the claim period submitted

Other Funds Used: List other grants or funding sources to fund the project.

Amount Chargeable to Contract: Enter the amount being charged to the contract.

Salary Expenditures

Personal Services - Salary Expenditures							
Payment Type: For payments made with a check, the check number must be included.*							
Payment Method Check* (CK), Direct Deposit (DD) or Electronic Payment (ACH, EFT)	Payment Date	Employee Name	Payroll Period		Employee Title	Gross Amount	Amount Chargeable to Contract
			From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Employee Name: The name of employee who was paid

Payroll Period: Enter the start and end date of the service period from the payroll ledger.

Employee Title: The job title of employee who was paid

Gross Amount: Enter the total amount of employee compensation for the payroll period.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Fringe Expenditures (health insurance, payroll taxes, 401K)

Personal Services - Fringe Expenditures							
Payment Type: For payments made with a check, the check number must be included.*							
Payment Method Check* (CK), Direct Deposit (DD) or Electronic Payment (ACH/EFT)	Payment Date	Payee	Payroll Period		Item Description	Gross Amount	Amount Chargeable to Contract
			From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Payee: Enter the name of the business (e.g., The Hartford, Oxford, IRS, NYS Insurance, ADP) that was paid.

Payroll Period: Enter the invoice date or period of service from the invoice.

Item Description: Enter a description of the item that was purchased (e.g., FICA, unemployment).

Gross Amount: Enter the total amount of payment made.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Contractual Services Expenditures

Non Personal Services - Contractual Services Expenditures							
Payment Type: For payments made with a check, the check number must be included.*							
Payment Method Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)	Payment Date	Vendor Payee person or business that received payment	Contractual Service Period		Item Description	Total Amount of Payment	Amount Chargeable to Contract
			From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Vendor Payee: Enter the name of the business/individual that was paid.

Contractual Service Period: Enter the invoice date or period of service from the invoice.

Item Description: Enter a description of the item that was purchased.

Total Amount of Payment: Enter the total amount of payment made.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Travel Expenditures

Non Personal Services - Travel Expenditures							
Payment Type: For payments made with a check, the check number must be included.*							
Payment Method Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)	Payment Date	Payee	Travel Period		Travel Description	Total Amount of Payment	Amount Chargeable to Contract
			From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Payee: Either the name of the traveler or the name of the vendor (e.g., Holiday Inn) that was paid.

Travel Period: The start and end dates of travel

Travel Description: Describe the purpose for travel and method of travel (e.g., Home Visit seminar, train)

Total Amount of Payment: Enter the total amount of payment made.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Equipment Expenditures

Non Personal Services - Equipment Expenditures							
Payment Type: For payments made with a check, the check number must be included.*							
Payment Method	Payment Date	Invoice Number	Invoice Date	Payee	Item Description	Total Amount of Payment	Amount Chargeable to Contract
Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)							

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Invoice Number: Located on the equipment purchase invoice

Invoice Date: Located on the equipment purchase invoice

Payee: The name of the company to be paid, which must match the company name on the invoice.

Item Description: Description that matches the approved items in the contract budget.

Total Amount of Payment: Enter the total amount of payment made.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Space/Property Rented Expenditures

Non Personal Services - Space/Property Rented Expenditures								
Payment Type: For payments made with a check, the check number must be included.*								
Payment Method	Payment Date	Invoice Number	Payee	Service Period		Item Description	Total Amount of Payment	Amount Chargeable to Contract
Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)				From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Invoice Number: Located on the invoice.

Payee: The name of the company to be paid, which must match the company name on the invoice.

Service Period: The period of time when service was provided

Item Description: Description that matches the approved items in the contract budget

Total Amount of Payment: Enter the total amount of payment made.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Space/Property Owned Expenditures

Non Personal Services - Space/Property Owned Expenditures								
Payment Type: For payments made with a check, the check number must be included.*								
Payment Method Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)	Payment Date	Invoice Number	Payee	Service Period		Item Description	Total Amount of Payment	Amount Chargeable to Contract
				From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Invoice Number: Located on the invoice

Payee: The name of the company to be paid, which must match the company name on the invoice

Service Period: The period of time when service was provided.

Item Description: Description that matches the approved items in the contract budget

Total Amount of Payment: Enter the total amount of payment made.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Utilities Expenditures

Non Personal Services - Utilities Expenditures								
Payment Type: For payments made with a check, the check number must be included.*								
Payment Method Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)	Payment Date	Invoice Number	Payee	Service Period		Item Description	Total Amount of Payment	Amount Chargeable to Contract
				From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Invoice Number: Located on the invoice

Payee: The name of the company to be paid, which must match the company name on the invoice.

Service Period: The period of time when service was provided

Item Description: Description that matches the approved items in the contract budget

Total Amount of Payment: Enter the amount that was paid.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Operating Expenditures

Non Personal Services - Operating Expenditures								
Payment Type: For payments made with a check, the check number must be included.*								
Payment Method	Payment Date	Invoice Number	Payee	Service Period		Item Description	Total Amount of Payment	Amount Chargeable to Contract
Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)				From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Invoice Number: Located on the invoice

Payee: The name of the company to be paid, which must match the company name on the invoice

Service Period: The period of time when service was provided

Item Description: Description that matches the approved items in the contract budget

Total Amount of Payment: Enter the amount that was paid.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

Other Expenditures

Non Personal Services - Other Expenditures								
Payment Type: For payments made with a check, the check number must be included.*								
Payment Method	Payment Date	Invoice Number	Payee	Service Period		Item Description	Total Amount of Payment	Amount Chargeable to Contract
Check* (CK), Credit Card (CC), Debit Card (DC) or Electronic Payment (ACH/EFT)				From	To			

Field Name and Description

Payment Method: Enter the method of payment. Must be check (CK), direct deposit (DD) or electronic payment (Automated Clearing House (ACH), Electronic Fund Transfer (EFT)).

Payment Date: Enter the payment date on the check. **Do not** enter the date that the check was posted.

Invoice Number: Located on the invoice

Payee: The name of the company to be paid, which must match the company name on the invoice

Service Period: The period of time when service was provided

Item Description: Description that matches the approved items in the contract budget

Total Amount of Payment: Enter the amount that was paid.

Amount Chargeable to Contract: Enter the amount being claimed against the contract.

After completing the form, scan and save it on the computer as a pdf file. Instructions to upload this and other required documents into the Grants Gateway is provided in Section 4 of this document.

Section 3: OCFS Grants Gateway Legislative Project Report

Instructions

To complete the **Project Report**, briefly describe the activities completed to date in support of the objectives and tasks outlined within the approved contract under *Attachment C: Work Plan Detail*.

- Information provided should be a short summary of the grant objectives/goals.
- If extra space is needed, please attach additional sheets of paper and label each with the appropriate objective and task number referenced.
- **Do not** complete the Progress Report within the Grants Gateway.

Objective # 1
Task 1.1
Results of Task/ Performance Measures Met:
Task 1.2
Results of Task/ Performance Measures Met:

Documenting Accomplishments

To document accomplishments, please include with the **Project Report**: newspaper article(s), flyers, sign-in sheets, newsletters, or publicity materials produced in relation to the grant.

Staffing Changes

Personnel changes are required to be noted on page three of the **Project Report** under Staffing Changes. If OCFS is not notified of changes in staff funded by a grant contract, claimed expenses may be rejected.

OCFS Grants Gateway Legislative Project Report
Staffing Changes If there has been a change in the personnel funded by the contract, the change is required to be explained here or costs claimed may be disallowed.

Contract Closure

At the end of the grant, on page 3 of the **Project Report** all grantees are required to submit a statement to address the results of the project. The final claim will not be paid until this information is submitted.

Results of the Project

- This section is required at the end of the Project -

1. Have the goal and objectives as outlines in the contract been achieved? (If not, please explain.)

2. Were there any barriers to completing the project? (If yes, describe.)

Page 3 of 3

Document Submission

After completing the form, scan it and save it as a pdf file.

Instructions to upload this and other required documents into Grants Gateway are provided in section 4 of this document.

Section 4: Claim Submission in Grants Gateway

This document contains step by step instructions for completing and submitting a claim to OCFS for a legislative contract in Grants Gateway. Follow the steps below to complete and submit a claim for reimbursement.



Note: In the Grants Gateway, the term “payment” is used interchangeably with the OCFS term “claim for reimbursement.” Once a claim is submitted, additional actions against the contract are not permitted until the claim is processed. If a contract modification is initiated while a claim is in process, it will stop the claim from being paid.

Logging into the Grants Gateway

Login Alert!

- To initiate a payment/claim request, one of the four Grants Gateway roles highlighted below should be used to log in. Note that the Grantee Payment Signatory is the only role that has authority to submit the payment/claim request.

Roles and Permissions for Payment Processing Tasks					
Login Role	Initiate Payment Request	Add/Edit Payment Request	Upload Document(s)	Certify and Submit Payment Request	Payment Status View Only
Grantee Delegated Administrator					✓
Grantee	✓	✓	✓		
Grantee Contract Signatory	✓	✓	✓		
Grantee Payment Signatory	✓	✓	✓	✓	
Grantee System Administrator	✓	✓	✓		
Grantee View Only					✓

- Open Internet Explorer, enter the Grants Gateway URL in the **Address** bar, and press the **Enter** key. The Grants Gateway address/URL is: <https://grantsgateway.ny.gov>
The **Grant Opportunity Portal** page displays.
- Click the **Grants Gateway Login** link in the top left corner of the window.



4. Log in using a Grants Gateway **User ID** and **Password**.



A login form titled "Login" with fields for "Username" and "Password". Below the fields is a blue "LOGIN" button and a green link for "Forgot Password?".

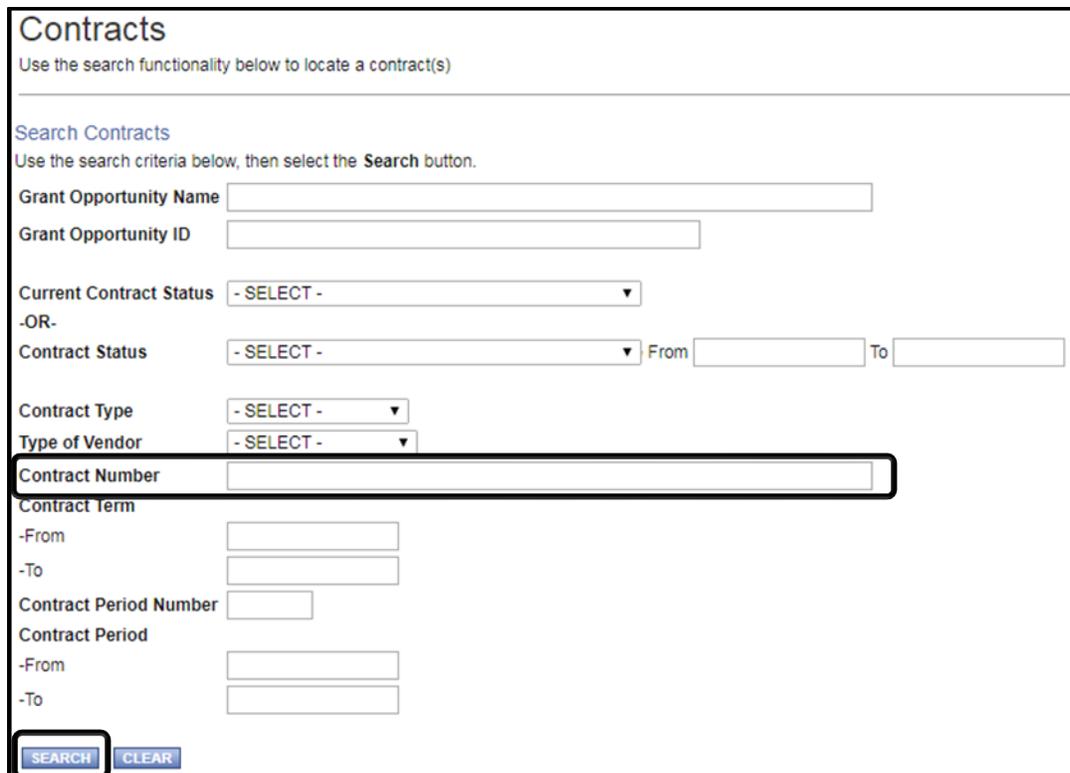
Initiating a Claim

5. Click the **Contracts** link at the top of the page.



The **Contracts** page displays.

6. Enter the contract number in the **Contract Number** field. Click the **Search** button.



The "Contracts" search page. It includes a heading "Contracts" and a sub-heading "Use the search functionality below to locate a contract(s)". Below this is a "Search Contracts" section with instructions: "Use the search criteria below, then select the Search button." The search criteria include: Grant Opportunity Name, Grant Opportunity ID, Current Contract Status (dropdown), Contract Status (dropdown) with "From" and "To" date fields, Contract Type (dropdown), Type of Vendor (dropdown), Contract Number (text input, highlighted with a red box), Contract term (From/To date fields), and Contract Period (From/To date fields). At the bottom are "SEARCH" and "CLEAR" buttons.

The **Search Results** display at the bottom of the page.

7. The contract is listed under the Search Results. Click the **Application Number** link to the left of it.

Search Results

Export Results to Screen Sort by: Application Number GO

Number of Results 1

Application Number	Contract Number	Contract Type	Organization Legal Name	Term From/To	Period #	Period From/To	Contract Status	Contract Amount
CFS01-CFS001-2018-00002	CFS01-T00452GG-3400000	Multi-Year	Lou NFP	12/01/2018-11/30/2020	1	12/01/2018-11/30/2019	Contract Executed	\$30,000.00

The **Contract Main Page (Grantee)** displays.

8. Hover over the **Progress Reports and Related Documents** link and choose **Initiate a Payment** from the pop-up menu.

Document Information: [CFS01-CFS001-2018-00002](#)

CONTRACT MAIN PAGE (GRANTEE)

Contract Properties

Contract Number	Contract Term From	Contract Term To
CFS01-T00452GG-3400000	12/01/2018	11/30/2020

Period 1: [12/01/2018-11/30/2019](#)

Related Documents

- Initiate a/an Payment
- Initiate a/an Progress Report
- [INVCF01-T00452GG-3400000-001](#)
- [INVCF01-T00452GG-3400000-002](#)

Related Messages

There are no available related messages at this time.

The **Payment Main Page** displays.

9. Hover over the **Forms Menu** link and choose **Payment Properties** from the pop-up menu.

Document Information

Parent Information:

PAYMENT MAIN PAGE

Contract Properties

Contract Number
CFS01-T00452GG-3400000

Payment Summary

Period 1

Payment Type

Forms Menu

Status	Page Name	Note
	Payment Forms Menu	
	Payment Properties	
	Overview and Notes	
	Notes	

The **Payment Properties** page displays.

10. Complete all fields listed below.

- **Payment Type**
- **Final Payment**
- **Payment Period:** Dates must be within the contract's "From" and "To" dates
- **Payment Method:**
 - OSC will reject the claim if ACH is not selected as the payment method.
 - If ACH is not available as an option, use the SFS Vendor Portal to update the Vendor ID information prior to submitting the claim.
 - If rejected, the claim must be entered again along with all supporting documentation.
- **Payment Address**

PAYMENT PROPERTIES

Instructions:

1. Select a **Payment Type**.
2. Complete the required fields below.
3. Select the **Save** button to save.
4. Return to the **Forms Menu** by clicking the link above to complete the Payment information.

Payment Type* Claim
 Advance
 State Payment Types

Final Payment Yes No*

Payment Period From * To *

Payment Method MAINEPAY - ACH - MAINEPAY ▼

Payment Address 1019 WICKER ST, TICONDEROGA, NY 12883 ▼*

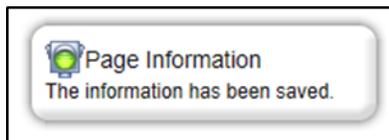
Payment IRS Code ▼

11. Click the **Save** button in the top right corner of the page.



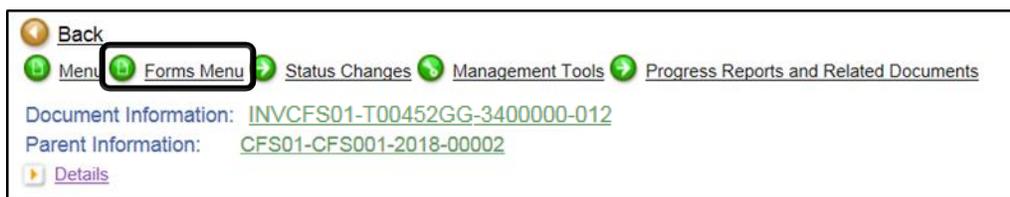
When the **Save** button is clicked, it will change and read "**Processing...**" until Grants Gateway has completed saving the information.

12. Wait for the **Page Information** icon to display in the top left corner of the page.



Completing the Unitemized Expenditure Claim Detail Page

13. Click the **Forms Menu** link.



The **Forms** page displays.

14. Click the **Unitemized Expenditure Claim Detail** link.

Payments Menu - Forms
Please complete all required forms below.

Document Information: [INVCFS01-T00452GG-3400000-012](#)
Parent Information: [CFS01-CFS001-2018-00002](#)
[Details](#)

Forms

Status	Page Name	Note	Created By	Last Modified By
	Payment Forms Menu			
	Payment Properties		Grant System 12/3/2018 3:28:15 PM	Gwen Weinstock 12/3/2018 3:29:42 PM
	Unitemized Expenditure Budget Claim Payment			
	Unitemized Expenditure Claim Detail		Grant System 12/3/2018 3:28:15 PM	

The **Unitemized Expenditure Claim Detail** page displays.

15. In the **Grant Funds** section, in the **Expenditures for this Report – Grant Funds** column, enter the funds to be claimed for each category.

Grant Funds					
Category of Expense	Approved Budget		Expenditures for this Report	Current Cumulative Expenditures	Audit
	Grant Funds	Previous Cumulative Expenditures Grant Funds	Grant Funds	Grant Funds	Grant Funds
Salary	\$20,000.00	\$1,954.00	\$0.00	\$1,954.00	\$0.00
Fringe	\$5,000.00	\$	\$0.00	\$0	\$0.00
Contractual Services	\$0.00	\$	\$0.00	\$0	\$0.00
Travel	\$5,000.00	\$	\$0.00	\$0	\$0.00
Equipment	\$0.00	\$	\$0.00	\$0	\$0.00
Space/Property Rent	\$0.00	\$	\$0.00	\$0	\$0.00
Space/Property Own	\$0.00	\$	\$0.00	\$0	\$0.00
Utilities	\$0.00	\$	\$0.00	\$0	\$0.00
Operating Expenses	\$0.00	\$	\$0.00	\$0	\$0.00
Other Expenses	\$0.00	\$	\$0.00	\$0	\$0.00
Total	\$30,000.00	\$1954.00	\$0	\$1954.00	\$0

16. Complete the following steps only if applicable:

- In the **Match Funds** section, in the **Expenditures for this Report – Match Funds** column, enter the matching funds for each expenditure category.
- Enter any comments in the **Vendor Comments** field.

Match Funds					
Category of Expense	Approved Budget		Expenditures for this Report	Current Cumulative Expenditures	Audit
	Match Funds	Previous Cumulative Expenditures Match Funds	Match Funds	Match Funds	Match Funds
Salary	\$0.00	\$	\$0.00	\$0	\$0.00
Fringe	\$0.00	\$	\$0.00	\$0	\$0.00
Contractual Services	\$0.00	\$	\$0.00	\$0	\$0.00
Travel	\$0.00	\$	\$0.00	\$0	\$0.00
Equipment	\$0.00	\$	\$0.00	\$0	\$0.00
Space/Property Rent	\$0.00	\$	\$0.00	\$0	\$0.00
Space/Property Own	\$0.00	\$	\$0.00	\$0	\$0.00
Utilities	\$0.00	\$	\$0.00	\$0	\$0.00
Operating Expenses	\$0.00	\$	\$0.00	\$0	\$0.00
Other Expense	\$0.00	\$	\$0.00	\$0	\$0.00
Total	\$0	\$0.00	\$0	\$0.00	\$0

Vendor Comments

0 of 250

17. If logged in as the Grantee Payment Signatory, complete the Payee Certification by clicking the **Accept** radio button and continuing to step 18. If NOT logged in as the **Grantee Payment Signatory**, skip this step and continue to step 18, below.

Payee Certification:
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Accept

Signatory's Name:
Title:
Date:

Audit Comments

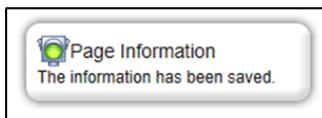
0 of 250

18. Click the **Save** button at the top right corner of the page.



When the **Save** button is clicked, it will change and read “**Processing...**” until Grants Gateway has completed saving the information.

19. Wait for the **Page Information** icon to display in the top left corner of the page.



Uploading Supporting Documentation

Upload all claim paperwork and documentation to support expenses claimed (e.g., receipts, invoices, quotes, etc.).

Uploads should include the following:

1. OCFS Grants Gateway Legislative Project Report
2. OCFS Expenditure Claim Report – Summary Page and all applicable budget categories
3. Financial documentation to support all expenses claimed

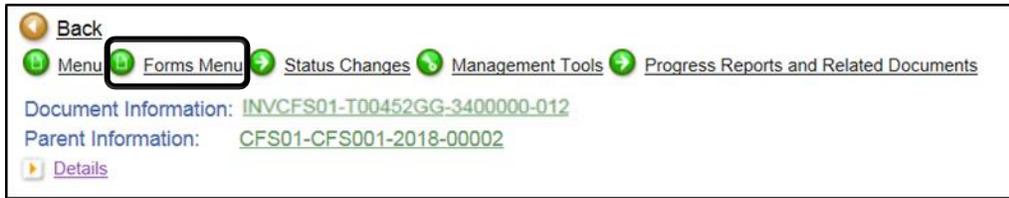
Note: To reduce errors in the submission process, the Excel Spreadsheet budget category page being claimed should be used as the cover page for the referenced supporting documentation submitted.

Important Notes:

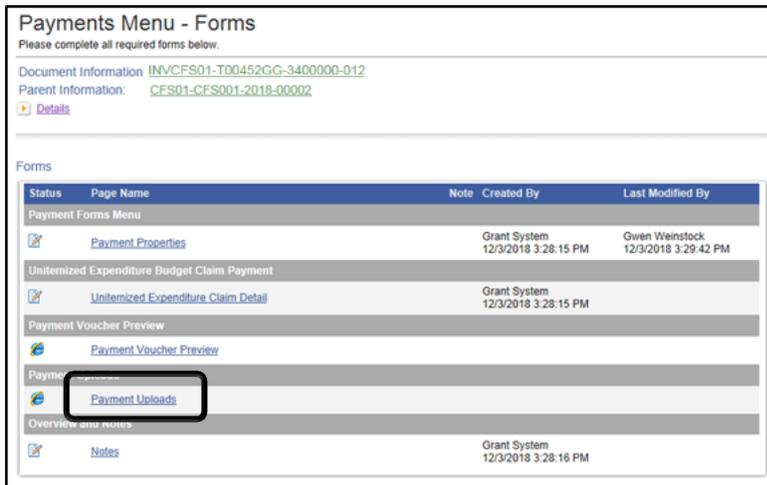


- The Grants Gateway requires documents be uploaded in pdf format.
Steps to make convert a document to PDF:
 - Scan each expenditure category worksheet, followed by the required documents. For example, scan the Personal Services – Salary Expenditures worksheet and the payroll ledgers.
 - Save the scanned document with the name of the expenditure category, e.g., Salary Expenditures.
 - Upload the pdf in steps 20 thru 27 below.
- Documents cannot be password protected.
- Each pdf file can be no larger than 10 MB, which is equal to approximately 260 pages. If the file size is over 10 MB, divide it in half and upload as two separate documents.

20. At the top of the page, click the **Forms Menu** link.



21. Click the **Payment Uploads** link.

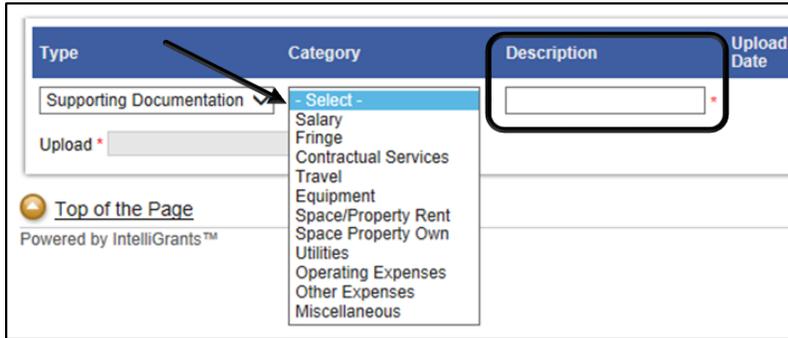


22. In the **Category** column, click the pulldown to view a list of expenditure categories.



23. Complete the following steps:

- Click the **Category** in which expenses are being claimed. If claiming expenses for more than one category, choose a category now and complete steps 23 thru 27, then complete steps 22 thru 27 for additional categories.
- In the **Description** column, enter a short description of the document being uploaded (up to 140 characters).
- Upload the **OCFS Grants Gateway Legislative Project Report** under the Miscellaneous category.

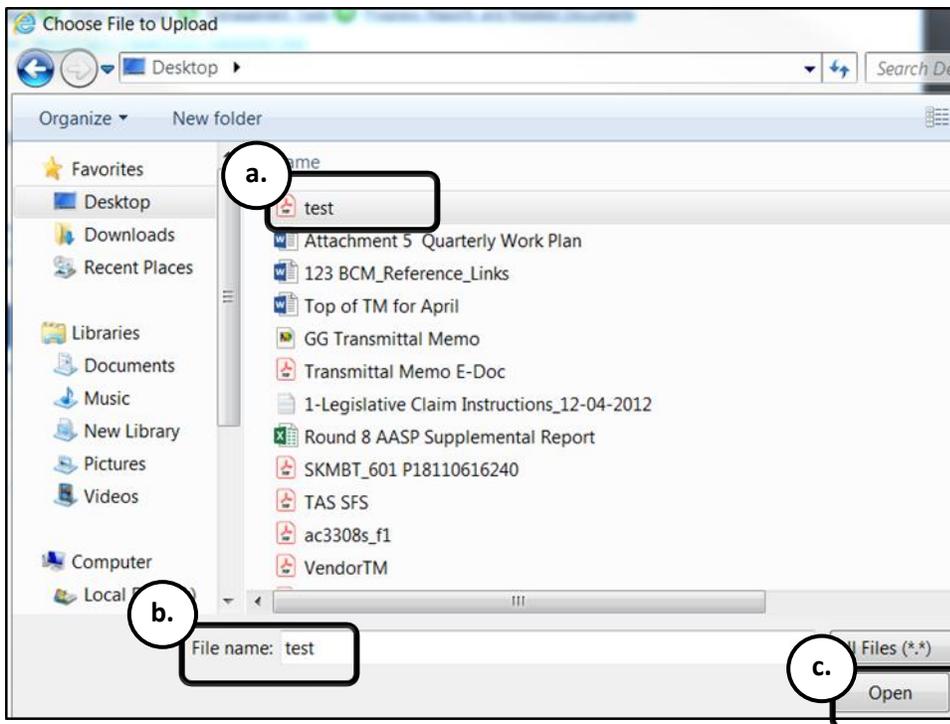


24. To the right of Upload, click the **Browse** button.



25. Follow the steps below to upload a file into Grants Gateway:

- a. Navigate to the file on the computer that will be uploaded. The **test** file is used in the example below. **Single click on the file.**
- b. The file name will display in the **File name** field.
- c. Click the **Open** button.



The file will display in the **Upload** field on the **Payment Uploads** page in Grants Gateway, as shown below.

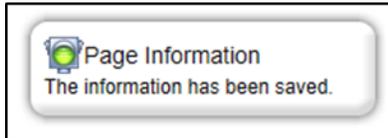


26. Click the **Save** button at the top right corner of the page.



When the **Save** button is clicked, it will change and read “**Processing...**” until Grants Gateway has completed saving the information.

27. Wait for the **Page Information** icon to display in the top left corner of the page.



A **View File** link will appear below the Upload field. To view the uploaded file, click on the document.

After a document upload is complete, an additional row will appear as shown below. If needed, follow steps 22 thru 27, above, to upload and save an additional document.

Type	Category	Description	Upload Date	Uploaded By	Display In Voucher	Delete
Supporting Documentation	Salary	salary documentation	12/05/2018 3:03 PM	Vendor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
View File						
Supporting Documentation	- Select -				<input checked="" type="checkbox"/>	
Upload		Browse...				

Note: If needed, an uploaded document can be deleted by clicking the **Delete** checkbox, then the **Save** button before a payment request is submitted. Once a payment request is certified and submitted, the uploaded document cannot be deleted.

If logged in with the Grantee Payment Signatory role, complete the Payee Certification in step 17, continue to steps 37 thru 40, below, to submit the claim.

If logged in with any other role, please log out now. The Grantee Payment Signatory must login and complete the **Payment Certification and Submission** below.

Payment Certification and Submission

Payment certification and submission must be done using the role of Grantee Payment Signatory.

1. To access the completed payment request via the Payment link on the Main Page.

Click the **Payments** link at the top of the page.



The **Payments** page displays.

2. Complete the following steps to locate the contract payments:

- Enter the **Contract Number** within the search field.
- Click the **Search** button.

Search Payments
Use the search criteria below, then select the Search button.

Grant Opportunity Name

Grant Opportunity ID

Current Payment Status

-OR-

Payment Status From To

Payment Number

SFS Payee Name

Contract Number

Contract Period Number

Contract Period From To

SFS Document Number

Payment Type

Reporting Period From To

Check Number

Payment Date

Final Claim

SEARCH **RESET**

The Search Results will display at the bottom of the page.

3. Under the **Search Results**, look in the **Payment Number** column and click the payment to certify and submit.

Search Results

Export Results to Sort by:

Number of Results 18

Payment Number	Contract Number	Payment Type	Organization Legal Name	Reporting Period From/To	Period #	Period From/To	Status
INVCFS01-T00452GG-3400000-001	CFS01-T00452GG-3400000	Claim	Lou NFP	12/11/2018 - 12/21/2018	1	12/01/2018 - 11/30/2019	Payment Complete
INVCFS01-T00452GG-3400000-002	CFS01-T00452GG-3400000	Claim	Lou NFP	12/11/2018 - 12/24/2018	1	12/01/2018 - 11/30/2019	Payment Calculation and Coding
INVCFS01-T00452GG-3400000-003	CFS01-T00452GG-3400000	Advance	Lou NFP	12/03/2018 - 12/27/2018	1	12/01/2018 - 11/30/2019	Payment In Process

The **Payment Main Page** displays.

4. Click the **Forms Menu** link at the top of the page.

Document Information: [INVCFS01-T00452GG-3400000-012](#)

Parent Information: [CFS01-CFS001-2018-00002](#)

The **Payment Menu – Forms** page displays.

5. Click the **Unitemized Expenditure Claim Detail** link.

Payments Menu - Forms

Please complete all required forms below.

Document Information [INVCFS01-T00452GG-3400000-012](#)

Parent Information: [CFS01-CFS001-2018-00002](#)

Forms

Status	Page Name	Note	Created By	Last Modified By
	Payment Forms Menu			
	Payment Properties		Grant System 12/3/2018 3:28:15 PM	Gwen Weinstock 12/3/2018 3:29:42 PM
	Unitemized Expenditure Budget Claim Payment			
	Unitemized Expenditure Claim Detail		Grant System 12/3/2018 3:28:15 PM	

The completed **Unitemized Expenditure Claim Detail** page displays.

6. Review the claim detail.

7. If the submission is complete and accurate, use the scroll bar on the right side of the page to scroll down to the **Payee Certification** section.

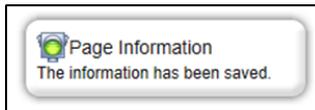
After reading and affirming that the bill to be submitted is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded - click the **Accept** radio button.

8. Click the **Save** button at the top right corner of the page.



When the **Save** button is clicked, it will change and read “**Processing...**” until Grants Gateway has completed saving the information.

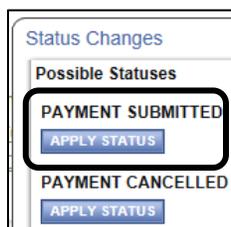
9. Wait for the **Page Information** icon to display in the top left corner of the page.



10. Hover over the **Status Changes** link until a list of possible statuses displays.



11. Click the **Payment Submitted – Apply Status** button.



The **Agreement** page displays.

12. Click the **I Agree** button.

Agreement

Please make a selection below to continue.

By clicking the **I Agree** button below, I certify that the information provided is just, true, and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are included.

The **Payment Main Page** displays, as shown below.

PAYMENT MAIN PAGE

[Contract Properties](#)

Contract Number	Contract Term From	Contract Term To	Contract Type
CFS01-T00452GG-3400000	12/01/2018	11/30/2020	Multi-Year

[Payment Summary](#)

Period 1	12/01/2018 - 11/30/2019
Payment Type	Claim
Initial Received/Generated Date	12/10/2018
Payment Period	12/19/2018 - 12/27/2018
Requested Payment Amount	\$10.00
Audited Payment Amount	
Total Adjustments	
Net Payment Amount	

Payment Reports

 [Payment Schedule Report](#)

13. Click the **Logout** link in the top right corner of the page to exit Grants Gateway.



Section 5: Submitting the Hard Copy Claim to OCFS

All claim forms and supporting documentation submitted via the Grants Gateway are required to also be mailed to the Office of Children and Family Services.

Documentation submitted should include the following:

1. Expenditure Claim Report – Summary Page and all applicable budget categories
2. OCFS Gateway Legislative Project Report
3. Financial documentation to support all expenses claimed

Address for Submission:

New York State Office of Children and Family Services
Bureau of Contract Management
52 Washington Street, 202 South
Rensselaer, NY 12144-2796