

Payment Request on GMS

Grantee

Have all your support documents ready to upload into the Grants Management System (GMS).

1. Log into GMS and click on My Grants



2. Click on the Project Title that your payment request is for

	Help 🌄 Log	Out	Sack 🥘	Print 🦛 Add 💢 Dele	te 🛃 Edit 📙 Save
🚱 Grant Ti	racking				
~	-				
Current Gran	ts			Search My Grants C	Closed Grants Claims
ants in the statu	s Underway or Suspen	ded appear on this list. To view other Grants, click			
ID Status	Year	Project Title	Program Area	Grant Administrator	Awarded Amount
2401 Underway	2020 rigo testing		Test Program	Agie Jordan III	\$252,150.0
2450 Underway			Test Program	Agie Jordan III	\$50,000.00
	2020 Dec 30 testi		Test Program	Frederick Chung	\$36,769.00
		Rec Area Gen Land Development 70805 v2	Proposition A	Agie Jordan III	\$0.0
990 Underway	2019 0069 K.Hahr	Rec Area Gen Land Development 70805	Proposition A	Agie Jordan III	\$0.0
	2019 Good Stand		Test Program	Agie Jordan III	\$100.0
	2019 Cassie_Test		Test Program	Agie Jordan III	\$2,500.0
		Rec Area Gen Land Development 70805 v3	Proposition A	Agie Jordan III	\$0.0
369 Underway	2019 Workflow Te	sting 3.0	Test Program	Rigoberto Sanchez	\$202,000.0
			Test Program	Agie Jordan III	\$51,000.0
340 Underwa					
0340 Underwa 2552 Underwa	Sara Test	Claima	Test Program	Sara Keating	\$84,550.0
340 Underwa	Sara Test	Claims		Sara Keating	\$113,000.0

3. Click on Payment Requests

LOS ANGEI	.ES COUNTY REGIONA	L PARK AND OPEN SPACE DISTRICT
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🐊 Grant Tracking		
Grant: 02401 - rigo testing - 2020		
Status:	Underway	
Program Area:	Test Program	
Grantee Organization:	Test Organization - Application	
Program Officer:	Agie Jordan III	
Awarded Amount:	\$252,150.00	
Instructions		
The grant forms appear below.		
Grant Components		
	Component	Last Edited
General Information Payment Requests		01/21/2020
Status Reports Correspondence		
Budget Project Cost Form		
Opportunity		
Application		
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4. Click the **Add** icon

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🐊 Grant Tra	acking					
Grant: 02401 -	rigo testing - 2020					
	Status:	Underway				
	Program Area:	Test Program				
	Grantee Organization:	Test Organization -	Application			
	Program Officer:	Agie Jordan III				
	Awarded Amount:	\$252,150.00				
12 						
Claims					Copy Existing Claim	Return to Components
ID	Туре	Status	Date Submitted	Date Paid	Date From-To	Claim Amount
02401 - 001 02401 - 002	Reimbursement Reimbursement	Editing			01/01/2020 - 01/03/2020	\$10,750.00 \$0.00
02401 - 003	Reimbursement	Editing			01/01/2019 - 06/30/2019	\$0.00
					Submitted Amount Approved Amount	\$0.00 \$0.00
					Paid Total	\$0.00
					Total	\$10,750.00 Last Edited By:
RPOSD - WebGrar	nts				© 2001-201	Dulles Technology Partners Inc. 17 Dulles Technology Partners Inc. Grants 6.10 - All Rights Reserved.

- 5. Enter Claim General Information
 - a. Select Claim Type
 - b. Enter **Report Period** (From Date and To Date)
 - c. Click the **Save** icon

LOS ANGEL	ES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT
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🐊 Grant Tracking	
Claim General Information	
	nd the ending date of the Report Period. This is the period of coverage for this Claim.
Claim Type:*	Reimbursement v
Report Period	rom Date To Date
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6. General Information summary page will appear. Click Return to Components

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🐊 Grant Tracking			
Claim: 02401 - 004			Grant Components
Grant:	02401-rigo testing		
Status:	Editing		
Program Area:	Test Program		
Grantee Organization:	Test Organization - Application		
Program Manager:	Agie Jordan III		
Reporting Period			Return to Components
	Reimbursement		Return to components
Claim Status:*			
		02/19/2020	
Report Period	From Date	02/19/2020 To Date	
			Last Edited By: Testing Tester, 02/19/2020
RPOSD - WebGrants		0.	Dulles Technology Partners Inc. 2001-2017 Dulles Technology Partners Inc. WebGrants 6.10 - All Rights Reserved.

7. Click Payment Request

Components		Preview Submit
omplete each component of the Claim and mark it as complete. Click Submit	when you are done.	
Name	Complete?	Last Edited
eneral information	1	02/04/2020
ayment Request	×	02/19/2020
ayee Information		
upporting Documents	×	02/19/2020
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8. Measure A Only: Enter expenses into each corresponding row as determined in the submitted Budget into the Expenses This Period column then SAVE. (page may vary by Grant/Fund type)

	ANG	ELES	COUNT	Y REG	10	NAL I	PARK	AN	D OPE	N SPA	ACE DIS	TRICT
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🔉 Grant Tracking						-						
Claim: 02401 - 004											Grant Co	nponents
Grantee (Sta rogram A Drganizat	tus: Editing rea: Test P	, rogram rganization - A	pplication								
Reimbursement												
Budget Category	Details	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)	Prior Expenses (Submitted Not Paid)	Total Claim	Remaining Balance (Unclaimed)	Contract Match	Match Expenses This Period	Prior Match Expenses
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Task #1 additional playground equipment	(Start Date) (End Date)	\$500.00	\$ <u>0.00</u>	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	50.00	\$0.00
Delivery of equipment	(Start Date) (End Date)	\$250,000.00	<mark>\$0.00</mark>	\$0.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$0.00
podium	(Start Date) (End Date)	\$150.00	<mark>\$0.00</mark>	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00
promotion of park event	(Start Date) (End Date)	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00
General Requirements Budg General Requirements (SOFT COSTS)	et	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Services Budget Consultant Services (SOFT COSTS)		\$0.00	<u>\$0.00</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental Studies Budg Environmental Studies (SOFT COSTS)	et	\$0.00	<mark>\$0.00</mark>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Design Budget Design (SOFT COSTS)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contingency (Maximum of 10 Contingency (Maximum of 10%) (SOFT COSTS) Plan Check / Permits / Jurisd		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plan Check / Permits / Jurisdictional Review (HARD COSTS)		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Site Preparation Budget Site Preparation (HARD COSTS) Demolition Budget		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Demolition (HARD COSTS)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	50.00	\$0.00

9. Measure A Only: Reimbursement summary page will appear. Click Mark as Complete

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🐊 Grant Track	ing														
Claim: 02401 - 004														Grant Co	mponents
		Gra	nt: 02401-	rigo testi	ng										
		State	us: Editing												
		Program Are	a: Test Pr	rogram											
	Granter	e Organizatio	m: Test O	rganizatio	n - Applic	ation									
	Pro	gram Manag	er: Agie Jo	ordan III											
Reimbursement										Mo	rk og Con	nlata I C	o to C	laim Forms	
Reinibursement			_				Prior		-	IVIG	Match		10 10 0		
Budget Category	Details		Expenses This E Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)		Claimad	Remaining Balance Unclaimed)	Contract I Match	Expenses	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage
ask #1		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ub-Tasks															
	(Start Date) (End	\$500.00	\$100.00	\$0.00	\$100.00	\$400.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	.00%
				\$0.00	\$50,000.00	\$200,000.00	\$0.00	\$0.00	\$250,000.00	S0.00	\$0.00	\$0.00	\$0.00	\$0.00	.00%
additional playground equipment Delivery of equipment	Date) (Start Date) (End Date)	\$250,000.00	\$50,000.00												
quipment	(Start Date) (End Date) (Start Date) (End Date)	\$250,000.00 \$150.00	\$50,000.00 \$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10
quipment	(Start Date) (End Date) (Start Date) (End Date) (Start Date) (End Date)			\$0.00 \$0.00		\$150.00 \$1,400.00	\$0.00 \$0.00	\$0.00 \$0.00	\$150.00 \$1,500.00	\$0.00 \$0.00	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00	.00%

10. **Prop A ONLY:** Select the corresponding hyperlink you are requesting payment for. Enter the amount you are requesting from the section then save. Repeat for any additional sections you are requesting payment from. DO NOT SELECT ADD. Be sure to mark the form as complete.

-										
ADMIN	IISTRATION (SOFT) COS	STS								Add
	TRATION (SOFT) COSTS may ministrative Costs, Consultant S									t
Sub Task	Anticipated Reimbursement Date		RPOSD Funding	Other/Match Funding	Total Funding	Deliverable	Comments	RPOSD Balance	RPOSD AMOUN REQUESTED	
			\$0.00	\$0.00	\$0.00			\$0.00		\$0.00
DEVEL	OPMENT (HARD) COST	s								Add
DEVELO	PMENT (HARD) COSTS may in gnage Elements, Sustainability,	clude, but are			Jurisdictional f	Review, Site Pre	paration, Demolitio	on, Construction a	nd Development,	
Su	b Task Reimbursem		End RPOS Date Fundi			Dolivor	able Comment	s RPOSD Balance	RPOSD AMOU REQUESTE	
DEVELOR (HARD) C			\$300,0	00.00	\$0.00 \$300,0	00.00		\$300,000.00		\$0.00
			\$300,0	00.00	\$0.00 \$300,	000.00		\$300,000.00)	\$0.00
ACQU	SITION (HARD) COSTS									Add
Examples	include but are not limited to a	praisal, prelin	minary title report	, estimated closing c	osts, purchase	price, relocatio	n costs, title insura	ance, signage, en	vironmental clean-up	
Sub Task	Anticipated Reimbursement Date	End Date	RPOSD Funding	Other/Match Funding	Total Funding	Deliverable	comments i	RPOSD I Balance	RPOSD AMOUN REQUESTED	Т
			\$0.00	\$0.00	9	0		\$0.00		\$0.00
OTHE	R (i.e., Advanced Funds)									Add
Sub Task	Anticipated Reimbursement Date	End Date	RPOSD Funding	Other/Match Funding	Total Funding	Deliverable	Commonte '	RPOSD I Balance	RPOSD AMOUN REQUESTED	т
ruok	Reinburgement Date	Dute	\$0.00	\$0.00		0		\$0.00	REQUESTED	\$0.00

11. The claim Components page will appear. Click Payee Information

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	✓	02/04/2020
Payment Request	✓	02/19/2020
Payee Information		
Supporting Documents	~	02/19/2020
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- 12. Enter in the Payee's Information
 - a. Payee Name
 - b. Mailing Address
 - c. Download, Complete, Sign Expense Declaration form
 - d. **Upload** Expense Declaration form
 - e. Click the **Save** icon

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🐊 Grant Tracking						
Claim: 02401 - 004						
Grant:	02401-rigo testing					
Status:	Submitted					
Program Area:	Test Program					
Grantee Organization: Test Organization - Application						
Program Manager:	Agie Jordan III					
Instructions *** An Authorized Representative or Designee must complete the Expen	se Declaration Form. ***					
Payee Information						
Payee Name	RPOSD					
Mailing Address	1000 South Fremont					
	Alhambra	California 🗸	91801			
	City	State/Province	Postal Code/Zip			
Download, complete, sign, and upload the form for each payment. Expe	ense Declaration Form.					
Name of the authorized or designated signer as identified in the agency's adopted resolution or proof of jurisdiction support.	John Doe					
Upload signed Expense Declaration Form	Choose File No file chosen					

13. Payee Information summary page will appear. Click **Mark as Complete**

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À Grant Tracking				
Claim: 02401 - 004				Grant Components
Grant:	02401-rigo testing			
Status:	Editing			
Program Area:	Test Program			
Grantee Organization:	Test Organization - Application			
Program Manager:	Agie Jordan III			
Instructions				
*** An Authorized Representative or Designed	e must be the person to submit the claim i	form. ***		
Payee Information			Mark as Co	mplete Go to Claim Forms
Payee Name	RPOSD			
Mailing Address	1000 South Fremont			
	Albambra	California	91801	
	City	State/Province	91001 Postal Code/Zij	
The person authorized or designated to sign	documents per the adopted resolution or	proof of jurisdiction support m	ust submit this claim.	
I am the authorized or designated signer as identified in my agency's adopted resolution or proof of jurisdiction support.				
			Last	Edited By: Testing Tester, 02/19/2020
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14. Claim Components page will appear. Click **Supporting Documents or Project Cost Form** (name depends on funding opportunity)

Components		Preview Submit
omplete each component of the Claim and mark it as complete. Click Submi	t when you are done.	
Name	Complete?	Last Edited
eneral Information	✓	02/04/2020
ayment Request	×	02/19/2020
ayee Information		
upporting Documents	~	02/19/2020
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15. Click the **Add** icon for each section to upload documents where necessary (form may vary sections by grant/fund type)

General Requirements - S Grantees are allowed reimburseme submission. Mileage Claim Reimbursement Fo	nt for all actual miles driven	for project performar		w Version Mark as Com ed to the grant project, subject to t		
Grantee costs that pertain to accou Grantee Labor Report PDF and E		gement, or services d	lirectly related to the work	k included in the grant agreement.		
Warrant Number	Warrant Date	Recipient	Description	Budget Line Item	Amount	Attachment
					\$0.00	
Consultant Services - Sof	Consultant Services - Soft Costs Add					
Warrant Number	Warrant Date	Recipient	Description	Budget Line Item	Amount	Attachment
					\$0.00	
Environmental Studies - S	Soft Costs					Add
Warrant Number	Warrant Date	Recipient	Description	Budget Line Item	Amount	Attachment
					\$0.00	
Design - Soft Costs						Add
Warrant Number	Warrant Date	Recipient	Description	Budget Line Item	Amount	Attachment
					\$0.00	
Plan Check/Permits/Jurisdiction Review - Soft Costs Add					Add	
Warrant Number	Warrant Date	Recipient	Description	Budget Line Item	Amount	Attachment
					\$0.00	

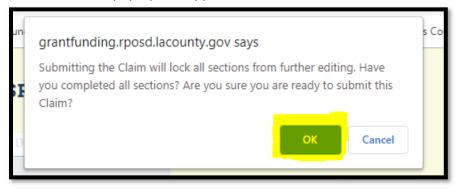
- 16. Enter data. (* is a required field otherwise you will not be able to edit later)
 - a. Once all supporting documents have been uploaded, Mark the form as complete

Consultant Services - Soft Costs	
Warrant Number*	
Warrant Date	mm/dd/yyyy
Recipient	
Description	
Budget Line Item	
Amount	\$0.00
Attachment	Choose File No file chosen

- 17. Claim/Reimbursement Components will appear. All rows must have a checkmark to successfully submit the payment request. Once verified:
 - a. Click **Preview** to see a summary or
 - b. Click **Submit** to complete the payment request

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🐊 Grant Tracking			
Claim: 10005 - 003			Grant Components
Grant:	10005-Urban Parks Technical Assistance	Program	
Status:	Editing		
Program Area:	Measure A		
Grantee Organization:	Community Nature Connection		
Program Manager:	Ani Yeghiyan		
Components			Preview Submit
Complete each component of the Claim and n	nark it as complete. Click Submit when you are done.		
Nam	le	Complete?	Last Edited
General Information		×	02/04/2020
Payment Request		×	02/19/2020
Payee Information Supporting Documents		~	02/19/2020
Supporting Documents			02102020

c. A confirmation pop up will appear. Click OK



18. Claim Submitted Confirmation page will appear

LO	DS ANGELES COUNTY	REGIONAL PARK AND OPEN SPACE DISTRICT
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À Claims		
Claim Submitted C	Confirmation	
You have successfully submitted your Claim numbered [004]. We have received your Claim for review. Click here to print claim.		