

Step 1- Reimbursement Requests

▶ Created

Central Data						
Application Name	Revision	Status	Date	Actions		
Central Data Collection	Amendment 1	Final Approved	8/6/2015	Open	Amend	Delete Application

Consolidated Plan							
Application Name	Revision	Status	Date	Actions			
Comprehensive District Academic Improvement Plan	Original Application	Not Submitted		Open	Amend	Review Summary	Delete Application
▶ Schoolwide Program							

Formula Grant								
Application Name	Revision	Status	Date	Actions				
Consolidated Application	Original Application	Submitted For Review	6/25/2015	Open	Amend	Payments	Review Summary	Delete Application
IDEA Part B Application	Original Application	Submitted For Review	6/25/2015	Open	Amend	Payments	Review Summary	Delete Application

1. Click on the payments button to begin reimbursement process.

Discretionary Grant
 There currently aren't any Discretionary Grant applications created.

Competitive Grant
 There currently aren't any Competitive Grant applications created.

Maintenance of Effort
 There currently aren't any Maintenance of Effort applications created.

Continuation Grant						
Application Name	Revision	Status	Date	Actions		
▶ Title IVB - 21st Century Continuation Grants						

Non Funded
 There currently aren't any Non Funded applications created.

▶ Available

Central Data					
There currently aren't any Central Data applications available.					

Consolidated Plan					
▶ Schoolwide Program					Submissions due by 7/1/2015
▶ Targeted Assistance Program					Submissions due by 7/1/2015

Formula Grant					
Carl Perkins			Submissions due by 7/1/2015		Create
McKinney-Vento Homeless			Submissions due by 7/1/2015		Create

Step 2- Reimbursement Requests



Applicant: 001 Belle Fourche

Application: 2015-2016 21st Century Continuation - A0-Belle Fourche - ES and HS

Project Period: 7/1/2015 - 6/30/2016

Printer-Friendly
[Click to Return to GMS Access/Select Page](#)
[Click to Return to Menu List / Sign Out](#)

Payment Summary

[Click for Instructions](#)

Vendor 1205536601 01

[View Reimbursement Requests/Expenditure Reports](#)

Payment Summary as of 8/26/2015

	TitleIVB-21stCenturyCont
Current Grant Year Allocation	\$150,000
(+/-) Adjustments	\$0
(+/-) Consortiums	\$0
(+/-) Transfers	\$0
Total Funds Available	\$150,000
Approved Budget --Original Application	\$150,000
Anticipated Payments	
Auto-Scheduled	\$0
Reimbursements	\$150,000
Total	\$150,000
Pending Payments	
Auto-Scheduled	\$0
Approved Reimbursements	\$8,662
Total	\$8,662
Completed Payments	
Auto-Scheduled	\$0
Reimbursements	\$0
Total	\$0
Remaining Payments	
Auto-Scheduled	\$0
Reimbursements	\$141,338
Total	\$141,338

Final PER Status

2. Next, you will be brought to this page.
Click on "View Reimbursement Request/
Expenditure Reports."

Step 3 & 4- Reimbursement Requests



Applicant: 001 Belle Fourche
Application: 2015-2016 21st Century Continuation - A0-Belle Fourche - ES and HS

Project Period: 7/1/2015 - 6/30/2016

Printer-Friendly
[Click to Return to GMS Access/Select Page](#)
[Click to Return to Payment Summary](#)
[Click to Return to Menu List / Sign Out](#)

Reimbursement Request/Expenditure Report Menu

[Click for Instructions](#)

3. Select Program and Grant Year.

Program: TitleIVB-21stCenturyCont. 2016

Reimbursement Requests:

Select an Reimbursement Request from the list(s) below and press one of the following buttons:

[Open Request](#) [Create New Request](#) [Delete Request](#) [Review Summary](#)

Select	Reimbursement Request	Date Created	Date Submitted	Final Approval Date	Status	Status Date
<input type="checkbox"/>	Reimbursement Request 2	8/4/2015			Not Submitted	
<input type="checkbox"/>	Reimbursement Request 1	7/24/2015	7/25/2015	7/27/2015	Approved	7/27/2015

Expenditure Reports:

Select an Expenditure Report from the list(s) below and press one of the following buttons:

[Open Expense Rep](#) [Create Expense Rep](#) [Delete Expense Rep](#) [Review Summary](#)

Select	Expenditure Report	Final	Date Created	Date Submitted	Final Approval Date	Status	Status Date
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4. Click on, "Create New Request."

LOCAL user ID: Susan Proefrock ()

For additional information please contact the South Dakota Department of Education

[Contact Us](#)

Step 5- Reimbursement Requests

Remove blank rows from display: Yes No

Code	Activity Description	100 - Salaries	200 - Benefits	300 - Purchased Services	330 - Travel	400 - Supplies and Materials	470 - Equipment - Non capitalized	500 - Equipment - Capitalized	TOTAL
1112	Elementary Instruction Other	34,500	11,100			4,450			50,050
1132	High School Instruction Other	34,500	5,100			4,450			44,050
2210	Improvement of Instruction Services			4,000					4,000
2400	Program Administration	35,000	5,100						40,100
2550	Student Transportation Services				4,000				4,000
2623	Evaluation Services	5,000							5,000
Total Direct Costs		109,000	21,300	4,000	4,000	8,900			147,200
Approved Indirect Cost X 1.9700 %									2,800
Total Budget									150,000

Select your Activity Code, Object Code, and Expenditure Amount.

Activity Code	Object Code	Site	Final Approved Budget	Previously Requested	Expenditure Amount	Delete Row
1112-Elementary Instruction Other	100-Salaries	0001	\$34,500	\$0	1000	<input type="checkbox"/>
					0	<input type="checkbox"/>
					0	<input type="checkbox"/>
					0	<input type="checkbox"/>
					0	<input type="checkbox"/>
Sub-Total						\$1,000
Indirect Cost Approved Rate 1.9700 % Derived Rate 1.9022 %			\$2,800	\$162	0	
Total						\$1,000

You will need to indicate the date range of the expenditures.

Calculate Totals

You SAM Expiration and DUNS Number will pre populate from your Central Data.

Payment Tracking Number: 0011608004

Expenditures from: 7/1/2015 to 8/25/2015 Enter as MM/DD/YYYY

At the outset of the 2016 year, your LEA provided the following information:

DUNS #: 111111111

SAM Expiration Date: 2/10/2016 [Click here to access SAM for Expiration Date Information](#)

Note: SDDOE is **prohibited** from making payments to LEAs whose SAM Expiration Date has passed. If your date has passed, you will need to finalize a new SAM date and enter it in the Central Data Collection. Enter the new SAM Expiration date above to continue processing this request.

RECAP	Amount
Grant Award (Allocation)	\$150,000
Approved Budget	\$150,000
Amount Paid To Date	\$0
Expenses To Date	\$0
Balance Due LEA	\$0
Funds on Hand	\$0

Attach your expenditure report here.

Attach supporting documentation Browse...
(Summary and Detailed Expenditure Reports are optional)

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Save Page Certify/Submit

Once you have filled out the page. First click "Save Page", then "Certify/Submit."