New GMS Reimbursement Request Layout and Requirements

NDE Office of Budget & Grants Management

September 2024

Agenda

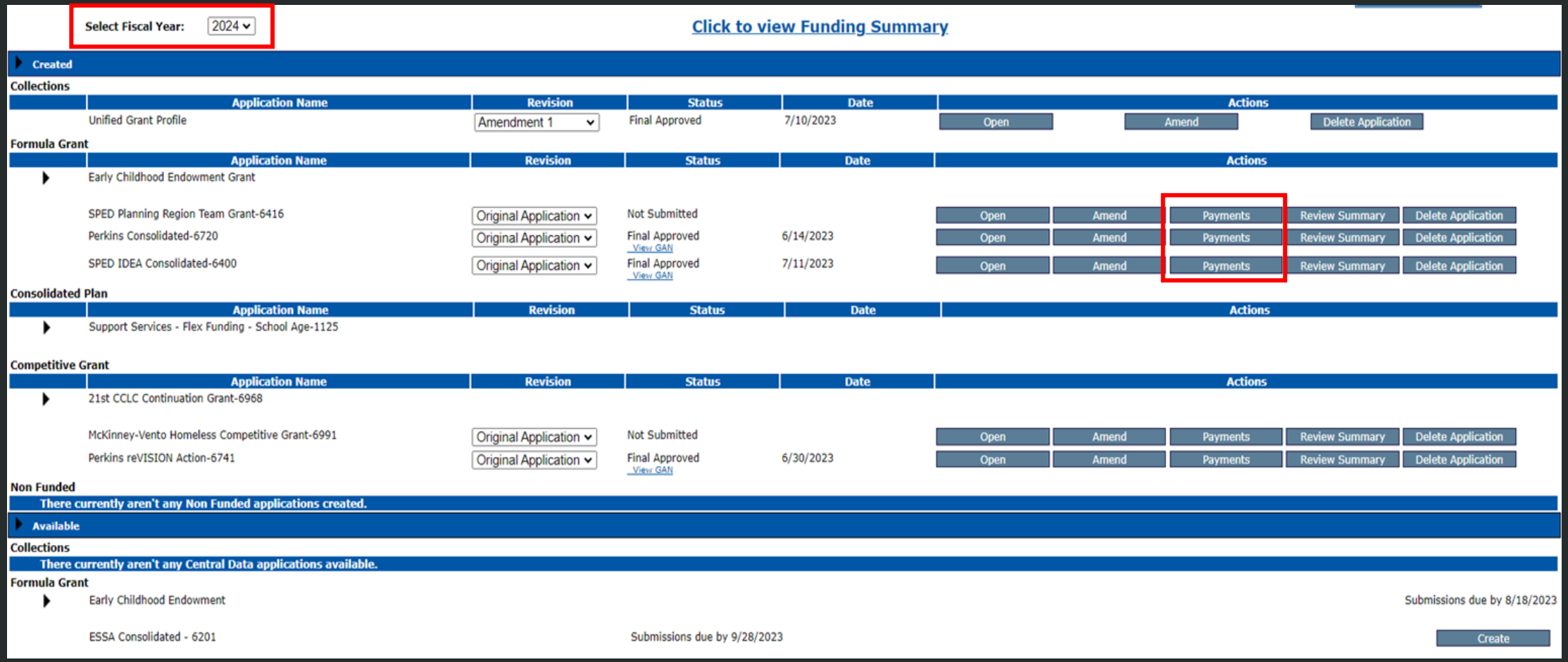
- NDE Office of Budget & Grants Management staff introductions
- Grants Management System overview
- Reasons for changes to the reimbursement request pages
- Changes that have been made to the reimbursement request pages
- Effective date and programs affected by the changes

Grants Management System (GMS)

- GMS is used by organizations to submit grant applications to indicate the intentions for the use of funds.
  - Amendments can be made at any time until final reimbursements have been approved.

- Requests for reimbursement can be made at any time within the system after the grant application has been approved and expenses have been incurred.

Main Page (GMS Access Select)



Payment Summary

Application: 2023-2024 ESSA Consolidated - 6201 - 00-

Click to Return to GMS Access/Select Page
Click to Return to Organization Select
Click to Return to Menu List / Sign Out

Payment Summary

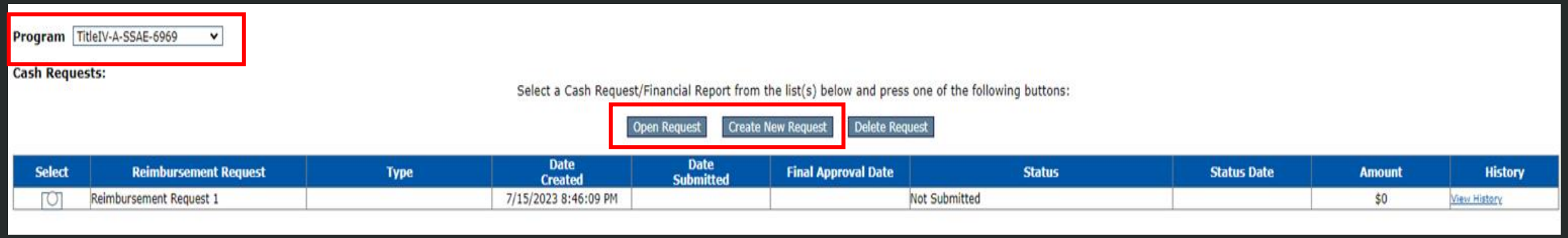
Instructions

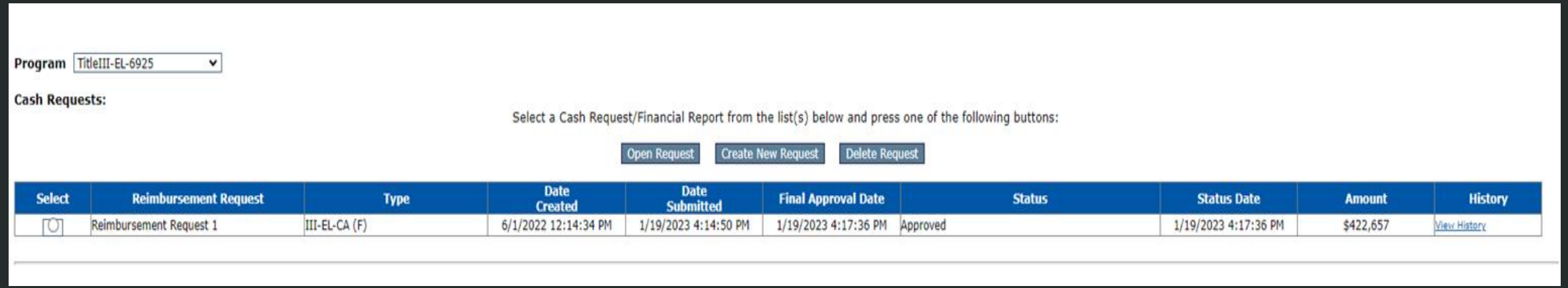
View Reimbursement Requests/Financial Reports

Payment Summary as of 9/19/2024

	TitleI-6200	TitleID-NorD-6230	TitleII-A-6310	TitleIII-EL-6925	TitleIII-ImmigrantEd-6926	TitleIV-A-SSAE-6969	Total
Current Year Allocation	$472,008	$0	$53,476	$84,850	$0	$38,733	$649,067
(+/-) Adjustments	$71,253	$0	$50,240	$349	$658	$17,949	$140,449
(+/-) Multidistrict	$0	$0	$0	$0	$0	$0	$0
(+/-) Transfers	$56,682	$0	$0	$0	$0	($56,682)	$0
Total Funds Available	$599,943	$0	$103,716	$85,199	$658	$0	$789,516
Approved Budget --Amendment 1	$599,943	$0	$103,716	$85,199	$658	$0	$789,516
Available for Payments							
Scheduled	$0	$0	$0	$0	$0	$0	$0
Reimbursement	$599,943	$0	$103,716	$85,199	$658	$0	$789,516
Total	$599,943	$0	$103,716	$85,199	$658	$0	$789,516
Completed Payments							
Scheduled	$0	$0	$0	$0	$0	$0	$0
Reimbursement	$0	$0	$24,782	$45,720	$0	$0	$70,502
Manual	$0	$0	$0	$0	$0	$0	$0
Total	$0	$0	$24,782	$45,720	$0	$0	
Pending Payments							
Scheduled	$0	$0	$0	$0	$0	$0	$0
Reimbursement	$231,197	$0	$0	$0	$0	$0	$231,197
Manual	$0	$0	$0	$0	$0	$0	$0
Total	$231,197	$0	$0	$0	$0	$0	$231,197
Remaining Available							
Scheduled	$0	$0	$0	$0	$0	$0	$0
Reimbursement	$368,746	$0	$78,934	$39,479	$658	$0	$487,817
Total	$368,746	$0	$78,934	$39,479	$658	$0	$487,817
NDE Documentation Review							
Date	N/A	N/A	3/31/2024	3/31/2024	N/A	N/A	
Amount	$0	$0	$24,782	$45,720	$0	$0	

Reimbursement Request Menu





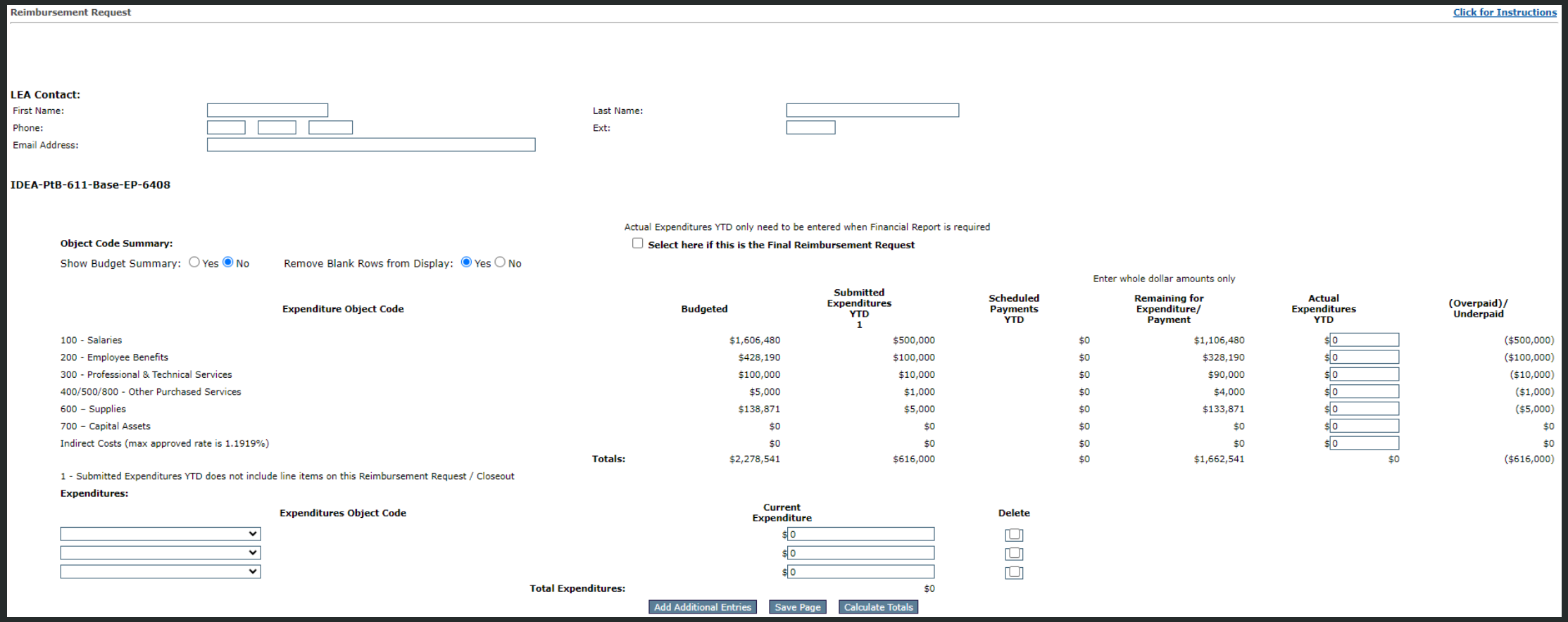
Reasons for changes to Reimbursement Request (RR) page

- Audit findings
- To better align with documentation required for reimbursement per the NDE Grant Guidance
- Improve efficiency of RR reviews

Layout changes to the RR page

- Begin and end dates of expenditures being claimed
- LEA Submitter section to document whether certain types of specific expenditures are being claimed for reimbursement
  - Credit card purchases
  - Travel expenditures
  - Reimbursements to individuals/staff
- Upload areas that will populate to attach required supporting documentation for these types of expenditures, when applicable
  - No longer upload areas for YTD payroll records, invoices/billings, or program specific table

Regular RR - Top section of RR page remains unchanged, except date field



Reimbursement Request

Click for Instructions

LEA Contact:

First Name: Last Name:

Phone: Ext:

Email Address:

IDEA-PtB-611-Base-EP-6408

Actual Expenditures YTD only need to be entered when Financial Report is required

☐ **Select here if this is the Final Reimbursement Request**

Object Code Summary:

Show Budget Summary: ○ Yes ◉ No Remove Blank Rows from Display: ◉ Yes ○ No

Enter whole dollar amounts only

Expenditure Object Code	Budgeted	Submitted Expenditures YTD 1	Scheduled Payments YTD	Remaining for Expenditure/ Payment	Actual Expenditures YTD	(Overpaid)/ Underpaid
100 - Salaries	$1,606,480	$500,000	$0	$1,106,480	$0	($500,000)
200 - Employee Benefits	$428,190	$100,000	$0	$328,190	$0	($100,000)
300 - Professional & Technical Services	$100,000	$10,000	$0	$90,000	$0	($10,000)
400/500/800 - Other Purchased Services	$5,000	$1,000	$0	$4,000	$0	($1,000)
600 – Supplies	$138,871	$5,000	$0	$133,871	$0	($5,000)
700 – Capital Assets	$0	$0	$0	$0	$0	$0
Indirect Costs (max approved rate is 1.1919%)	$0	$0	$0	$0	$0	$0
Totals:	$2,278,541	$616,000	$0	$1,662,541	$0	($616,000)

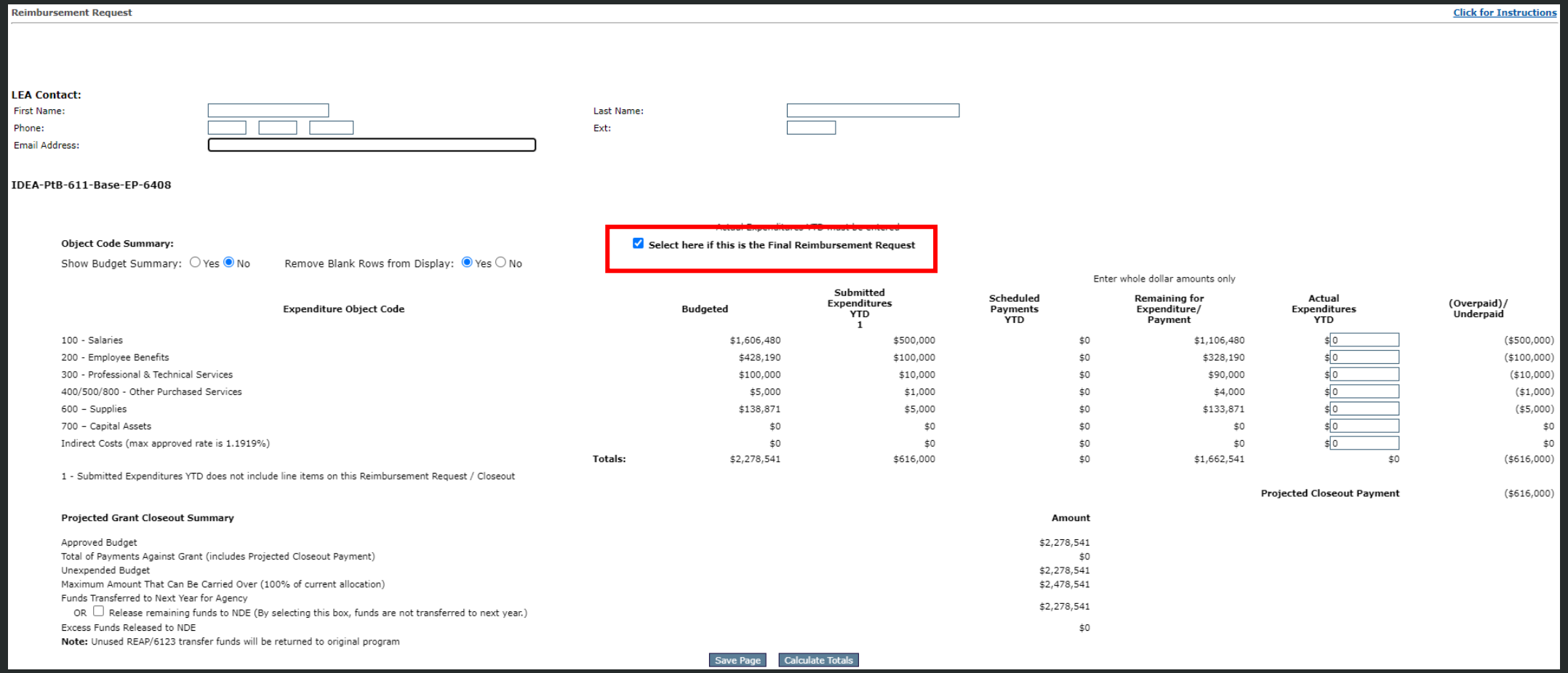
1 - Submitted Expenditures YTD does not include line items on this Reimbursement Request / Closeout

Expenditures:

Expenditures Object Code	Current Expenditure	Delete
	$0	☐
	$0	☐
	$0	☐
Total Expenditures:	$0	

Add Additional Entries Save Page Calculate Totals

Final RR - Top section of RR page remains unchanged, except date field



Reimbursement Request

Click for Instructions

LEA Contact:

First Name: Last Name:

Phone: Ext:

Email Address:

IDEA-PtB-611-Base-EP-6408

Actual Expenditures YTD must be entered

☑ **Select here if this is the Final Reimbursement Request**

Object Code Summary:

Show Budget Summary: ○ Yes ◉ No Remove Blank Rows from Display: ◉ Yes ○ No

Enter whole dollar amounts only

Expenditure Object Code	Budgeted	Submitted Expenditures YTD 1	Scheduled Payments YTD	Remaining for Expenditure/ Payment	Actual Expenditures YTD	(Overpaid)/ Underpaid
100 - Salaries	$1,606,480	$500,000	$0	$1,106,480	$0	($500,000)
200 - Employee Benefits	$428,190	$100,000	$0	$328,190	$0	($100,000)
300 - Professional & Technical Services	$100,000	$10,000	$0	$90,000	$0	($10,000)
400/500/800 - Other Purchased Services	$5,000	$1,000	$0	$4,000	$0	($1,000)
600 – Supplies	$138,871	$5,000	$0	$133,871	$0	($5,000)
700 – Capital Assets	$0	$0	$0	$0	$0	$0
Indirect Costs (max approved rate is 1.1919%)	$0	$0	$0	$0	$0	$0
Totals:	$2,278,541	$616,000	$0	$1,662,541	$0	($616,000)

1 - Submitted Expenditures YTD does not include line items on this Reimbursement Request / Closeout

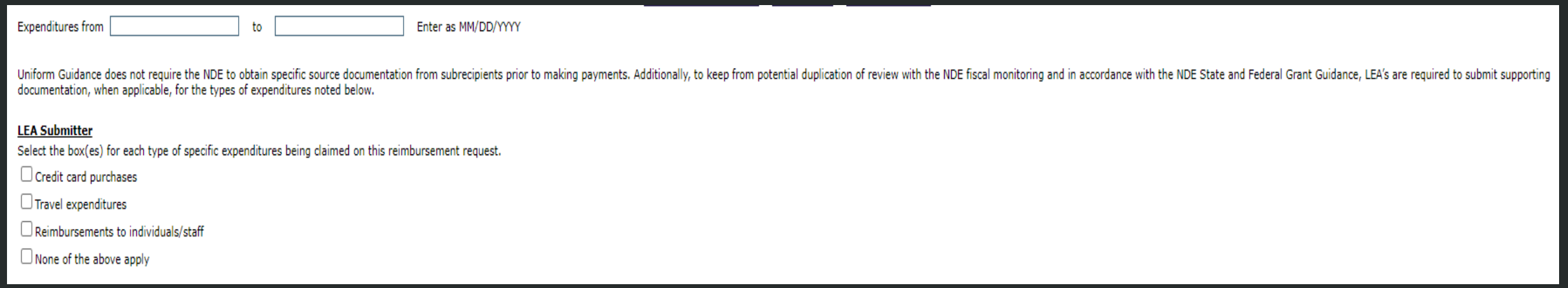
Projected Closeout Payment ($616,000)

Projected Grant Closeout Summary	Amount
Approved Budget	$2,278,541
Total of Payments Against Grant (includes Projected Closeout Payment)	$0
Unexpended Budget	$2,278,541
Maximum Amount That Can Be Carried Over (100% of current allocation)	$2,478,541
Funds Transferred to Next Year for Agency	$2,278,541
OR ☐ Release remaining funds to NDE (By selecting this box, funds are not transferred to next year.)	
Excess Funds Released to NDE	$0

Note: Unused REAP/6123 transfer funds will be returned to original program

Save Page Calculate Totals

Changes – Date fields and LEA Submitter section



Expenditures from [ ] to [ ] Enter as MM/DD/YYYY

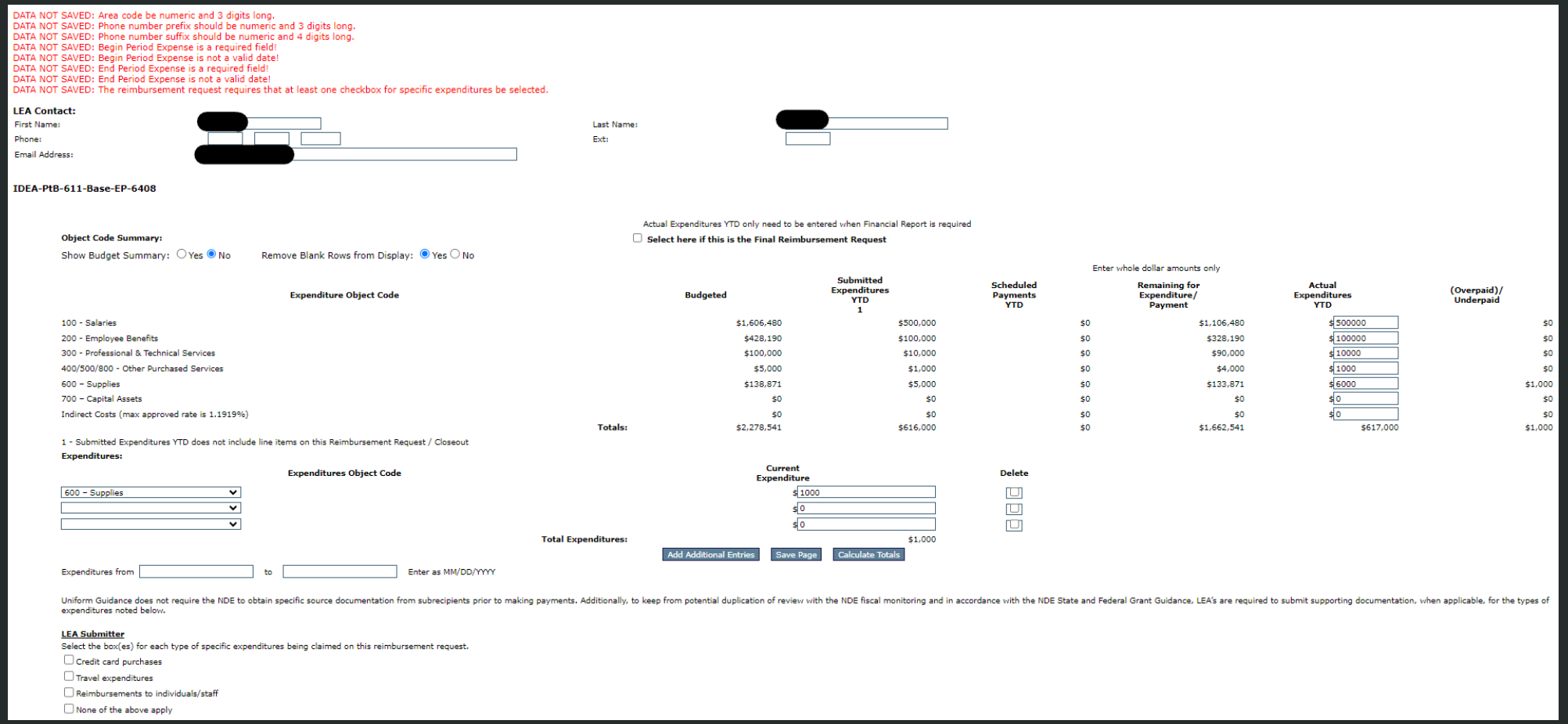
Uniform Guidance does not require the NDE to obtain specific source documentation from subrecipients prior to making payments. Additionally, to keep from potential duplication of review with the NDE fiscal monitoring and in accordance with the NDE State and Federal Grant Guidance, LEA's are required to submit supporting documentation, when applicable, for the types of expenditures noted below.

LEA Submitter

Select the box(es) for each type of specific expenditures being claimed on this reimbursement request.

- ☐ Credit card purchases
- ☐ Travel expenditures
- ☐ Reimbursements to individuals/staff
- ☐ None of the above apply

Data on page not saved until new sections completed



DATA NOT SAVED: Area code be numeric and 3 digits long.
DATA NOT SAVED: Phone number prefix should be numeric and 3 digits long.
DATA NOT SAVED: Phone number suffix should be numeric and 4 digits long.
DATA NOT SAVED: Begin Period Expense is a required field!
DATA NOT SAVED: Begin Period Expense is not a valid date!
DATA NOT SAVED: End Period Expense is a required field!
DATA NOT SAVED: End Period Expense is not a valid date!
DATA NOT SAVED: The reimbursement request requires that at least one checkbox for specific expenditures be selected.

LEA Contact:

First Name: [redacted] Last Name: [redacted]
Phone: Ext:
Email Address: [redacted]

IDEA-PtB-611-Base-EP-6408

Actual Expenditures YTD only need to be entered when Financial Report is required

Object Code Summary:

☐ **Select here if this is the Final Reimbursement Request**

Show Budget Summary: ○ Yes ◉ No Remove Blank Rows from Display: ◉ Yes ○ No

Enter whole dollar amounts only

Expenditure Object Code	Budgeted	Submitted Expenditures YTD 1	Scheduled Payments YTD	Remaining for Expenditure / Payment	Actual Expenditures YTD	(Overpaid) / Underpaid
100 - Salaries	$1,606,480	$500,000	$0	$1,106,480	$ 500000	$0
200 - Employee Benefits	$428,190	$100,000	$0	$328,190	$ 100000	$0
300 - Professional & Technical Services	$100,000	$10,000	$0	$90,000	$ 10000	$0
400/500/800 - Other Purchased Services	$5,000	$1,000	$0	$4,000	$ 1000	$0
600 – Supplies	$138,871	$5,000	$0	$133,871	$ 6000	$1,000
700 – Capital Assets	$0	$0	$0	$0	$ 0	$0
Indirect Costs (max approved rate is 1.1919%)	$0	$0	$0	$0	$ 0	$0
Totals:	$2,278,541	$616,000	$0	$1,662,541	$617,000	$1,000

1 - Submitted Expenditures YTD does not include line items on this Reimbursement Request / Closeout

Expenditures:

Expenditures Object Code	Current Expenditure	Delete
600 – Supplies	$ 1000	☐
	$ 0	☐
	$ 0	☐
Total Expenditures:	$1,000	

Add Additional Entries | Save Page | Calculate Totals

Expenditures from [ ] to [ ] Enter as MM/DD/YYYY

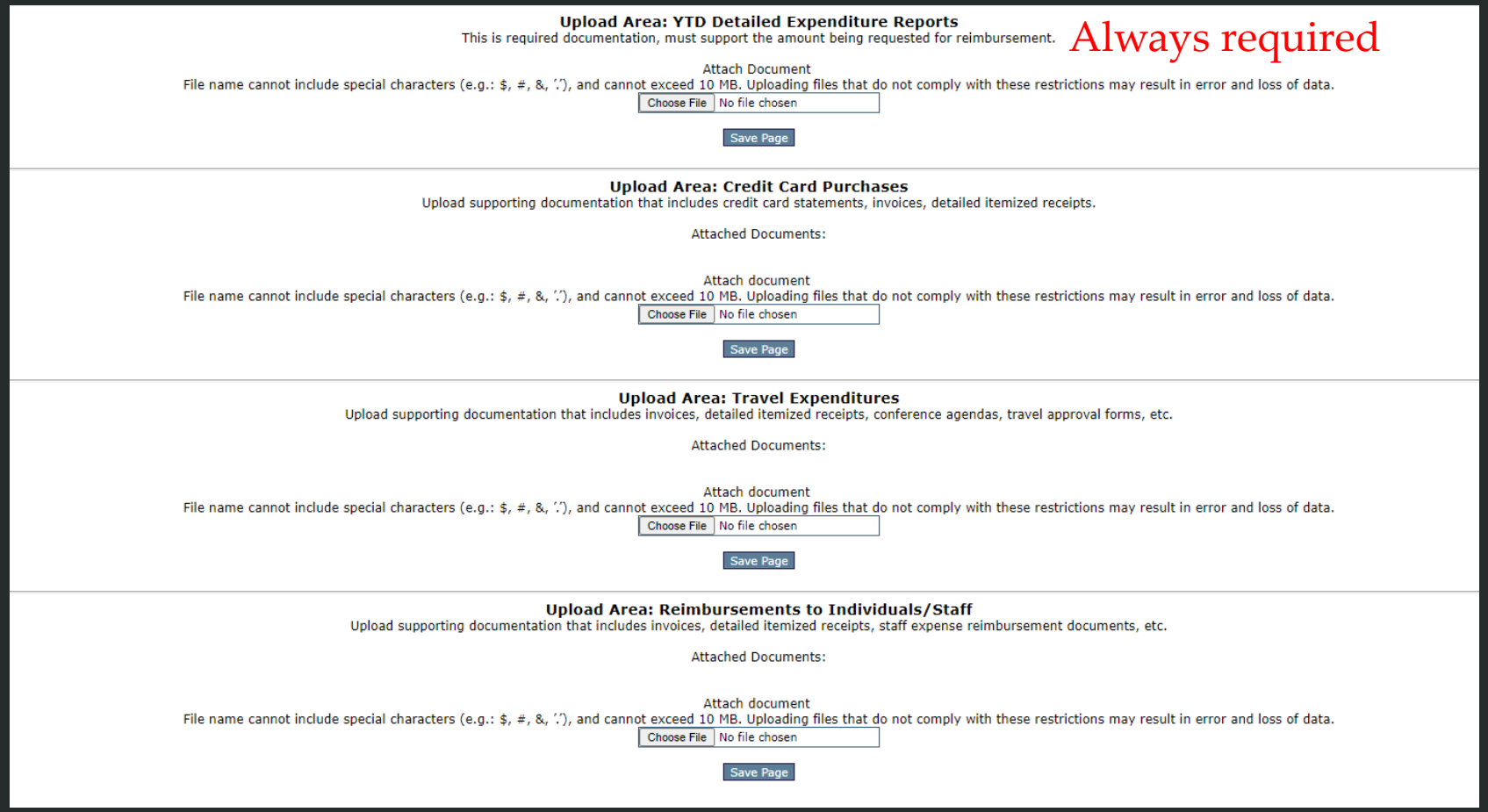
Uniform Guidance does not require the NDE to obtain specific source documentation from subrecipients prior to making payments. Additionally, to keep from potential duplication of review with the NDE fiscal monitoring and in accordance with the NDE State and Federal Grant Guidance, LEA's are required to submit supporting documentation, when applicable, for the types of expenditures noted below.

LEA Submitter

Select the box(es) for each type of specific expenditures being claimed on this reimbursement request.

- ☐ Credit card purchases
- ☐ Travel expenditures
- ☐ Reimbursements to individuals/staff
- ☐ None of the above apply

LEA Submitter selections and required upload areas



LEA Submitter Attestation

LEA Submitter Attestation

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: detailed expenditure reports have been uploaded to this reimbursement request and supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purpose they were granted. As required by the NDE's State and Federal Grants Management Guidance, if applicable, supporting documentation for the following expenditures being claimed for reimbursement has been uploaded to this request: credit card purchases, travel expenditures, reimbursements to individuals/staff. Other expenditures being claimed for reimbursement (i.e. salaries, benefits, services, capital assets, etc.) will be subject to review during the NDE fiscal monitoring, which is a separate review process from reimbursement.

Effective date and programs affected

- Reimbursement requests created on or after October 1, 2024, will be in the new RR page layout.
- New reimbursement request layout and requirements will be used for all grants within the GMS except for relief aid funded grants and those with different payment requirements set forth by law.
- Current grant programs not using the new RR layout and requirements are:
  - ARP ESSER III and ARP ESSER III SSA
  - ARP HCY I and ARP HCY II
  - ESSER Collaborative ELO
  - School Safety and Security

Effective date and programs affected (Continued)

- Reimbursement requests that were submitted prior to October 1, 2024, that NDE has not started a review of, will be in the current page layout, but will be reviewed using the new procedures which follow the new page layout.

Cash Requests:

Select a Cash Request/Financial Report from the list(s) below and press one of the following buttons:

Open Request

Select	Reimbursement Request	Type	Date Created	Date Submitted	Final Approval Date	Status	Status Date	Amount	History
○	Reimbursement Request 1	IDEA-PtB--Base-EP-NS (F)	9/2/2024 2:10:44 PM	9/19/2024 10:09:20 AM		Submitted to NDE	9/19/2024 10:09:20 AM	$33,638	View History

Effective date and programs affected (Continued)

- Any RRs that are in progress of review as of October 1, 2024, will follow the previous review procedures by NDE staff, which is based on entity risk level and sampling.

Cash Requests:

Select a Cash Request/Financial Report from the list(s) below and press one of the following buttons:

Open Request

Select	Reimbursement Request	Type	Date Created	Date Submitted	Final Approval Date	Status	Status Date	Amount	History
	Reimbursement Request 1	IDEA-PtB--Base-EP-IP (F)	7/1/2024 10:26:13 AM	7/31/2024 10:30:23 AM		Submitted to NDE	7/31/2024 10:30:23 AM	$73,510	View History

Contact Us!

ONLINE HELPDESK

Office of Budget & Grants Management

NDE.BGMHelp@nebraska.gov

Grants Management System (GMS)

NDE.GMSData@nebraska.gov

Questions?

Thank You!