SUPTRS BG Grantee Guide:
How to Complete a Detailed Reimbursement Request JotForm

Follow the steps below to successfully complete and submit a detailed reimbursement request via JotForm, provide required expense descriptions, and upload supporting documentation:

Please note: you cannot save JotForms as you go, so you need to be prepared to complete and submit the form at one time.

Section 1: Organization Information

1. Select your **Organization Name** from the drop-down menu. If your organization is not listed on the drop-down menu, select "Other"
2. Enter your organization's nine-digit **EIN number**. *Not sure what an EIN number is? Click here.*
3. Enter your **Organization's Contact Name** and **Email** – this is typically the individual that's completing the form.
4. Identify if your organization has/utilizes a **Fiscal Agent**. If yes – select "Yes" and provide the Fiscal Agent Name and Email.

Section 2: Dates of Services

1. Enter the state and end dates for the period during which the expenses you are requesting reimbursement for were accrued.
2. Click on the **calendar** icon by the Start & End Date boxes to select the dates.
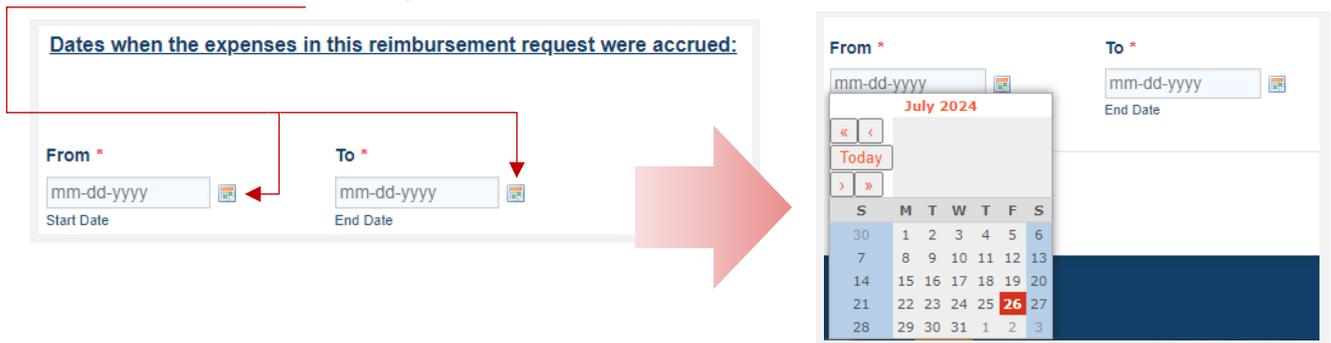
Section 3: Reimbursement Request Program Expense Details

Before you start the next section, please note: SUPTRS BG awards provide funding for each program/activity in three budget categories:

- Staff – which includes all staff costs related to program implementation
- Mileage – which includes mileage costs related to program implementation
- Other – which includes costs for supplies and materials necessary for program implementation

You can find program & budget category details for your grant award in your Grant Agreement under Exhibit A.

Grantees can request reimbursement for staff, mileage, and other expenses for up to five programs/activities in the JotForm. The JotForm will capture expenses in order of program, not in order of budget categories. The following instructions detail how to properly complete the program expense sections of the JotForm:

Reimbursement Request – Program #1

1. From the **Program** drop-down menu, select the **program/activity** that you're requesting reimbursement for. If the program is not listed, select "Other"

2. Select the **budget categories** – Staff, Mileage, Other – that the expenses you'll be requesting reimbursement for fall under. *Please note: you are only identifying the budget categories for the expenses related to this specific program.*

> **Reimbursement Request - Program #1**
>
> **Program #1** *
>
> [Please Select ▾]
>
> Please select the program or activity related to this expense.
>
> **For Program #1, are you requesting reimbursement for staff, mileage, and/or other expenses? (select all that apply)** *
>
> ☐ Staff
> ☐ Mileage
> ☐ Other

3. Provide the **requested expense amounts** and **expense descriptions** for each selected budget category:

In the **Requested Amount** boxes, enter the total reimbursement amount requested for staff, mileage, or other expense for this specific program. *Do not add/include the 10% admin fee/de minimis rate in your requested amounts – the JotForm will automatically calculate that at the end.*

4. In the **Description** boxes, enter the description for each of the expenses. The required description details vary by the budget category that the expense falls under.

Staff budget category – example expense description:
Staff 1/Jane Doe: facilitated 10 lessons at Idaho Elementary School – 45 mins of facilitation per lesson plus 15 mins of prep per lesson = 10 hrs of facilitation/prep time x $20 per hr = $200.00
Staff 2/John Doe: facilitated 8 lessons at Afterschool Program – 45 mins of facilitation per lesson + 15 mins of prep per lesson = 8 hrs of facilitation/prep time x $18.00 per hr = $144.00
Total staff request = $344.00

Mileage budget category – example expense description:
10 roundtrips from Office to Idaho Elementary School – 12 miles per trip = 10 trips x 12 miles = 120 miles x $0.67 = $80.40
8 roundtrips from Office to Afterschool Program – 6 miles per trip = 8 trips x 6 miles = 48 miles x $0.67 = $32.16
Total mileage request = $112.56

Other budget category – example expense description:
Curriculum workbooks – 20 books x $10 per book = $200.00
Two background checks x $65.00 each = $130.00
Total other/supplies request = $330.00

Note: $0.67 per mile is the SFY25 State Mileage Rate. The rate changes each year so request reimbursement accordingly.

> **Program #1 - Requested STAFF Amount**
>
> [ ]
>
> Enter the requested amount for this expense.
>
> **Program #1 - STAFF Expense Description**
>
> [ ]
>
> Please enter a description of the requested Staff expenses.
>
> **Program #1 - Requested MILEAGE Amount**
>
> [ ]
>
> Enter the requested amount for this expense.
>
> **Program #1 - MILEAGE Expense Description**
>
> [ ]
>
> Please enter a description of the requested Mileage expenses.
>
> **Program #1 - Requested OTHER Amount**
>
> [ ]
>
> Enter the requested amount for this expense.
>
> **Program #1 - OTHER Expense Description**
>
> [ ]
>
> Please enter a description of the requested Other expenses.

Tip: If you need to make the Description box larger, you can expand it by clicking and dragging the three slanted lines in the bottom right corner.

5. Upload **Supporting Documentation** – click on **Browse Files** to upload relevant supporting documents for all requested expenses for this specific program. Supporting documentation can include invoices, receipts, purchase orders, scans of checks, or other proof of purchase/payment. All file formats are accepted – pdf, jpeg, png, excel, word, etc.

   Supporting documentation is required for all expenses requested under the **Other** budget category. Grantees can also provide supporting documentation for requested staff and mileage expenses, but it is not required.

   *Note: If you are requesting reimbursement for background checks – the background check (BC) must be passed/cleared prior to requesting reimbursement AND proof of the cleared BC must be uploaded as supporting documentation in the JotForm. ODP only reimburses for the cost of cleared BCs, if a BC is failed the individual or organization is responsible for the cost.

   Supporting Documents for Program #1 Expenses

   Browse Files

   (e.g., receipts, invoices, purchase orders, etc.)

6. **Review** the Total Program Request, Admin Fee, and Program Total w/Admin Fee amounts. Do not enter numbers into the "*Program #1 Total Request*", "*Program #1 – 10% Admin Fee*" or "*Program #1 Total w/Admin Fee*" boxes– they will automatically populate.

   Note – the "*10% Admin Fee*" is the same as the "*10% de Minimis Rate*" included in your grant award budget. The 10% admin fee/de minimis rate is included in the grant award and added onto the reimbursement requests to help cover the unforeseen costs of grant implementation.

Program #1 Total Request *	Program #1 - 10% Admin Fee	Program #1 Total w/Admin Fee

7. **Do you need to request reimbursement for another program/activity?**
   - If yes, select "Yes" from the drop-down menu and click "Next" at the bottom of the page. Then repeat Steps 1-5 in Section 3 of this document for the next expense. Grantees can request reimbursement for expenses for up to five programs/activities per JotForm.
   - If not, select "No" from the drop-down menu and click "Next" at the bottom of the page.

Section 4: Reimbursement Request Summary

1. Review the **Reimbursement Request Summary** – it will outline the total reimbursement amount requested (including the 10% admin fee) for each program/activity.

   The Reimbursement Request Summary will also calculate the total amount requested for all programs, the total admin fee for the entire request, and the total request amount with the admin fee.

   Reimbursement Request Summary

Program #1	Program #1 Request Total w/Admin Fee
Strengthening Families	865.22

Program #2	Program #2 Request Total w/Admin Fee
Positive Action	831.83

Program #3	Program #3 Request Total w/Admin Fee
Botvin LifeSkills Training	948.6

Total Requested	Total Admin Fee	Total Reimbursement Amount w/Admin Fee
2405.13	240.52	2645.65

2. **Sign & Date** – if the Reimbursement Request Summary looks correct, you will sign and date the JotForm.

   By signing and submitting this form you certify that the included expenses represent expenditures of funds for the time period identified within the JotForm (see Section 2 of this instruction document), and were all accrued in accordance with the Terms of Service and approved budget as outlined in your Grant Agreement.

3. *Optional Step* – **Print JotForm**. At the bottom of the JotForm page, under the signature and date fields, there are two buttons for "Submit" and "Print Form." You may want to do this for two reasons:
   - You will need the requested totals per program (as outlined in the Reimbursement Request Summary) when you complete the associated draw voucher in Neighborly.
   - ODP recommends keeping a copy of the Detailed Reimbursement Request JotForm for your records.

   However, it is not necessary to print off a copy of the JotForm at this time. Once you submit the JotForm you will receive an automatic email from Neighborly (noreply@jotform.com) confirming that your Detailed Reimbursement Request JotForm was successfully submitted – that email will include an attached PDF copy of your JotForm submission.

   [Submit]   [🖨 Print Form]

4. **Submit JotForm** – when ready, click the "Submit" button at the bottom of the Form.

5. **Complete Draw Voucher in Neighborly** – lastly, go back to Neighborly and enter the total amounts requested per program (including the 10% admin fee) into the associated Draw Voucher in Neighborly. These total amounts are outlined in the Reimbursement Request Summary at the end of the Detailed Reimbursement Request JotForm.

JotForm

Reimbursement Request Summary

Program #1	Program #1 Request Total w/Admin Fee
Strengthening Families	865.22

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Positive Action	831.83

Program #3	Program #3 Request Total w/Admin Fee
Botvin LifeSkills Training	948.6

Total Requested	Total Admin Fee	Total Reimbursement Amount w/Admin Fee
2405.13	240.52	2645.65

Neighborly

SUMMARY

Test

DOCUMENTATION

**ACTION REQUIRED:

SUBMITTING REIMBURSEMENT REQUESTS IS A TWO-STEP PROCESS
STEP 1: Submit a detailed reimbursement request via JotForm. SUPTRS BG grantees will use the SUPTRS BG Grantee Detailed Reimbursement Request JotForm.
STEP 2: Once you have submitted the detailed reimbursement request JotForm, return to this draw voucher and enter the *total* amount you are requesting per program in the table below (the total amount includes the amount requested + the 10% admin per program).
STEP 3: Click the Submit button at the bottom of this page to submit the draw voucher in Neighborly.

Detailed instructions on how to submit a reimbursement request can be found here.

Upload File ⬆

Enter the total amounts per program from this section of the JotForm into this column in Neighborly.

DETAILS

CATEGORY	ORIGINAL AMOUNT	- OTHER DISBURSEMENTS	= AVAILABLE BALANCE	AMOUNT REQUESTED
LifeSkills Training SFY2025 SUPTRS Block Grant	$ 3,000.00	$ 0.00	$ 3,000.00	$ 948.60
Positive Action SFY2025 SUPTRS Block Grant	$ 5,000.00	$ 0.00	$ 5,000.00	$ 831.83
Strengthening Families SFY2025 SUPTRS Block Grant	$ 5,000.00	$ 0.00	$ 5,000.00	$ 865.22
Totals	$ 13,000.00	$ 0.00	$ 13,000.00	$ 2,645.65