



## Partnerships for Success-Law Enforcement (PFS-LE) 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 Contact Name** and **Email** – this is typically the individual that is completing the form.
3. Identify if your organization has/utilizes a **Fiscal Agent**. If yes – select “Yes” and provide the Fiscal Agent Name and Email. *Note: a fiscal agent is not required, so don’t stress if your organization does not use one.*

### Section 2: Dates of Services

1. Enter the start and end dates for the period during which the expenses you are requesting reimbursement for were accrued.
2. You can type in the dates or click on the **small grey rectangular** icon next to the Start & End Date boxes to select the dates.

**Dates when the expenses in this reimbursement request were accrued:**

From \*  Start Date

To \*  End Date

Calendar: March 2026, Today, 10 selected.

### Section 3: Reimbursement Request Domain and Activity Expense Requests

Before you start the next section, please note: PFS-LE grant awards provide funding for each of the prevention domains (*Alcohol Misuse & Underage Drinking Prevention, Prescription Medication Misuse Prevention, Illicit Opioid Misuse Prevention, Methamphetamine Use Prevention, and Youth Substance Use Prevention*) in three budget categories:

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

You can find specific domain and budget category details for your grant award in your Grant Agreement under *Exhibit 1: Grant Funding Allocation Overview* and *Appendix A: Detailed Award Budget Breakdown*.

Grantees will submit one Detailed Reimbursement Request JotForm for each draw submitted in Neighborly. Grantees can request reimbursement for staff, mileage, and other expenses for activities within all the prevention domains in one single Detailed Reimbursement Request JotForm, you do not need to fill out a separate JotForm for each individual domain or activity. The following instructions detail how to properly complete the program expense sections of the JotForm:

## Domain #1: Alcohol Misuse & Underage Drinking

1. Each prevention domain will have a separate page within the JotForm. In alignment with the Application and Grant Agreements, the Alcohol Misuse & Underage Drinking Prevention is the first prevention domain, so the JotForm will start with this domain whether or not your organization requested or received funding for alcohol misuse & underage drinking activities. The JotForm will ask “Do you need to request reimbursement for any Alcohol Misuse & Underage Drinking Prevention Activities?” If yes, select “Yes.” If not, select “No.”

- If you select “Yes” an activity selection list and budget category list will appear – see step #2 below.
- If you select “No” a dropdown menu will appear that will ask “Do you need to request reimbursement for activities in a different prevention domain?” Use the dropdown list to select the first, next, and/or only domain that you want to request reimbursement for and then select “Next” at the bottom of the page. The JotForm will take you to the page for the prevention domain you selected, then you move on to step #2.

**Domain #1: Alcohol Misuse & Underage Drinking Prevention**

Please ensure the activities you request reimbursement for within each prevention domain align with your agency's FY2026 PFS-LE Grant Agreement.

Do you need to request reimbursement for any Alcohol Misuse & Underage Drinking Prevention activities?

Yes

No

Back Next

2. Select all of the **Activity/Activities** you are requesting reimbursement for within each domain. The listed activities in each domain will align with the activities identified in column 3 of *Exhibit 2: Initial Activity Schedule* in your Grant Agreement.

3. Select the **Budget Categories** – Staff, Mileage, Other – that the expenses you’ll be requesting reimbursement for in each prevention domain fall under. *Please note: in each individual domain page, you are only identifying the activities and budget categories for the expenses related to that specific domain.*

**Activity (select all that apply)**

Retail Compliance & Regulation

Impaired Driving Enforcement

Underage Drinking Enforcement

Community Prevention & Education

Youth, Parent, Family, or Adult Programming

Multistakeholder Group Collaboration

Training

Other

**For the Alcohol Misuse & Underage Drinking Prevention activities, are you requesting reimbursement for staff, mileage, and/or other expenses? (select all that apply) \***

Staff

Mileage

Other

(continued on the next page...)

4. The JotForm is built with conditional logic, so – within each individual domain page – the Staff, Mileage, and Other Budget expense request questions will appear depending on what Budget Categories you select. After you identify which budget categories you are requesting reimbursement for in a domain, you will provide the **requested expense amounts** and **expense descriptions** for each selected budget category (see next page for more details):

Please note: in the staff, mileage, and other budget **Requested Amount** boxes, you will enter the total reimbursement amount requested for the specific program – this is the amount without the 10% de minimis rate. *Do not add/include the 10% de minimis rate in your requested amounts, as the JotForm will automatically calculate the 10% de minimis and include it in the total reimbursement.* In the **Description** boxes, you will enter the description for each of the expenses. The required description details vary by the budget category that the expense falls under.

**Staff Budget Expense Requests:**

- Enter the requested staff amount. The associated 10% de minimis rate will auto calculate.
- Enter a description of the requested staff expenses.  
Example staff expense description: *Staff 1/Officer Doe completed 2 patrols that were 5 hrs each, for a total of 10 hrs at \$35 per hr = \$350.00. Staff 2/Officer Johnson completed 3 interdiction activities that were 3 hrs each, for a total of 9 hrs x \$38 per = \$342.00. Total staff request = \$692.00*

**Mileage Budget Expense Requests:**

- Enter the requested mileage amount. The associated 10% de minimis rate will auto calculate.
- Enter a description of the requested mileage expenses.  
Example mileage expense description: *Officers completed 2 Patrols that included 100 miles of travel each, for a total of 200 miles x \$0.70 = \$140.00. Officers completed 3 interdiction activities that each included 20 miles of travel, for a total of 60 miles x \$0.70 = \$42.00. Total mileage request = \$182.00*

Note: the FY2026 State mileage reimbursement rate is \$0.70 per mile.

**Other Budget Expense Requests:**

- Enter the requested mileage amount. The associated 10% de minimis rate will auto calculate.
- Enter a description of the requested other expenses.  
*Product licenses – 10 licenses x \$50 each = \$500.00  
Two background checks x \$65.00 each = \$130.00  
Total other/supplies request = \$630.00*

Tip: If you need to make the any of the Description boxes larger, you can expand them 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 domain. 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.

**6. Review the Total Request, Total 10% de Minimis Rate, and Total Reimbursement Request w/10% de Minimis.** Do not enter numbers into the “Total Request”, “10% de Minimis Rate” or “Total Reimbursement Request w/10% de Minimis” boxes– they will automatically populate.

Note – the “10% de Minimis Rate” is the same as the “10% de Minimis Rate” included in your grant award budget. The 10% de minimis rate is included in the grant award and added onto the reimbursement requests to help cover the unforeseen costs of grant implementation.

Alcohol Misuse & Underage Drinking Prevention - Total Request \*

0

Alcohol Misuse & Underage Drinking Prevention - 10% de Minimis Rate

0

Alcohol Misuse & Underage Drinking Prevention - Total Reimbursement Request w/10% de Minimis

0

**7. Do you need to request reimbursement for activities in a different prevention domain?**

- If yes, use the dropdown menu to select the next domain that you want to request reimbursement for and then select “Next” at the bottom of the page. The JotForm will take you to the page for the prevention domain you selected, then you will repeat Steps 2-6 in Section 3 of this document to request reimbursement for the next domain. Grantees can request reimbursement for expenses for all prevention domains in one JotForm submission.
- If not, select “No, I do not need to request reimbursement for another prevention domain” from the dropdown menu and click “Next” at the bottom of the page.

Do you need to request reimbursement for activities in a different prevention domain? \*

Please Select

Please Select

No, I do not need to request reimbursement for another prevention domain

Prescription Medication Misuse Prevention

Illicit Opioid Misuse Prevention

Methamphetamine Use Prevention

Youth Substance Use Prevention

(Section 4: Reimbursement Request Summary is detailed on the next page...)

## Section 4: Reimbursement Request Summary

1. **Review the Reimbursement Request Summary** – it will outline the total requested reimbursement amount (including the 10% de minimis rate) for each prevention domain.

The Reimbursement Request Summary will also calculate the total amount requested across all of the prevention domains, the 10% de minimis for the entire request, and the total request amount with the 10% de minimis rate.

Reimbursement Request Summary		
Alcohol Misuse & Underage Drinking Prevention - Total Requested w/10% de Minimis		
<input type="text" value="110"/>		
Prescription Medication Misuse Prevention - Total Requested w/10% de Minimis		
<input type="text" value="605"/>		
Illicit Opioid Misuse Prevention - Total Requested w/10% de Minimis		
<input type="text" value="1100"/>		
Methamphetamine Use prevention - Total Requested w/10% de Minimis		
<input type="text" value="825"/>		
Youth Substance Use Prevention - Total Requested 1/10% de Minimis		
<input type="text" value="330"/>		
Total Requested	Total de Minimis Rate	Total Reimbursement Amount w/10% de Minimis Rate
<input type="text" value="\$1150"/>	<input type="text" value="270"/>	<input type="text" value="2970"/>

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 in section 2 the JotForm (see page 1 of this instruction document), and were all accrued in accordance with the Terms of Service and approved budget as outlined in your Grant Agreement.

Signature

Date

03-10-2026

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 can print a copy of your JotForm before you submit it. 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](mailto: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.

ODP recommends saving and keeping a copy of your Detailed Reimbursement Request JotForm for your records.

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 domain (including the 10% de minimis rate) 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.

*(detailed guidance is continued on next page...)*

## Reimbursement Request Summary

### Alcohol Misuse & Underage Drinking Prevention - Total Requested w/10% de Minimis

110

### Prescription Medication Misuse Prevention - Total Requested w/10% de Minimis

605

### Illicit Opioid Misuse Prevention - Total Requested w/10% de Minimis

1100

### Methamphetamine Use prevention - Total Requested w/10% de Minimis

825

### Youth Substance Use Prevention - Total Requested 1/10% de Minimis

330

### Total Requested

\$1150

### Total de Minimis Rate

270

### Total Reimbursement Amount w/10% de Minimis Rate

2970

The Reimbursement Request Summary auto calculates the total amount requested w/the 10% de minimis rate per domain.

You will enter the total amounts per domain (calculated in the Reimbursement Request Summary of the JotForm) into the associated draw in Neighborly. Once you have entered in the amount requested per domain into the Neighborly draw voucher, click "Submit."

#### Summary

Test

#### Documentation

**\*\*ACTION REQUIRED:**

**\*SUBMITTING REIMBURSEMENT REQUESTS IS A TWO-STEP PROCESS\***

**STEP 1:** Submit a detailed reimbursement request via JotForm. PFS-LE grantees will use the [PFS-LE 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 prevention domain in the table below (the total amount includes the amount requested + the 10% de minimis per domain).

**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 (Optional)

File Name	Last Modified	Actions
		<a href="#">Upload file</a>

#### Details

Category	Original Amount	Other Disbursements	Available Balance	Amount Requested	Amount Approved
Alcohol Misuse & Underage Drinking Prevention	\$5,000	\$0	\$5,000	<input type="text" value="\$ 0.00"/>	\$0
Prescription Medication Misuse Prevention	\$2,000	\$0	\$2,000	<input type="text" value="\$ 0.00"/>	\$0
Illicit Opioid Misuse Prevention	\$3,000	\$0	\$3,000	<input type="text" value="\$ 0.00"/>	\$0
Methamphetamine Use Prevention	\$500	\$0	\$500	<input type="text" value="\$ 0.00"/>	\$0
Youth Substance Use Prevention	\$1,000	\$0	\$1,000	<input type="text" value="\$ 0.00"/>	\$0
<b>Total</b>	<b>\$11,500</b>	<b>\$0</b>	<b>\$11,500</b>	<b>\$0</b>	<b>\$0</b>

Cancel
Submit

JotForm

Neighborly

- Once your Detailed Reimbursement Request JotForm and Neighborly draw are submitted, the JotForm and Neighborly systems will automatically notify ODP and the team will begin reviewing and processing the reimbursement request.
- ODP, and the State of Idaho, will pay Subrecipients within 45 days contingent upon proper and complete submission of reimbursement request documentation, satisfactory progress on the agreed upon activities, completion of required Quarterly Activity Reports, alignment with the delivery of services, and compliance with the terms, conditions, and requirements listed in the Grant Agreement.
- The ODP team will reach out to the organization contact with any questions regarding the reimbursement request.