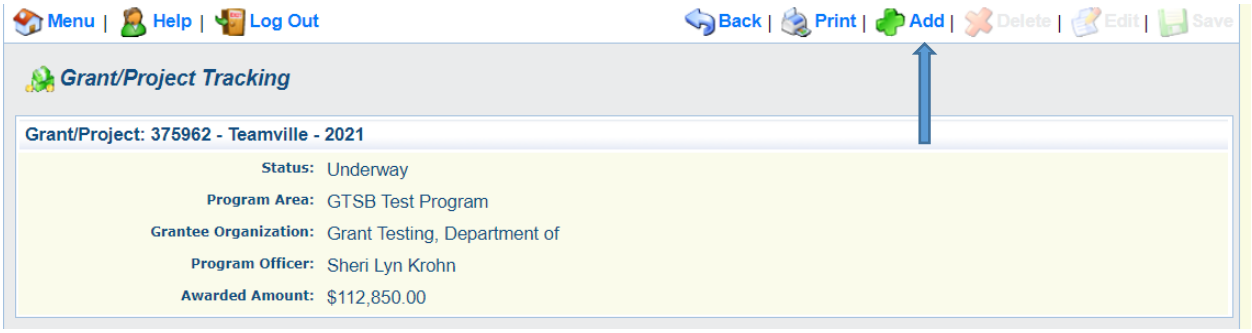
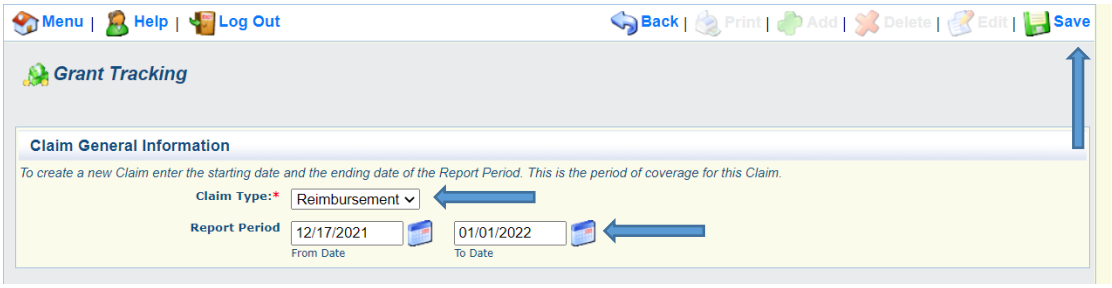
How to submit a **sTEP REIMBURSEMENT CLAIM** in Iowa Grants

You will be required to complete ALL sections of this online form even if your reimbursement claim is ONLY for equipment or ONLY for overtime, etc.

- Go to www.iowagrants.gov and log in
- Click on **My Grants** and then select grant for current fiscal year
- Click on **Claims**
- Click on **Add** at the top of the page

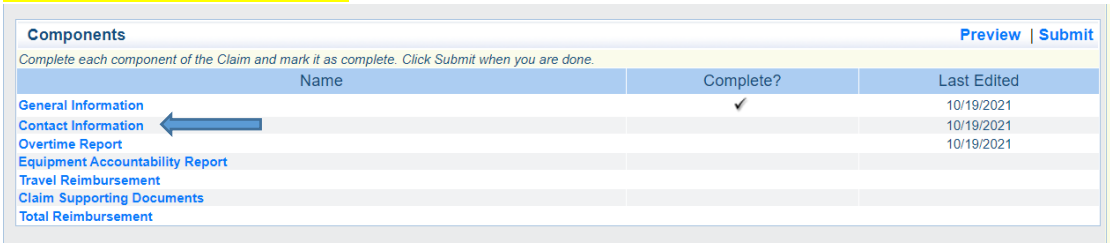


- Select **Reimbursement** from the Claim Type drop down menu
- Click on the calendar icon to enter your **Report Period**. The FROM Date is the first date of the sTEP Wave. The TO Date is the last date of the sTEP Wave.
- Click **Save** in upper right corner



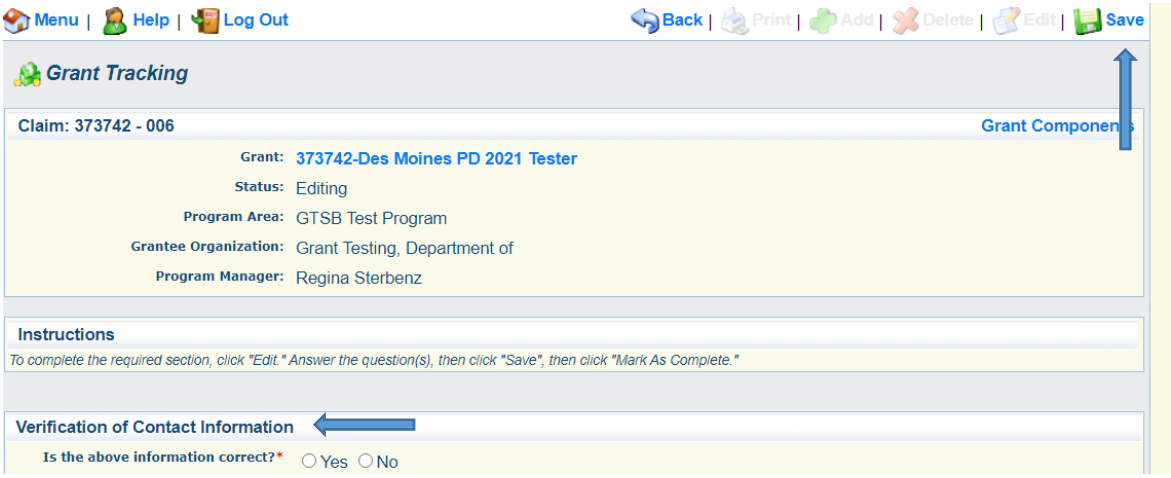
- Click **Return to Components**

- Click on **Contact Information** in the Components section



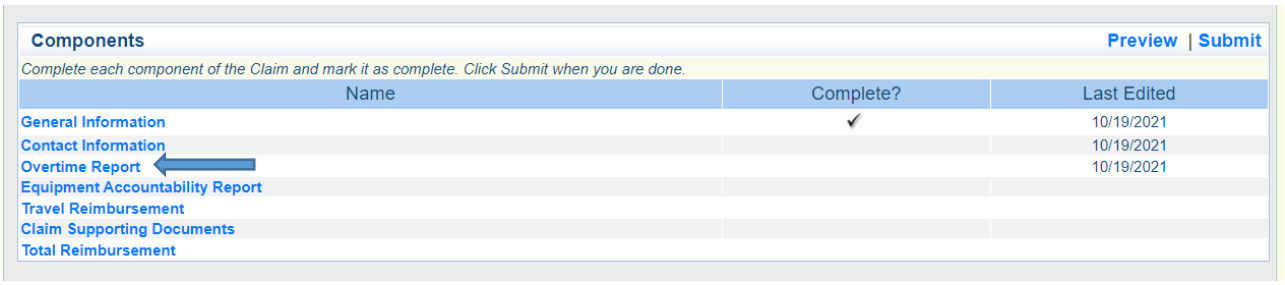
- Verify that the information listed is current and click **Edit** in the upper right hand corner

- Answer the **Verification of Contact Information** question. If you answer Yes, click on **Save** in upper right hand corner.
- If something is incorrect and you answer the verification question No, a text box will appear for you to enter in the correct information, along with a note that you need to contact your Program Administrator about the changes.
- Enter your changes and then click on **Save** in the upper right hand corner



- Click **Mark as Complete**

- Click on **Overtime Report** in the Components section



- Read the **Instructions** box, then click **Edit** to answer the Overtime reimbursement question yes or no
- If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Equipment Accountability Report** in the table and skip to Equipment Accountability Report Instructions below
- If answer is **YES**, click **Save** in upper right corner.
- Before you begin this portion of the claim, reference Article 12.0 in your Contract located on the last page. Your contract can be found in Iowa Grants under Program Documents. Some contracts have all three of the following:
  402 (general enforcement) dollars
  405d (focus on impaired enforcement) dollars
  405b (focus on occupant protection enforcement) dollars

Article 12.0 Project Budget.

	Highway Safety Funds
Personnel Services	
Directed overtime for general enforcement (402)	$ 750.00
Directed overtime for impaired enforcement (405d)	$ 1,590.00
Directed overtime for occupant protection enforcement (405b)	660.00
TOTAL	$ 3,000.00

Some contracts only have:
405d (focus on impaired enforcement) dollars

Article 12.0 Project Budget.

	Highway Safety Funds
Personnel Services	
Directed overtime for impaired enforcement (405d)	$ 500.00
Equipment	
One in-car video camera (405d)	$ 4,500.00
TOTAL	$ 5,000.00

- If you have **General Enforcement** overtime dollars in your contract and are requesting reimbursement for the November and/or July waves, shifts will get entered into the **Overtime for General Enforcement** box.

Overtime for General Enforcement (402)

Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB General Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?
					0.00				

- If you have **Impaired Enforcement** overtime dollars in your contract and are requesting reimbursement for the December, April, August/September waves, shifts will get entered into the **Overtime for Impaired Driving Enforcement** box.

Overtime for Impaired Driving Enforcement (405d)

Reimbursement monies for this section are for overtime worked with an emphasis on impaired driving enforcement. For sTEP contracts, this is for the December, April and August/September waves.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB Impaired Driving Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?
					0.00				

- If you have **Occupant Protection Enforcement** overtime dollars in your contract and are requesting reimbursement for the May/June wave, shifts will get entered into the Overtime for **Occupant Protection Enforcement** box.

Overtime for Occupant Protection Enforcement (405b) Add

Reimbursement monies for this section are for overtime worked with an emphasis on occupant protection enforcement. This section is for sTEP contracts only and will be used for the May/June wave.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB Seatbelt Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?	Hourly Rate of Pay	Seatbelt Enforcement Reimbursement
					0.00						$0.00

- Another potentially useful resources at this point would be the completed officer/deputy shift log of contacts from GTSB overtime shifts (IF the agency utilizes these.) It is not required and some agencies have created their own, which is fine. The newest GTSB version is in Iowa Grants under Program Documents. This form allows officers/deputies to check a box indicating the wave focus.

Name:_____ Date:_____

Shift Start Time:_____ Shift End Time:_____

Shift Intent: General OT Impaired OT Seatbelt OT

IMPAIRED DRIVING	
OWI Arrests – Alcohol	
OWI Tested, but No Arrest made	
OWI Arrests – Drugs	
DRE Call Outs	

- When you are ready to begin entering shift(s), click **Add** in the upper right hand corner of the respective overtime box. For any given wave, overtime shifts will ONLY be entered into ONE of the box types listed below. <u>The wave focus will dictate which box to use</u>.

Overtime for General Enforcement (402) Add

Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB General Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?	Hourly Rate of Pay	General Enforcement Reimbursement
					0.00						$0.00

Overtime for Impaired Driving Enforcement (405d) Add

Reimbursement monies for this section are for overtime worked with an emphasis on impaired driving enforcement. For sTEP contracts, this is for the December, April and August/September waves.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB Impaired Driving Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?	Hourly Rate of Pay	Impaired Driving Enforcement Reimbursement
					0.00						$0.00

Overtime for Occupant Protection Enforcement (405b) Add

Reimbursement monies for this section are for overtime worked with an emphasis on occupant protection enforcement. This section is for sTEP contracts only and will be used for the May/June wave.

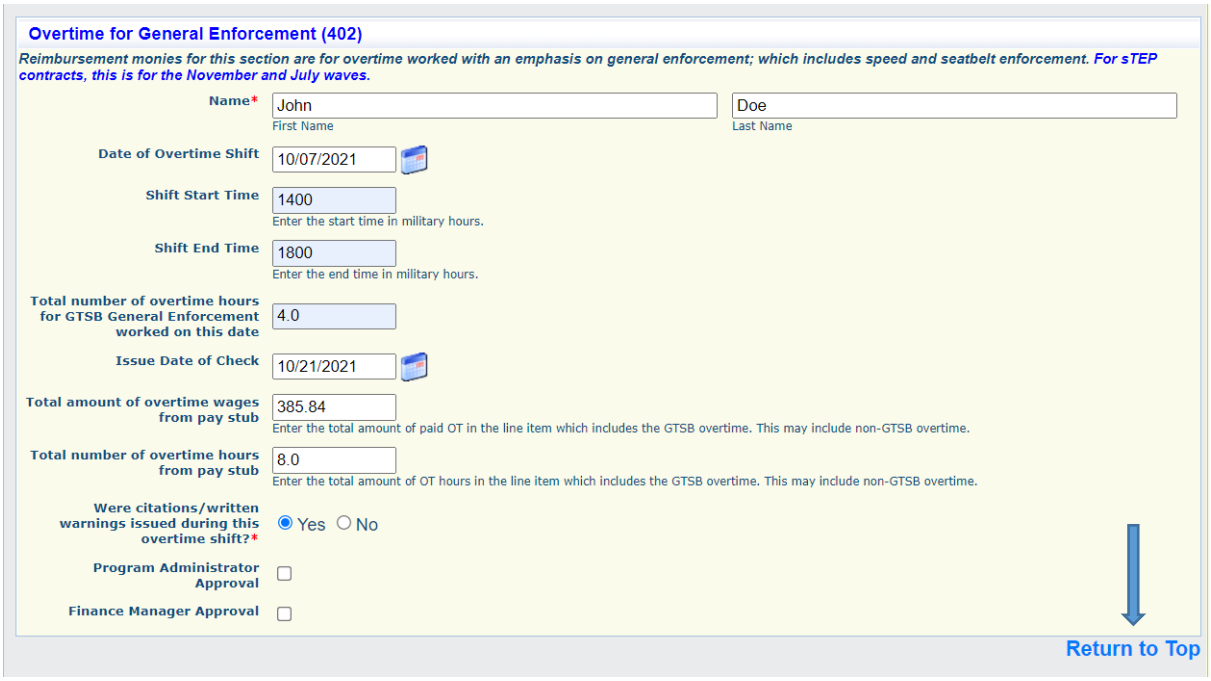
Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB Occupant Protection Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?	Hourly Rate of Pay	Occupant Protection Enforcement Reimbursement
					0.00						$0.00

- Complete each field.

- Clarification on Total Amount of Overtime Wages and Total Number of Overtime Hours from pay stub:

  Some agency pay stubs have all of their overtime grouped together, no matter if it was OT for the agency, GTSB, etc. If this is your agency situation, make sure to enter the total number of hours off the paystub. EX: The total number of overtime hours on the paystub is 15.5 hours, but you know only 8 of those hours were for GTSB OT. It does not matter – enter 15.5 into the box. The 8 hours goes into the field labeled Total number of overtime hours for GTSB worked on this date. The form has built in formulas and it will do all necessary calculations.

  Other agencies have GTSB OT listed on its own line on the pay stub and separated out from any other OT type. If this is your agency situation, enter the totals from JUST the GTSB line and do not add together any other OT types to come up with totals.



  In the example above, John Does' agency groups all overtime pay into one line item. You can see above that his GTSB OT shift was only four hours long, however, in the field for Total number of overtime hours from pay stub, he worked a TOTAL of 8 overtime hours in the pay period, but only four of which were on GTSB time. By entering the information in this fashion, calculations of the overtime rate of pay and total reimbursement amount for each shift will be automatically calculated for you.

  When you are finished with your first entry, click **Return to Top** and then click **Save** in the upper right corner. John Doe's shift that was just entered should now appear in the electronic OT spreadsheet (see below – note rate of pay was automatically calculated based on what was entered).

Overtime for General Enforcement (402) Add

Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB General Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?	Hourly Rate of Pay	General Enforcement Reimbursement	Program Administrator Approval	Finance Manager Approval
John	Doe	10/07/2021	1400	1800	4.0	10/21/2021	$385.84	8.0	Yes	$48.23	$192.92		
					4.00						**$192.92**		

To input additional OT shifts, click on **Add** in the corresponding wave focus overtime box and repeat the steps above, making sure to click **Save** after each shift entry.

When you are finished entering in all enforcement overtime shifts, make sure to:

1. Write down your overtime reimbursement total from the table. You will need this later when completing the Total Reimbursement section of your claim.
2. If you need to edit any of your saved entries, simply click on the **blue** portion of the officer/deputy name and their shift entry will pop up in a separate window in order for you to make changes. After you have made changes, make sure to click **Return to Top** and then click **Save**.

Officer Data Create New Version | Mark as Complete | Go to Claim Forms

Number of Hours in a Regular Shift	8 Standard number of hours worked/FT regular shift	8 Standard number of hours worked/PT regular shift

Overtime Report

Is this claim requesting reimbursement for overtime?*	Yes

Overtime for General Enforcement (402) Add

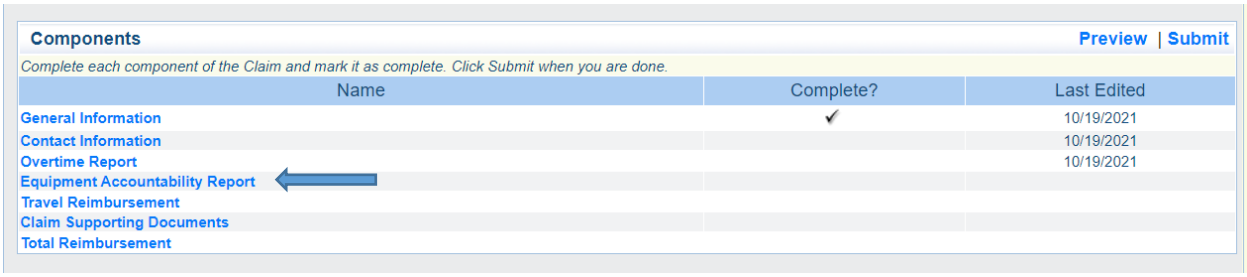
Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.

Name	Last Name	Date of Overtime Shift	Shift Start Time	Shift End Time	Total number of overtime hours for **GTSB General Enforcement** worked on this date	Issue Date of Check	Total amount of overtime wages from pay stub	Total number of overtime hours from pay stub	Were citations/written warnings issued during this overtime shift?	Hourly Rate of Pay	General Enforcement Reimbursement	Program Administrator Approval	Finance Manager Approval
John	Doe	10/07/2021	1400	1800	4.0	10/21/2021	$385.84	8.0	Yes	$48.23	$192.92		
Snow	White	10/10/2021	0700	1100	4.0	10/21/2021	$204.36	4.0	No	$51.09	$204.36		
					8.00						**$397.28**		

3. When you are all finished entering shifts, click **Mark as Complete**
4. Set your paystubs aside. You will upload them later in the process.

- If you'd like to add any comments, click **Edit** at the top of the page, scroll down to the comment box and click **Save** in the upper right hand corner when you are finished.

- Click on **Equipment Accountability Report** in the Components section

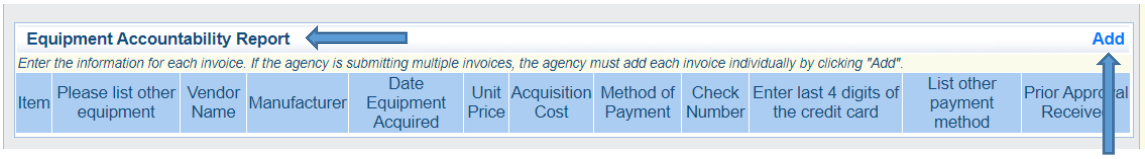


- Read the **Instructions** box, then click **Edit** to answer the equipment question yes or no

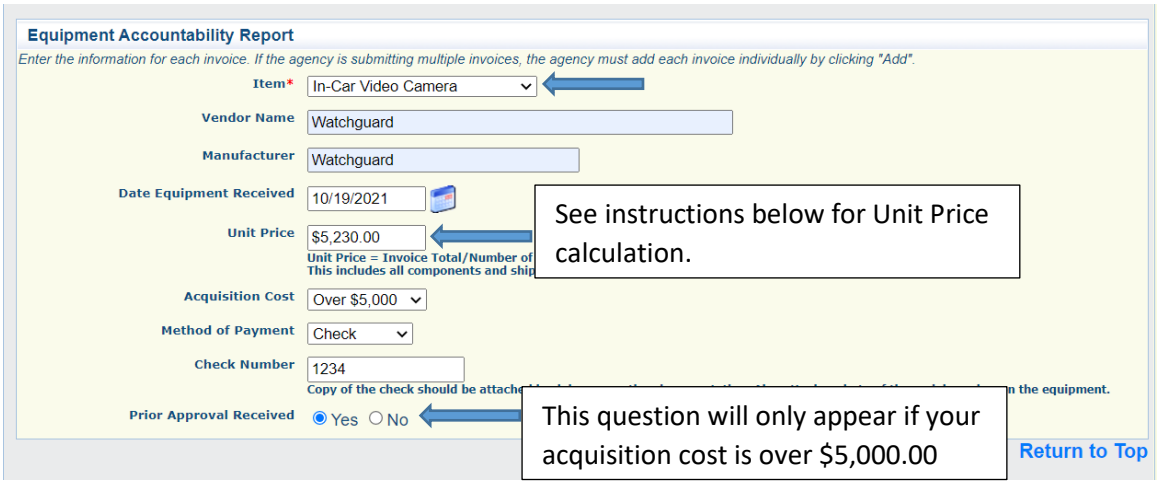
  If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Travel Reimbursement** in the table and skip to Travel Reimbursement Instructions below

  If answer is **YES**, click **Save** in the upper right corner.

  In the Equipment Accountability Report box, click **Add** to enter your equipment information



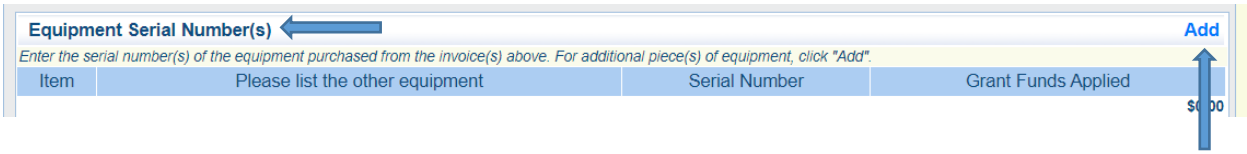
Select your equipment item from the drop down menu and continue to complete each of the remaining fields.



Unit Price = When calculating this number, divide your TOTAL invoice cost by the number of pieces of equipment that you ordered (this includes shipping and any additional components to the main unit if applicable). For example, if your invoice total is $5,230.00 for 1 camera, $5,230.00 divided by 1 = $5,230.00 – this is what gets entered into the unit price field.

Once you've answered all of the questions, click **Save** in the upper right hand corner.

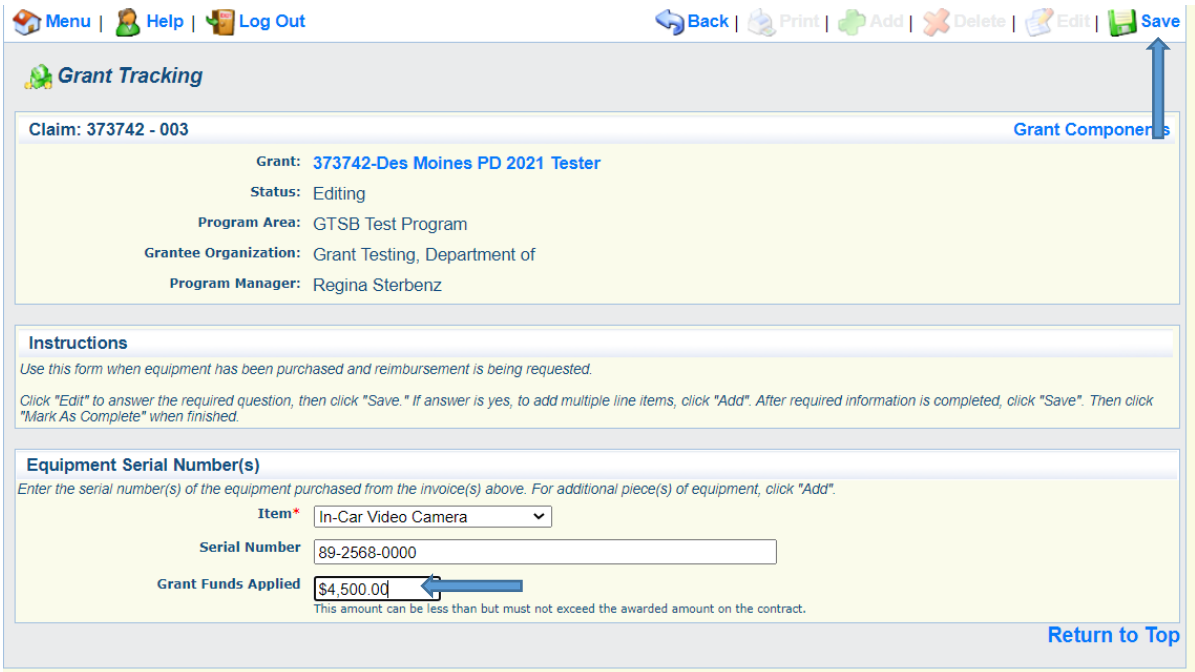
Next, click on **Add** in the upper right hand corner of the Equipment Serial Number(s) box



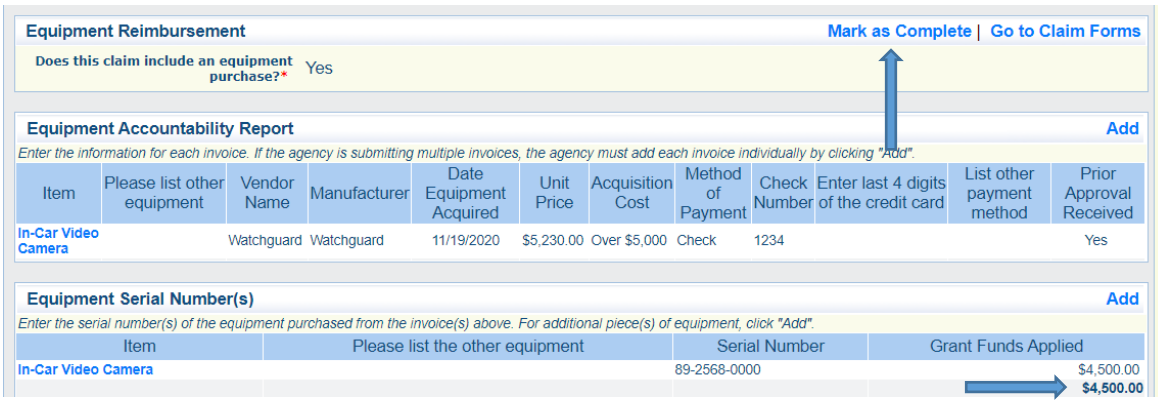
Select your equipment items from the drop down menu and continue to complete each of the remaining fields

Grant Funds Applied = When entering this number, note that the grant funds applied cannot exceed the amount you were awarded in your contract. In the screen shot above, the camera's unit price was $5,230.00. HOWEVER, I cannot enter that same amount into my grant funds applied, because I was only awarded $4,500.00 towards the purchase of my camera.

At the other end of the spectrum, let's consider a purchase of PBTs. Pretend my calculated unit price was $385.00 per PBT. I was awarded $450.00 PER PBT. When I complete the Grant Funds Applied box for my PBT's I will ONLY enter $385.00, NOT $450.00.

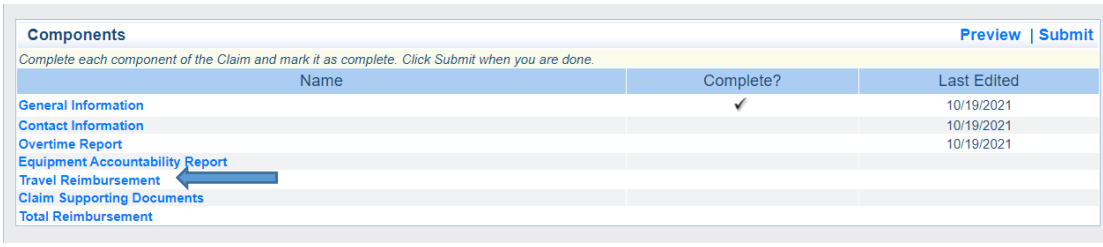


- When you are finished, click **Save**. If you have additional equipment on a separate invoice that you are claiming, repeat the steps above starting with clicking **Add** in the Equipment Accountability Report box above.
- When you are finished entering all pieces of equipment, write down your equipment reimbursement total from the Grant Funds Applied column.
- Click **Mark as Complete**

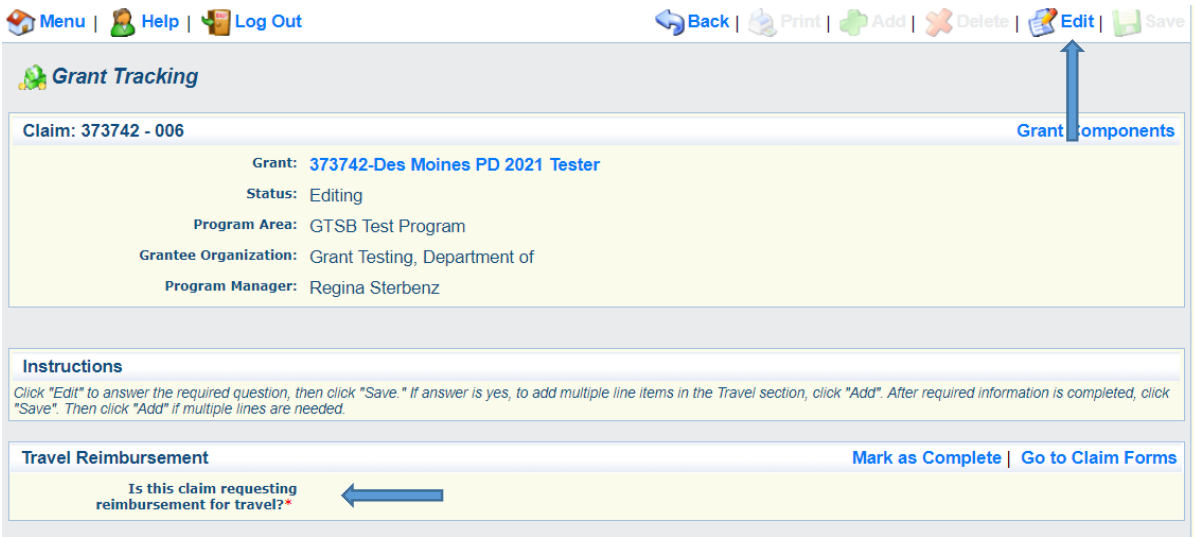


- Set your required documentation aside (invoice, proof of payment and pictures of equipment with serial numbers). You will upload them later in the process.

- Click on **Travel Reimbursement** in the Components section

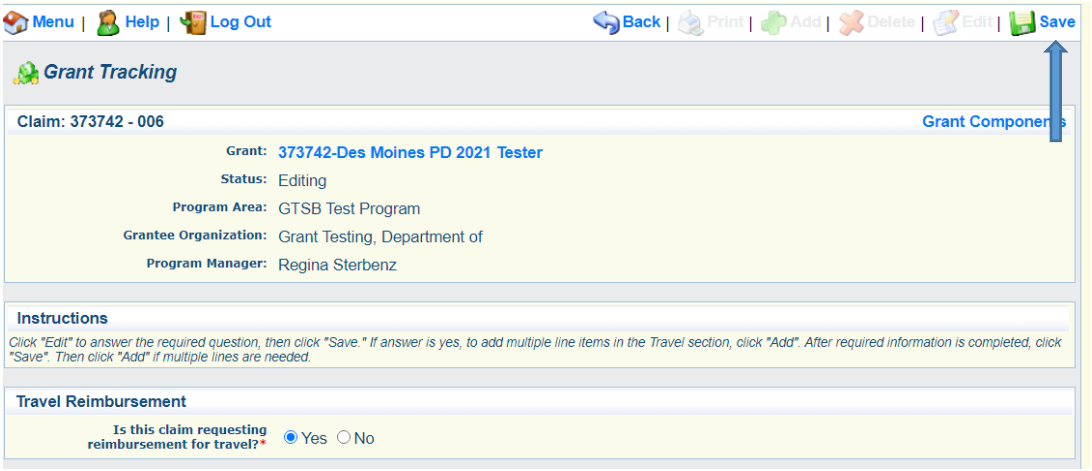


- Read the **Instructions** box, then click **Edit** to answer the travel reimbursement question yes or no

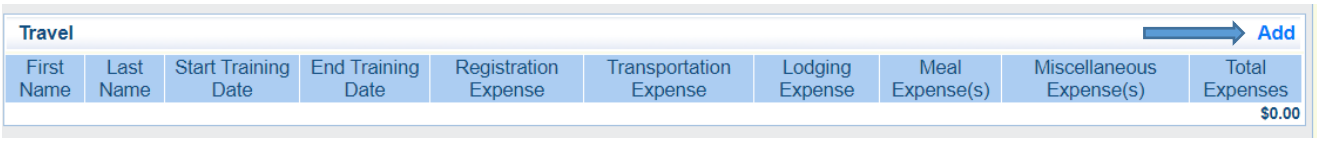


- If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Click on **Claim Supporting Documents** in the table and skip to Claim Supporting Documents instructions below.

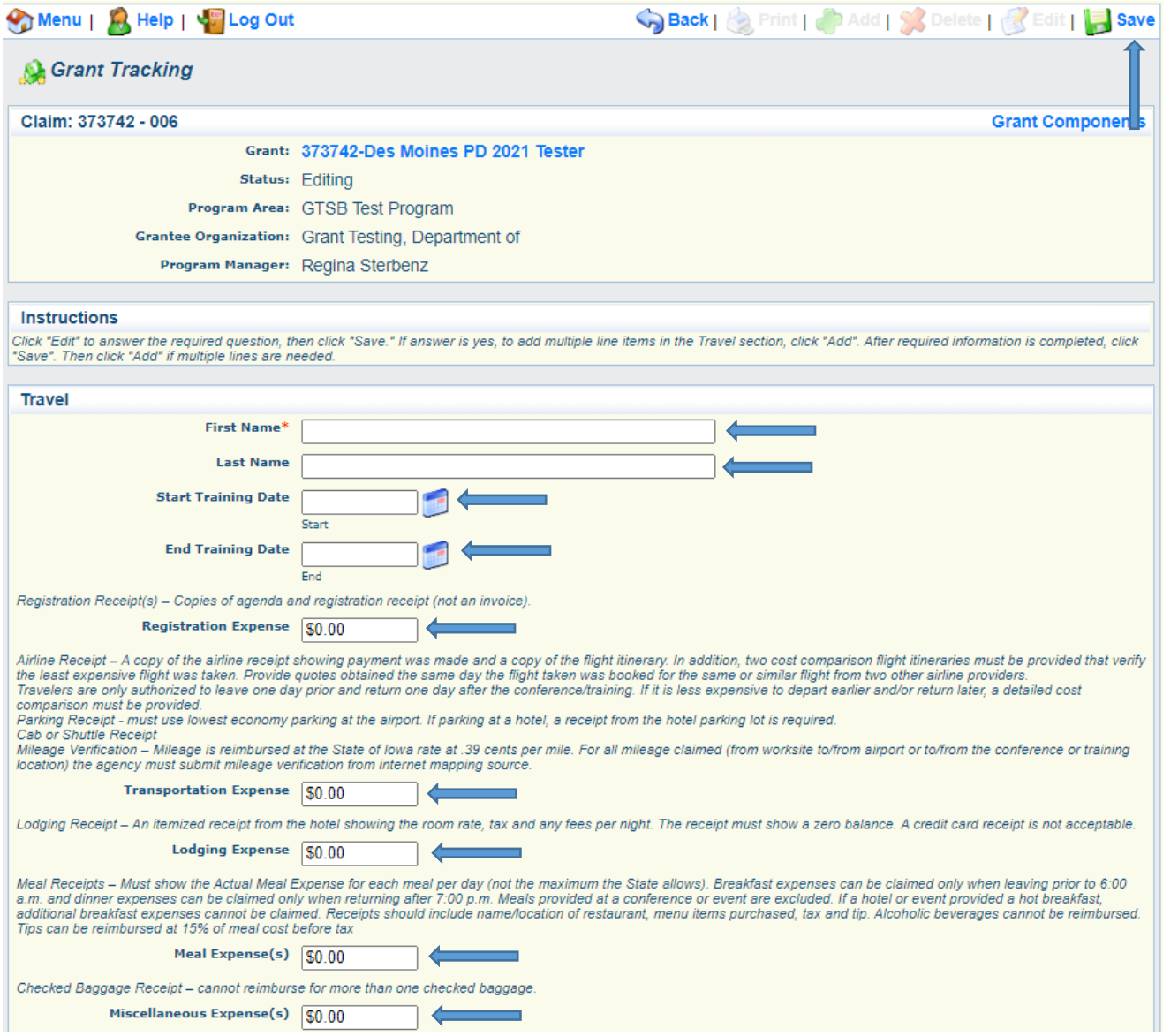
- If answer is **YES**, click **Save** in the upper right corner



- Click **Add**



- Enter the traveler name, dates of training and all travel expenses requested

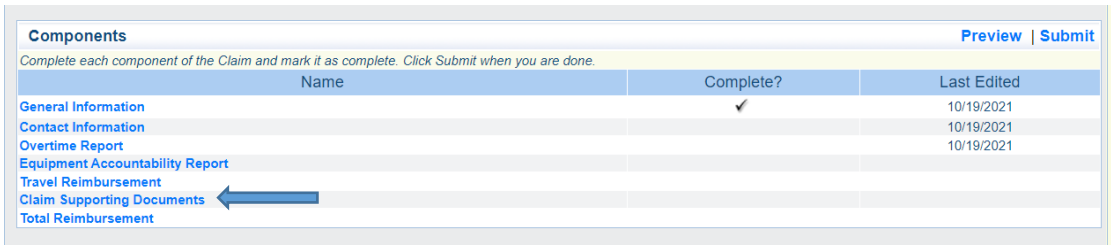


- Repeat steps above in order to get multiple travelers entered.

- When you are finished typing your report, click **Save,** write down your travel reimbursement total and then click **Mark As Complete**.

Set your required documentation aside (registration receipt, itemized meal receipts, lodging receipt, etc.). You will upload them later in the process.

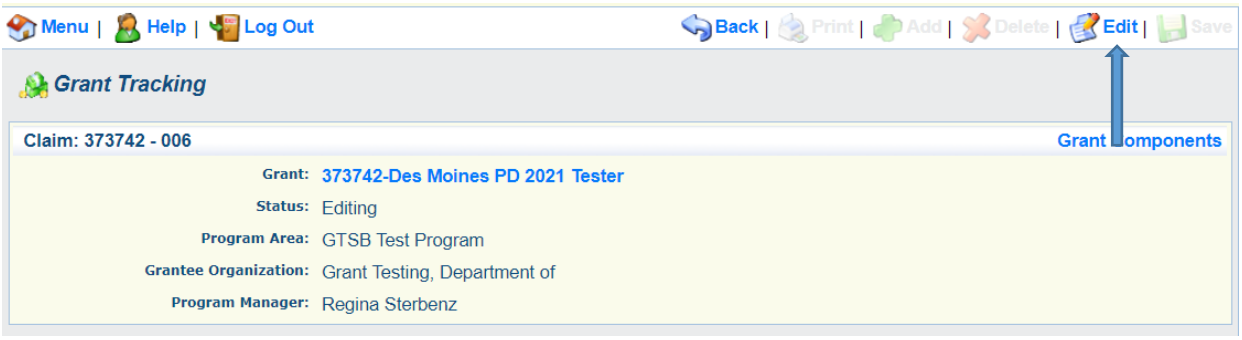
- Click on **Claim Supporting Documents** in the Components section



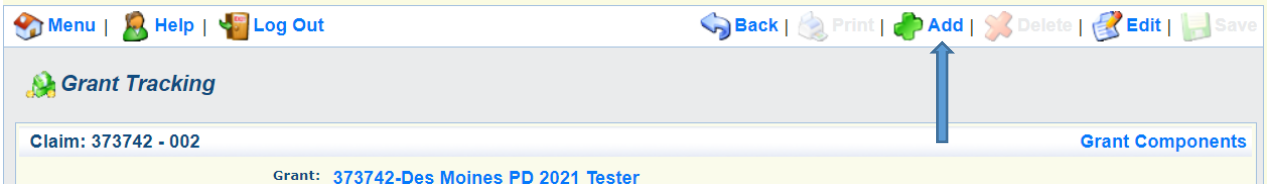
- Reference the Instructions box to make sure you provide the required documentation for all categories in which you are claiming reimbursement: Overtime, Equipment and Travel.

- Scan ALL of your supporting documentation and save it as ONE file.

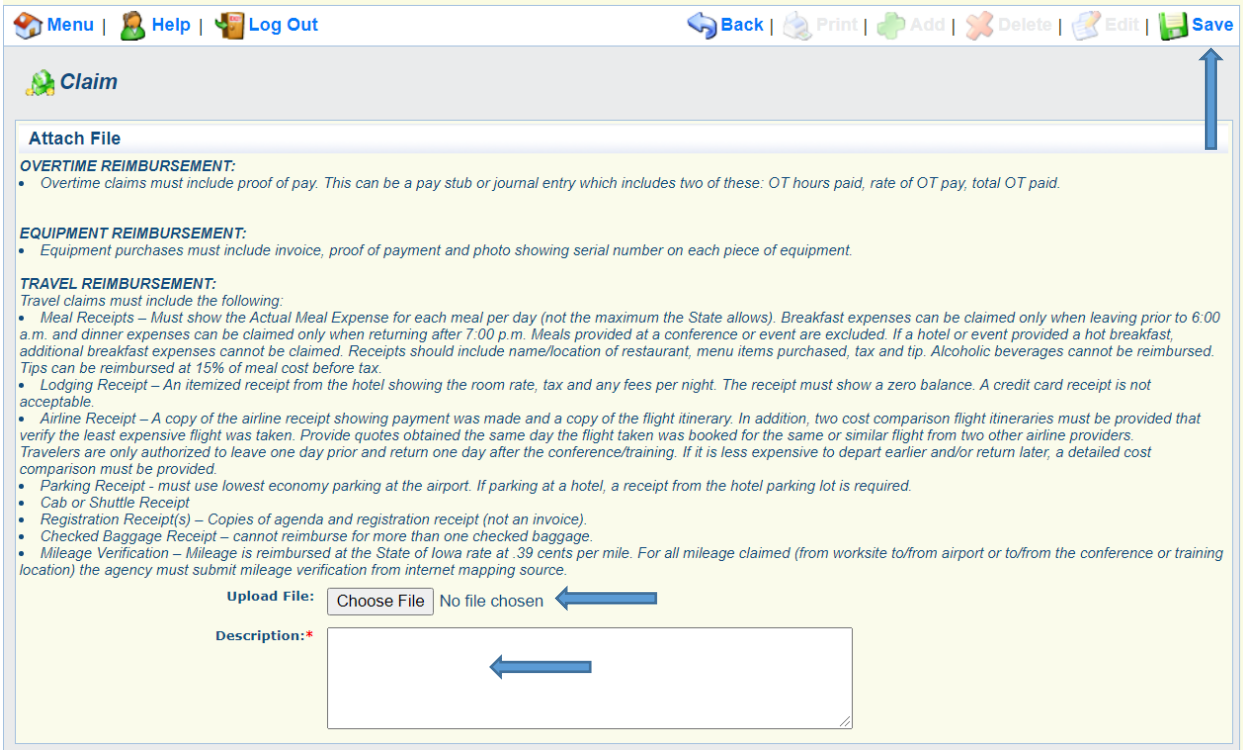
- Click **Edit** at the top of the page



- Click **Add** at the top of the page



- Now a button named “Choose File” should appear at the bottom of the page



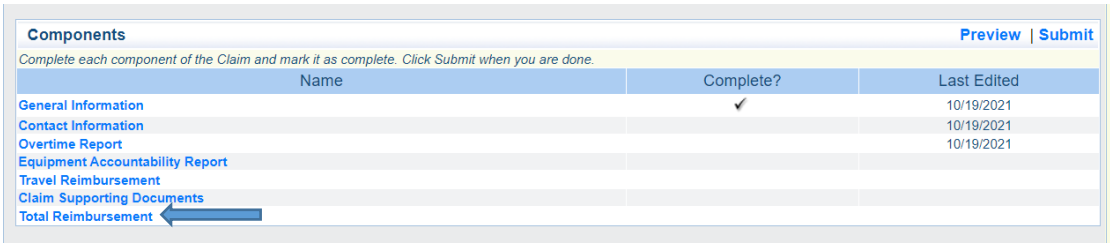
- Click on **Choose File**, locate your scanned file of all of your documentation and double click on it. Your file should now appear next to the Choose File button.

- In the **Description Text Box**, type “(Insert Claim Month) Claim Documentation”

- Click **Save** in the upper right hand corner at the top of the page.

- Click **Mark as Complete**

- Click on **Total Reimbursement** in the Components section



- This is where you will reference your category totals that you wrote down as you worked through your claim. Enter each total into its respective box in column 2 titled **Expenses This Period**.

THE TOTAL YOU ENTER INTO COLUMN 2 FOR A GIVEN CATEGORY CANNOT EXCEED THE AMOUNT YOU WERE AWARDED (SEE COLUMN 1 – APPROVED BUDGET). LIKEWISE, IF THE TOTAL IS LESS THAN THE AMOUNT YOU WERE AWARDED, THE MAXIMUM REIMBURSEMENT AMOUNT IS THE TOTAL ALLOWABLE AMOUNT PAID BY THE AGENCY FOR THAT LINE ITEM.

For example, the camera purchased in the equipment section of these instructions actually cost $5,230.00. However, when the total reimbursement amount for the camera gets entered into column 2, only $4,500.00 is entered because that is the maximum amount in which the agency was awarded for the camera.

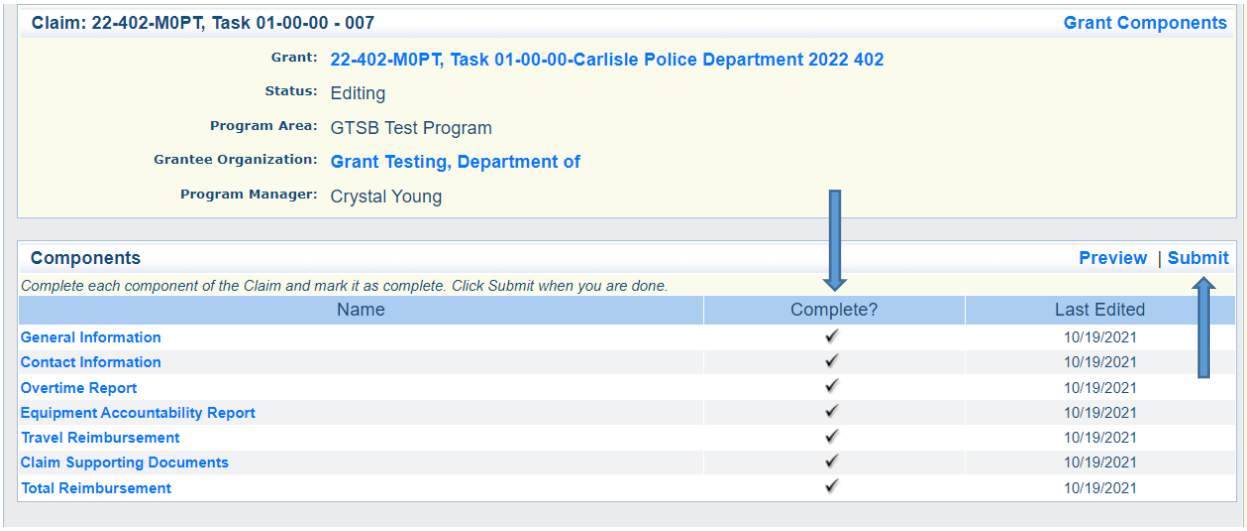
This same concept applies to all line items in your budget.

- Click on **Save** when you are finished entering all of your reimbursement totals.

- The next screen displays your claim total (bottom of column 2). If you need to change a total that you entered, click on **Edit** in the upper right hand corner, make your change(s) and then click on **Save** in the upper right hand corner.

- When it all looks good, click on **Mark as Complete**.

- You will not be able to submit your claim until there is a check mark in the Complete? column for each of the listed components (see below).

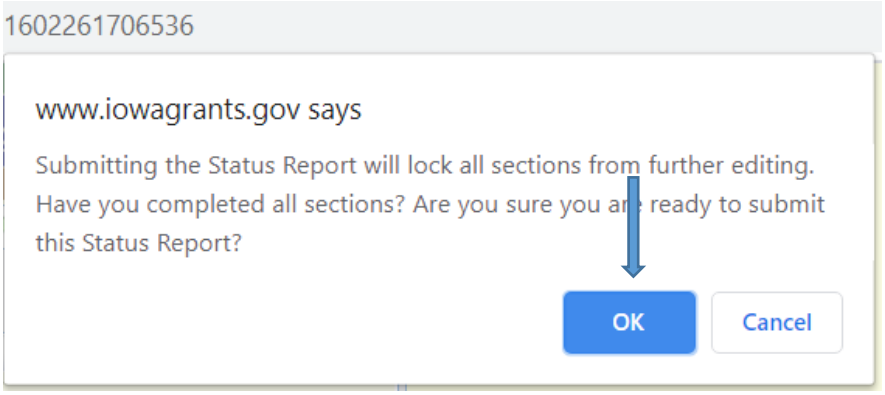
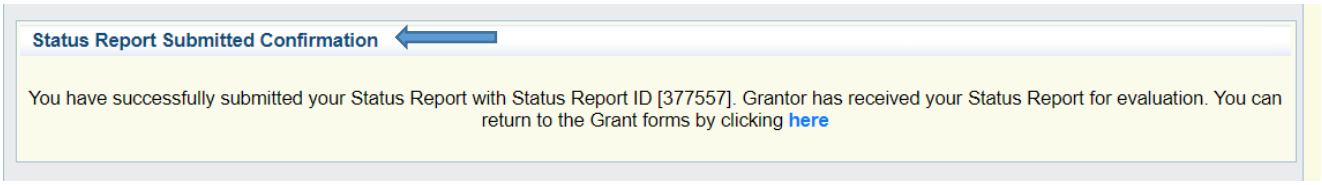


- Once you click submit, all sections of your claim will be locked and you will not be able to make any changes to them.

- If you need to make a change in a particular section prior to clicking submit, simply click on the blue words of the component in which you need to edit. That section will then appear, reference section instructions above for how to add, save and mark as complete.

- Click **Submit** when you are ready to lock and submit your reimbursement claim.

- If there are no further edits to this form, click **OK**



Once you see the screen below, you will know that your submission was successful and your Program Administrator has been notified of your submission.