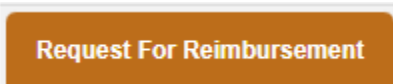1. Log into ZoomGrants
2. Select the approved program/application for the reimbursement request.
3. Click on **Request for Reimbursement** tab

Request For Reimbursement

   a. **Create a new invoice button**

   Create a New Invoice

   b. **Invoice Contact info:** enter the point of contact that will be accountable for submitting the RFRs

   Invoice Contact
   Aimee Cox

   aimee.cox@rtfhsd.org

   555-555-5656

   c. **Invoice Number Naming Convention:** Agency Name_Program Name_Program Type_ (Reimbursement Month/Year)

   Invoice Number
   RTFH_MightyDucks_RRH (month

TIP: Before requesting for reimbursement, please make sure all supporting documentation is collected, organized and uploaded.

***Also, make sure there's enough in the remaining balance to request for the specific expense. (Click on the request for reimbursement tab, scroll to the bottom to see the remaining balances).

Creating ZoomGrants Invoice 2022

d. **Enter Line Item Details:** you will only have the awarded line items available for submission.
  i. In the Description Column enter what the requested expense is and the amount. If there's multiple expenses for one line item, separate it by a comma. (You will need to upload the documents separately in the Documents Requested section.
    1. Some line items have indirect expenses that can get claimed. Please include this information in the description.
  ii. **Which line items can a provider claim indirect?**
    1. Check your executed agreement
    2. Cannot exceed the direct expensed amount, should only be the allowed percentage amount.

Line Item Details

Expenses

Line Item *(from application)*	Description
SS. Assessment of Service Needs	
SS. Assistance with Moving Costs	
SS. Case Management	Personnel _ 0.01 - J. Lo, Ir
SS. Child Care	
SS. Education	
SS. Employment Assistance	
SS. Food	
SS. Housing/Counseling	
SS. Legal Services	
SS. Life Skils	
SS. Mental Health Services	
SS. Outpatient Health Services	
SS. Substance Abuse Treatment Services	
SS. Transportation	
SS. Utility Deposits	
SS. Operating.	
L.R/A: Short/Med. Rental Assistance	
L.R/A: Transitional	
L.R/A: Operating.	
Admin 5%	

e. After the line items have been entered, you will need to answer the following questions.
  i. What period does this Request for Reimbursement Cover?
     1. Month/Year (Dec 1- Dec 31, 2021)
  ii. Have you uploaded Financial Reports documenting individual line-item expenses? (e.g. Payroll Summary Report, Detail Profit and Loss, Detail General Ledger, Time-Sheets, etc.)
     1. Yes (Select yes, you will upload all the documents under Documents Requested
     2. No (Selecting no, will cause a delay in payment or the invoice returning).
  iii. Have you verified that the reimbursement request is consistent with data in HMIS? (e.g. participants and service encounters are reflective of staff time)
     1. Yes (Quarterly report submission is required), If you need help running the HMIS APR successfully please reach out to support@rtfhsd.org
     2. No
  iv. How much match has been expended during **this invoice period**? (Upload documentation of match) *** If no match is reported for this period, please report $ 0.00
     1. Upload documentation of match in the documents requested section, found after the last question (ix)
     2. Enter amount.
  v. How much match has been **expended to date**?
     1. Enter total amount to date
  vi. Blank question
     1. Enter N/A
  vii. Have you uploaded the HQS Inspections forms? Uploaded in the Documents requested section.
     1. Yes
     2. No-not required for this project
     3. No-No new rental/stipend expenses during this period.
  viii. If claiming Indirect Cost did you submit the Indirect worksheet? (You can find the template in the Documents Requested section. Download the template and use until the end of the grant term.)
     1. Yes
     2. No
  ix. Provide a brief summary of activities during this period
  x. Blank question
     1. Enter N/A

Documents Requested *	Required?	Uploaded Documents *	
Match Expenditure documentation	☑	*-Label as: Match_month/year_total$-*	Upload
Initial Request for Reimbursement Form download template	☐	*-none-*	Upload
Financial Reports: e.g. Payroll Summary Report, Detail Profit and Loss, Detail General Ledger	☑	*-Label as: Report Name_month/year_total $-*	Upload
HQS Inspection Forms	☐	*-none-*	Upload
Environmental Review Certification	☐	*-none-*	Upload
Supporting Documentation Guide	☐	*-none-*	Upload
Claim Reimbursement Form download template	☐	*-Use the downloaded template-*	Upload
Supporting Documentation: **Personnel**	☐	*-(Label as: First initial.LastName_month/year_Total$_). For multiple employees please upload separately.-*	Upload
Supporting Documentation - **Leases**	☐	*-(Label as: Name of Property_Type of Property_Client's first inital, last name_ month/year_$amount)-*	Upload
Supporting Documentation: Host Homes Stipends	☐	*-Label as: Client's First Name initial_lastname_month/year_total*	Upload
Supporting Documentation**: Rental Assistance: Specific for Joint/ RRH programs**	☐	*-Label as: RentalAssistance_Type of Document_ProgramType_month/year_total $*	Upload
Supporting Documentation: **Operating (Specific for Joint programs).**	☐	*- Label as: Name of Expense_Month/Year_total$ -*	Upload
Supporting Documentation: **Admin.**	☐	*- Label as: Name of Admin Expense_ Month/year_ $total -*	

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