



Community Development Department
33 E. Broadway Avenue
Meridian, Idaho 83642
(208) 884-5533
www.meridiacity.org/cdbg

Community Development Block Grant (CDBG) Reimbursement Request Guide

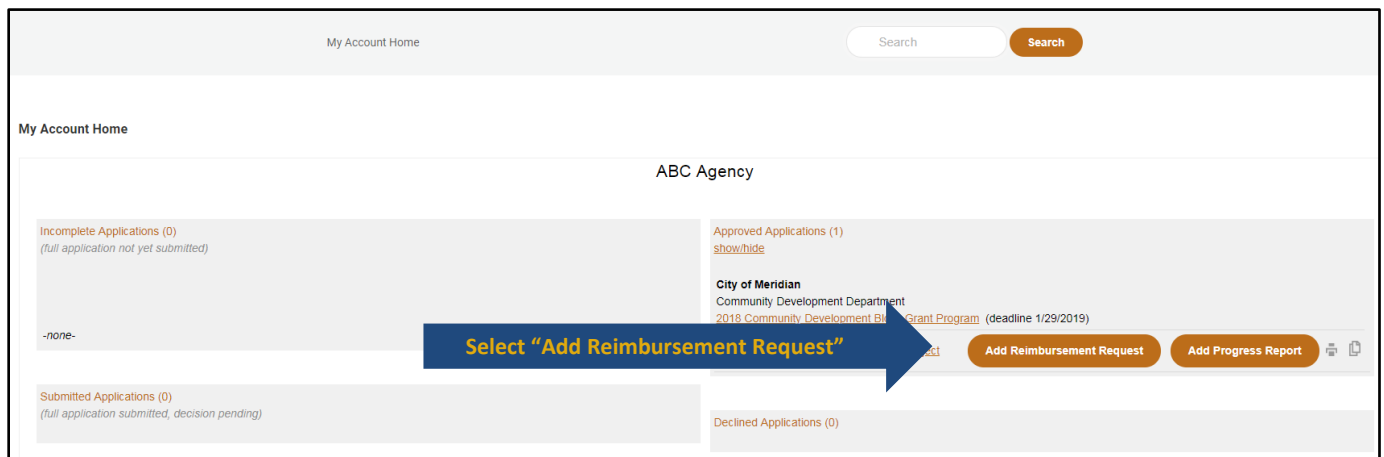
The City of Meridian utilizes ZoomGrants to administer Community Development Block Grant (CDBG) funding. Those interested in applying to administer a CDBG project will access ZoomGrants to submit a Letter of Intent and application for funding. Once applications have been vetted, scored, and approved, subrecipients will utilize ZoomGrants to request reimbursement for eligible activities and to complete the required progress reports.

This guide will assist subrecipients in submitting reimbursement requests. Subrecipients will receive an email to update them when a request has been submitted, denied, or returned for additional information.

For additional questions, contact Crystal Campbell, the Community Development Program Coordinator at ccampbell@meridiacity.org or (208) 489-0575.

Step 1: Initiate Reimbursement Request

Start at the home screen after you have logged into your ZoomGrants account.



Step 2: Complete Reimbursement Request Form

A separate window will pop up with your invoice. Complete all fields on the left under “Reimbursement Request” as shown in the blue box below. The right side will be completed by CDBG staff.

ZoomGrants | How do I do this? | Email This Reimbursement Request | Save as PDF | Print | Close Window | A A ▼

ABC Agency
Downtown Revitalization Test Project

City of Meridian
2018 Community Development Block Grant Program

CDBG Project Number
(Internal) Voucher Number
(Internal) Approved By
(Internal) Approval Date

ABC Agency | Tel: 2084890575 | **Project Contact**
123 W Main | Fax: | Crystal Test
Meridian, ID 83646 | EIN: | crystal_bastin@yahoo.com
Tel: 2084890575

Reimbursement Request

Instructions [show/hide](#)

Please complete this invoice, attach your supporting documentation, and submit.

Date Submitted [\[delete this invoice\]](#)

Reimbursement Request Number
(your invoice number)

Requested Amount \$

Reimbursement Request Contact Name

Reimbursement Request Contact Phone

Reimbursement Request Contact Email

Payment Instructions

Is activity on schedule and on budget? If the answer is no, please email ccampbell@meridiacity.org with an explanation and corrective actions.

Yes
 No

Reimbursement Request Status

Reimbursement Request Status
Approved Amount To Pay
Approval Date (mm/dd/yyyy)
Approved by
Reimbursement Request Decision Comments

Check Date
Check Number

Current Funding Snapshot
(for this full Application only)

| Reimbursement Request | |
|------------------------|----------------|
| Initial Award Amount | \$0.00 |
| Pending | |
| Approved | |
| Paid | |
| Still Available | \$0.00 |
| This Request | (-) \$ |
| New Total | \$ 0.00 |

Complete this section

Explanation of Required Fields

- **Reimbursement Request Number:** enter the number of reimbursements you have requested (e.g. the first request would be 1, the second would be 2)
- **Requested Amount:** total eligible expenses you are requesting for this reimbursement
- **Reimbursement Request Contact Information:** name, phone, and email of the person responsible for the reimbursement request
- **Payment Instructions:** Only complete if there is something unusual about a receipt or if the amount requested differs from the total of the receipts/invoices.
- **Is activity on schedule and on budget?** Select yes or no. If the answer is no, email ccampbell@meridiacity.org with an explanation and corrective actions.

Step 3: Upload Supporting Documentation

All supporting documentation for the total amount requested must be uploaded. Please refer to your subrecipient agreement for a full list of required documentation.

| Documents Requested * | Required? | Uploaded Documents * |
|--------------------------|-------------------------------------|--|
| Supporting documentation | <input checked="" type="checkbox"/> | -none- <input type="button" value="Upload"/> |

** ZoomGrants™ is not responsible for the content of uploaded documents.
**Documents can not be deleted once the Reimbursement Request has been submitted.*

Select "Upload"

Another window will pop-up:

ZOOMGRANTS Close Window Help

File Upload Window

| | |
|---|--------------------------------------|
| Document Requested Supporting documentation | Uploaded Document * -none- |
|---|--------------------------------------|

- File description
(e.g. IRS Letter, Financials, etc.)
- Type of attachment
 File Upload (file size limited to 4MB each)
 Link to File (YouTube, Dropbox, cloud storage, webserver, etc.)
- Select a file to upload

No '[' or ']' allowed in filenames.
Be sure to include the file extension.
File size is limited to 4MB.
Supported file extensions:
.DOC, .XLS, .XLSM, .DOCX, .XLSX, .TXT, .RTF, .WPS, .SXW, .ODT, .TAB, .CSV, .WKS, .SXC, .ODS, .PPT, .PPTX, .PPS, .SXI, .ODP, .PDF, .GIF, .JPG, .PNG, .MW, .WAV, .AIF, .MP3, .MP4, .MID, .MPG, .MOV, .WMV, .RM, .JPEG, .SHP, .SHX, .DBF, .KML, .KMZ, .TIF, .TIFF

Document type: PROPOSAL DOCUMENT

Enter a file description (e.g. January backup)

Select "Choose File" and locate the file on your computer

Select "Upload Now"

Close the window when you have uploaded all of the required documents.

Step 4: Review Reimbursement Request

Verify the requested amount and the Current Funding Snapshot.

| Reimbursement Request | Reimbursement Request Status | | | | | | | | | | | | | | | | |
|--|--|--|----------------------|------------|---------|--|----------|--|------|--|------------------------|-------------------|--------------|-----------------|------------------|--------------------|--|
| <p>Instructions show/hide</p> <p>Please complete this invoice, attach your supporting documentation, and submit.</p> <p>Date Submitted <input type="text"/> <input type="button" value="Submit Reimbursement Request"/> [delete this invoice]</p> <p>Reimbursement Request Number <input type="text"/> 1 <small>(your invoice number)</small></p> <p>Requested Amount <input type="text"/> 1000 \$</p> <p>Reimbursement Request Contact Name <input type="text"/> Crystal Test</p> <p>Reimbursement Request Contact Phone <input type="text"/> 208-489-0575</p> <p>Reimbursement Request Contact Email <input type="text"/> crystal_bastin@yahoo.com</p> <p>Payment Instructions <input type="text"/></p> | <p>Reimbursement Request Status</p> <p>Reimbursement Request Status</p> <p>Approved Amount To Pay</p> <p>Approval Date (mm/dd/yyyy)</p> <p>Approved by</p> <p>Reimbursement Request Decision Comments</p> <p>Check Date</p> <p>Check Number</p> | | | | | | | | | | | | | | | | |
| <p>Current Funding Snapshot <small>(for this full Application only)</small></p> <table border="1"> <thead> <tr> <th>Reimbursement Request</th> <th></th> </tr> </thead> <tbody> <tr> <td>Initial Award Amount</td> <td>\$5,000.00</td> </tr> <tr> <td>Pending</td> <td></td> </tr> <tr> <td>Approved</td> <td></td> </tr> <tr> <td>Paid</td> <td></td> </tr> <tr> <td>Still Available</td> <td>\$5,000.00</td> </tr> <tr> <td>This Request</td> <td>(-) \$ 1,000.00</td> </tr> <tr> <td>New Total</td> <td>\$ 4,000.00</td> </tr> </tbody> </table> | Reimbursement Request | | Initial Award Amount | \$5,000.00 | Pending | | Approved | | Paid | | Still Available | \$5,000.00 | This Request | (-) \$ 1,000.00 | New Total | \$ 4,000.00 | |
| Reimbursement Request | | | | | | | | | | | | | | | | | |
| Initial Award Amount | \$5,000.00 | | | | | | | | | | | | | | | | |
| Pending | | | | | | | | | | | | | | | | | |
| Approved | | | | | | | | | | | | | | | | | |
| Paid | | | | | | | | | | | | | | | | | |
| Still Available | \$5,000.00 | | | | | | | | | | | | | | | | |
| This Request | (-) \$ 1,000.00 | | | | | | | | | | | | | | | | |
| New Total | \$ 4,000.00 | | | | | | | | | | | | | | | | |

Review for accuracy of current and prior

Current Funding Snapshot Definitions

Initial Award Amount
Amount initially awarded to subrecipient

Pending
Request being processed

Approved
Request passed initial review; submitted to Finance Department for payment


Paid
Finance Department has issued payment

Step 5: Submit Reimbursement Request

Read and accept the certification at the bottom of the reimbursement request.

Reimbursement Request Certification
I certify that the above data is correct, based on our official accounting system and records consistently applied and maintained, and that expenditures shown have been made for the purposes of, and in accordance with, applicable contract terms and conditions.


Enter your name, indicating agreement with this statement
Sign here to accept



Move back to the top of the reimbursement request.

Date Submitted Submit Reimbursement Request
[\[delete this invoice\]](#)

Reimbursement Request Number



Once submitted, the “Date Submitted” field will populate.

Date Submitted

Reimbursement Request Number

Subrecipient contact listed as the Primary Contact will receive an email verification from ZoomGrants.

A new Reimbursement Request has been submitted:

You successfully submitted an Reimbursement Request for 2018 Community Development Block Grant Program.

ABC Agency
Downtown Revitalization Test Project
Invoice Number: 1
Invoice Request Amount: \$1,000.00
Invoice Requested From: City of Meridian

Step 6: Reimbursement Request Processing

The Community Development Program Coordinator will receive an email notification of the reimbursement request. The request will be reviewed, processed, and submitted to the Finance Department, who will complete a secondary review and issue payment. New vendors will be required to submit a W9 prior to payments being made. The City will issue payment within thirty (30) calendar days of the subrecipient submitting a complete request. **NOTE:** *if all documentation is not submitted or requests for additional documentation have not been responded to, the request is not complete.*

Reimbursement Approved

Subrecipient will not need to complete any further actions. Payment will be issued based on method selected (i.e. check or direct deposit).


Reimbursement Denied



If the request does not meet the criteria of the subrecipient agreement (e.g. ineligible activity, requesting more funding than available) the request will be denied. Subrecipient will receive an email and will be able to submit a new request if appropriate.

Reimbursement Returned to Subrecipient

If the request meets the criteria of the subrecipient agreement, but additional information is necessary the Community Development Program Coordinator will return the reimbursement request to the subrecipient. The subrecipient will be notified the request has been returned and will be required to login to ZoomGrants to review the cause and submit the requested information.


City of Meridian
Community Development Department
[2018 Community Development Block Grant Program](#) (deadline 1/29/2019)

\$5,000.00 [Downtown Revitalization Test Project](#) 

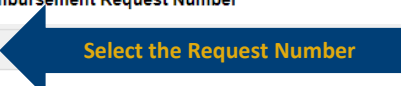
 

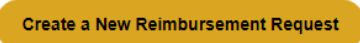
ABC Agency
Downtown Revitalization Test Project
\$ 0.00 requested

Summary Pre-Application Letter of Intent Application Budget Tables Documents

Financial  Progress Report Totals

Reimbursement Request


| Reimbursement Request Number | Date Submitted | Status | Requested |
|---|----------------|---------------|--------------------|
| 1  | [delete] | Not Submitted | \$ 1,000.00 |
| Total | | | \$ 1,000.00 |



Reimbursement Request Status

Reimbursement Request Status
Approved Amount To Pay
Approval Date (mm/dd/yyyy)
Approved by

Reimbursement Request Decision Comments
Submit detailed invoice for 123 Construction.



Check Date
Check Number

Sign and re-submit the request as shown in [Step 5](#).

For additional resources, please visit <https://meridiancity.org/cdbg>.