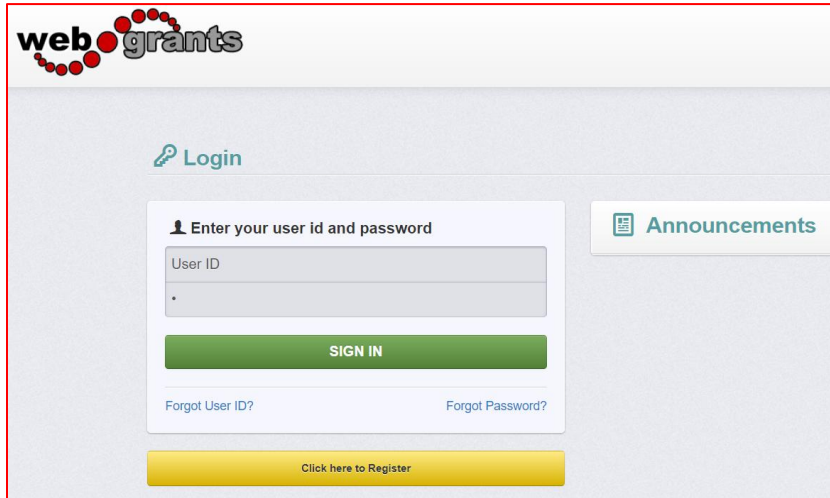


## Grantee Instructions – Claim Request

Noxious Weed Trust Fund (NWTF) grant projects approved for funding will submit reimbursement claims online through the [WebGrants system](https://mtagr.webgrantscloud.com/index.do). Please use the following instructions to request reimbursements.

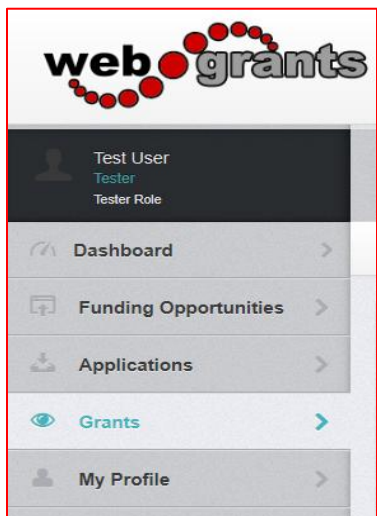
1. Login to WebGrants at <https://mtagr.webgrantscloud.com/index.do>



**Note:** Use the WebGrants Menu, not the Browser Menu to navigate system.

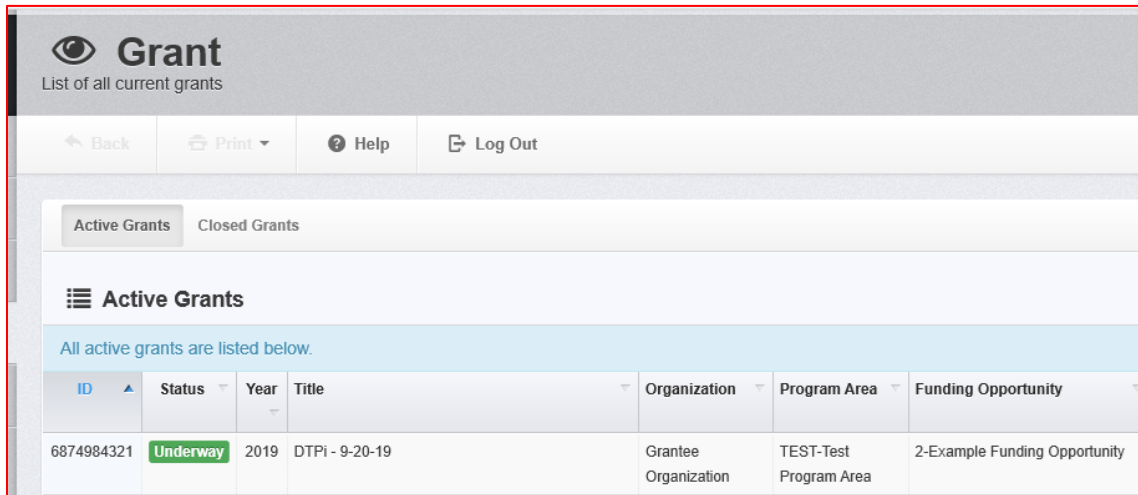
WebGrants is compatible with many different browsers; please feel free to use the browser of your choice. Read the Instructions on the screen for navigating in the system.

2. From the **Side Menu**, click on **Grants**.



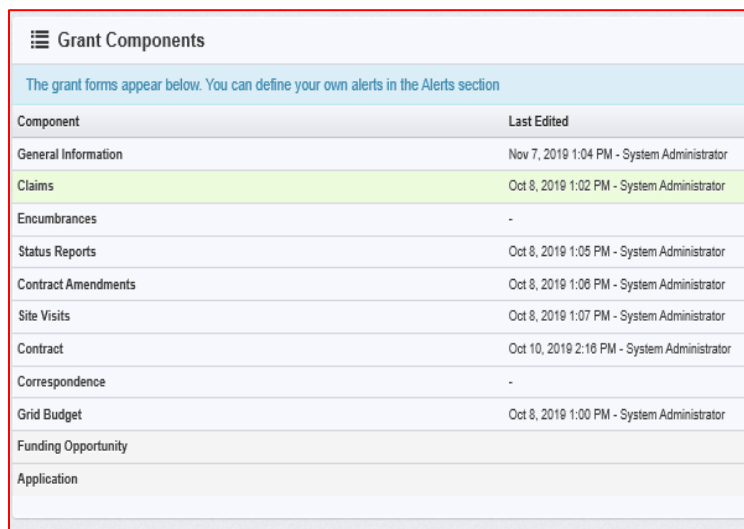
# Claim Reimbursement Instructions

3. Select the Grant you would like to access in the Active Grant listing. **Click** anywhere on the grant to open.



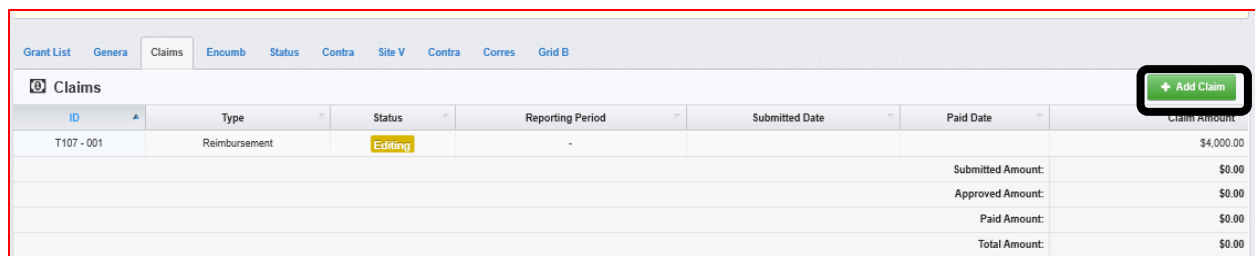
ID	Status	Year	Title	Organization	Program Area	Funding Opportunity
6874984321	Underway	2019	DTPi - 9-20-19	Grantee Organization	TEST-Test Program Area	2-Example Funding Opportunity

4. Once you have selected the Grant, you will be directed to the **Grant Components**.
5. Select **Claims** from the list of Grant Components.



Component	Last Edited
General Information	Nov 7, 2019 1:04 PM - System Administrator
Claims	Oct 8, 2019 1:02 PM - System Administrator
Encumbrances	-
Status Reports	Oct 8, 2019 1:05 PM - System Administrator
Contract Amendments	Oct 8, 2019 1:06 PM - System Administrator
Site Visits	Oct 8, 2019 1:07 PM - System Administrator
Contract	Oct 10, 2019 2:16 PM - System Administrator
Correspondence	-
Grid Budget	Oct 8, 2019 1:00 PM - System Administrator
Funding Opportunity	
Application	

6. Click **Add Claim** on the Claims screen.



ID	Type	Status	Reporting Period	Submitted Date	Paid Date	Claim Amount
T107 - 001	Reimbursement	Editing	-			\$4,000.00
Submitted Amount:						\$0.00
Approved Amount:						\$0.00
Paid Amount:						\$0.00
Total Amount:						\$0.00

# Claim Reimbursement Instructions

- You will be directed to the Claim General Information. Complete the fields on the form, then click **Save Form**. \*If this is the last claim that will be submitted for the grant, next to the Final Request select Yes.

**General Information - Claim - Edit** [Save Form](#)

In the form below, complete all required fields. Enter the report period of coverage for this claim. All expenses reported on this claim should have been incurred during this period of time. If this is the last claim that will be submitted for this grant, then the Final Request checkbox should be checked.

Examples Quarterly Reporting Period: 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, and 10/1 - 12/31

Status\*

Type\*

Due Date:

Report Period:

Start Date End Date

Final Request?

Click Yes if this is the final request. Click Yes if this is the final request.

**Note:** The system has created a claim # as soon as you clicked Save Form. If you log out of the system at this point or any future point, you will click on the existing claim until it has been submitted.

- Once the General Information has been completed, you will be returned to the Claim Components. This is a complete listing of all claim forms that are to be completed to submit the claim. You can now begin completing the claim forms for your grant.

Claim Preview Attachments Alert History Map

**Claim Details** [Preview Claim](#)

Please enter the period you are requesting funds for, and Claim Type (payment or reimbursement). Once these fields have been completed, click on "Save" and "Return to Components" to view and complete the other form(s) required to complete your request for payment.

**Claim cannot be Submitted Currently**

- Claim components are not complete

Component	Complete?	Last Edited
General Information	✓	Aug 18, 2025 2:21 PM - Greta Test
Claim Receipts	-	-
Reimbursement	-	-


**Note:** All forms can be edited and saved as often as necessary, but the system will require ALL fields marked as required MUST have entries and EVERY form must be **Marked as Complete** to submit. You will receive a pop-up message notifying you of this if you try to submit without completing these steps.

- Click on **Claim Receipts**.


# Claim Reimbursement Instructions

**REQUIRED: Click to download the spreadsheet for your project.**  
\*[Local Cooperative Claim Spreadsheet Form](#)  
\*[Development, Education, and Research Claim Spreadsheet Form](#)  
Itemize receipt information on spreadsheets, then attach along with receipts. Name the spreadsheet using your grant number (20XX-XXX Grant Name)

**Attach Scanned Invoices:**  
Herbicide and commercial applicator receipts and records, salary records, and all other expenditures that you are requesting for reimbursement. To attach the documentation, click on "Add" at the top.  
Please make attached files as small (low resolution) as possible.


 - Other Attachments


[✓ Mark as Complete](#) [+ Add from Doc Repository](#) [+ Add New Attachment](#)

Description	File Name 	Type	Size	Upload Date	Delete
No files attached.					

Last Edited By: Greta Dige - Sep 8, 2025 12:42 PM

10. **Download** the claim spreadsheet for your project in the instructions. For Local Cooperative grants click **\*Local Cooperative Claim Spreadsheet Form**. For Development, Education, and Research grants click **\*Development, Education, and Research Claim Spreadsheet Form**. The columns match the budget categories for easier entry into the reimbursement form. *Local Cooperative budget categories: Commercial Applicator Herbicide, Private Applicator, and Revegetation. Development, Education, and Research budget categories: Salaries, Benefits, Contracted Services, Supplies and Materials, Communications, Travel, and Other Expenses.*
11. Click the **Add New Attachment button**, the Attach File window will pop up.
12. Click **Select File** to add the receipt documents that back up your claim amounts. Write a description of what you have attached. Click **Save File**. Complete for each attachment.

 Attach File ✕

 **Attach File** [Save File](#) [Cancel](#)

Upload File\*:  [Select file](#)

Description\*:   
500 character(s) left

**Note:** Local Cooperatives and EDRR projects that hire commercial applicators must include spray/application records.

# Claim Reimbursement Instructions

- Once all files are attached, click **Mark as Complete**.
- You will return to the Claim Components list, click the **Reimbursement form**.
- The Reimbursement form will open. To edit, click the **Edit Reimbursement** button.

**Reimbursement - Current Version**

Enter the grant fund dollar amount requested this period for reimbursement in budgeted categories that were approved for your grant. Enter the match expense amounts for this payment period. Click "Save" when completed. Click "Mark as Complete" and then select "Submit". Click "Edit" (at top) if changes are needed.

NOTE: The budgeted amount for each category is shown in the "Contract Budget" column. This amount cannot be exceeded by more than 10% of the total grant award unless a Contract Amendment is submitted to request a revised budget.

**Reimbursement Claim** Edit Reimbursement

Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage	Total Claim Amount
Budget												
Other Expenses	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Herbicide - Private Applicator												
Supplies & Materials - Herbicide	\$1,703.00	\$0.00	\$0.00	\$0.00	\$1,703.00	\$1,703.00	\$0.00	\$0.00	\$0.00	\$1,703.00	0.00%	\$0.00
Herbicide - Commercial Applicator												
Contracted Services - Herbicide	\$9,386.00	\$0.00	\$0.00	\$0.00	\$9,386.00	\$9,386.00	\$0.00	\$0.00	\$0.00	\$9,386.00	0.00%	\$0.00
Revegetation - Private & Commercial Applicator												
Revegetation	\$1,050.00	\$0.00	\$0.00	\$0.00	\$1,050.00	\$1,050.00	\$0.00	\$0.00	\$0.00	\$1,050.00	0.00%	\$0.00
	\$12,239.00	\$0.00	\$0.00	\$0.00	\$12,239.00	\$12,239.00	\$0.00	\$0.00	\$0.00	\$12,239.00	7%	\$0.00

Edit Reimbursement

- The Contract Budget is shown on the reimbursement screen. In the Expenses This Period column, enter the amounts you are requesting in the appropriate budget categories. Enter the Match Expenses This Period amounts in the appropriate budget categories. When complete, click **Save Reimbursement**.
- An updated screen will appear with totals and available balances. Review the amounts.

**Reimbursement Claim** Mark as Complete Edit Reimbursement


Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage	Total Claim Amount
Budget												
Other Expenses	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	0.00%	\$100.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
Herbicide - Private Applicator												
Supplies & Materials - Herbicide	\$1,703.00	\$1,703.00	\$0.00	\$1,703.00	\$0.00	\$1,703.00	\$17,030.00	\$0.00	\$17,030.00	(\$15,327.00)	90.91%	\$18,733.00
Herbicide - Commercial Applicator												
Contracted Services - Herbicide	\$9,386.00	\$7,000.00	\$0.00	\$7,000.00	\$2,386.00	\$9,386.00	\$7,000.00	\$0.00	\$7,000.00	\$2,386.00	50.00%	\$14,000.00
Revegetation - Private & Commercial Applicator												
Revegetation	\$1,050.00	\$0.00	\$0.00	\$0.00	\$1,050.00	\$1,050.00	\$0.00	\$0.00	\$0.00	\$1,050.00	0.00%	\$0.00
	\$12,239.00	\$8,803.00	\$0.00	\$8,803.00	\$3,436.00	\$12,239.00	\$24,030.00	\$0.00	\$24,030.00	(\$11,791.00)	73.19%	\$32,833.00

Last Edited By: Greta Test - Aug 18, 2025 3:21 PM Edit Reimbursement

- If you need to make any changes to the claim, click Edit Reimbursement at the top of the screen. If the claim is correct, click **Mark as Complete**.
- Click **Preview** to view and if desired, print a copy of your claim.
- Click the WebGrants **Back** button in the upper part of the screen to return to the submit screen.
- On the Claim Details screen, click **Submit Claim** to send in your claim.

# Claim Reimbursement Instructions

[Claim Preview](#) [Attachments](#) [Alert History](#) [Map](#)

 **Claim Details**

[✓ Submit Claim](#) [✗ Withdraw](#) [🔍 Preview Claim](#)

Please enter the period you are requesting funds for, and Claim Type (payment or reimbursement). Once these fields have been completed, click on "Save" and "Return to Components" to view and complete the other form(s) required to complete your request for payment.

- Claim is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	Aug 18, 2025 2:21 PM - Greta Test
Claim Receipts	✓	Aug 18, 2025 3:12 PM - Greta Test
Reimbursement	✓	Aug 18, 2025 3:21 PM - Greta Test

**Note:** Most forms are editable by clicking Edit at the top part of the section. However, multi-list sections are editable by clicking Add on the section. All information must be saved by clicking Save on the forms. *\*If you do not click save and back out of the form or section of the form, your information will be lost.*