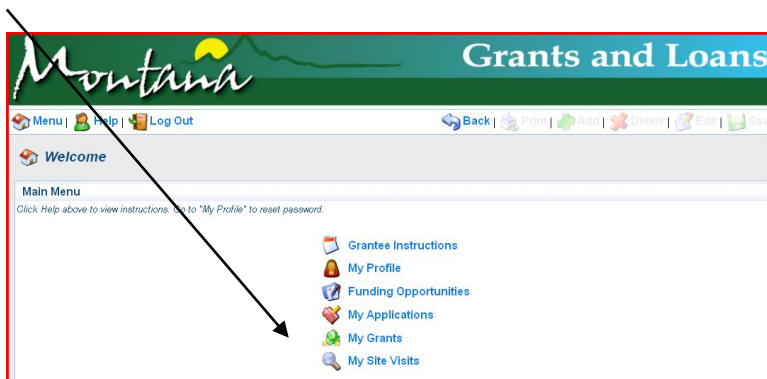


Noxious Weed Trust Fund

Claim Requests through WebGrants

Noxious Weed Trust Fund (NWTF) grant projects that were approved for funding will submit reimbursement claims online through the WebGrants system. Please use the following instructions to request reimbursements.

- Login to WebGrants at <https://funding.mt.gov/>
- Go to My Grants



Click on the name of the grant (in blue) that requires reimbursement.

Grant Tracking

Current Grants Closed Grants | Claims

Grants with the status Underway or Suspended appear on this list. To view other Grants, click closed Grants link.

ID	Status	Year	Name	Program Area	Grant Amount
test-334	Underway	2012	A-1 new LC *	AGR Noxious Weed Trust Fund	\$5,425.00
old test	Underway	2012	CB Weed Eradication Project	AGR Noxious Weed Trust Fund	\$1,000.00
test-060	Underway	2012	A-1 continuing LC #2 Project	AGR Noxious Weed Trust Fund	\$703.13
test-900	Underway	2012	TEST Whitehall Biological Weed Control Project	AGR Noxious Weed Trust Fund	\$8,300.00
test-920	Underway	2012	TEST Ringling WMA	AGR Noxious Weed Trust Fund	\$35,940.00
March TEST 1	Underway	2012	March TEST Beck Hill LC-NEW	AGR Noxious Weed Trust Fund	\$7,992.14
March TEST 2	Underway	2012	March TEST Ringling LC-NEW	AGR Noxious Weed Trust Fund	\$35,940.00
March TEST 3	Underway	2012	March TEST Bridger LC-NEW	AGR Noxious Weed Trust Fund	\$32,971.64
March TEST 4	Underway	2012	March TEST 4 Highlander LC-NEW	AGR Noxious Weed Trust Fund	\$32,971.64
test-900	Underway	2012	TEST Jan. 23 Research by JJ	AGR Noxious Weed Trust Fund	\$40,000.00
2011-777	Underway	2011	Establish Craig Honey Inc.	AGR Noxious Weed Trust Fund	\$5,287.00
2011-002	Underway	2011	Dave test 1	AGR Noxious Weed Trust Fund	\$1,900.00
test-008	Underway	2011	TEST 12/12/11 reveg project	AGR Noxious Weed Trust Fund	\$12,500.00
Total					\$220,930.55

Click on the **Claims** Grant Component.

Grant Tracking

Grant: March TEST 4 - March TEST 4 Highlander LC-NEW - 2012

Status: Underway

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Officer: Kim Johnson

Awarded Amount: \$32,971.64

Component	Last Edited
General Information	03/14/2012
Contact Documents	03/14/2012
Status Reports	
Claims	
Budget	03/14/2012
Herbicide Worksheet	03/14/2012
Revegetation Worksheet	03/14/2012
Activities/Education Timeline	03/14/2012
Contract Amendments	
Correspondence	
Encumbrances	
Opportunity	
Application	

Noxious Weed Trust Fund

Claim Requests through WebGrants

This screen will appear. Click **Add** to start the claim process.

Montana Grants and Loans

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Grant Tracking

Grant: March TEST 4 - March TEST 4 Highlander LC-NEW - 2012

Status: Underway

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Officer: Kim Johnson

Awarded Amount: \$32,971.64

Claims					Return to Components	
ID	Status	Date Submitted	Date Paid	Date From-To	Claim Amount	
					Submitted Amount	\$0.00
					Approved Amount	\$0.00
					Paid Total	\$0.00
					Total	\$0.00

Last Edited By:

In the "Report Period" (from and to) boxes, click on the calendar icons to enter the time period covered by this claim. Select **Reimbursement** from the **Claim Type** dropdown list. If this is the last claim that will be submitted for the grant, check the box next to "Final Request". Click **Save** when completed.

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim Instructions

Instructions: Please enter the period you are requesting funds for, Category, if applicable, 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.

Reporting Period

Report Period: [From:] [to:]

Claim Type: Reimbursement

Final Request? ☐

Noxious Weed Trust Fund

Claim Requests through WebGrants

This screen will appear. Click **Return to Components**.

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: March TEST 4 - 001 Grant Components

Grant: March TEST 4-March TEST 4 Highlander LC-NEW

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Manager: Kim Johnson

Reporting Period Return to Components

Report Period: 05/01/2012 05/31/2012
From to

Claim Type: 0

Final Request?

In Components, click on **Reimbursement**.

Grant Tracking

Claim: March TEST 4 - 001 Grant Components

Grant: March TEST 4-March TEST 4 Highlander LC-NEW

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Manager: Kim Johnson

Instructions

Please enter the period you are requesting funds for, Category, if applicable, 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.

Components Preview | Submit

Name	Complete?	Last Edited
General Information	✓	05/17/2012
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. Click **Save**.

Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Contract Match	Match Expenses This Period	Prior Match Expenses
Budget						
Communications	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00
Contracted Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies & Materials - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contracted Services - Herbicide						
Contracted Services - Herbicide	\$32,120.39	\$0.00	\$0.00	\$32,120.39	\$0.00	\$0.00
Supplies & Materials - Herbicide						
Supplies & Materials - Herbicide	\$851.25	\$0.00	\$0.00	\$851.25	\$0.00	\$0.00

Noxious Weed Trust Fund

Claim Requests through WebGrants

An updated screen will appear with totals and available balances. Review the amounts.

Reimbursement									Mark as Complete Go to Claim Forms		
Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage
Budget											
Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	--
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--
Contracted Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
Supplies & Materials - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
Contracted Services - Herbicide											
Contracted Services - Herbicide	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	50.00%
Supplies & Materials - Herbicide											
Supplies & Materials - Herbicide	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	--
Total: \$32,971.64		\$1,500.00	\$0.00	\$1,500.00	\$31,471.64	\$33,383.64	\$1,500.00	\$0.00	\$1,500.00	\$31,883.64	50.00%

If you need to make any changes to the claim, click **Edit** at the top of the screen.
If the claim is correct click **Mark as Complete**.

Menu | Help | Log Out
Back | Print | Add | Delete | **Edit** | Save

Grant Tracking

Claim: March TEST 4 - 001 Grant Components

Grant: March TEST 4-March TEST 4 Highlander LC-NEW

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Manager: Kim Johnson

Instructions

Click "Edit" (at top), then enter the grant fund dollar amount requested this period for reimbursement in budgeted categories. Enter the match expense amounts for this payment period. Click "Save" when completed. Click "Mark as Complete" and then select "Submit".

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

Reimbursement												Mark as Complete Go to Claim Forms
Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage	
Budget												
Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--	
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	--	
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--	
Contracted Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--	
Supplies & Materials - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--	
Contracted Services - Herbicide												
Contracted Services - Herbicide	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	50.00%	
Supplies & Materials - Herbicide												
Supplies & Materials - Herbicide	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	--	
Total:	\$32,971.64	\$1,500.00	\$0.00	\$1,500.00	\$31,471.64	\$33,383.64	\$1,500.00	\$0.00	\$1,500.00	\$31,883.64	50.00%	

Noxious Weed Trust Fund

Claim Requests through WebGrants

In the Claim components, click on **Claim Receipts**.

Components			Preview Submit
Complete each component of the Claim and mark it as complete. Click Submit when you are done.			
Name	Complete?	Last Edited	
General Information			
Claim Receipts	✓	09/30/2021	
Reimbursement			

Click **Add**.

[Menu](#) | [Help](#) | [Log Out](#)

[Back](#) | [Print](#) | **[Add](#)** | [Delete](#) | [Edit](#) | [Save](#)

Grant Tracking

Claim: 2015-055 - 002 Grant Components

Grant: **2015-055-Salt Cedar Removal in the Upper Missouri River Breaks**
Status: Correcting
Program Area: AGR Noxious Weed Trust Fund
Grantee Organization: [Friends of the Missouri Breaks Monument](#)
Program Manager: Dave Burch

Claim Receipts Create New Version | Versions | Go to Claim Forms

REQUIRED: Claim Documentation Form
Itemize receipt information, then attach with receipts.
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.

Description	File Name	File Size	Date Uploaded
Receipts for travel for salt cedar outreach trip to Lewistown	Lewistown Receipts 1.pdf	3.3 MB	12/08/2015

Complete a claim documentation form for all local cooperative project claims.

Use the **Choose File** button and select the receipt documents that back up your claim amounts. Write a description of what you have attached. Click **Save**.

Attach File

REQUIRED: Claim Documentation Form
Itemize receipt information, then attach with receipts.
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.

Upload File: **Choose File** No file chosen
Description:*

Noxious Weed Trust Fund

Claim Requests through WebGrants

Click **Mark as Complete**.

Claim Receipt Documentation [Mark as Complete](#) [Go to Claim Forms](#)

Attach Scanned Invoices:

Herbicide and commercial applicator receipts, 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.

Description	File Name	File Size	Date Uploaded
test attachment	Large Address-2.label	2 KB	07/09/2013

Last Edited By: Kay Kim, 07/09/2013

Click **Preview** to view and if desired, print a copy of your claim.

Click the back  **Back** button in the upper part of the screen to return to the submit screen.

Click **Submit** to send in your claim.

Claim: TEST FY13 - 002 [Grant Components](#)

Grant: TEST FY13 -TEST Local Coop-Continuing FY13

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Kim's Org Group

Program Manager: Kim Antonick

Instructions

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.

Components [Preview](#) [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	07/09/2013
Reimbursement	✓	07/09/2013
Claim Receipt Documentation	✓	07/09/2013

Click **OK** and your claim will be submitted.

Submitting the Claim will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Claim?