# Legal Services for Veterans: Request Payment

#### How-To: Submit a Payment Request

#### LSV Provider Website

#### Step 1: Log into eGMS

Access eGMS: <u>https://hmlsgrants-va.mod.udpaas.com/s\_Login.jsp</u>

- Your grantee's eGMS point of contact logs into the system
- Enter your email address and password and select the Log In button:

Login	Welcome to VHA Grant Programs Portal
	Welcome to the Department of Veterans Affairs grants management portal for VHA's Homeless and Office of Mental Health and Suicide Prevention Grant Programs. This portal supports a variety of grant functions associated with the Supportive Services for Veteran Families (SSVF). Grant and Per Diem (GPD), and SSG Fox Suicide Prevention Grant Proorams (SSG Fox SPGP) Programs.
Log In	Note: After 5 unsuccessful log-in attempts you will be locked out of the system.
Forgot Password? Learn more about our New to the System? Privacy & Security policies Register	For technical questions or issues, please contact SSVF@va.gov, GPDgrants@va.gov or VASSGFoxGrants@va.gov or LSVGrants@va.gov for further assistance.

### Step 2: From the Main page, select the LSV Program shortcut



From the eGMS LSV Grants page look under My LSV Applications & Grants for the Grant ID for which you would like to submit a payment request.

	V A	pplications & G	rants					+
DRAFT (0)	S	SUBMITTED (1)	APPROVED	(3) CLOSED (0	))			
							×Q	1-3 of 3 < >
	#	Program Name		Grant ID	Organization Legal Name	Primary Contact	Status	Created Date
Open	1	Legal Services fo	or Veterans	XX-LSV-9-22Test	Test VJP Organization	Test VJP Applicant 1	Approved	09/13/2022 13:17

### Step 4: Navigate to Request Activity tab

When the grant record opens it defaults to the Overview tab. Navigate to the **<u>Request</u>** <u>**Activity**</u> tab on the far right and select this tab.

Application Type:	Legal Services for Veterans					
Organization Legal Name:	Test VJP Organization 🔀					
Primary Contact:	Test VJP Applicant 1 🕺 🖸					
	To update the <b>Primary Contact</b> of this application, click the binocular icon and select from the list of contacts from your Organization. If a contact is not in the list, click <b>Grant Contacts</b> tab below and invite an Organization contact. The contact should accept your invitation to be added in the system.					
Grant ID:	XX-LSV-9-22Test					
Program Name:	Legal Services for Veterans					
Application Summary:	Preview					
INSTRUCTIONS APPLIC	ATION GRANT CONTACTS EXTERNAL ATTACHMENTS REQUEST ACTIVITY					

## Step 5: From the REQUEST ACTIVITY tab; select Create payment

INSTRUCTIONS	APPLICATION	GRANT CONTACTS	EXTERNAL ATTACHMENTS	REQUEST ACTIVITY					
✓ Payment	✓ Payment Request								
Create Payment	Request								

### Step 6: Open Create Payment Request; complete form

#### Step 6a: Click Save Draft for the Payment Request table button to appear

✓ Payment Request Table
* Payment Request Table: Click Save before editing
@xml.xmlPaymentRequest.Costs.html@
Approval of payments does not constitute approval of individual costs charged as part of the payment. If VA subsequently determines through a fiscal review or audit that costs were not charged appropriately. VA may issue a Letter of indebtedness to collect for the over-billing. Submission of budgets or other information as part of the grant application or through subsequent changes of scope does not constitute approval for charges that violate program regulations or OMB Uniform Guidance. Each grantee must track costs by each FAIN. In addition, each grantee is advised it must meet the requirements of 38 CFR 79.90 Financial Management - <a href="https://www.ecfr.gov/current/title-38/chapter-l/part-79#79.90">https://www.ecfr.gov/current/title-38/chapter-l/part-79#79.90</a>
✓ Authorized Submitting Official & Signature
By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the costs reported are allowable and allocable for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). I declare to the best of my knowledge the foregoing is true and correct.
* Authorized submitting
official's name:
* Authorized submitting
omciais true:
* Autorized submitting
*Applicant Signature
Save Draft Submit Send to Grantee

**Step 6b:** Once you Save Draft; you will be able to enter your data into the Payment Request table

✓ Payment Request		
* Payment Request Table:	Open Payment Request	C.

#### Example: You are billing for costs incurred for Quarter 1, August 1 – October 31, 2023.

Report Costs Incurred				
Select each cost for specified billing period	Costs incurred for specified billing period	Number of Hours attributable for specified billing period (if applicable)	*Justification/Comments (required)	
Salary & benefits cost (attorney)	\$25,000.00	400	Three attorneys spent a total of 400 hours working with 8 different Veterans on a variety of legal services	
Salary & benefits cost (other legal staff) v	\$5,000.00	200	Legal staff including Accounting team and Administrative support preparing documents and screening clients	
Fees related to outreach, education, trainin; $$	\$2,000.00	10	Hosted 3 outreach events in collaboration with our local VAMC and provided educational materials	
Admin Costs (max 10%)	\$3,500.00		Office space, office supplies, computer software, and cellphone	
	\$35,500.00	610		

**Step 6c:** Complete the rest of the form; instructions for each field must be followed exactly or the activity will be returned for corrections

<ul> <li>Billing Period Covered by this request</li> </ul>							
* From:	mm/dd/yyyy 🛗 🕄						
* То:	mm/dd/yyyy 💼 🖸						
* Recipient Account Number							
LSV does not issue this num	LSV does not issue this number. This is an identifier created by your organization in your accounting system to segregate the costs related to this grant.						
* PMS Request Date	* PMS Request Date						
Add the date this payment request was entered in the Payment Management System (PMS) - PMS login page							
mm/dd/yyyy 🛗 🔊							

- Billing Period: the date span that you incurred costs included in your request
- **Recipient Account Number:** An identifier created at the grantee level so that our audit team will be able to tie these costs back into your accounting system
- **PMS Request Date:** To ensure you've also entered the draw down in the PMS system; this system is how the funds will be electronically deposited into your bank account

**Step 6d:** Once certified, save draft, and select "Submit" – Your request will not come through to our office without this step\*

PAYMENT REQUESTS	
3801-3812). I declare to the best o	f my knowledge the foregoing is true and correct.
* Authorized submitting official's name:	
* Authorized submitting official's title:	
* Authorized submitting official's email:	
* Applicant Signature	
Remove Restore	
	Save Draft Submit Request Deletion

After submitting the payment request, navigate to the main page (shown in step 2) and go to your MY LSV Tasks, your activity/task will indicate **Submitted** status.

My LSV Tas	sks					+
MY LSV TASH	<mark>(</mark> S (2	5)				
					× Q 1-20 of	25 < >
	#	Grant ID	Activity Type	Primary Contact	♦ Activity Status ▼ Created Date ♦ La	st Modified 🛛 🗘
Open	1	XX-LSV-9-22Test	Payment Requests		Submitted 05/23/2023 13:06 06	/13/2023 13:49

LSV program staff will review your request and reach out to the identified point of contact if there are questions/issues.

### Step 7: Approval; activity complete

Grantees will only be notified if corrections are needed, otherwise, it will be reviewed and accepted for payment. Grantees will see the request updated to Approved status under "My LSV Tasks" AND our office will process the corresponding payment request in HHS.

My LSV Tas	ks			+
MY LSV TASI	(S (2	5)		
				× Q 1-20 of 25 < >
	#	Grant ID	Activity Type	Primary Contact
Open	1	VA-999-LSV-311-22	Payment Reques	ts Test VJP Applicant 1 Approved 06/09/2023 10:06 06/13/2023 14:19

\*For future payment requests, complete another Create Payment Request activity/task.