



**COLORADO**

Department of Transportation

# Highway Safety Office E-Grant System

## How to Submit a Claim for Reimbursement

Colorado Department of Transportation employee? [Log In](#)

E-Grant System Login Page: <https://cdotnavigate.force.com/egrant/login>



Your username should be your email address, or in email format.

Check “remember me” if you are using a trusted computer.

If you cannot remember your password click here and follow the next steps.

#### New User?

If you forgot your username or need need log in access set up for a new user please email us at: [dot\\_highwaysafetyoffice@state.co.us](mailto:dot_highwaysafetyoffice@state.co.us)



# Logging in to the E-Grant System





# You're in, let's submit our first claim

Home Available RFPs My Grants **My Claims** Agency Info Chatter

## Now Accepting 2021 Applications

Learn More

### Transportation Safety Grants



CDOT offers grants to agencies, organizations, and tribal governments within the State of Colorado that provide programs, projects, services, and strategies that are intended to reduce the number of deaths and serious injuries resulting from traffic crashes on Colorado roads.

*Manage your Agency Grant information by clicking a tile below.*

Available RFPs My Grants **My Claims** Agency Info




Click on the grant's APP# you wish to make a claim against.

Home Available RFPs My Grants My Claims Agency Info Chatter  

### MY ACTIVE GRANTS WITH CLAIMS

Grant Name	Project Title	Award Amount	Status
APP - 000089	Aurora PARTY Program	\$60,000.00	Accepted
APP - 000141	Young Driver Safety Messaging	\$50,000.00	Accepted

  
[View All](#)

P 303.757.9069  
dot\_highwaysafetyoffice@state.co.us | www.codot.gov | www.cotrip.org



Click on the CM# for the claim you wish to submit.  
Please note \$0 claims must also be submitted.

Home Available RFPs My Grants My Claims Agency Info Chatter

### Claims

12 items • Sorted by Claim Name

Claim Name ↑	Claim Number	Month	Status	Total Cl
<a href="#">CM-0000292</a>	1	October	In Progress	\$0.00
<a href="#">CM-0000293</a>	2	November	In Progress	\$0.00
CM-0000294	3	December	In Progress	\$0.00
CM-0000295	4	January	In Progress	\$0.00
CM-0000296	5	February	In Progress	\$0.00
CM-0000297	6	March	In Progress	\$0.00





# This is what your claim form will look like

Each of these tabs here are a section of your claim that correlate to your budget.

The first tab, "claim information", is an overview of your claim details.

Click next to begin entering your claim details.

**COLORADO**  
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**CDOT CLAIMS FORM - OCTOBER**

Chuck Norris

**Claim Information**  
Completed

Personnel Services Claims

Hourly Employee Claims

Operating Expense Claims

Capital Equipment Claims

Upload Claim Documentation  
Completed

Signature & Submit

**Save & Exit** **Save** **Print PDF**

**Instructions:** In order to complete this CDOT Claim Form, please navigate through the form sections on the left of this page by utilizing the blue 'Next' button at the top right of this page. In each section, you will be prompted to create Claims against a specific category of your Budget. If you do not have any Claims against a specific Budget category, you may leave the section blank and move through the remaining sections.

As you navigate through each section of this form you will see specific instructions to guide you through that section. Once each section is complete, you may then navigate to the 'Signature & Submit' section of this form in order to provide an electronic signature and submit this claim form.

**Important Note:** Once you submit your form, you will not be able to make any edits. If you need to make a revision after you have submitted your Claim, contact your project manager to unlock this form.

**Claim Information**

Agency	Project Title	PI Invoicing Party Address
City Of Denver (Testing)	Young Driver Safety Messaging	123 Easy Street Denver, CO 80021
WBS #	Purchase Order Number	Purchase Order Date



# Entering Claim Details

If you have a claim this month for i.e. Personnel Services click [+ Personnel Service Claim](#)

This process applies to all the types of claims you may be submitting.

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## CDOT CLAIMS FORM - OCTOBER

Chuck Norris

Claim Information Completed

Personnel Services Claims **In Progress**

Hourly Employee Claims

Operating Expense Claims

Capital Equipment Claims

Upload Claim Documentation Completed

Signature & Submit

### Personnel Services Claims

Save & Exit Save Print PDF

Previous Next

In this section, you will be creating Claims against the Personnel Services category of your yearly Budget. If you do not have Claims for this section this month, you may leave this section blank and move on to the next.

In order to create Claims, please click the blue '+Personnel Services Claim' button below. You will then be prompted to enter in a Description of the Claim and the Amount. Once you click 'Save' you will see a new Claim record has been added to this section. You may edit or delete the Claim once it is created. As you add Personnel Services claims, the Personnel Services Yearly Budget, Personnel Services Yearly Balance Remaining, and Personnel Services Monthly Claim Total fields will update. (See 'Important Note' below)

**Important Note: In order to see the most updated values in the Yearly Budget, Yearly Balance Remaining, and Monthly Claim Total fields, please click the blue 'Save' button at the top of the section. (The page will then be refreshed with updated values)**

#### Personnel Services

Personnel Services Yearly Budget	Personnel Services Yearly Balance Remaining	Personnel Services Monthly Claim total
\$36,000.00	\$36,000.00	\$0.00

+ Personnel Service Claim

Action	* Claim Description	* Amount
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Save & Exit Save Print PDF

Previous Next



# Entering Claim Details

After you click

**+ Personnel Service Claim**

This box will pop up for you to enter your claim details.

Fields cannot be left blank.

Click **Save**

You can add another if you have another claim for personnel services for this month, rather than combining them.

Once you're done with this section click **Next**

**New Record**

\* Claim Description

Grant Manager salary for October 2020

\* Amount

\$ 780.00

Save Close

**Important Note:** In order to see the most updated values in the Yearly Budget, Yearly Balance Remaining, and Monthly Claim Total fields, please click the blue 'Save' button at the top of the section. (The page will then be refreshed with updated values.)

**Personnel Services**

Personnel Services Yearly Budget	Personnel Services Yearly Balance Remaining	Personnel Services Monthly Claim total
\$36,000.00	\$36,000.00	\$0.00





# Skipping a Section or a \$0 claim

Click **next** through the claim sections if you do not have anything to claim this month.

Since we do require \$0 claims be entered, you can follow this step for the entire claim or just for a section if just one section is \$0.

In this example, I don't have a claim for Hourly Employee for this month, so I'm just going to click **Next** to move on

**COLORADO** Department of Transportation

## CDOT CLAIMS FORM - OCTOBER

Chuck Norris

Claim Information Completed

Personnel Services Claims Completed

Hourly Employee Claims In Progress

Operating Expense Claims

Capital Equipment Claims

Upload Claim Documentation Completed

Signature & Submit

### Hourly Employee Claims

Save & Exit Save Print PDF

In this section, you will be creating Claims against the Hourly Employee category of your yearly Budget. If you do not have Claims for this section this month, you may leave this section blank and move on to the next.

In order to create Claims, please click the blue '+Hourly Employee Claim' button below. You will then be prompted to enter in a Description of the Claim and the Amount. Once you click 'Save' you will see a new Claim record has been added to this section. You may edit or delete the Claim once it is created. As you add Hourly Employee claims, the Hourly Employee Yearly Budget, Hourly Employee Yearly Balance Remaining, and Hourly Employee Monthly Claim Total fields will update. (See 'Important Note' below)

**Important Note:** In order to see the most updated values in the Yearly Budget, Yearly Balance Remaining, and Monthly Claim Total fields, please click the blue 'Save' button at the top of the section. (The page will then be refreshed with updated values)

#### Hourly Employee

Hourly Employee Yearly Budget	Hourly Employee Yearly Balance Remaining	Hourly Employee Monthly Claim Total
\$12,000.00	\$12,000.00	\$0.00

+ Hourly Employee Claim

Action	* Claim Description	* Amount
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Save & Exit Save Print PDF

Previous Next



# Common Error: "Warning! Following fields are required"

A common error we have seen is you accidentally clicked this button **+ Operating Expense Claim** too many times and it created extra lines, which were left blank.

Sometimes this happens when we have a slow connection, easy mistake!

You can delete them by clicking the trash can icon.

Or Edit them by clicking the pencil icon.

In Progress  
Operating Expense Claims

[Save & Exit](#) [Save](#) [Print PDF](#)









**Warning!** Following fields are required:  
Operating Expense Claims: Claim Description, Amount

Do you wish to proceed and come back later to fill in the missing information?

Operating Expense Instruction

Notice the blank fields under **Claim Description** and **Amount**. This is what the error above is referring to.

**+ Operating Expense Claim**

Action	* Claim Description	* Amount
 		
 		
 	Printing Materials	
 	Printing materials	\$50.00



# Upload Claim Documentation/ Attachments

You will almost always have attachments which you will upload to your claim. Such as receipts or payroll records.

\$0 claims will not require any attachments to be uploaded

Follow these steps to upload your document:

1. Click **Choose File**
2. Select the document from your PC & hit **enter** or **Open**
3. Click **Upload Document**

**Easy to forget step #3!**

CDOT CLAIMS FORM - OCTOBER

Chuck Norris

Completed  
Upload Claim Documentation

Save & Exit Save Print PDF

Upload Receipts

1 Please select the 'Choose File' button below to begin uploading your file/receipt. Then click on the file to upload your file.

Choose File No file chosen

2

3 Upload document

Action	Document Name	Update Date/Time
	Sample Excel Attachment.xlsx	10/29/2020 10:52 AM
	Jones Payroll Records Oct 2020.pdf	10/29/2020 10:52 AM

Save & Exit Save Print PDF

Previous Next



# Signature & Submit

In this section you will see your Claim Summary. Double check make sure those numbers look correct.

Next you will see a large white box for you to use your mouse to sign your name.

Click **Accept & Save Signature**

Then Click **Submit!**

If another user i.e. manager/director needs to sign the claim you may click Save & Exit.

The other user may log in, go to My Claims (see slides 3 & 4), select the claim, click on the **Signature & Submit** section and complete this step.

This will submit the claim to the Highway Safety Office.

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## CDOT CLAIMS FORM - OCTOBER

Chuck Norris

Signature & Submit

Save & Exit Save Print PDF

By signing this claim form electronically, I certify to the best of my knowledge and belief that the form is true, complete, and accurate, and the receipts are 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. (US Code Title 18, Section 1001 and Title 31 Sections 3729-3730 and 3801-3812)

Reset Sign above Accept & Save Signature

Submit

Submit





# Congratulations! You've just submitted your first claim!



If you need additional help or have any questions please contact your program manager or email [dot\\_highwaysafetyoffice@state.co.us](mailto:dot_highwaysafetyoffice@state.co.us)