

GREAT GRANT PROGRAM (FEDERALLY FUNDED)

INSTRUCTIONS FOR SUBMITTING A REIMBURSEMENT REQUEST IN EBS

ISSUED DEC. 8, 2023

TABLE OF CONTENTS

| Submitting a New Payment Request | 2-9 |
|---|-------|
| Verifying a Submitted Payment Request | 10-12 |
| Accessing a Saved (Non-Submitted) Payment Request | 13-14 |
| Definitions | 15-16 |

Submitting a New Payment Request

The preferred browser is Internet Explorer or Google Chrome. Please allow for popups.

Please enter the username and password that was used for the Application Portal.

- **1.** Go to website: <u>https://ebs.nc.gov</u>
- 2. Enter username and password and click on Log On.

| E | erprise siness vices User* Password* Password* Log On Login Help * Browser Support |
|---|--|

| | Enterprise Business Services | | | | Home \ |
|---|--|--------------------|------------|------------|------------------|
| | Partner Applications | Help | | | |
| (| Broadband | | | | |
| | Nelp Mobile Access Setur Flori Mobile Cl | Mobile Travel Apps | My Profile | Portal FAQ | Portal Tutorials |
| | Provinsional Carl | | a≞ | ? | œ |

3. Click on Broadband - there should be a pop up.

4. Click on New Reimbursement Request.

| NC DIT | LINA OF JON JGY |
|--------------------|--|
| | Home |
| Grants Home | |
| Recent Items | Search |
| Star 100 100 | Create New Application Edit Existing Application View Application View Agreement New Reimbursement Request Review Roll Streament Request Change Reimbursement Reque Grantor Claim Forms: Search |

5. Click on Search.

| earch, claim ronn - (5 | sarj - Google chrome | | | | | |
|------------------------|--|---------|----------|------------|----------------------|-------------|
| qcr.ebs.nc.gov/gra | nts(bD1lbiZjPTYwMCZkPW1pbg= | =)/defa | ult.htm | | | |
| | RTH CAROLINA MARINENT OF FORMATION CHNOLOGY | | | | | |
| 0 | search: Claim Form | | | | | |
| nts Home | Concernance of | | | | | |
| | Search Criteria | | | | | |
| ecent Items | Agreement ID | - | is | • | 00 | |
| ood | Agreement Description | - | is | - | 0 0 | |
| 000 | ^o rogram ID | - | is | - | 000 | |
| | Grantee ID | - | is | - | 000 | |
| | \frown | | | Maximum Nu | mber of Results: 100 | |
| | Search Clear | Save Se | arch As: | | Include View 🖺 Save | |
| | Result List | | | | | |
| | Agreement ID | | | | | Description |
| | No result found | | | | | |

6. Each contracted grant will appear in the "Agreement ID" column. Under the column "Claim Form," click on NCDIT-Rural Broadband GREAT Program.

| and the second second | | | | 10.92 | and war | earch: Claim Form |
|---------------------------|-----------|-------------|---------------------|------------|-----------------|--------------------------|
| | | | | - | Search Care Far | |
| | | | | | | Search Criteria |
| | | | | | (w) a | Appendix D |
| | | | 0.0 | | W 8 | Agreement Decorption |
| | | | 000 | (w) | 14.14 | Pages 0 |
| | | | 000 | * | wite | Grantee (D |
| | | | nbar of Results 100 | Mastrum No | | |
| | | | rclub Ver (Sam | r | Save Search As | Search One |
| | | | | | | Result List |
| 1 | CalmFarm | Description | | | | Agreement D |
| i Braetberd GREAT Program | NO21-Read | | | | | 2004034622 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 5-1 | Date Fame | Description | | | | Agreement C 200933422 |

7. The Claim Form Should appear along with your contracted budget.

Double check your budget in the Grant Agreement. Now fill in the highlighted blue boxes. You may need to use the scroll bar on the right side to move the page up and down.

| | | | | | | | 63 | | | | |
|--|---|---|--|-----------------------|----------------|--|---|---|------------------------------|---|--|
| | Program ID Description GR | AT_PROGRAM_NO | (_19 | | | Pr | oject Description | | | | |
| | Recipient ID. / Description | | | | | | Billing Address | | | | |
| | Agreement Number | | | | | | Agreement From | 06-01-2018 | | To 07/31/2023 | |
| | Request Number* | | | | | | Invoice From* | | | To* | |
| | Submitted by | | | | | | Comments | | | | |
| | | | | | | | | | | | |
| | Matching Requirement (%) 505 | | Radaut | | _ | | Final Invoice * | Yn ONe | | | |
| Apention 1 | Matching Requirement (%) 505 Description | Approved Budget | Badget Reissbursensent To Date | Requested | Total Payments | Balance | Final Invoice * | Yes No | Requested Matching Funds | Total Matching Fauch | Babases |
| apenses B001 | Matching Requirement (%) 50% Description EASEMENTS (DNE TIME FEES) | Approved Bodget | Budget Reimbursement To Date O | Requested Payments | Total Payments | Balance 0 | Final Invoice * Local Mat Matching Fundu 0 | Yes (No ch Approved Spending 0 | Requested Matching Funds | Total Matching Funds 0 | Balance |
| Spenses Boot Boot | Matching Requirement (%) 594 Description EASEMENTS (ONE-TIDE FEES) MATERIALS (FIRER, | Appreved Badget | Bodget Reimbursement To Date 0 | Requested Payments | Total Payments | Balance 0 303653 | Final Investor * C Local Mar Matching Fands 0 301653 | Yes (No ch Approved Spending 0 0 | Requested Matching Funds | Total Matching Funds 0 0 | Balance 0 301653 |
| Expenses Boot Boo2 Boo3 | Matching Requirement (%) 50% Description EASEMENTS (ONE THE FEES) MATERIALS (TIBER, CONSTRUCTION INSTALLATION | Apperred Bodget 0 301653 355279 | Budget Reimbursement To Date 0 0 0 | Requested Payments | Total Payments | Balance 0 363653 555279 | Final Invision * | Yes No Approved Speeding 0 0 0 | Requested Matching Funds | Total Matching Funds 0 0 0 | Balance 0 301613 555279 |
| Expenses B001 B002 B003 B004 | Matching Requirement (%) 59* Description EASENENTS (ONE-TIME FEES) MATERIALS (TIBER CONSTRUCTION INSTALLATION TENTING | Appreved Budget 0 341653 555279 0 0 | Budget Reinsbursement Ta Date 0 0 0 0 | Requested Payments | Total Payment | Balance 0 303653 535279 0 | Final Invoice * Local Mar Matching Family 0 101633 555279 0 | Vis No ck Approved Speeding 0 0 0 | Requested Matching Funds | Total Matching Fands 0 0 0 0 | Balance 0 301653 555279 0 |
| B001 B002 B003 B004 B005 | Matching Requirement (%) 50% Description EASEMENTS (ONE-TIME FEES) MATERIALS (FIBER, CONSTRUCTION INSTALLATION TESTING OTHER1 | Appreved Budget 0 301653 355279 0 0 | Bodget Reinsbersement To Date 0 0 0 0 | Requested Payments | Total Payments | Balance 0 303453 535279 0 0 | Final Invesce * C Local Mar Matching Funds 0 901653 555279 0 0 0 | Vis No kk Approved Speeding 0 0 0 0 0 | Requested Matching Funds | Total Matching Funds 0 0 0 0 0 | Balance 0 301653 555279 0 0 |
| Баревьен Ворт Ворт Ворт Ворт Ворт Ворт Ворт Ворт | Matching Requirement (%) 50% Bescription LASEMENTS (ONE-TIME FEES) MATERIALS (TIBER, CONSTRUCTION INSTALLATION TESTING OTHER1 OTHER2 | Appreced Bodget 0 311643 355279 0 0 0 0 0 | Bodget Reinebergement To Date 0 0 0 0 0 0 | Requested Payments | Tetal Payments | Balance 0 303653 555279 0 0 0 | Fund Invesce * Local Mar Matching Funds 0 301653 555279 0 0 0 0 | Ym No K Seprend Seprend 0 0 0 0 0 0 0 0 0 0 0 0 0 | Boguersted Matching Funds | Total Marching Pands 0 0 0 0 0 0 0 | Balance 0 301653 555279 0 0 0 |
| Expenses B001 B002 B003 B004 B005 B006 B007 | Matching Requirement (%) 59% Description EASENETYS (ONE-TIME FEES) MATERIALS (TIBER, CONSTRUCTION INSTALLATION TOTHER, OTHER, OTHER, | Apprend Bolget 0 301663 555279 0 0 0 0 0 0 | Badget Reinhersement To Date 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Requested Payments | Total Payments | Balance 0 303653 535279 0 0 0 0 0 0 | Final Invoice * Local Mar Matching Funds 0 201633 555279 0 0 0 0 0 0 | Ym No Approved Speeding 0 0 0 0 0 0 0 0 0 0 0 0 0 | Reported Matching Pools | Total Maching Faich 0 0 0 0 0 0 0 0 0 0 0 | Balance 0 301653 555279 0 0 0 0 |

8. Once you enter the appropriate figures in the blue boxes, click on Check to verify you have met the required match and are requesting the appropriate grant amount. If there is any issue with the match amount or if you receive a message from EBS about the match amount, please contact your assigned grant manager.

| | | | | | | | Agreement From | 08/05/2018 | | Te 01912029 | |
|----------|------------------------------|------------------|--------------------------|--------------------|----------------|---------|----------------|------------|-----------------------------|-------------------------|---------|
| | Request Number * | | | | | | Invoice From* | | | 79* | |
| | Submitted by | | | | | | Constraints | | | | |
| | Matching Requestment (%) 50% | | | | | | Faul lavoice* | Yes No | | | |
| | | | Balget | | | | Local Ma | nh. | | | |
| (percent | Description | Approval Builget | Keindurtement To Date | Requested Parments | Total Paymonts | Balance | Matching Funds | Approval | Requested Matching Funds | Total Matching Funds | Release |
| 8000 | EASEMENTS (ONE-TIME FEES) | / 0 | 0 | | | 0 | 0 | | | 0 | - |
| 8002 | MATERIALS (FIBER, | 5 | 0 | | | | | 0 | | 0 | |
| 8003 | CONSTRUCTION INSTALLATION | | 0 | | | | | | | 0 | |
| 8004 | TESTING | 0 | 0 | | | 0 | 0 | | | 0 | |
| 8005 | OTHERS | . 0 | | | | 0 | 0 | | | 0 | |
| 8006 | OTHER2 | . 0 | 0 | | | 0 | 0 | | | 0 | |
| 8001 | OTHER3 | 0 | 0 | | | 0 | 0 | | | 0 | |
| | Total (| 5) | 58 | 58 | 58 | | | 58 | 50 | 50 | |

IMPORTANT: if you would like to save and come back to it later, press Save. See the Separate Instructions on how to access your payment request after you save it.



9. After checking, you may now click Submit.

| | Agreement Number | | | | | | | Agreement From | 06/01/2018 | | To 07/31/2023 | |
|---------|--------------------------|------|-----------------|--------------------------|-----------|----------------|---------|-----------------|------------|-----------------------------|-------------------------|---------|
| | Request Number * | | | | | | | Invoice From* | | | Ta* | |
| | Submitted by | | | | | | | Comments | | | | |
| | Matching Requirement (%) | 076 | | | | | | Final Invoice * | Ym No | | | |
| | | | | Badget | | | | Local Ma | wh. | _ | | |
| apenses | Description | | Approved Budget | Reimbursement To Date | Requested | Total Payments | Balance | Matching Funds | Approvad | Requested Matching Funds | Total Matching Funds | Balance |
| B001 | EASEMENTS (ONE-TIME FEES | 5.7 | 0 | 0 | | 0 | 0 | 0 | 0 | - | 0 | 0 |
| B002 | MATERIALS (FIBER, | 1.2 | | 0 | | 0 | | | 0 | | 0 | |
| B003 | CONSTRUCTION INSTALLATIO | NN . | | 0 | | 0 | | | 0 | | 0 | |
| 10004 | TESTING | 12 | 0 | 0 | | 0 | 0 | 0 | 0 | | 0 | 0 |
| B005 | OTHERI | - | 0 | 0 | | 0 | 0 | 0 | 0 | | 0 | 0 |
| B006 | OTHER2 | | 0 | 0 | | 0 | 0 | -0 | 0 | | 0 | . 0 |
| B007 | OTHER3 | 1.1 | 0 | 0 | | 0 | 0 | 0 | 0 | | 0 | 0 |
| | Tot | 4.65 | | 50 | 50 | 50 | | | 50 | 50 | 50 | |

10. If done correctly, the next page is a confirmation page. At this page you can, click Choose File to upload back up documentation.

| New Claim Form | |
|----------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Confirmation |
| | Claim has been Submitted successfully Claim ID - 3000118756 |
| | Click browse to select file Choose File Notfile chosen Attach |
| | |
| | |
| | |



11. Then click on Attach. If done correctly, you will have a confirmation.

Verifying a Submitted Payment Request

If you want to verify the correct submittal of the requisition and supplemental documents immediately after receiving confirmation, please start at Step 1.

If you want verify the correct submittal of the requisition and supplemental documents after logging on to the system from <u>https://ebs.nc.gov</u>, please go to Step 2.

1. At the confirmation screen, click on Grants Home.

| P PII le | Pitto | | |
|------------|----------------|--|-------------------------------|
| - | New Claim Form | | |
| | 1 | | |
| s Home | | | |
| - | | | |
| cent items | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Confirmation | |
| | | | |
| | | Claim has been Submitted successfully - Claim ID - 3 | 000118757 |
| | | | |
| | | Click browse to select file Chapter File No file chaster | Attach |
| | | Click browse to sciect the Choose File 140 the Chosen | March |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Documents successfully upload |
| | | | Documents successfully upload |

2. Then click on Review Reimbursement Request.

| NC DIT | Home |
|-------------|---|
| Grants Home | Search |
| | Create New Application Edit Existing Application View Application View Agreement New Balachursterst Brauest Review Reimbursternet Request Change Reimbursternet Request Grantor Claims: Search |
| | |

3. Under the Status column, locate the record identified as Submitted, and click on that record under the Claim ID column.

| reeners ID | ¥ h | 000 | | | |
|--|--------------------------------------|--|-------------|-----------------------|----------|
| in 10 | Choose the fact of othering Assessed | 00 | | | |
| eament Description | | 0.0 | | | |
| | | Maximum Number of Results: 100 | | | |
| and the second | | Service of the servic | | | |
| rch Cear | Save Search As | L. Include View (Q)Save | | | |
| ult List: 7 Claims | Found | | | | |
| | | | | | Filter: |
| Claim ID | | Grantee Name | Agreement D | Program ID | Status |
| 3000118736 | | | | GREAT_PROGRAM_2018_19 | Rejected |
| 3000118736 | | | | GREAT_PROGRAM_2018_19 | Rejected |
| 3000118752 | | | | GREAT_PROGRAM_2018_19 | Rejected |
| | | | | GREAT_PROGRAM_2018_19 | Rejected |
| 3000/18753 | | | | GREAT_PROGRAM_2018_19 | Rejected |
| 3000118753 3000118755 | | | | | |
| 3000/18753 3000/18756 3000/18756 | | | | GREAT_PROGRAM_2018_19 | Rejected |

4. On the current page, you can review the reimbursement requests and attachments. Where there is an arrow, you can open that box to review the contents.

| NC DIT | |
|-------------|---------------------|
| 0 | Claim: 3000118757, |
| Grants Home | O laim Form |
| | Oclaim Overview |
| | Otem List |
| | O Notes |
| | |
| | Oransaction History |
| | |
| | Othange History |
| | |
| | |
| | |

Accessing a Saved (Non-Submitted) Payment Request

1. At the home screen - You will need to click on Change Reimbursement Request.

| | Home | _ |
|--------------|--|---|
| ants Home | | _ |
| Recent Items | Search | |
| | Create New Application Edit Existing Application View Application View Aprilication View Agreement New Reimbursement Request Review Balance Discussion Change Reimbursement Request | |
| | | |
| | | |

2. Click Search.

| NC DIT | enabliszpirekczewi Geor | pige-Sidetaithen | | | | |
|--------------|----------------------------|------------------|--------------|--------------------|------------|--------------|
| 0 | Search: Grantor C | alm. | | | | |
| Grants Home | Claim ID | (w) is | | 0.0 | | |
| Recent Items | Agreement ID | (w) h | 14 | 00 | | |
| | \bigcirc | | Maximum Numb | er of Results: 100 | | |
| | | | | | | |
| | Claim ID | | Description | | Grantee ID | Agreement ID |
| | G No result found | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 1.0 | | | | | |

3. Locate the record that states In Process by SR in the Status column, click on the corresponding Claim ID.

| Search: Grantor Cl | aim. | | | | | |
|---------------------------|----------|---------------|------------------|------------|------------|----------|
| Cain ID Apsanaet D | 12 | 3 | 0.0 | | | |
| (Seeth) | | Station Acres | er rossofe. Top. | | | |
| | | | | | | Fitac. |
| Cain (D | | Description | | Gramme (C) | Agreenet O | 3954 |
| 3000118735 | | 3 | | | | Reported |
| 3000416136 | | | | | | Rejected |
| 3000118752 | | | | | | Rejected |
| 3000718753 | | | | | | Reported |
| 3000118798 | | | | | | Fighthet |
| ACCOUNTERS. | | | | | | Reached |
| - Montaining | | | | | | |
| A | - | 0. | | | | Caroling |
| 1 Partie | <u>w</u> | | | | | |
| - | | | | | | |
| | | | | | | |

4. Review the next page, click on Check to verify you have met the required match and are requesting the appropriate grant amount.

| | | 1997 | | 516ES | | | CK 19. | | | | 100 | |
|---------|--------------------------|-----------|--|---------|----------|----------------|---------|----------------|-----------------|--|--------------------|-------|
| | 1 | Intal (5) | | 50 | 50 | 58 | | | 50 | 50 | 50 | |
| 001 | OTHER3 | | 0 | 0 | | | 0 | | | | ö | |
| 006 | OTHER2 | - 1 | 0 | 0 | | | 0 | | | | 0 | |
| 005 | OTHERI | | 0 | | | | 0 | | | | 0 | |
| 104 | TESTING | annia 1 | 0 | | | | 0 | | | | 0 | |
| 100 | CONSTRUCTION INSTALLS | TYPE . | | | | | | | | | | |
| 10 | EASENESTS (ONE-TIME PI | 4.61 | | | | | 0 | | | | | |
| Read in | Description | | Approval Badget | To Duty | Payments | Total Paymonts | Balance | Matching Funds | Approved | Matching Funds | Funds | Raise |
| _ | | | Concernance of the local division of the loc | Badget | | | | Local Ma | n h | The second s | THE OWNER WHEN THE | |
| | | | | | | | | | 1977 A. 1877 A. | | | |
| | Matching Requirement (%) | 50% | | | | | | Tend langes * | Yes With | | | |
| | solution of | | | | | | | Comments | | | | |
| | Edward by | _ | | | | | | | | | | |
| | Request Number * | | | | | | | Invoice From* | | | Te* | |
| | | _ | | | | | | | | | | |

5. If all is accurate, click Submit.

| Claim - 30 | 00118768 | | | | | | | | Deniel Delle Delle | 19 | 0 |
|------------|-----------------------------|-----------------------|----------------------|--------------------|---|--------------|---|------------|--------------------------------|----------------|-------|
| | 2019-007- | | | | | | | | | | |
| | Agreement Number | | | | | | Apropert From | 08-01-2018 | | Te 0731/2023 | |
| | Request Number * | | | | | | Income From* | 05.02.2019 | | Te* 0930/2009 | |
| | | | | | | | | | | | |
| | Submitted by | | | | | | Comments | | | | |
| | | | | | | | | | | | |
| | Matching Requestment (%) 50 | % | | | | | Fatal Isrusie * | Ver @No | | | |
| | | and the second second | Balget | | | | Local M | Latib | A REAL PROPERTY AND ADDRESS OF | | |
| agement. | Description | Approval B | adges Reinsburgement | Requested Payments | Total Payments | Balance | Matching Fund | Approved | Requested Matching Funds | Total Matching | Balan |
| 3001 | EASEMENTS (ONE-TIME FEES | 0 | 0 | | 0 | 6 | Û. | 6 | 11 | 0 | 0 |
| B002 | MATERIALS (FIBER, | 100 | 0 | | 15 | | | | | | |
| B003 | CONSTRUCTION INSTALLATION | 8.1 | 0 | | | | | 0 | | | |
| B004 | TESTING | 0 | 0 | 10 | 0 | | ų | 0 | 1.1 | 6 | . 8 |
| B005 | OTHERI | . 0 | 0 | | 0 | 0 | 0 | 0 | | 0 | . 0 |
| 3006 | OTHER2 | . 0 | 0 | | 0 | 0 | 0 | 0 | | 0 | |
| 2007 | OTHERS | 0 | 0 | | 0 | | 0 | 0 | 1 | 0 | |
| | Total | (5) | 50 | | | | | 50 | | | |
| | | | | | | | | | | | |
| | Name Donas B | brella | | | | Date (mm 48) | 2227* 11/2 | 9/2019 | | | |
| | | | | | - | 6 | | | | | |
| | | | | | and the second se | | and the second se | | | | |

Definitions

- GREAT Program (Federal) Claims Status Definitions in EBS:
 - In Process by Grantee This is not an official submission of the claim.
 Grantee is only working on the claim reimbursement request.
 - Submitted Grantee submitted claim
 - Returned to Grantee Grant Manager returned claim to Grantee for revisions. Grantee keeps the current claim number and can revise as needed. Must resubmit in the EBS.
 - Rejected Grant Manager rejects the claim and the Grantee begins the claims process from the start. A new claim number is created and all supporting documents must be uploaded to the new claim.
 - Returned to L1 Claim has been returned to Grant Manager (L1)
 - BIO Financial Review Approved Status that indicates the claim reimbursement has been approved by (L1)
 - Returned to L2 Claim has been returned to Technical Analyst (L2)
 - BIO Project Compliance Approved Status that indicates the claim reimbursement has been approved by (L2)
 - Returned to L3 Claim has been returned to BIO Director (L3)
 - BIO Director Approved Status that indicates the claim reimbursement has been approved (L3)
 - Fiscal Approved Status that indicates the claim reimbursement has been approved
 - Invoice Paid All levels of review are complete, and the State has paid the grantee for the claim amount.
- Claim Form Definitions from the section that the Grantee completes
 - Program ID/Description: Funding round for the awarded project
 - Recipient ID/Description: EBS generated ID for the grantee
 - Agreement Number: EBS generated grant agreement number
 - Request Number: Identifies the number of requests submitted as of the current request.
 - Matching Requirement (%): Percentage of the minimum match amount required by the grantee. The match requirement must meet or exceed the identified percentage.
 - Project Description: Project Title generated by the grantee that was created during the application phase
 - Billing Address: Grantee Address generated during the application phase
 - Agreement From: Effective Date of the Grant Agreement Verify with the signed agreement
 - Invoice From: Dates of the invoices submitted with current claims reimbursement request
 - Comments: Comments submitted with the request generated by the Grantee

- Final Invoice: Option chosen by the Grantee to determine if this claim is the last one.
- Budget Table must be consistent with the approved budget in the Grant Agreement. The Definitions are as follows:
 - Budget (column): The approved line items for the State's portion of the budget. Must match the approved budget in the Grant Agreement.
 - Local Match (column): The approved line items for the ISP's portion of the budget. Must match the approved budget in the Grant Agreement.
 - Expenses (column): Generated by EBS during the Agreement creation.
 - Description (column): Eligible line items created by the representative who created the Agreement. Line items must be consistent with budget table in the approved budget in the Grant Agreement.
 - Approved Budget (column): The approved budget for the respective line item.
 - Reimbursement to Date (column): The amount for each line item approved to date.
 - Requested Payments (column): The amount of the current request by line items. The Total (\$) in this column is the total requested amount for this claim.
 - Total Payments (column): Reimbursements to date plus Requested Payments
 - Balance: Balance Remaining for each approved line item and Total (\$).
 - Matching Funds (column): The approved budget for the respective line item.
 - Approved Spending (column): Previously reported matching funds.
 - Requested Matching Funds (column): The amount of the matching funds reported for the current request.
 - Total Matching Funds (column): Approved Spending plus Requested Matching Funds. Total reported matching funds as of the current request.
 - Balance: Required matching funds that must be expended for the project. Balance remaining for each approved line item and Total (\$).