

# PAYMENT REQUEST INSTRUCTIONS

To request award funds from IMLS, you must submit an IMLS Payment Request through eGMS Reach at <https://reach.ims.gov>. Read these instructions before you begin and follow them carefully. If you have questions, please email us at [ims-ogpm@ims.gov](mailto:ims-ogpm@ims.gov).

## IMPORTANT INFORMATION AND HELPFUL TIPS

- Payments can be remitted only to a United States financial institution or bank. No funds can be transferred to a foreign financial institution.
- Funds are available only after the start date of your award. Check your award documentation to identify this date.
- Check the Documents Tab in eGMS Reach for this award for any special reporting requirements that may apply to you.
- IMLS partners with Enterprise Service Center (ESC), a division of the U.S. Department of Transportation's Federal Aviation Administration (FAA), to process payments. If there are any questions about the banking information associated with your institution and this award, ESC may contact you via email. Such emails will come from an "@faa.gov" address. If you have any concerns about an email, please contact us at [ims-ogpm@ims.gov](mailto:ims-ogpm@ims.gov).
- Make sure that the pop-up blocker on your browser is disabled.
- Do not click SUBMIT PAYMENT REQUEST more than once. Allow time for the system to process.
- Scroll to the bottom of the page to see if any errors are reported.
- If you make a mistake, you can edit your request until the status changes to Under review. Click on the icon in the Actions column to revise.

## STEP 1: LOG INTO EGMS REACH

Access the Payment Request Form by logging into your eGMS Reach account and selecting an award. Go to the Payments Tab and click the **ADD PAYMENT REQUEST** button.

1. Recipient Account or ID Number (Optional)	<input type="text"/>	
2. Type of Payment Requested	a. <input type="text" value="Required"/>	b. <input type="text" value="Required"/>
3. Basis of Payment	<input type="text" value="Cash"/>	
4. Period Covered by this Request Starting Date	<input type="text"/>	
5. Period Covered by this Request Ending Date	<input type="text"/>	
6. a. Total Program Outlays	\$ <input type="text"/>	as of <input type="text"/>
b. Estimated Net Cash Outlays Needed for Advance Period	\$ <input type="text"/>	
c. Total (a plus b)	\$ <input type="text"/> (Calculated)	
d. Non-Federal share of amount on line c	\$ <input type="text"/>	
e. Federal Share of Amount on line c (c minus d)	\$ <input type="text"/> (Calculated)	
f. Payment Previously Requested	\$ <input type="text"/>	
g. Federal Share Now Requested (e minus f)	\$ <input type="text"/> (Calculated)	
7. Assurances	<p><i>By submitting this request, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).</i></p> <p><input type="checkbox"/> Approve of Assurances</p> <p>By checking this box, I agree to the <a href="#">Certification</a>.</p>	
<input type="button" value="Cancel"/> <input type="button" value="Submit Payment Request"/>		

Figure 1 - IMLS Payment Request Form in eGMS Reach

## STEP 2: COMPLETE THE PAYMENT REQUEST FORM

### Line 1. Recipient Account or ID Number (Optional)

Leave blank or enter an account or ID number that is important for your organization.

### Line 2. Type of Payment Requested

#### a. Type of Payment - Advance or Reimbursement

- **Advance:** If this is a request for funds you expect to incur for future dates, select Advance
- **Reimbursement:** If you are requesting payment for expenses you have already incurred, select Reimbursement.

- **Both:** Please do not select “Both.” IMLS classifies payments as either Advances or Reimbursements

**b. Type of Payment - Final or Partial**

- If this is the last or only payment request you plan to make, select **FINAL**; otherwise select **PARTIAL**

**Line 3. Basis of Request**

- **For Reimbursements:** Select **CASH**.
- **For Advances:** Select **ACCRUED EXPENDITURES**.

**Line 4. Period Covered by this Request Starting Date**

- **For Reimbursements:** This date cannot be prior to the start date of the award.
- **For Advances:** This date cannot be earlier than the date you submit your request.

**Line 5. Period Covered by this Request Ending Date**

- **For Reimbursements:** This date must be within the award period, without going beyond the date you submit your request.
- **For Advances:** This date cannot be more than 30 days beyond the date you submit your request. You must obligate/expend the full amount of the advanced funds within the advance period on Lines 4 & 5.

**Line 6. Computation of Amount Requested**

**a. Total Program Outlays:**

- **For Reimbursements:** Enter all costs incurred up to the requested ending date, including both the Federal and Non-Federal shares. If this is your first request, enter the amount you are requesting plus the amount you have provided so far as Non-Federal share.
- **For Advances:** Enter all costs incurred up to the requested ending date, including both the Federal and Non-Federal shares, but excluding the current Advance request.
- Enter today’s date in the “as of” box.

- b. Estimated Net Cash Outlays Needed for Advance Period:** Enter ONLY the Federal funds you are requesting for this advance. If you are requesting a reimbursement, enter \$0.00 here.

- c. Total (a plus b):** This box is automatically calculated.

- d. *Non-Federal share of amount on line c*: Enter the amount of cost share provided for the period covered by this request. If there is no cost share, enter \$0.00.
- e. *Federal Share of Amount on line c (c minus d)*: This box is automatically calculated. The Total cannot exceed the total amount of the award.
- f. *Payment Previously Requested*: If this is your second, third, or any request other than your first one, this box prepopulates with the total amount of all previously approved requests plus any pending requests. Verify that the number is correct.
- g. *Federal Share Now Requested (e minus f)*: This box is automatically calculated based on previous fields. This is the amount you are now requesting. Requests must not be less than \$1.00.

## Line 7. Assurances

Checking the Assurances box confirms your agreement to all the terms and conditions of the award, including Authorizing Official certification.

## STEP 3: SUBMIT YOUR PAYMENT REQUEST

When your Payment Request is complete, click **SUBMIT PAYMENT REQUEST**. You can track the status of your Payment Request through the Payments Tab in eGMS Reach. You can generally expect payment within two weeks after the Payment Request status changes to Approved.

### PAPERWORK REDUCTION ACT STATEMENT

The public reporting burden for this collection of information is estimated at an average of one hour per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute of Museum and Library Services at 955 L'Enfant Plaza North, SW, Suite 4000, Washington, DC 20024-2135, and to the Office of Management and Budget, Paperwork Reduction Project (3137-0124), Washington, DC 20503.

Note: Awardees are not required to respond to a collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number.

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