EGNS User Registration Reference Guide for Primary Users

Let's begin!



Revised June 2024

Start the registration

Go to the <u>EGMS sign in page</u>.

Click on the **Register here** link.

DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBIA	EGMS Enterprise Grants Management System
	Welcome to the Enterprise Grants Management System
	Sign into your account
	Login
Funding Opportunities Get Help Here EGMS Help Desk & Support Grants & Funding FAQ EGMS Quick Guide: User Registrations	Forgot password? Dont have an account? Register Here



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Read the Non-Disclosure Agreement

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Read the Non-Disclosure Agreement.

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Non-Disclosure	Organization Search	Organization Profile	Required Business Documents	User Profile	Confirmation
1	2	3	4	5	6
The following non-d and consent to the f		ur organizations submi	ssion of information and docur	nents to EGMS. By usi	ing EGMS, you underst
			nall not be disclosed outside the purpose other than to evaluate	e this application, reta	in a record of submission
The funding applicat shall not be duplicat and to receive, store	and transfer documents no		ations, conduct pre and post-a be requested only for the purp		5 5



Agree to the terms

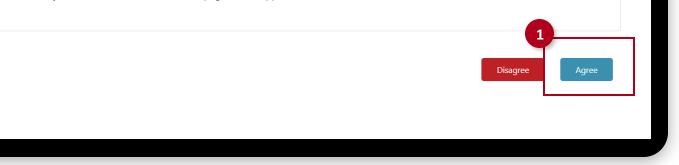


Click on the **Agree** button.

maintaining an account and submitting, reviewing and processing applications and grant awards. No personally-identifiable client-level data shall be required by DOH for submission via EGMS at any time.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful purpose. You have no reasonable expectation of privacy regarding any communications or data transiting or stored on EGMS. At any time, any for any lawful purpose, the DOH may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Applications submitted via EGMS shall remain confidential until the time that grant terms are accepted by the applicant organization and a grant award is issued by DOH. At that time, the documents become public information and subject to review, audit and public disclosure. If a grant is awarded as a result of or in connection with the submission, the application and its contents shall be incorporated by reference into the grantees agreement and requirements, including pre-award conditions. The applicant agrees not to disclose any DOH notice of intent to fund until DOH issues an award or public notification of the award.?

District of Columbia shall have the right to duplicate, use or disclose the data to the extent provided in the resulting grant. No confidential or proprietary data will be shared without an applicants permission and will be governed by terms negotiated in the final grant award agreement. This restriction does not limit the DOHs right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets and, mark each sheet of data it wished to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."







Organization search

Enter the **EIN number**.

Enter the **UEI number**.

3 Click on the **Search** button.

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Non-Disclosure	Organization Search	Organization Profile	Required Business Documents	User Profile	Confirmation 6
			zation Search		
	your organization by entering ne Create Organization butto		tion Number (EIN) and the Unique E	ntity ID (UEI) and click th	e search button. If no res
			2		
Employer Identification I	Number (EIN)*		Unique Entity ID (UEI)*		
					Back 3



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Create new organization

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Click on the **Create new organization** button.

Non-Disclosure	Organization Search	Organization Profile	Required Business Documents	User Profile	Confirmation
(1)	2	3	4	5	6
		Organi	zation Search		
	your organization by entering the Create Organization buttor		ion Number (EIN) and the Unique E	ntity ID (UEI) and click th	he search button. If no re
opulates, please click on t	the Create Organization button	i to proceed.			
mployer Identification	Number (EIN)*		Unique Entity ID (UEI)*		
Employer Identification	Number (EIN)*		Unique Entity ID (UEI)*		
	Number (EIN)*		. ,		
	Number (EIN)*		. ,	1	
252425301	Number (EIN)*		. ,	1	Create New Organ
252425301	Number (EIN)*		. ,	1	Create New Organ
252425301 Search Result		our records. Please click	. ,	1 button to begin your	
252425301 Search Result		our records. Please click	124258584252	1 button to begin your	
252425301 Search Result		our records. Please click	124258584252	L button to begin your	



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Organization profile

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Complete all the fields of the **Organization Profile**.

Click on the **Continue** button.

Organization Name*	Organization Type
	Select the item ×
Employer Identification Number (EIN)*	Unique Entity ID (UEI)*
252425301	124258584252
SAM Expiration Date	Business License Expiration Date
	H
Main Telephone Number*	Alternate Telephone Number
Fax	Business Email*
Website	Address 1*
Address 2	City*
State*	Zip Code*
Select the item	✓
	Back Continue



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Business documents

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Enclose the required business documents. You can upload them by clicking the **Upload Files** button or drag and drop them.

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Click on the **Continue** button.

fields are Mandatory	(1	
rstem for Award Management (SAM) Registration Documentation*	▲ Upload Files Or drop files	
S W9 Form*		
C Basic Business License (BBL)*		
st of the Board of Directors on Organization's Letterhead* (only required if prporation or Non-Profit)	1 Upload Files Or drop files	
Document File Name Date/Time Upload	Expiration Date	Action





User profile



Complete the **User profile** information.

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A	

TIP: If the address you will enter is the same as the organization's, then you can click the checkbox and the information will auto populate.

	User Profile	
User Role	Email*	
Primary User	~	
First Name*	Last Name*	
Is the user address same as Organization Address?		
Address 1*	Address 2	
City*	State*	
	Select the item	
Zip Code*	Phone*	
Fax	User Name*	
	Ex: name@yourcompany.com	





Organization head

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If it applies, click on the **checkbox**.

Complete all the fields.

Select Yes or No.

Click on the **Continue** button.

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Confirmation

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Your request has been submitted. You will receive an email with a link to create your credentials once your application has been approved.

Non-Disclosure	Organization Search	Organization Profile	Required Business Documents	User Profile	Confirmation 6
		Cor	nfirmation		
Your confirmation has	been submitted				
User Type : Primary U	Jser				
Approver : Office of	Grants Management				
	ing for the DC Health Enterp oved. Please close the brows		nt System (EGMS). You will rece	eive an email with a lii	nk to create your credentials
To go back to the sign	-in page, please click the Ho	ome button.			



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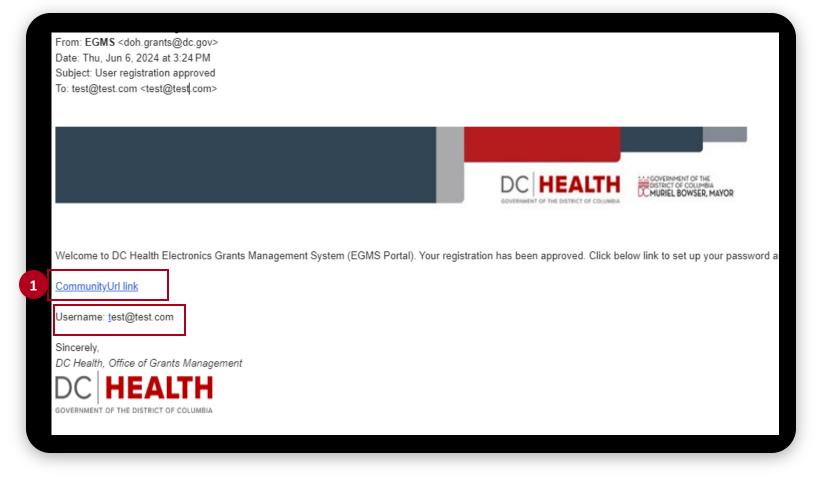
Email Confirmation

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Go to the link provided in the email confirmation to set up your password.



Note your username. Record this somewhere. You will need this to log in.





Create EGMS Password

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Follow the prompts to create a password for EGMS. Please record your password and username.

	Change Your Password	
	Enter a new password for	
	ogmshannonplace@gmai.com. Make sure to include at least:	
	 10 characters 1 uppercase letter 1 lowercase letter 1 number 	
1	1 special character New Password	
	* Confirm New Password	





If you still have questions, please contact OGM at doh.grants@dc.gov

Thank you!

