EGNS User Registration Reference Guide for Secondary Users

Let's begin!



Revised July 2024

Start the registration

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

Click on the **Register here** link.

TIP: Click <u>EGMS sign in page</u> in step one to go to the page.





 $\sum_{i=1}^{n}$



Read the Non-Disclosure Agreement

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Read the Non-Disclosure Agreement.

Enterprise Grants Management System					
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	isclosure terms apply to yo ollowing:	ur organizations submi	ssion of information and docur	ments to EGMS. By usi	ing EGMS, you underst
The funding applicat shall not be duplicat and to receive, store	tion submitted herein, inclu ed, used or disclosed ?in w and transfer documents no	des information that sh hole or in part ?for any eeded to process applic	hall not be disclosed outside th purpose other than to evaluat cations, conduct pre and post-a	e District of Columbia e this application, reta award transactions and	Department of Health in a record of submissi d to manage grant awa
1	ant organization. Organizat	ional information shall	be requested only for the purp	ose established by the	e EGMS for creating an



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**.



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Click on the **Search** button.

1)	2		4	User Profile	Confirmation
	-	Organi	ration Coarch		
begin, please search for	your organization by entering	in the Employer Identificat	ion Number (EIN) and the Unique F	ntity ID (UEI) and click th	e search button. If no result
pulates, please click on th	ne Create Organization buttor	to proceed.			e see an outcom in no result
			7 💆 🚽		
nployer Identification I	Number (EIN)*		Unique Entity ID (UEI)*		
					Bad



Select your organization

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The information for your organization will populate. Click on **Select**.

	organization Search	Organization Profile	Required Business Documents		Contirmation
	2	3	4	3	6
		Organi	zation Search		
egin, please search fo on. If no result popul	or your organization by entering ates, please click on the Create C	in the Employer Identifica Organization button to pro	tion Number (EIN) and the Data Un oceed.	niversal Numbering Syste	m (DUNS) and click the search
nployer Identificatio	on Number (EIN)*		Unique Entity ID (UEI)*		
99999999			299999999		
Search Result Choose	Organization Name		Organization Type		Address 1
Select	Test Organization		Non-Profit		street1
					Burk
					Back Search



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User profile

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Complete your **User Profile**. Then click on the **Continue** button.

TIP: If your address is the same as the organization's, then click on the checkbox. The information will auto populate.

Liser Role		
Secondary User	► Indit	
First Name*	Last Name*	
Is the user address same as Organization Add	Iress?	
Address 1*	Address 2	
City*	State*	
	Select the item	~
Zip Code*	Phone*	
Fax	User Name*	
	Ex: name@yourcompany.com	



Confirmation



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





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Receive notification

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Once the primary user approves your account, click the link in the email.







Follow the prompts to create password

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Create your password. Note your username and password to log in.

Change Your Password
Enter a new password for ognshannonplace@gmail.com. Make sure to include at least:



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Redirection to home page



Once submitted, you'll be redirected to the home page.

HOME FUNDING OPPORTUNITIES APPLICATION GRANT WELCOME TO THE ENTERPRISE GRANTS MANAGEMENT SYSTEM! ID Task Subject Due Date	
ID Task Subject Due Date	
ID Task Subject Due Da	
ID Task Subject Due Da	
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Thank you!

