EGNS 2.0 Application Submission Reference Guide

Let's begin!

Revised July 2024



Log into the portal

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Log into the portal using your credentials.





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Click on the DC Health Funding Opportunities tab

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Once you access the portal, click on the **Funding Opportunities** tab.



WELCOME TO THE ENTERPRISE GRANTS MANAGEMENT SYSTEM!

My Tasks

Record Name	ID	Task Subject	Assignment	^
PD-0009	CHA-113	Payment Authorization Notification for PD-0009	Brandy zapfee	
SA - 1057	CHA2022-058	Payment request for CHA2022-058 is overdue	Brandy zapfee	
SA - 1110	CHA-111	Payment request for CHA-111 is overdue	Brandy zapfee	
SA - 1076	CHA2022-077	Payment request for CHA2022-077 is overdue	Brandy zapfee	
SA - 1106	CHA-107	Payment request for CHA-107 is overdue	Brandy zapfee	
a0x3S000001Cu0c		Payment request for null is overdue	Brandy zapfee	
a0x3S000001ChF9		Payment request for null is overdue	Brandy zapfee	
SA - 1082	-083	Payment request for -083 is overdue	Brandy zapfee	
SA - 1113	-114	Payment request for -114 is overdue	Brandy zapfee	



Apply for a Funding Opportunity

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To begin your application, click the **Apply** link.

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FUNDING	OPPORTUNITIES A	APPLICATION	GRANT					
			Funding Opportunitie	es				
ber	RFA Title			Administration	NOFA Release	RFA Release Date	Application Deadline	Action
-1.13.23	Improving Colorectal Ca	ancer Screening Ra	ites in the District	CHA	12/30/2022	1/13/2023, 05:00 PM	12/1/2023, 08:00 PM	View Apply
-11.25.22	Advancing Health Litera	cy to Reduce Heal	th Disparities Related to COVID-19 and Beyond	CHA	11/11/2022	11/10/2022, 05:00 PM	11/3/2023, 04:00 PM	View Apply
-2.10.23	Maternal and Child Heal	Ith Services Block	Grant to States Program	CHA			3/10/2023, 11:00 PM	View Apply





Funding Opportunity Detail tab

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In the Funding Opportunity Detail tab, the fields are pre-populated and not editable. Click on the Next button to proceed.

		Back	Save for later	Submit	Next	
NDING OPPORTUNITY DETAIL	LEGAL TERMS	WORKPLAN	SERVICE AREA BU	DGET	APPLICATION BUDGET	APPLICATION COMPONENTS
	Please	review the ir	formation and o	click N	ext tab to Proceed.	
Program Number				Funding (Opportunity Title	
CHA-PG-1.13.23				Improvir	ng Colorectal Cancer Screening	Rates in the District
Anticipated number of awards				Descripti	ion	
3				Fundir	ng under this RFA will support the entions (EBIs) that increase colors	he implementation of evidence-based
Anticipated Amount Available				DC Healt	th Administrative Unit	
\$75,000.00				CHA		
Floor Award Amount				DC Healt	th Bureau Unit	
\$50,000.00				CHA		
Ceiling Award Amount				Multiple	applications allowed	
\$75,000.00				No		
RFA Release Date				Applicati	on Deadline Date	
13-01-2023				2023-12	2-01T23:00:00.000Z	



Legal Terms tab

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In the Legal Terms tab, read the Mandatory Disclosures, Certification, Terms and Conditions and Assurances. Select the I read the terms and agree checkbox.

Click the **Next** button to continue.

		Back	Save for later Submit	Next	
FUNDING OPPORTUNITY DETAIL	LEGAL TERMS	WORKPLAN	SERVICE AREA BUDGET	APPLICATION BUDGET	APPLICATION COMPONENTS

Mandatory Disclosures

1. Per OMB 2 CFR 200.501, any recipient that expends \$750,000 or more in federal funds within the recipient's last fiscal, must have an annual audit conducted by a third party. In the Applicant/Grantee's last fiscal year, were you required to conduct a third-party audit?

Decision: Yes

No

2. Covered Entity Disclosure - During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee/Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.



No

3. Executive Compensation: For an award issued at \$25,000 or above, are ALL of these statements true: The Applicant/Grantee's top five executives receive more than 80% of their annual gross revenues from the federal government; and The Applicant/Grantee's revenues are greater than \$25 million dollars annually; and The Applicant/Grantee's compensation information is not already available through reporting to the Security and Exchange Commission.

If Yes, the Applicant/Grantee shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act P.L. 109-282.



No

4. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert the issue date for the IDCR and the name of the cognizant federal agency.



Workplan



On the **Workplan** tab, fill out your information. Your organization name should be pre-populated.

DC HEALTH FUNDING	OPPORTUNITIES	APPLICATION	GRANT		
		Back	Save for later Submit	Next	
OPPORTUNITY DETAIL	LEGAL TERMS	WORKPLAN	SERVICE AREA BUDGET	APPLICATION BUDGET	APPLICATION COMPONE
KPLAN					
nization Name					
nnifer Hospital Test					
ject Title			• Project Desc	ription	
al Request					
mary Target Population			• Estimated Re	ach	

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Add goals and objectives

At the bottom of the **Workplan** tab, you will be able to add goals by clicking on the **Add Goal** buttons.

Add objectives by clicking on the **Add Objectives** buttons.



The fields marked with * are mandatory and must be filled out to continue.



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Select next

1 Select Next

Key Indicator(s):						
		test 7.23				
Key Ext	ternal Partner(s):	test 7.23			le le	
+		Key Activities to Meet this Objective		Proposed Start	Proposed Compl Date	Key Pe
Ô	test 7.23		le	Jul 1, 2024 🛗	Aug 1, 202 🛗	test 7.23



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Service Area Budget

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In the **Service Area Budget** tab, select the Service Area Budget option and click the **arrows** to move from left to right.



Complete the **Amount** field.



Click the **Next** button to continue.

	FUNDING OPPORTUNITY DETAIL LEGAL TERMS WORKPLAN SERVICE AREA BUDGET APPLICATION BUDGET APPLICATION COMPONENTS	
	SELECT SERVICE AREA FOR APPLICATION	
	Funding Opportunity Number Funding Opportunity Title 00001589 Improving Colorectal Cancer Screening Rates in the District	
1	Select Service Area Available Service Area Budget Colorectal Cancer Control Evidenced Based Intervention	
	SERVICE AREA BUDGET	
	Service Area Name Amount	
	Total	
	Back Save for later Submit Next	

The fields marked with * are mandatory and must be filled out to continue.



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Application Budget

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Fill out all the fields in the **Application Budget** tab. Click on the **Next** button to continue.

Back Save for later Submit Next									
PPORTUNITY DETAIL LEGAL TERMS WORKPLAN SERVICE AREA BUDGET APPLICATION BUDGET APPLICATION COMPONENTS							S		
Personnel									
Name of Staff	Position Title	Percent Charge to Grant	Annual Salary	Salary Charged	Fringe Rate	Benefits	Fringe Benefits Cost	Total Salary and	
		Non-F	Personnel Costs	;					
Consultants/Contractual						Total			
Consultants/Contractual T	Consultants/Contractual Total								
Occupancy (List the locatio	on of each service below)		Cos	t Monthly		Total			
Occupancy Total						0			

The fields marked with * are mandatory and must be filled out to continue.





Application Components tab

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Go to the **Application Components** tab.

- 2
- Upload all documents required as part of your application package. You click the **Upload Files** button or **drop the files**.

Back Save for later	Submit Next							
AL TERMS WORKPLAN SERVICE AREA BUDGET API	PLICATION BUDGET APPLICATION COMPONENTS							
APPLICATION COMPONENTS								
t 2	Letters of Support Upload Files Or drop files							
Upload Files Or drop files								
Back Save for later	Submit Next							



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Click submit

Click submit.

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NOTE: If any documents have not been uploaded to the required fields, you will receive this validation message. ALL documents must be uploaded to submit the application.

Action	Document type		Date/ Time Stamps	File Name
÷	Current Business License/Certine	Error!	07/31/2023 9:49 PM	Test
÷	Current Certificate of 2 Ice	Copy of Cyber Liability Policy Copy circuits	07/31/2023 9:49 PM	Test
ô	Project Narrative	- Organization Chart - Risk Self Assessment	07/31/2023 9:50 PM	Test
÷	Proposal Abstract		07/31/2023 9:49 PM	Test
÷	Assurances and Certifications		07/31/2023 9:49 PM	Test
Ô	Budget Justification	07/31/2023 9:50 PM	Test	
Ô	Certificate of Clean Hands dated within 60	07/31/2023 9:49 PM	Test	
application ubmitted B	Submission (Date/Time) 3y	Brandy Zapfe		
		Back Save for la 1 Submit Next		



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

Thank you!

