EGNS Register as an External Reviewer Reference Guide for External Reviewers

Let's begin!



Revised June 2024

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	DC HEALTH OVERNMENT OF THE DISTRICT OF COLUMBIA COVERNMENT OF THE DISTRICT OF COLUMBIA
	Thank you for volunteering as an external reviewer. Put tlick here to register.
	Sincerely,
	DC Health, Office of Grants Management
	DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Accept the Non-Disclosure Agreement

Click Agree to accept.

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The information submitted shall not be disclosed outside of the District of Columbia Department of Health (DC Health) and shall not be duplicated, used, or disclosed in whole or part for any purpose other than to evaluate applications, retain a record o submission and to receive, store and transfer documents needed to process applications, conduct pre- and post-award transactions, and to manage grant awards issued to the applicant organization. Organizational information shall be requested only for the purposed established by EGMS for creating and maintaining an account and submitting, reviewing and processing applications and grant awards. No personally identifiable client-level data shall be required by DC Health for submission via EGMS at any time
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* Last Name	
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* Organization Name	
Test ORG	
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123 Main Street	
Address 2	
* City	
Washington	
* State	
DC	<u>۸</u>





Input User Information

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Complete your area of expertise.

If an area of expertise is not available in the provided list, select other in the tertiary area of expertise.

Click next.

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

Thank you!

