## **EGNS Payment Request** Reference Guide for Primary Users

Let's begin!



Revised August 2024

### **Email notification**



A payment request task will be generated for you every month, on the last day of the month/billing period. You will receive an **email** notification and a task in the portal. You can access the task by clicking on the **link**.





### **Click on Grant**



Another way to access the task is to navigate to the **Grant** tab.



Click on the Grant number.

	EGMS nterprise Grants Management System				P BRANDY Z 💌
HOME FUNDING	OPPORTUNITIES APPLI	1 GRANT			
		Active	Grants		
Grant ID	Budget Period Start Date	Budget Period End Date	Project Period Start Date	Project Period End Date	Program Manager
HAHSTA-783	06/01/2024	09/30/2024	06/01/2024	09/30/2025	Program manager PROD





#### **Access the Payment Request**

PD-0069

PD-0076

PD-0083

PD-0090

-110-PD-0153-April-2023

-110-PD-0153-April-2023

-110-PD-0153-April-2023

-110-PD-0153-April-2023

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#### Click on the Payment Request tab.

Click on the **Payment Request Id** of the corresponding payment request.

	Ent Ma	<b>GMS</b> erprise Grants nagement System					÷
l	HOME FUNDING C	OPPORTUNITIES APPLIC	ATION GRANT				
	Overview Payment	Request Change Requests	Revisions Progress R	Reports Payment Histor	y Insurance	Grant Budget Risk	Assessment
T	he following table contai lick the Payment Reques	ns a list of all Payment Request: t ID to access the Payment Req	s for this grant. uest.				
	Payment Request Id	Payment Request Number	Billing Period	Budget Period	Due Date	Purchase Order Number	Total Awarded I
2	PD-0052	-110-PD-0153-April-2023	3/1/2023 To 3/31/2023	7/28/2022 To 8/6/2022	2023-04-01		1
	PD-0062	-110-PD-0153-April-2023	4/1/2023 To 4/30/2023	7/28/2022 To 8/6/2022	2023-05-01		1

4/1/2023 To 4/30/2023 7/28/2022 To 8/6/2022 2023-05-01



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#### **Expense profile**



Navigate to **Expense Profile** and review the information.

HOME   FUNDING OPPORTUNITIES   APPLICATION   GRANT     Expense Profile   1   e Detail   Attachments   Approval History     Payment Request	BRAND
Expense Profile 1 e Detail Attachments Approval History   Payment Request	
Payment Request	
Grant Billing Period	
-086	
Organization Name Budget period	
Overspiration Address	
street1	
UEI Total Awarded Budget	
222	
EIN Amount Requested	
199999999	
Payment Type Purchase Order Number	
Created By Invoice Number	



#### **Expense Detail**



Navigate to Expense Detail and then click on the Enter Payment Request Budget button.



Click on the Enter Payment Request Budget button.

	it system				
ME FUNDING OPPORTU	JNITIES APPLICAT	ION GRANT			
pense Profile Expense Deta	Attachments	Approval History			
nent Request- PaymentReques	stID				
Payment Request	Service Area - Re	eimbursement	:	Demoising Durbert	
Service Area Name Iotal	Awarded Budget	YID Spent	Requested Expense	Remaining Budget	
Maternal Health \$107,	987.00	\$0.00	\$0.00	\$107,987.00 2	Enter Payment Request Budget
Payment Requests Budget Category Name	5 Awarded Budget		YTD Spent	Request Expense	Remaining Budget
Salaries	\$2,432.00		\$0.00	\$0.00	\$2,432.00



#### **Save Expense Detail**

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Enter the **Requested Expense** in each **Budget Category**, then click on the **Save** button.

- X(O	<b>TEGMS</b>					BRANDY Z
		S	Service Area : ASA-0	00215		
BudgetCategoryName	Awarded Budget	YTD Approved Advance	Requested Expense	Amount Due	YTD Spent	Remaining Budget
Salaries	\$2,432.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$1,432.00
Fringe Benefits	\$11,111.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$1,111.00
Consultants/Contractual	\$11,111.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$1,111.00
Occupancy	\$11,111.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$1,111.00
Travel	\$11,111.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$1,111.00
Supplies	\$11,111.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00	\$1,111.00
Equipment	\$10,000.00	\$0.00	\$9,000.00	\$9,000.00	\$0.00	\$1,000.00
						Cancel
Fringe	Benefits \$11	l,111.00	\$0.00	\$0.00	\$11,111.00	



#### **Attachments and Submit**

Navigate to Attachments and click the

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required certifications.

By clicking the **Upload Attachments** button, enclose requested files: invoices, receipts and supporting documents.

Click Submit.

audits. Terms and Agreements Allowable Costs	I Disagree 🗸					
Receipts Uploade Review Supportir	d ng Documents available on ۶	Site				
L Attachments						
					2	① Upload Attachments
	Description	Last Modified Date	Owner	Download	Preview	Delete
File Name						
File Name						
File Name						



#### **Payment authorization notification**

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If the payment request is approved, you will receive an email and a bell notification. Note that further action is still required, and the invoice must be submitted in DIFS.

Billing Period	6/1/2024 To 6/30/2024
Purchase Order (PO) #	test 1234
Amount Requested	\$75.00
Amount Approved	\$75.00
Authorization Date	8/2/2024
Reviewer's Note (If applicable	

#### Further action is required!

WITHIN THREE BUSINESS DAYS OF RECEIPT OF THIS NOTICE:

Proceed to the District of Columbia Vendor Payment Portal to submit your invoice for processing:

https://vendorportal.dc.gov/Account/Login

nce the correct Purchase Order # (PO), EGMS Invoice# and Approved Amount as outlined in this Payment Authorization Notice

tion on "PASS E-invoicing", please visit:

tal.dc.gov/ContactUs/Help#faqs



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#### **Payment rejection notification**

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If the payment request is rejected, you will receive an email and a bell notification to update the information.





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

# Thank you!

