

Government of the District of Columbia
Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration

2015 Grantee Forum

DOH Enterprise Grants Management System (EGMS)





www.doh.dc.gov

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www.REISystems.com

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What is EGMS?

The Department of Health's Enterprise Grants Management System (EGMS) will provide an environment for users to:

- Manage fiscal and administrative tasks throughout the lifecycle of a grant
- Maintain DOH Grants Management Accounts (GMA's) for subgrants
- Start, track and complete administrative and fiscal tasks pre-award, post-award and for close-out
- Submit documents to request new funding (applications) and process continued funding
- Provide a docking station for all standard forms, templates, standard operating procedures to assist with efficient management of grants



EGMS Priorities

Accountability, Uniformity, Transparency...

- Reduce burden of routine requests, submissions, approval flows and communications
- Reinforce the co-monitoring (Project Officer – Grant Monitor) construct for DOH grants for accountability
- Provide efficient document management & tracking
- Integrate new OMB regulations into existing policies and procedures
- Link EGMS to external systems for eligibility validation and financial management. e.g. PASS, SAM, DC OTR & DOES



New in EGMS

Some requirements will not change-- just the direction of requests, tiers of approval, location of documents & tracking of tasks

- Organization and Individual User Registrations
- DOH Standard Agreement Terms, Assurances & Certifications will be reviewed & accepted inside of the system by the authorized agency representative
- Applicants will be able to retrieve RFAs and submit applications electronically
- Provide a central repository for your business documents
- EGMS will “lock-in” a process for monitors to start and certify completion of: Risk Assessments, Monitoring Plans, Site Visits and Performance Ratings (all available to grantees)



Planning for Integration into EGMS

How will new, existing awards and continuing awards get into EGMS?

- New awards that start-out in the EGMS as applications will continue in EGMS.
- If a grant is issued or continues on or after October 1, 2015, integration tasks will be scheduled incrementally by DOH.
 - Agency & User Registration, Business and Program Document Uploads, Funding Attributes, Agreements & Assurances...
- Any grant that ends (Project Period/Expires) by the end of the first quarter (December 31st) will not be entered into EGMS. Close-out will be manual.
- Trainings will be on-site and on-line prior to any DOH requests.
- Open Issue: Invoice submission and review via EGMS (?)



Agencies Face Many Challenges Effectively Managing Grants Today



Implementing a vision for grants management built on industry best practices



Lacking real-time visibility into grant programmatic or fiscal status



Dispersing funds effectively and efficiently



Inundated by paper-based processes and errors



Maintaining a cost effective solution – low total cost of ownership and built on ever-green platform



Complex and inconsistent business processes



The Path Forward: A Centralized EGMS

REI has combined its experience developing **grants management solutions for the government** with our **Salesforce.com implementation experience** to create a robust solution for Federal, State, and Local granting agencies.

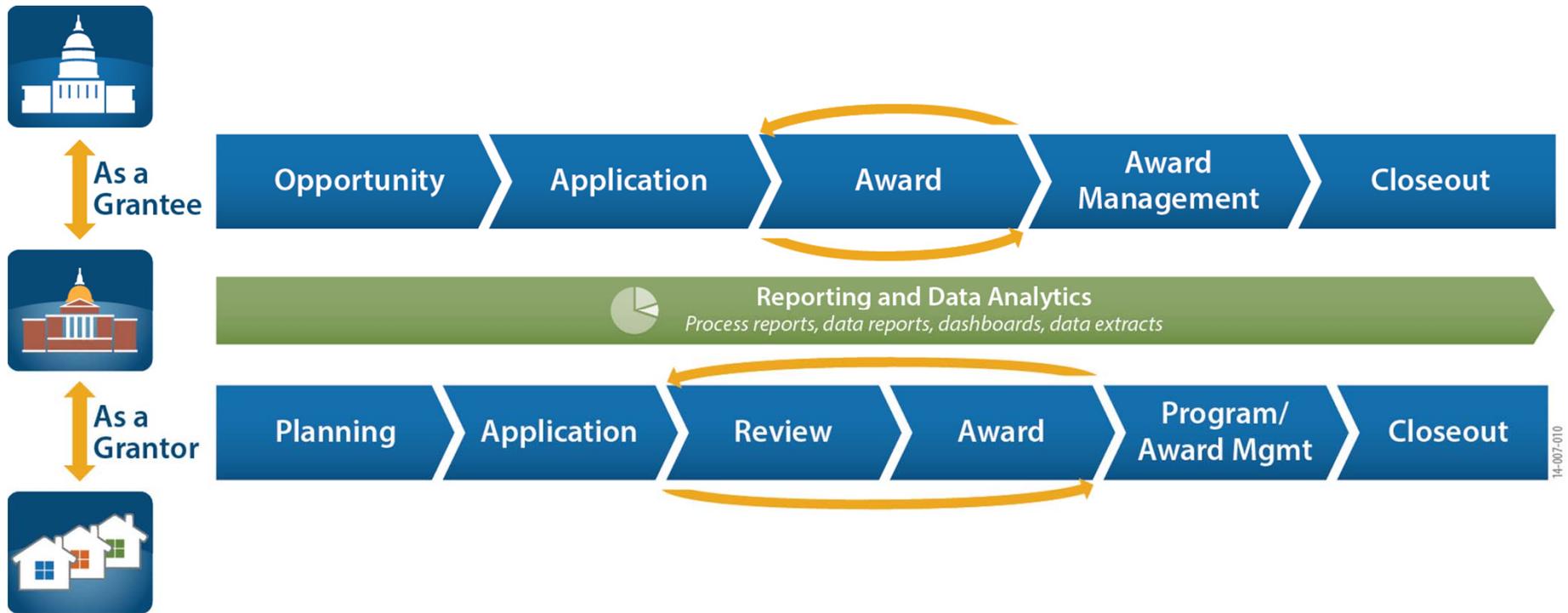
GovGrants is a cloud-based, software-as-a-service (SaaS) solution built to address a suite of grants management challenges across the life-cycle.



EGMS is a Full Life-Cycle Solution

GovGrants links **programs and people to grants life-cycle processes** thereby:

- Improving fiscal and program data tracking and simplifying reporting
- Increasing workflow automation, notifications, and approvals
- Reducing manual data entry and errors



EGMS Preview



Applicant Registration



Useful Links

[View Funding Opportunities](#)

[Department of Health](#)

[Telephone Directory](#)

[DC Grants and Funding](#)

Existing Users

Don't have an account ?

[Register](#)

Username:

Password:

[Login](#)

[Forgot Password?](#)



[Accessibility](#) | [Privacy and Security](#) | [Terms and Conditions](#)



Applicant Registration: Non-Disclosure



1. **Accept Applicant Non-Disclosure Agreement** > 2. Search Organization > 3. Update Organization Profile > 4. Update Applicant Profile > 5. Confirmation

Back

During the course of completing this application and the application process, sensitive and confidential information is likely to be exchanged between the applicant and the District of Columbia Department of Health (DOH). This non-disclosure agreement serves as a contract entered into by both parties in which the parties agree that certain types of information that pass from one party to the other or that are created by one of the parties will remain confidential. The non-disclosure agreement serves to protect sensitive technical or commercial information from disclosure to others and defines exactly what information can and cannot be disclosed.

Disagree

Agree



Accessibility | Privacy and Security | Terms and Conditions



Applicant Registration – Organization Search



1. Accept Applicant Non-Disclosure Agreement > **2. Search Organization** > 3. Update Organization Profile > 4. Update Applicant Profile > 5. Confirmation

Fields marked as * are required

In order to complete your user registration, please search for your organization in the system by entering Employer Identification Number (EIN) and Data Universal Numbering System (DUNS) number. If the organization doesn't exist in the system, you can create the organization by clicking "Create New organization" button. This feature will be available after you perform the search.

Employee Identification Number (EIN)*

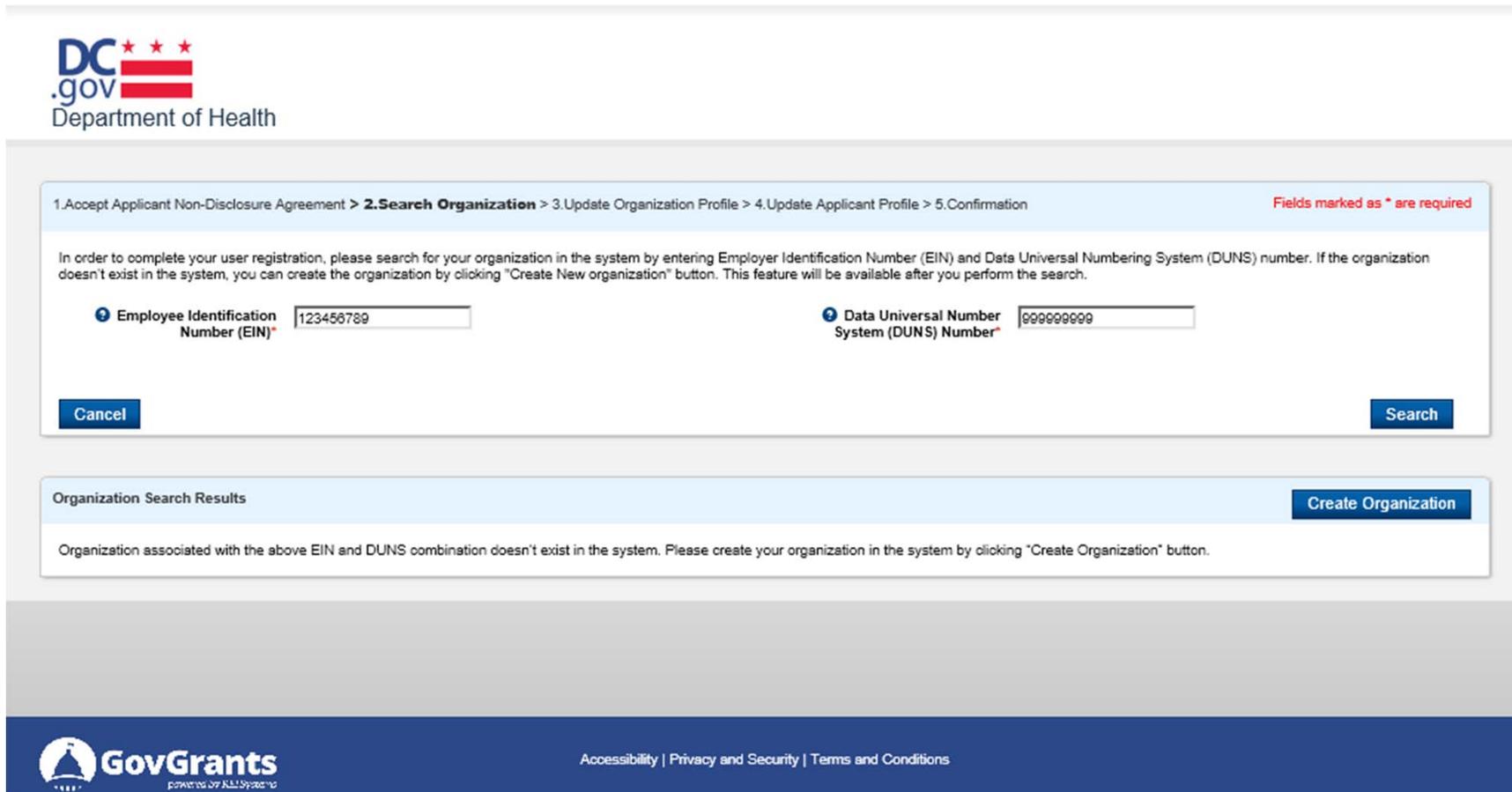
Data Universal Number System (DUNS) Number*

Cancel

Search



Applicant Registration – Organization Search



DC .gov Department of Health

1. Accept Applicant Non-Disclosure Agreement > **2. Search Organization** > 3. Update Organization Profile > 4. Update Applicant Profile > 5. Confirmation Fields marked as * are required

In order to complete your user registration, please search for your organization in the system by entering Employer Identification Number (EIN) and Data Universal Numbering System (DUNS) number. If the organization doesn't exist in the system, you can create the organization by clicking "Create New organization" button. This feature will be available after you perform the search.

Employee Identification Number (EIN)* Data Universal Number System (DUNS) Number*

Organization Search Results

Organization associated with the above EIN and DUNS combination doesn't exist in the system. Please create your organization in the system by clicking "Create Organization" button.

 Accessibility | Privacy and Security | Terms and Conditions



Applicant Registration – Organization Profile

1. Accept Applicant Non-Disclosure Agreement > 2. Search Organization > 3. Update Organization Profile > 4. Update Applicant Profile > 5. Confirmation

Fields marked as * are required

Organization Information
Please fill in the following fields in order to create your organization profile in the system

<p>1 Organization Name* <input type="text"/></p> <p>2 Organization Type* <input type="text" value="--None--"/></p> <p>If Other, Please Specify <input type="text"/></p> <p>3 Data Universal Number System (DUNS) Number* <input type="text" value="999999999"/></p> <p>4 Employee Identification Number (EIN)* <input type="text" value="123456789"/></p> <p>5 Phone Number* <input type="text"/></p> <p>6 Fax <input type="text"/></p>	<p>7 Website <input type="text"/></p> <p>Are you a Local Small Business Development Enterprise? <input type="checkbox"/></p> <p>Are you in DC Supply Schedule? Please check the OCP website here. <input type="checkbox"/></p> <p>8 Are you in Federal GSA Schedule? <input type="checkbox"/></p> <p>9 DUNS Expiration Date* <input type="text"/></p> <p>10 Organization Fiscal Year Start Date <input type="text"/></p> <p>11 Organization Fiscal Year End Date <input type="text"/></p>
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Organization Address
Please enter the address associated with the above DUNS number as listed in SAMS.gov.

<p>Address 1* <input type="text"/></p> <p>Address 2 <input type="text"/></p> <p>City* <input type="text"/></p> <p>State* <input type="text" value="--None--"/></p>	<p>12 Ward* <input type="text" value="--None--"/></p> <p>13 Zip Code* <input type="text"/></p> <p>14 Country <input type="text" value="USA"/></p>
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Point of Contact Information

<p>Prefix <input type="text" value="--None--"/></p> <p>Suffix <input type="text" value="--None--"/></p> <p>First Name* <input type="text"/></p> <p>Last Name* <input type="text"/></p>	<p>15 Title* <input type="text"/></p> <p>16 Email* <input type="text"/></p> <p>17 Phone Number* <input type="text"/></p> <p>18 Fax <input type="text"/></p>
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Cancel

Next



Applicant Registration – User Profile

Applicant Profile Fields marked as * are required

Each Applicant organization is allowed two applicant profile which are as follows

- **Primary Applicant Profile** – This profile has to be approved by DOH's Office of Grants Management in order to access the system. First active user for the organization will get this profile by default. Primary applicant have major administrative access such submitting applications and post award forms.
- **Secondary Applicant Profile** – This profile has to be approved by Primary Applicant of the Organization in order to access the system. Secondary applicant will have data entry privileges in all the modules available for the applicant or sub-grantee.

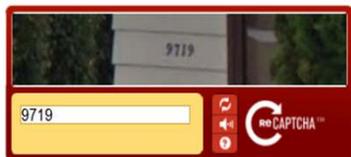
Check this if Applicant User Profile information is same as Point of Contact Information

Prefix
 Suffix
 First Name*
 Last Name*
 Address 1*
 Address 2
 City*
 State*

Zip Code*
 Country*
 Phone Number*
 User Role
 Fax
 Email*
 User Name* [Check Availability](#)

CAPTCHA (Completely Automated Public Turing test to tell Computers and Humans Apart) is a type of security measure known as challenge-response authentication. CAPTCHA helps protect you from spam and password decryption by asking you to complete a simple test that proves you are human and not a computer trying to break into a password protected account.

Please type the number/word/phrase you see in the CAPTCHA image. If you are not able to solve the CAPTCHA challenge, please click the reload button to get a new CAPTCHA image. If you are having difficulty reading the image, please click on the audio (speaker) icon and the number/word/phrase can be heard.



Cancel

Next



Applicant Registration – DOH Validation

APPLICANT PROFILE APPROVAL PAGE - ADAM DANIEL



Please review the Applicant and Organization Profile Information listed below before providing your recommendations.

Description of the Recommendations are as follows:

Approve – When reviewer approves, a notification is sent to the Applicant that their request is approved along with their login credentials.

Disapprove – When reviewer disapproves, comments for disapproval are required. System will send the notification to the Applicant that their request has been disapproved along with the comments provided in the "Comment" section.

Decision

Approve
 Disapprove

***Comment**

Applicant Information

Organization Information

Applicant Information

<p>Prefix Mr.</p> <p>Suffix Jr.</p> <p>First Name Adam</p> <p>Last Name Daniel</p> <p>Address 1 2165</p> <p>Address 2</p> <p>City sterling</p> <p>Zip Code 29089</p>	<p>State District of Columbia</p> <p>Country USA</p> <p>Phone Number 703-990-9900</p> <p>Fax 703-990-9900</p> <p>Email spandana11@gmail.com</p> <p>User Name adam19@gmail.com</p> <p>User Role Primary Applicant</p>	
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Applicant Registration - Notification



Department of Health
Promote. Prevent. Protect.

Dear Adam Daniel,

Congratulations on successfully registering in District of Columbia(DC) - Department Of Health(DOH) Enterprise Grants Management System(EGMS).

Please click [here](#) to activate your account in the system.

If you are encountering any technical issues, please send an email to sysadmin@dcdoh.gov.

Sincerely,
District of Columbia(DC) - Department of Health(DOH)
Enterprise Grants Management System(EGMS)



GovGrants
powered by REI Systems

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Organization Profile

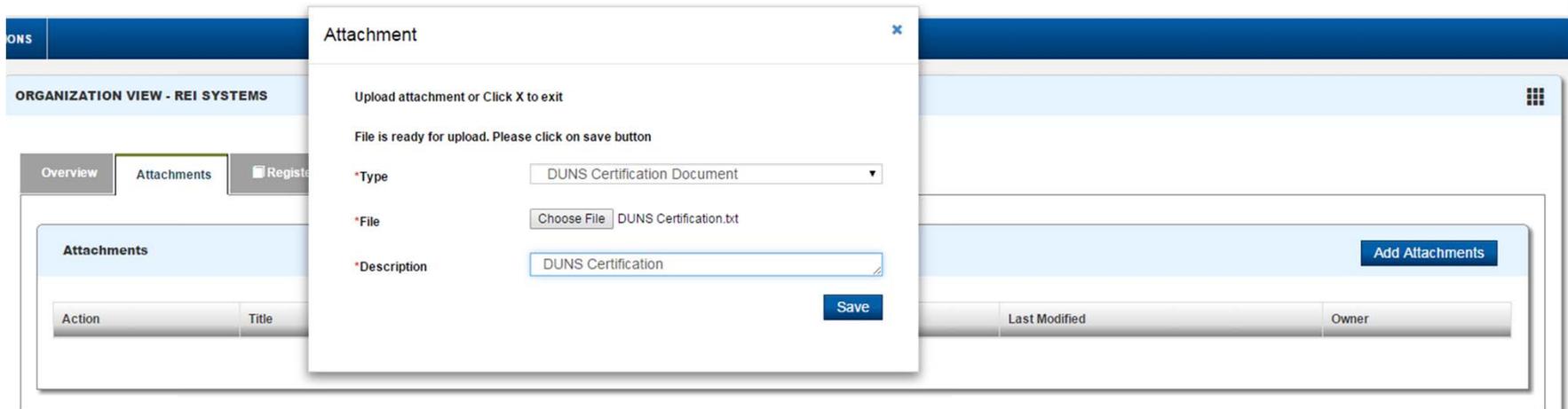
ORGANIZATION VIEW - REI SYSTEMS



Overview	Attachments	Registered Users	
Information			
Organization Name	REI Systems	Local Small Business Dev. Enterprise <input checked="" type="checkbox"/>	
Organization Type	Not-for-profit - 501©(3)	Are you in DC Supply Schedule? <input checked="" type="checkbox"/>	
Data Universal Number System (DUNS) Number	543216789	Are you in Federal GSA Schedule? <input checked="" type="checkbox"/>	
Employee Identification Number (EIN)	543216789	DUNS/SAMS Expiration Date	6/30/2015
Organization Type (Other)		Organization Fiscal Year Start Date	6/30/2015
Phone Number	(703) 480-9100	Organization Fiscal Year End Date	6/30/2015
Fax	(703) 480-9100		
Organization Address			
Address 1	45335 Vintage Park Plaza	Ward	NA
Address 2	45335 Vintage Park Plaza 2	Zip Code	20166
City	Sterling	Country	USA
State	Virginia		
Point of Contact			
Prefix	Mr.	Title	Manager
Suffix	Jr.	Email	tomwoodrei@gmail.com
First Name	Tom	Phone Number	(703) 480-9100
Last Name	Wood	Fax	(703) 480-9100



Organization Profile – Upload Documents



The screenshot displays the REI SYSTEMS interface for an organization profile. A modal window titled "Attachment" is open, allowing for document upload. The modal contains the following fields and controls:

- Instructions: "Upload attachment or Click X to exit" and "File is ready for upload. Please click on save button"
- *Type: A dropdown menu with "DUNS Certification Document" selected.
- *File: A "Choose File" button followed by the text "DUNS Certification.txt".
- *Description: A text input field containing "DUNS Certification".
- A "Save" button at the bottom right of the modal.

The background interface shows the "Attachments" tab selected in the navigation menu. Below the modal, a table header is visible with columns for "Action", "Title", "Last Modified", and "Owner". An "Add Attachments" button is located on the right side of the interface.



Organization Profile – Registered Users

ORGANIZATION VIEW - REI SYSTEMS



Overview

Attachments

Registered Users

Registered Users

Quick Search Text



↑ Full Name	Username	E-mail	User Role
Dan Orville	dan.orville@gmail.com	spandana.qarikipati@reisystems.com	Secondary Applicant
John Aldrich	john.aldrich@gmail.com	spandana.qarikipati@reisystems.com	Primary Applicant

Total records: 2



View Funding Opportunities

Funding Opportunities (FO) Quick Search Text 

The following table is a comprehensive list of all active Funding Opportunities available for which the applicant may apply. Applicants can view or apply for active Funding Opportunities. Closed and Archived Funding Opportunities can be viewed in the useful links section on the left side of the screen.

[Apply](#) [View Applications](#)

Actions	Announcement Name	Title	↓ Application Deadline	Applicable Documents
Apply	FO-CHA-PG-00016-006	SNAP - Nutrition and Wellness Education Services	07/15/2015 6:18:PM	NOFA RFA
Apply	FO-CHA-PG-00017-001	FY 2015 DC Clean Team Program	06/30/2015 10:52:PM	NOFA RFA

Total records: 2



View Funding Opportunity

FUNDING OPPORTUNITY - FO-CHA-PG-00016-006

Create Application

The Funding Opportunity overview page reflects the key information associated with this Funding Opportunity such as the funding amounts, particular application procedures, important dates and deadlines, funding priorities, matching requirements, estimated number of applications and awards, special circumstances and other relevant information.
To view the official NOFA and RFA documents for the Funding Opportunity, click the Funding Opportunity URL link located at the bottom of the overview page.

Overview

<p>Title SNAP - Nutrition and Wellness Education Services</p> <p>Description The Government of the District of Columbia, Department of Health (DOH), Community Health Administration (CHA) is soliciting applications from qualified applicants to provide SNAP- Ed nutrition and wellness education services to culturally diverse District residents. This funding is provided through a Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) Food and Nutrition Service (FNS) grant. All awards resulting from this RFA are contingent upon the continued availability of federal funds. Approximately \$100,000 in federal funds will become available for up to two awards for the provision of the following services between October 1, 2015 and September 30, 2016.</p> <p>Eligible Applicant Types Nonprofits having a 501 (C)(3); Private institutions of higher education; Individuals</p> <p>NOFA Publication Date 6/22/2015</p> <p>RFA Release Date 6/23/2015</p> <p>Application Deadline 7/15/2015 6:18 PM</p> <p>Point of Contact(POC) Name CHA PM Matthew</p> <p>POC Phone Number</p> <p>POC Email Address spandana.garikipati@reisystems.com</p> <p>District Fiscal Year 2015</p> <p>Estimated Budget Period Start Date 1/1/2016</p> <p>Estimated Budget Period End Date 12/31/2020</p> <p>Award Ceiling \$ 100,000</p> <p>Award Floor \$ 90,000</p> <p>Awarding Federal Agency</p>	<p>If Other, Please Specify</p> <p>Match Required? <input checked="" type="checkbox"/></p> <p>Estimated Average Size of Award \$ 100,000</p> <p>Estimated Funding Amount \$ 100,000</p> <p>Estimated Number of Applications 20</p> <p>Estimated Number of Awards 2</p> <p>Maximum number of Project years 5</p> <p>Estimated Project Period Start Date 1/1/2016</p> <p>Estimated Project Period End Date 12/31/2020</p> <p>Account Name CANCER, CHRONIC DISEASE PREVENTION</p> <p>Bureau Unit CANCER, CHRONIC DISEASE PREVENTION</p> <p>Program Name PG-00016</p> <p>Allow Multiple Applications from an Org <input checked="" type="checkbox"/></p> <p>Funding Opportunity URL http://www.google.com</p>
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Service Area

Core Service Area	Service Area
Asthma Control Program	Asthma Control Program



Application Submission – Select Service Area



SELECT SERVICE AREA OF THE APPLICATION (STEP 1 OF 2) Cancel Next

Funding Opportunity Number: FO-CHA-PG-00016-006
Funding Opportunity Title: SNAP - Nutrition and Wellness Education Services

Please choose the service area for which you would like to apply for this funding opportunity. Press control (ctrl) and Arrow Key for multi select.

Available Service Area	Selected Service Area
Asthma Control Program	



Application Submission – Budget Sheet

- Applicant Profile
- Categorical Budget**
- Attachments
- Applicable forms
- Certification
- Assurances
- DOH Terms of Agreement

Overall Total Budget

Overall Total Budget displays the summary of Budget values of all the Service Area Budget.

Budget Category Number	Budget Categories	Requested Budget
1	Salaries	\$ 10,000.00
2	Fringe	\$ 1,000.00
3	Consultants	\$ 1,000.00
4	Occupancy	\$ 8,764.00
5	Travel	\$ 5,675.00
6	Supplies	\$ 83,738.00
7	Capital Equipment	\$ 7,765.87
8	Client Costs	\$ 7,767.00
9	Communication	\$ 9,876.00
10	Other Direct	\$ 0.00
11	Indirect	\$ 0.00
12	Total (Sum 1-11)	\$ 135,585.87

Match Amount

Total Match Amount \$ 20,000



Application Submission – Forms

APPLICATION NUMBER - APP-PG-00016--0026 (STATUS: IN PROGRESS) Edit Perform Compliance Check Submit Application

Applicant Profile |  Categorical Budget | Attachments | **Applicable forms** | Certification | Assurances | DOH Terms of Agreement

Required Forms

The following tables lists the Required Forms listed in the Funding Opportunity associated with this Application.

[View Template](#)

Actions	Name	Description
View Template	<u>BUDGET NARRATIVE</u>	This is Budget Narrative description



Application Submission – Attach Forms

APPLICATION NUMBER - APP-PG-00016--0026 (STATUS: IN PROGRESS)

Edit

Perform Compliance Check

Submit Application



Applicant Profile

Categorical Budget

Attachments

Applicable forms

Certification

Assurances

DOH Terms of Agreement

Attached Documents

Add Attachments

Action	Title	Classification	Description	Last Modified	Owner
	Final Data.xlsx	BUDGET NARRATIVE - (Required)	Budget narrative - 1	6/25/2015 2:53 AM	Adam Daniel



Application Submission – Accept Certification



- Applicant Profile
- Categorical Budget
- Attachments
- Applicable forms
- Certification
- Assurances
- DOH Terms of Agreement

Certificate



Statement of Certification for a DOH Notice of Grant Award

- _____ The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- _____ The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- _____ The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- _____ The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- _____ The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- _____ That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- _____ That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- _____ That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- _____ That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- _____ That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- _____ That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- _____ That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- _____ That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- _____ That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- _____ That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- _____ That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

Terms and Agreement

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.
Certificate Terms and Agreement I read the terms and agree



Application Submission - Confirmation

APPLICATION NUMBER - APP-PG-00016--0026 (STATUS: SUBMITTED)



Application submitted successfully.



Department of Health
Promote. Prevent. Protect.

Dear Adam Daniel,

Thanks for submitting the application in Enterprise Grants Management System (EGMS) for your Organization(Cancer Cure Foundation).

Below are the submission details for your records:

Funding Opportunity ID: a0C1a000000tqA5
Application ID: APP-PG-00016--0026
Project Title: SNAP - Nutrition and Wellness Education Services
Submitted By: Adam Daniel
Submitted On: 6/25/2015 2:56 AM

If you are encountering any technical issues, please send an email to systemadmin@dcdoh.gov

Thank you for your submission.

Sincerely,
District of Columbia(DC) - Department of Health(DOH)
Enterprise Grants Management System(EGMS)



