# **EGNS** User Registration Reference Guide for Primary Users

Let's begin!



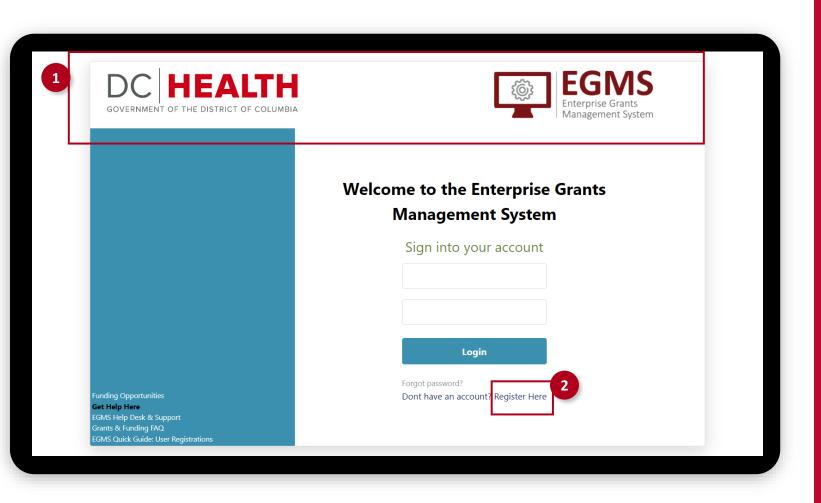
### **Start the registration**

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

2

Click on the **Register here** link.

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







#### **Read the Non-Disclosure Agreement**

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Read the Non-Disclosure Agreement.

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	11.5	ur organizations submi	ssion of information and docur	nents to EGMS. By us	ing EGMS, you under
			nall not be disclosed outside the purpose other than to evaluate		



#### Agree to the terms

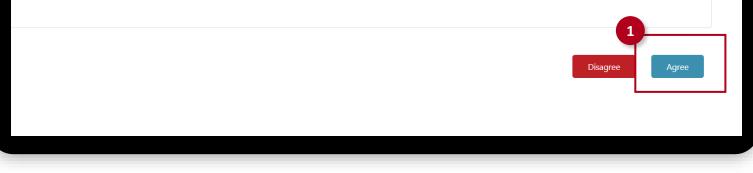


#### Click on the **Agree** button.

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**

1 Enter the **EIN number**.

2 En

Enter the **UEI number**.



Click on the **Search** button.

Non-Disclosure	Organization Search	Organization Profile	Required Business Documents	User Profile	Confirmation 6
$\bigcirc$		3	G	3	•
		Organia	zation Search		
	your organization by entering ne Create Organization buttor		ion Number (EIN) and the Unique	Entity ID (UEI) and click th	ne search button. If no resu
opulates, please eller on a	le create organization battor	no procecu.	2		
mployer Identification I	Number (EIN)*		Unique Entity ID (UEI)*		
					Back 3 Se



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### **Create new organization**

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Click on the **Create new organization** button.

Non-Disclosure	Organization Search Organization Profile Required Business Documents User Profile				Confirmation
1	2	3	4	5	6
		Organi	zation Search		
			ion Number (EIN) and the Unique I	ntity ID (UEI) and click th	he search button. If no re
opulates, please click on t	the Create Organization buttor	n to proceed.			
mployer Identification	Number (EIN)*		Unique Entity ID (UEI)*		
mployer Identification 252425301	Number (EIN)*		Unique Entity ID (UEI)* 124258584252		
252425301	Number (EIN)*				
	Number (EIN)*			1	
252425301	Number (EIN)*			1	Create New Organi
252425301	Number (EIN)*			1	Create New Organ
Search Result		our records. Please click		1 button to begin your	
252425301 Search Result		our records. Please click	124258584252	1 button to begin your	
252425301 Search Result		our records. Please click	124258584252	1 button to begin your	



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# **Organization profile**

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2

Complete all the fields of the **Organization Profile**.

Click on the **Continue** button.

Organization Name*	Organization Type
	Select the item ×
Employer Identification Number (EIN)*	Unique Entity ID (UEI)*
252425301	124258584252
SAM Expiration Date	Business License Expiration Date
	<b>ä</b>
Main Telephone Number*	Alternate Telephone Number
Fax	Business Email*
Website	Address 1*
Address 2	City*
State*	Zip Code*
Select the item	~
	2 Back Continue



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#### **Business documents**

1

Enclose the required business documents. You can upload them by clicking the **Upload Files** button or drag and drop them.



Click on the **Continue** button.

<sup>*</sup> fields are Mandatory		Required Busine	ess Documer		
System for Award Manag	ement (SAM) Registration	Documentation*	▲ Upload Files	Or drop files	
RS W9 Form*			▲ Upload Files	Or drop files	
DC Basic Business License	e (BBL)*		▲ Upload Files	Or drop files	
ist of the Board of Direc corporation or Non-Profi		terhead* (only required if	▲ Upload Files	Or drop files	
Document	File Name	Date/Time Upload	Ex	piration Date	Action
					Back Continue





### **User profile**



Complete the **User profile** information.

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**TIP:** If the address you will enter is the same as the organization's, then you can click the checkbox and the information will auto populate.

	User F	Profile	
User Role		Email*	
Primary User	~		
First Name*		Last Name*	
Is the user address same as Organization	on Address?		
Address 1*		Address 2	
City*		State*	
		Select the item	
Zip Code*		Phone*	
Fax		User Name*	





# **Organization head**

1

2

3

4

Select **Yes** or **No**.

If it applies, click on the **checkbox**.

Complete all the fields.

Click on the **Continue** button.

Check if the address is the same as the organization's		
First Name		Last Name
Email		Address
Phone		City
State		Ward
Select the item	~	Select the item 🗸
Zip Code		



# Confirmation

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

Non-Disclosure	Organization Search	Organization Profile	Required Business Documents	User Profile	Confirmation 6
		Cor	nfirmation		
Your confirmation ha	s been submitted				
User Type : Primary	User				
Approver : Office of	f Grants Management				
	ring for the DC Health Enter roved. Please close the brow		nt System (EGMS). You will rece	eive an email with a lir	k to create your credentials
To go back to the sig	n-in page, please click the He	ome button.			





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

# Thank you!

