

EGMS 2.0

Application Submission

Reference Guide

Let's begin!

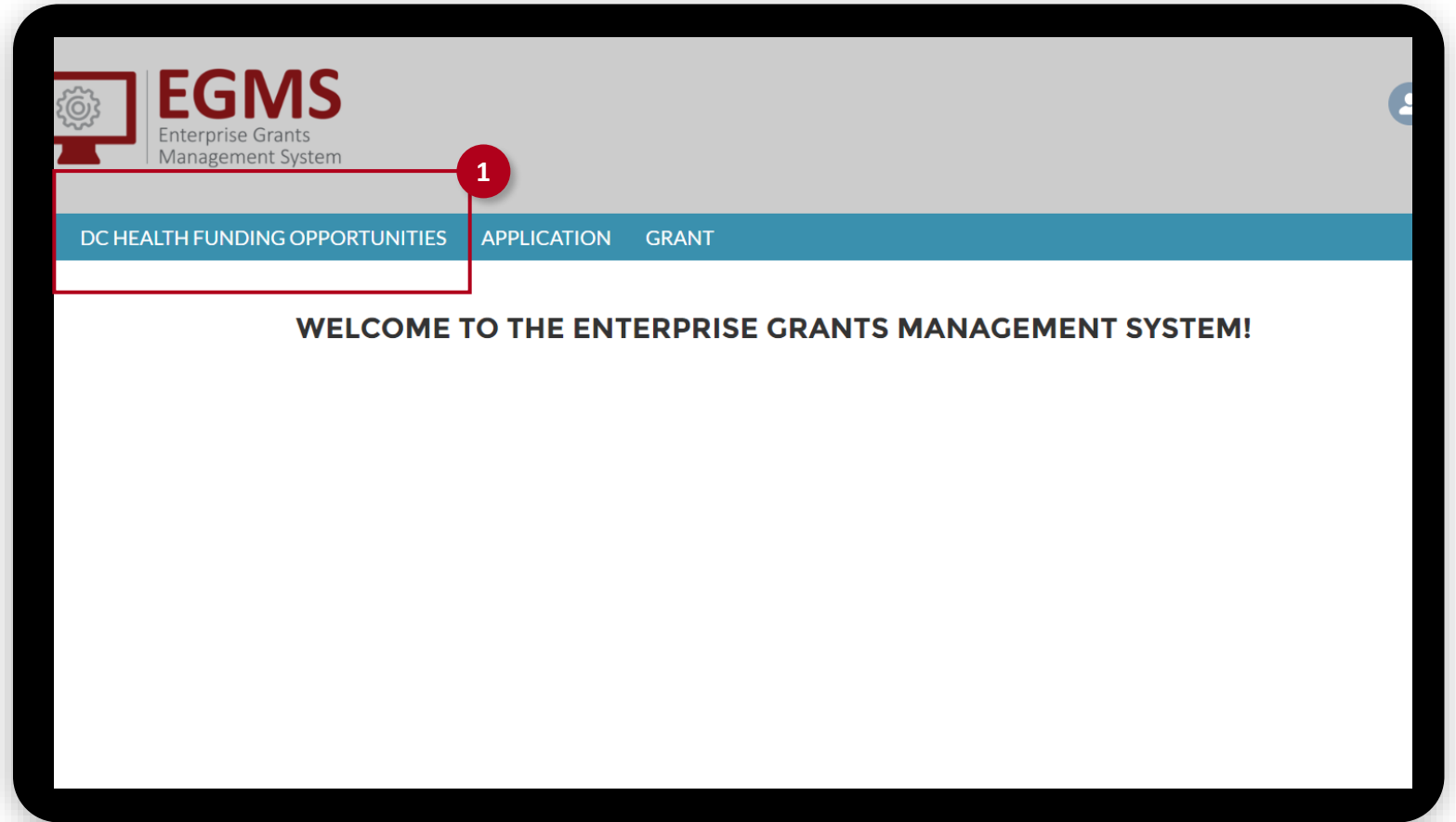
Log into the portal

- 1 Log into the portal using your credentials.



Click on the DC Health Funding Opportunities tab

- 1 Once you access the portal, click on the DC Health Funding Opportunities tab.



Apply for a Funding Opportunity

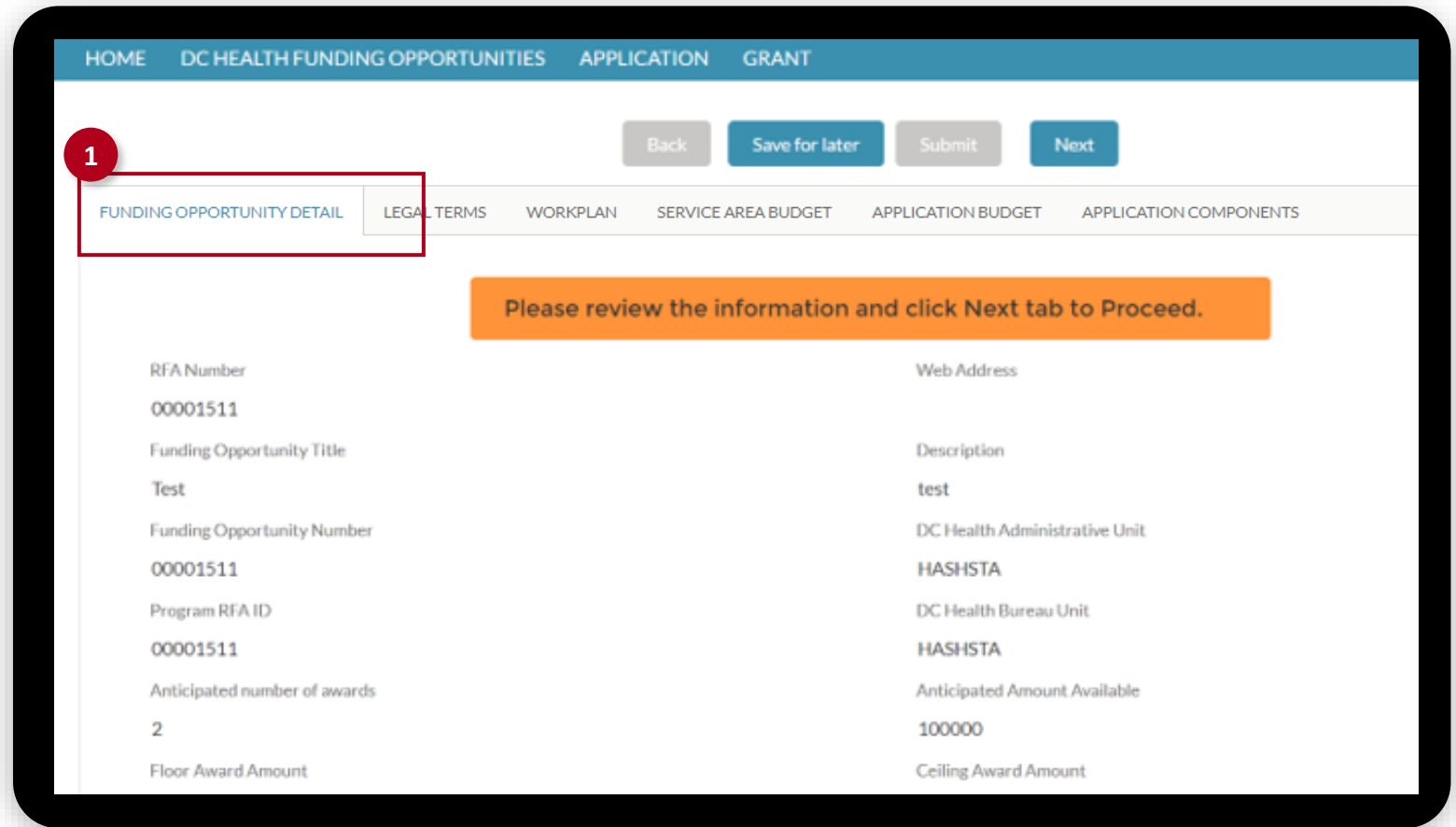
1 To begin your application, click the Apply link.

The screenshot shows the EGMS interface with a navigation bar containing 'HOME', 'DC HEALTH FUNDING OPPORTUNITIES', 'APPLICATION', and 'GRANT'. Below the navigation bar is a table titled 'Funding Opportunities'. The table has columns for 'FO Number', 'RFA Title', 'Administration', 'NOFA Release', 'RFA Release Date', 'Application Deadline', and 'Action'. Two rows of data are visible. The 'Action' column for the first row contains 'View | Apply', where 'Apply' is highlighted with a red box and a red circle containing the number 1. The 'Action' column for the second row also contains 'View | Apply'.

| FO Number | RFA Title | Administration | NOFA Release | RFA Release Date | Application Deadline | Action |
|------------------|-------------------------------|----------------|--------------|------------------|----------------------|--------------|
| _RWB_2022-09-24 | Effi Barry Training Institute | | | 08/10/2022 | | View Apply |
| _DRWB_2022-09-24 | Ryan White Part A | | | 09/10/2022 | | View Apply |

Funding Opportunity Detail tab

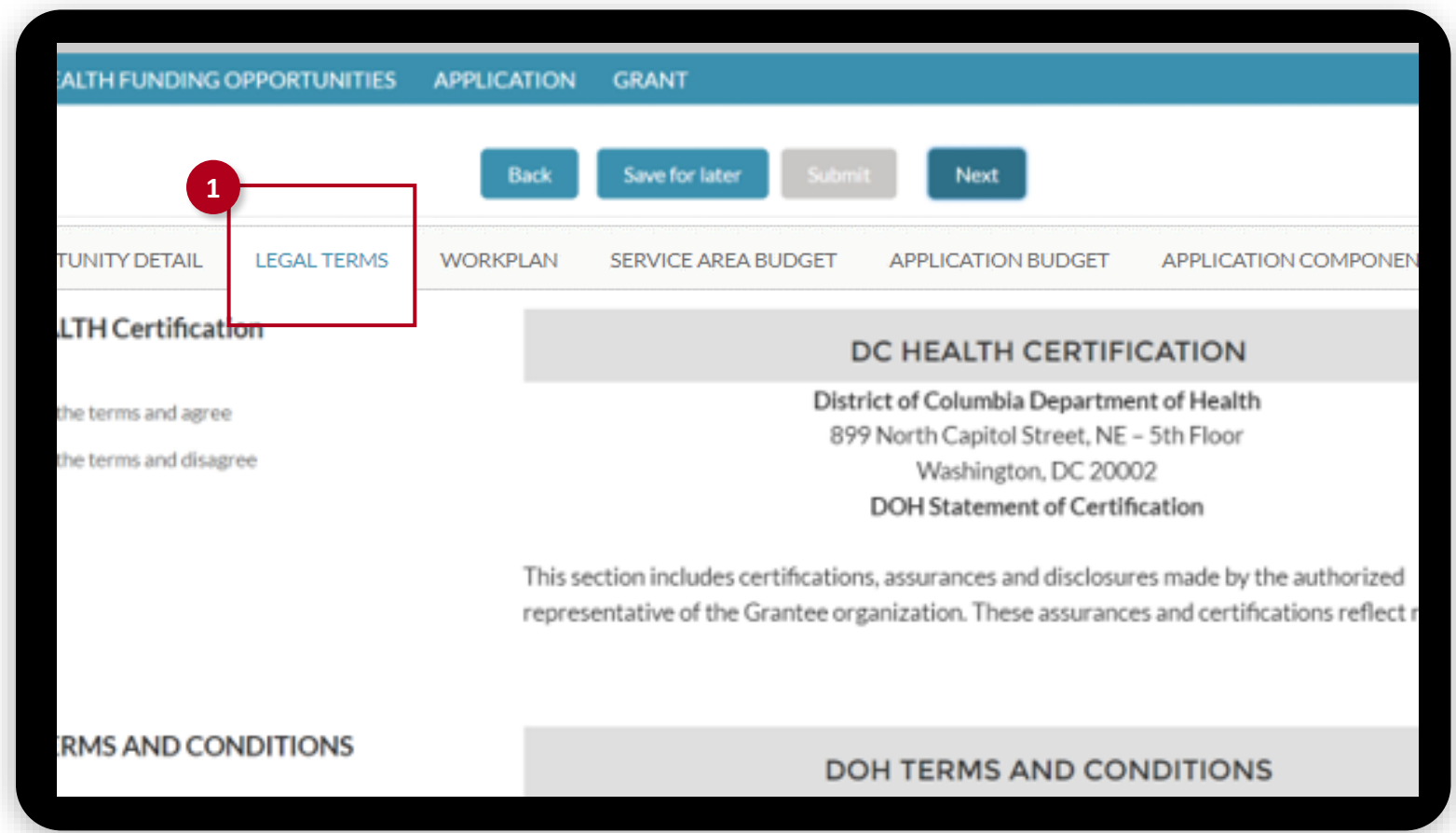
- 1 Go to the **Funding Opportunity Detail** tab. These fields are pre-populated and not editable. Click on the **Next** button to proceed.



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

Legal Terms tab

- 1 Go to the **Legal Terms** tab. Read the **Certification, Terms and Conditions and Assurances**. Select the **I read the terms and agree** checkbox. Click the **Next** button to continue.



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

Workplan

- 1 Click on the **Workplan** tab and fill out your information. Your organization name should be pre-populated.

The screenshot displays the 'DC HEALTH FUNDING OPPORTUNITIES' application interface. At the top, there are navigation tabs for 'DC HEALTH FUNDING OPPORTUNITIES', 'APPLICATION', and 'GRANT'. Below these are buttons for 'Back', 'Save for later', 'Submit', and 'Next'. A red circle with the number '1' highlights the 'WORKPLAN' tab, which is also enclosed in a red rectangular box. The 'WORKPLAN' tab is selected, showing a form with the following fields: 'Organization Name' (pre-filled with 'Jennifer Hospital Test'), 'Project Title', 'Project Description' (marked with a red asterisk), 'Financial Request', 'Primary Target Population', and 'Estimated Reach' (marked with a red asterisk). The 'Submit' button is disabled (greyed out).

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

Add goals and objectives

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

The screenshot shows a mobile application interface. At the top, there are two circular navigation buttons, left and right. Below them is a header area with two blue buttons: 'Add Goal' (marked with a red circle '1') and 'Add Objective' (marked with a red circle '2'). Below the header is a section titled 'Measurable Objectives /Activities' with a 'Delete' button. Below this is a form with three input fields: 'Description', 'Partner(s)', and 'Partner(s)'. Each input field has a 'Delete' button to its right. The form fields are currently empty.

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

Service Area Budget

- 1 Go to the **Service Area Budget** tab. Select the Service Area Budget option and click the **arrows** to move from left to right.
- 2 Complete the **Amount** field.
- 3 Click the **Next** button to continue.

The screenshot shows a web application interface for the 'Service Area Budget' step. At the top, there is a navigation bar with 'HOME', 'DC HEALTH FUNDING OPPORTUNITIES', 'APPLICATION', and 'GRANT'. Below this is a secondary navigation bar with 'Back', 'Save for later', 'Submit', and 'Next' buttons. The main content area has tabs for 'FUNDING OPPORTUNITY DETAIL', 'LEGAL TERMS', 'WORKPLAN', 'SERVICE AREA BUDGET', 'APPLICATION BUDGET', and 'APPLICATION COMPONENTS'. The 'SERVICE AREA BUDGET' tab is active. The form is titled 'SELECT SERVICE AREA FOR APPLICATION'. It contains two text fields: 'Funding Opportunity Number' (00001569) and 'Funding Opportunity Title' (Advancing Health Literacy to Reduce Health Disparities Related to COVID-19 ar). Below these is a 'Select Service Area' dropdown menu with 'COVID 19 Contact Tracing' selected. To the right of the dropdown is a 'Selected Service Area Budget' field. At the bottom of the form is a table titled 'SERVICE AREA BUDGET' with columns for 'Service Area Name' and 'Amount'. The 'Total' row is highlighted. At the bottom of the page are 'Back', 'Save for later', and 'Next' buttons. Red callouts with numbers 1, 2, and 3 point to the dropdown menu, the 'Amount' field, and the 'Next' button, respectively.

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

Application Budget

- 1. Navigate to the **Application Budget** tab and fill all the fields. Click on the **Next** button to continue.

DC HEALTH FUNDING OPPORTUNITIES APPLICATION GRANT

Back Save for later Submit Next

OPPORTUNITY DETAIL LEGAL TERMS WORKPLAN SERVICE AREA BUDGET **APPLICATION BUDGET** APPLICATION COMPONENTS

Personnel

| | Name of Staff | Position Title | Percent Charge to Grant | Annual Salary | Salary Charged | Fringe Benefits Rate | Fringe Benefits Cost | Total Salary and |
|---|---------------|----------------|-------------------------|---------------|----------------|----------------------|----------------------|------------------|
| + | | | | | | | | |

Non-Personnel Costs

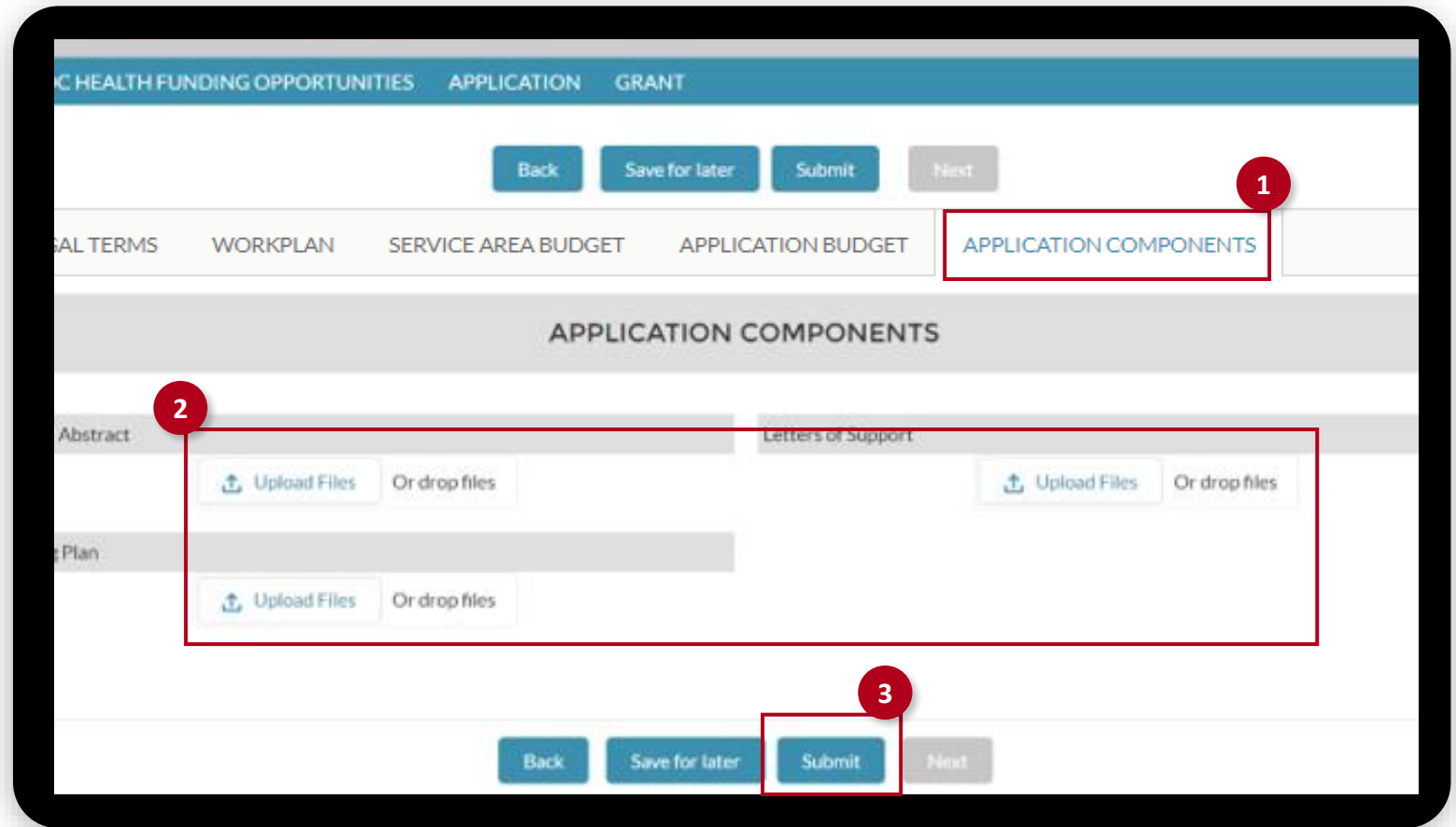
| | | | | | | |
|-------------------------------|--|--|--|--|--|-------|
| + Consultants/Contractual | | | | | | Total |
| Consultants/Contractual Total | | | | | | 0 |

| | | | |
|---|------|---------|-------|
| + Occupancy (List the location of each service below) | Cost | Monthly | Total |
| Occupancy Total | | | 0 |

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

Application Components tab

- 1 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**.
- 3 Click on the **Submit** button. Your application submission is complete.



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

Thank you!