

EGMS

Grant Acceptance

Reference Guide for Primary User

Let's begin!

Revised June 2024

Receive a notification

- 1 To accept, reject or revise a sub-award, you will receive a notification to review it. Click the [link](#) to continue.



Locate Task to Accept Award

- 1 Once logged into EGMS, click on the Home tab, then on task for the grant.

EGMS
Enterprise Grants Management System

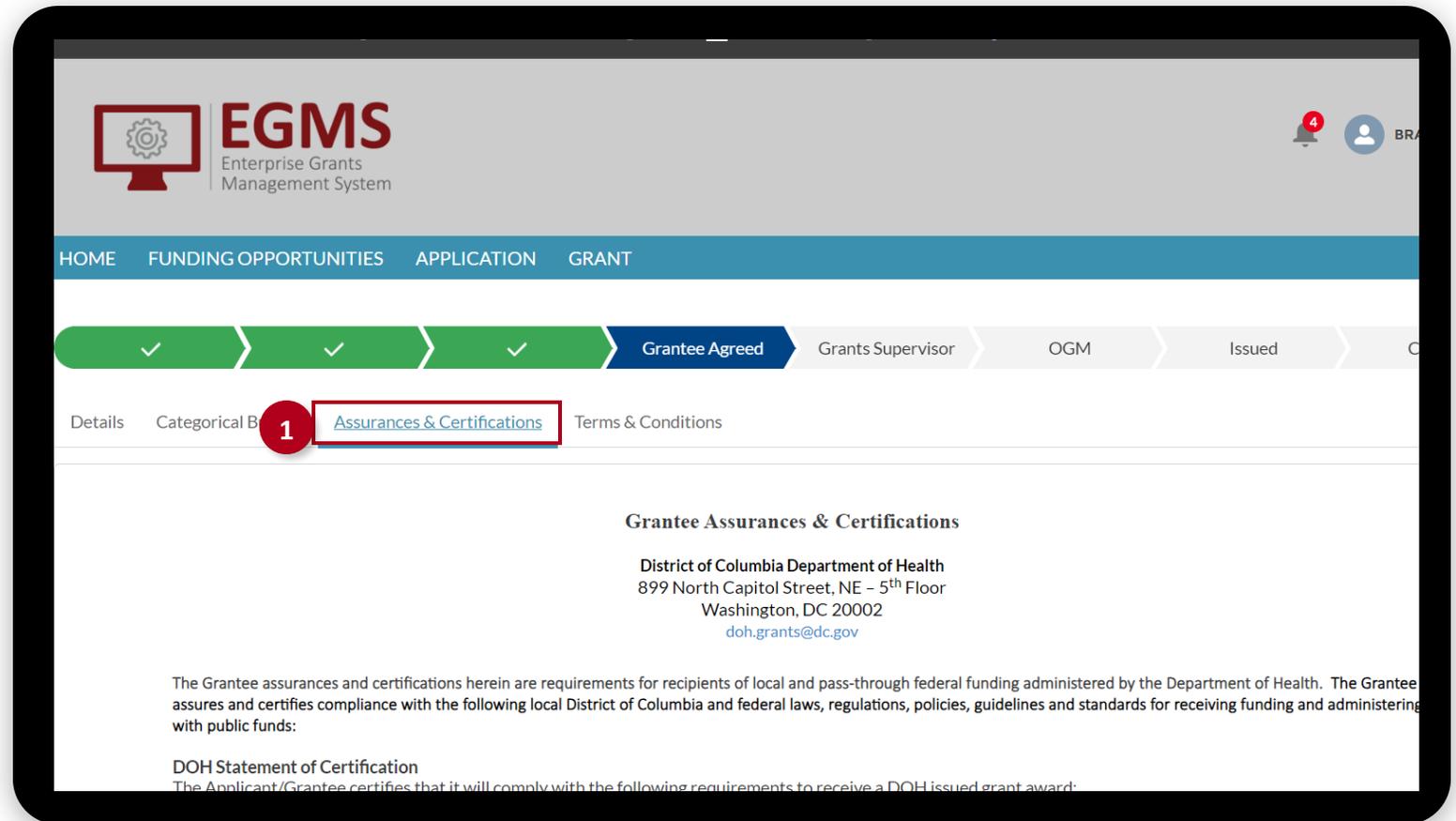
HOME FUNDING OPPORTUNITIES APPLICATION GRANT

WELCOME TO THE ENTERPRISE GRANTS MANAGEMENT SYSTEM!

ID	Task Subject
1 HAHSTA-783	Review draft of award HAHSTA-783
PR-2764	A progress report task has been created for you
CHA2023-668-PD-18516-May-2024	Payment request CHA2023-668-PD-18516-May-2024 task for CHA2023-123445 has been crea
CHA2023-123445-039	Review draft of award CHA2023-123445-039
CHA2023-123445-038	Review draft of award CHA2023-123445-038
CHA2023-123445-037	Review draft of award CHA2023-123445-037

Navigate to Assurances & Certifications

- 1 Navigate to the Assurances & Certifications tab.



Accept Assurances

- 1 Scroll down and select **I read the terms and agree** option.
- 2 Click on the **Save** button.

contract under a public transaction; violation of Federal or State antitrust statutes or contract falsification or destruction of records, making false statements, or receiving stolen property;

3. c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity of the offenses enumerated in paragraph (l)(b) of this certification; and
4. d) Have not within a three-year period preceding this application had one or more public transactions or default; and
5. e) Where the Grantee is unable to certify to any of the statements in this certification, he or she

Terms and Agreement

- **ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES**
I am authorized to submit this application for funding and, if considered for funding by the DOH, will negotiate and accept terms and conditions of the award with the Department of Health, if funded; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance of the award is contingent upon the availability of funds from the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in this application is true and correct as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

1 I read the terms and agree
 I read the terms and do not agree

2

Confirm Assurances Saved

1 A pop-up will confirm your Assurances & Certifications has been saved.

The screenshot shows a web form with a success message pop-up. The pop-up is green with a white checkmark and the text "Success! Successfully saved." and a close button (X). The form content includes a list of questions, a "Terms and Agreement" section, and a "Save" button.

2. b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for any of the following offenses: (1) a crime involving a public Federal, State, or local government; (2) a crime involving the commission of embezzlement, theft, forgery, bribery, falsification or destruction of documents, perjury, fraud, or any other criminal offense that involves moral turpitude or that is a crime of violence; and

3. c) Are not currently under any criminal investigation by a government entity (Federal, State, or Local) with cause to believe that the applicant is involved in any of the offenses enumerated in paragraph (l)(b) of this certification; and

4. d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated or default; and

5. e) Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Terms and Agreement

- ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES**
I am authorized to submit this application for funding and, if considered for funding by the DOH, will negotiate and accept terms of Agreement on behalf of the organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into the Agreement with the Department of Health, if funded; and

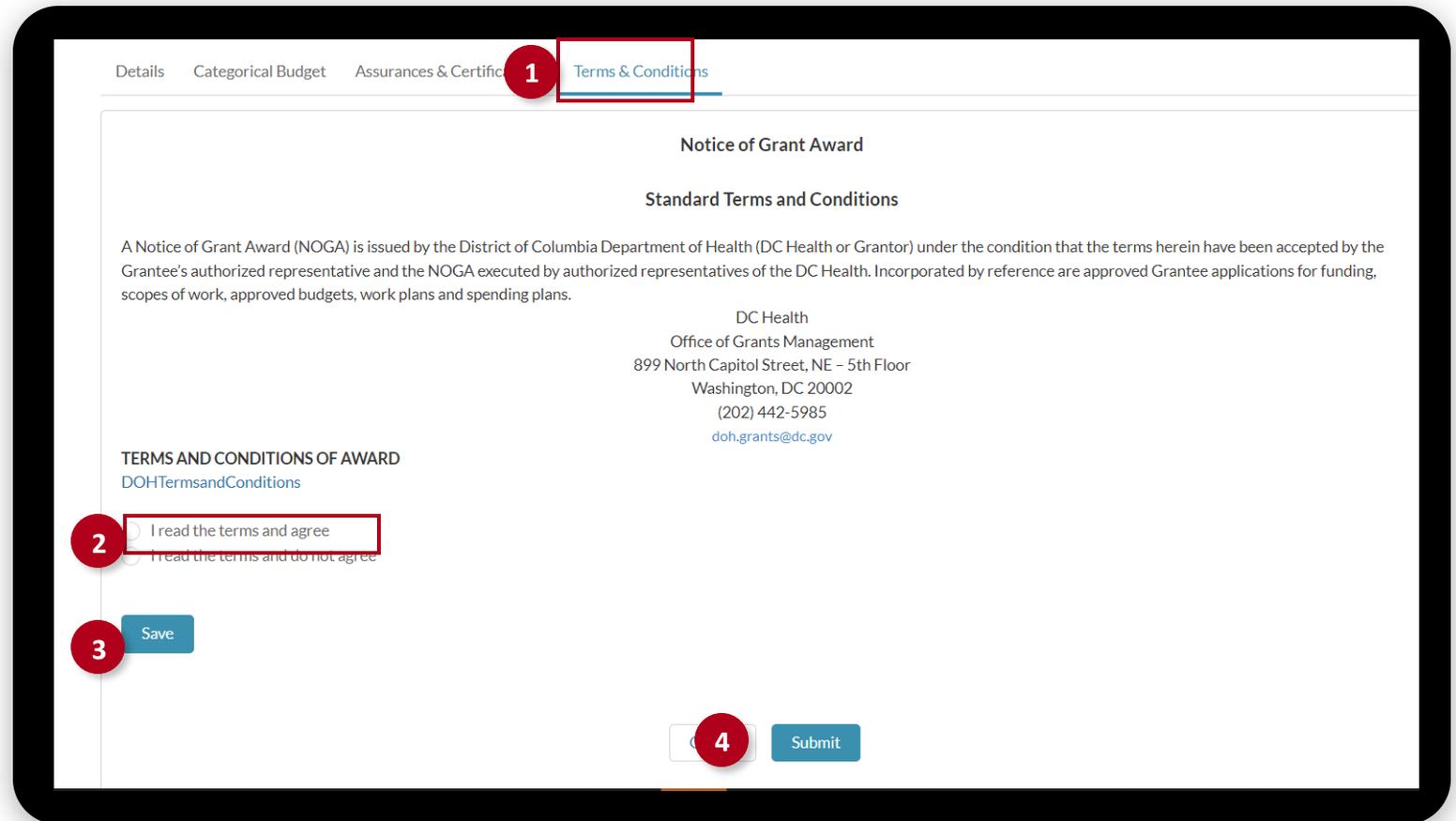
I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

I read the terms and agree
 I read the terms and do not agree

Save

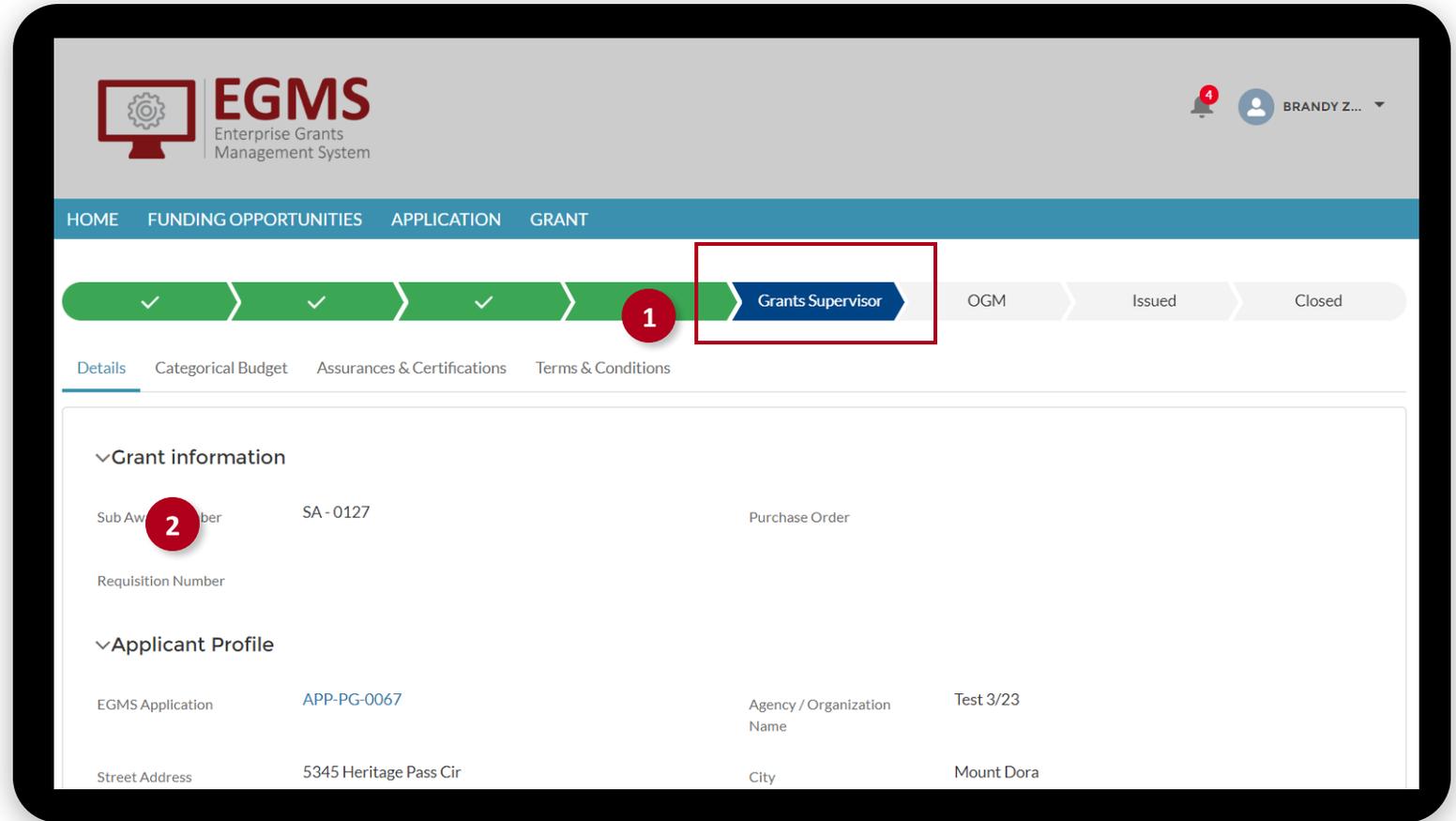
Accept Terms & Conditions

- 1 Navigate to the **Terms & Conditions** tab. Read the Terms.
- 2 Select the **I read the terms and agree** option.
- 3 Click on the **Save** button.
- 4 Click **Submit**.



Confirm Acceptance

- 1 The progress bar will move to the Grant Supervisor if the grant has successfully been accepted.



NOGA File



1

Once the approval process of the grant is complete, you will receive the Notice of Grant Award (NOGA).

 
1 NOTICE OF GRANT AWARD
GRANTEE PROFILE
Grantee Organization: Trenton Conroy Address: 560 Terry Motorway City: North Madaline State: WV Zip Code: 60827 UEI #: 33333 FEIN #: 087654321 Organization Head: Project Director: EGMS QA test User shr Project Director Email Address: voo7kpb5mc@coooooool.com Telephone #: (123) 456-7890 Fax #: 4444444444444
AWARD PROFILE
Grant #: SA - 1198 Revision #: RE-00034 Program ID #: CHA-PG-12.23.22 NOGA Status : Continuation Project Period Start Date: 01/02/2023 Project Period End Date: 01/02/2024



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

Thank you!