EGNS Initiate Cost Extension Change Request Reference Guide for Primary Users

Let's begin!

Revised August 2024

Log into EGMS

1

Log into the Enterprise Grants Management System page by entering your username and password. Click the Log in button.





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Locate the Grant

1

2

Click on the **Grant** tab.

Select the **Grant ID** from the list.

	EGGMS Enterprise Grants Management System	1		🔮 💽 BRANDYZ 👻
	HOME FUNDING OPPORTUNITIES	APPLICATION GRANT		
		Active C	Grants	
	Grant Id	Project Period End Date	Budget Period End Date	Leagcy Grant Id
	CHA-116	01-23-2023	01-24-2023	
	-114	01-18-2023	01-19-2023	
2	CHA-113	02-28-2024	02-28-2024	
	CHA-112	02-08-2023	02-11-2023	
	CHA-111	01-31-2024	01-30-2024	
	-110	08-06-2022	08-06-2022	
	-109	08-06-2022	08-06-2022	
	CHA2023-108	01-05-2024	01-05-2024	
	CHA-107	11-10-2023	11-25-2022	
	-086			
	-083			
	-080			
	CHA2022-077			
	-075			





Initiate Change Request



2

Click on the **Change Request** tab.

Click on the **Initiate Change Request** button.







Fill out the Change Request



Select **Change Request Type** from the drop-down menu:

Cost-Extension

2

Enter in a description for the request



Click Save once complete

C	HA2023-123445
	hange Request Type
	None
	✓None
	Cost-Extension
	No Cost-Extension
	Award Increase/Decrease
	Budget Revision
6	
De	scription
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Overview

1

The previously entered data will now be saved. Click the **Next** button to proceed.

verview	Period Changes	Categorical Budget	Attachments		
General Info	rmation (SA - 0012)				
Grant I	D				Change Request ID
CHA2	023-123445				AMD_CHA2023-123445_5.1.24_026
Change	Request Type				Description
Cost-E	xtension				Testing sprint 32
Organi	zation				
Test 3/	23				
Project 4/30/2	t Period 023 to 5/31/2024				
Budget 9/30/2	t Period 023 to 5/31/2024				
Status					
Progra	m Manager Approved				
			1 Back N	lext	Submit For Approval



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Period Changes

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In the **Period Changes** tab, enter the Proposed Project and Budget Period end dates

- 2
- Click the **Next** button.

Project Period Project Period Start Date			Project Period End Date	
5/1/2023			6/1/2024	
	1			
Proposed Project Period End	Jul 6, 2024			苗
Pudget Davied				
Budget Period Start Date			Budget Period End Date	
10/1/2023			6/1/2024	
Proposed Budget Period End	hul (, 2024			
roposci buger enoù enu	Jul 8, 2024			
		Sul	bmit	
	Back	Next	Submit For Approval	





Categorical Budget

1

Navigate to the **Categorical Budget** tab.

- 2
- Click the Enter Change Request Budget button

Grant ID SA - 0012 service Area List Service Area Name Awarded Amount Adjustment Proposed Amount 2 Diabetes \$266.00 \$209.00 \$475.00 Enter Change Request Budget Image: Current Budget Image: Company Name Adjustment Yanget Salaries \$1.00 \$2.00 \$3.00 Fringe Benefits \$1.00 \$2.00 \$3.00	Overview Period Ch	Attachments					
Service Area List Awarded Amount Adjustment Proposed Amount 2 Diabetes \$266.00 \$209.00 \$475.00 Enter Change Request Budget Image: Current Budget Image: Category Name Awarded Amount Adjustment Total Salaries \$1.00 \$2.00 \$3.00 Fringe Benefits \$1.00 \$2.00 \$3.00	Grant ID SA - 0012 <u>Summary Budget by Service Area</u>						
Service Area NameAwarded AmountAdjustmentProposed Amount2Diabetes\$266.00\$209.00\$475.00Enter Change Request BudgetCurrent Budget </th <th>Service Area List</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Service Area List						
Diabetes\$266.00\$209.00\$475.00Enter Change Request BudgetCurrent BudgetAwarded AmountAdjustmentTotalSalaries\$1.00\$2.00\$3.00Fringe Benefits\$1.00\$2.00\$3.00	Service Area Name Aw		Amount	Adjustment	Proposed Amount	2	
Current Budget Category Name Awarded Amount Adjustment Total Salaries \$1.00 \$2.00 \$3.00 Fringe Benefits \$1.00 \$2.00 \$3.00	Diabetes	\$266.00	\$266.00 \$209.00 \$475.00		\$475.00	Enter Change Re	quest Budget
Category Name Awarded Amount Adjustment Total Salaries \$1.00 \$2.00 \$3.00 Fringe Benefits \$1.00 \$2.00 \$3.00	Current Budget						
Salaries\$1.00\$2.00\$3.00Fringe Benefits\$1.00\$2.00\$3.00	Category Name			Awarded Amo	ount	Adjustment	Total
Fringe Benefits \$1.00 \$2.00 \$3.00	Salaries			\$1.00		\$2.00	\$3.00
	Fringe Benefits			\$1.00		\$2.00	\$3.00





Categorical Budget

Enter in the adjustment amounts per applicable line item

Click Save once complete

	Diabetes	
CATEGORY NAME	AWARDED AMOUNT	ADJUSTMENT AMOUNT
Salaries	\$1.00	\$2.00
Fringe Benefits	\$1.00	\$2.00
Consultants/Contractual	\$11.00	\$5.00
Occupancy Carport Top	\$12.00	\$9.00
Travel	\$12.00	\$8.00
Supplies	\$18.00	\$10.00
Equipment	\$123.00	\$100.00
Client Costs	\$31.00	\$25.00
Communication	\$13.00	\$9.00
		Cancel Save



2



Attach documents



Upload any applicable documents by clicking the **Upload Attachments** button

2

Click **Submit for Approval** button once complete

C	EGN Enterprise G Managemen	NS rants t System					P BRANDY Z
HOME	FUNDING OPPORTU	INITIES APPLICAT	ION GRANT				
Overvi	ew Period Changes	Categorical Budget	Attachments				
	Attachments					1	↑, Upload Attachments
	File Name	Description	Last Modified Date	Owner	Download	Preview	Delete
			Back Next	Submit For Approv	2 ral		



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

Thank you!

