

A background image showing two people, a woman with curly hair and a man, looking at a tablet. The image is slightly blurred and has a dark overlay.

EGMS

Change Request – Budget Revision

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.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

 **EGMS**
Enterprise Grants
Management System

Welcome to the Enterprise Grants Management System

1 Sign into your account

Username

Password

Login

[Forgot password?](#)
[Don't have an account? Register Here](#)

Locate the Grant



1 Click on the **Grant** tab.

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

EGMS
Enterprise Grants Management System

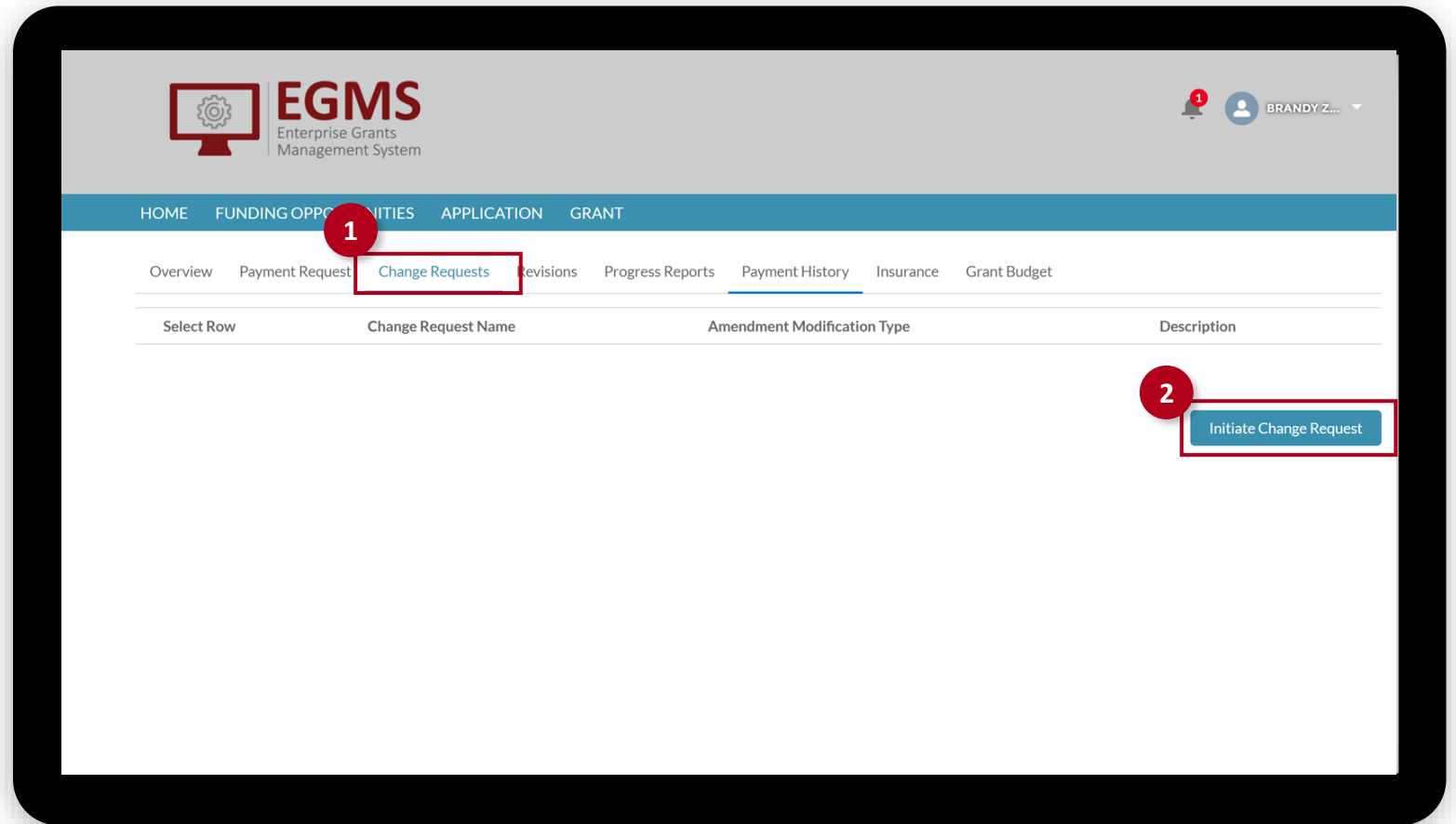
HOME FUNDING OPPORTUNITIES APPLICATIONS **GRANT**

Active Grants

Grant Id	Project Period End Date	Budget Period End Date	Legacy Grant Id
CHA-116	01-23-2023	01-24-2023	
-114	01-18-2023	01-19-2023	
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

- 1 Click on the **Change Request** tab.
- 2 Click on the **Initiate Change Request** button.



Fill out the Change Request

- 1

Select **Change Request Type** from the drop-down menu:
 - Budget Revision
- 2

Enter in a description for the request
- 3

Click **Save** once complete

Grant ID
CHA2023-123445

1

Change Request Type

--None--

✓ --None--

Cost-Extension

No Cost-Extension

Award Increase/Decrease

Budget Revision

2

Description

3

Save

Overview



1

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

Overview Categorical Budget Attachments

General Information (SA - 0012)

Grant ID	Change Request ID
CHA2023-123445	MOD_CHA2023-668_6.30.2023_011
Change Request Type	Description
Budget Revision	
Organization	
Test 3/23	
Project Period	
4/30/2023 to 5/31/2024	
Budget Period	
3/31/2023 to 5/30/2024	
Status	
New	

Back Next Submit For Approval

Categorical Budget

- 1

In the **Categorical Budget** tab, enter in the reallocation amounts
- 2

Click the **Enter Change Request Budget** button

Overview

1

Categorical Budget

Attachments

Grant ID SA - 0012

[Summary Budget by Service Area](#)

Service Area List

Service Area Name	Awarded Amount	Adjustment	Proposed Amount
Diabetes	\$0.00	\$0.00	\$0.00

2

Enter Change Request Budget

Current Budget

Category Name	Awarded Amount	Adjustment	Total
Salaries	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Consultants	\$0.00	\$0.00	\$0.00

Categorical Budget

1 Enter in the adjustment/reallocation amounts.

2 Click **Save** once complete



Note – The net change (Line 13) should always be 0.00

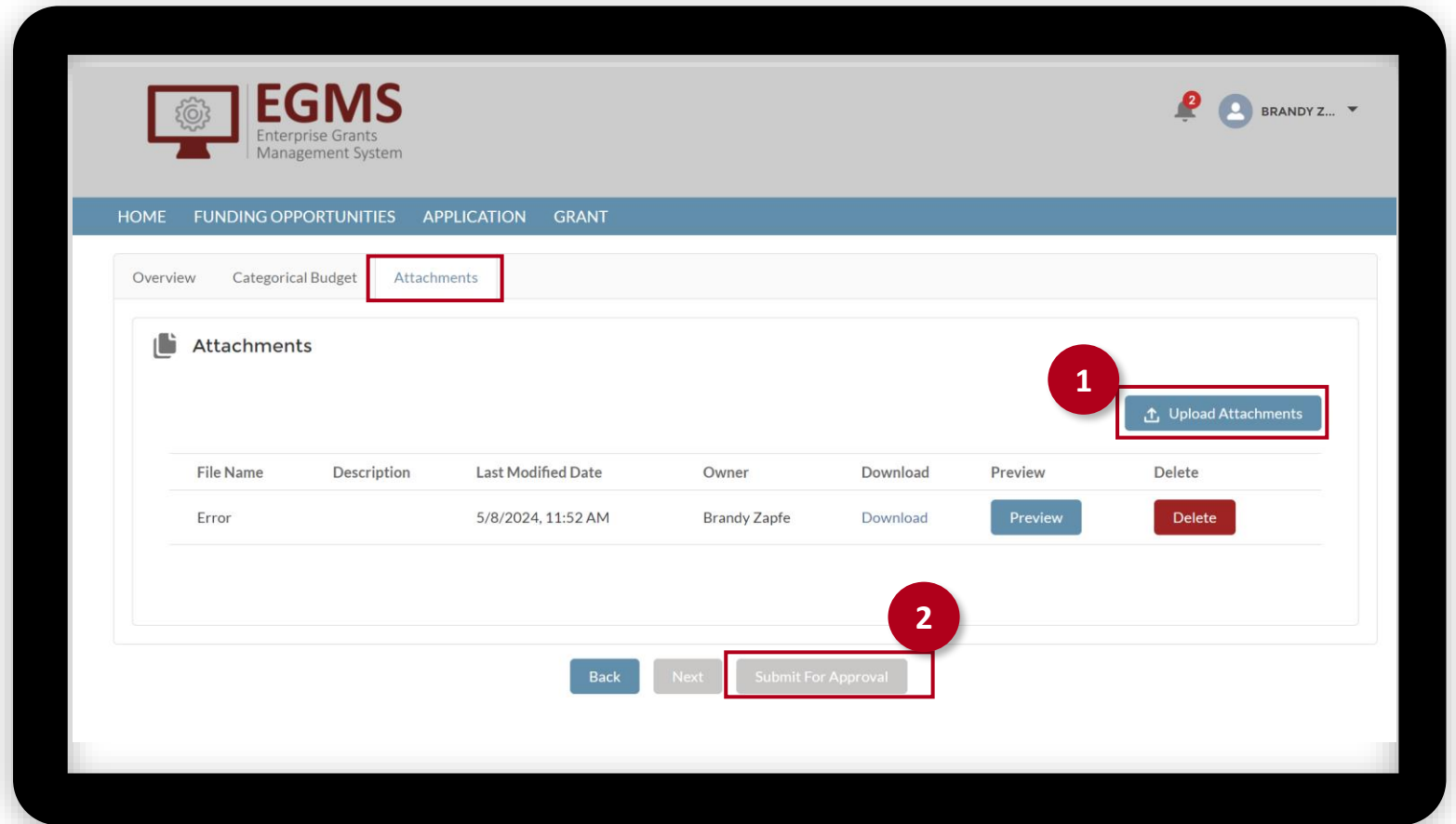
Diabetes

CATEGORY NAME	AWARDED AMOUNT	ADJUSTMENT AMOUNT
Salaries	\$0.00	<input type="text"/>
Fringe Benefits	\$0.00	<input type="text"/>
Consultants/Contractual	\$0.00	<input type="text"/>
Occupancy	\$0.00	<input type="text"/>
Travel	\$0.00	<input type="text"/>
Supplies	\$0.00	<input type="text"/>
Equipment	\$0.00	<input type="text"/>
Client Costs	\$0.00	<input type="text"/>
Communication	\$0.00	<input type="text"/>
		<input type="text"/>

Cancel Save

Attach documents

- 1 Upload any applicable documents by clicking the **Upload Attachments** button
- 2 Click **Submit for Approval** button once complete



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

Thank you!