Navigating E-Grants and Quarterly Reporting

All Participants will also need to call into the conference line for audio:

Phone: 1 (857) 232-0159
Conference Access Code: 852398
Navigating E-Grants and Quarterly Reporting

Agenda

• Overview/Introduction
• Creating/Submitting an Application
• Approved Projects and Contract Execution
• Quarterly Progress Reporting
• Quarterly Fiscal Reporting
• Amendments
Overview/Introduction
Overview/Introduction

- E-Grants is the grants management system DHSES uses to manage State and federal preparedness funding administered by Grants Program Administration (GPA). E-Grants tracks all projects from application submission, contract execution, and all contract amendments.
  - Registration form: http://www.dhses.ny.gov/grants/forms-egrants.cfm
  - Once your account is established, you will receive an e-mail with your username and temporary password and the weblink
  - Important to reference E-Grants tutorials provided for each funding opportunity

- NYS Grants Gateway – all nonprofit organizations must also be prequalified in the Grants Gateway to apply for funding – grantsgateway@its.ny.gov or (518) 474-5595
  - https://grantsmanagement.ny.gov/register-your-organization
  - https://grantsmanagement.ny.gov/get-prequalified
## Overview/Introduction

### E-GRANTS SYSTEM

Please visit the E-Grants Information page for downloadable User Manual and Tutorials prior to using E-Grants for the first time.

You are attempting to gain access to a secure system and are required to read and acknowledge the Electronic Submission Notice prior to accessing the application.

**Click on the Electronic Submission Notice** button at the bottom of the page. After you have read and understand the notice, please click the Accept button and the login screen will appear.

If you are experiencing difficulties submitting applications or filing reports, call 1-866-837-9133 for assistance.

| Electronic Submission Notice |

Click on the Electronic Submission Notice.
Overview/Introduction

The Electronic Submission Notice must be read and acknowledged before accessing the system. Once you have read the notice, please click the **Accept** button and the login screen will appear.

**HINT:** Since this is a web based system you will be timed out after 30 minutes of inactivity and will lose any unsaved material. Hit **SAVE** often. Also if you have a lot of narrative to enter into E-Grants, type the information into a Word file and then copy and paste the verbiage into E-Grants.
Overview/Introduction

E-GRANTS SYSTEM

Welcome to the New York State Division of Homeland Security and Emergency Services.

Please enter your login information.

Login Name: [ ]
Password: [ ]
Submit

New users, please email DHSES to set up and validate a new account.

Enter your **Login Name**, **Password** and click on the **Submit** button.
Overview/Introduction

Once you have logged in, the Welcome to E-Grants page will be displayed. Select **Project** from the left menu frame to open the list of projects that match the access rights of the user or to create a new project.
A list of currently active projects will be displayed. The grid will be empty if there are no projects associated with the user.
Creating and Submitting an Application
**Application Submission Process**

- Please be sure that you are reading all instructions that are provided in the Request for Applications (RFA) or Guidance documents you receive from DHSES. Each program has its specific requirements in terms of application submission. See below for the current list of programs and how to submit an application.

<table>
<thead>
<tr>
<th>Applications Submitted in E-Grants</th>
<th>Applications E-mailed</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Nonprofit Security Grant Program (NSGP)</td>
<td>- State Homeland Security Program (SHSP)</td>
</tr>
<tr>
<td>- SHSP Competitive Targeted Grants (Tactical Team, Explosive Detection Canine; Critical Infrastructure, Cyber Security, Technical Rescue/USAR)</td>
<td>- SHSP Non-Competitive Targeted Grants (Bomb Squad Initiative; HazMat Grant Program)</td>
</tr>
<tr>
<td>- Statewide Interoperable Communications Grant Program – Formula (SICG-Formula)</td>
<td>- Urban Area Security Initiative (UASI)</td>
</tr>
<tr>
<td>- Statewide Interoperable Communications Grant Program – Targeted (SICG-Targeted)</td>
<td>- Emergency Management Performance Grant (EMPG)</td>
</tr>
<tr>
<td>- Public Safety Answering Points (PSAP) Grant Program</td>
<td>- Emergency Management Performance Grant COVID-19 Supplemental (EMPG-S)</td>
</tr>
<tr>
<td>- Recruitment and Retention Grant Program</td>
<td>- Regional Catastrophic Preparedness Grant Program (RCPGP)</td>
</tr>
<tr>
<td></td>
<td>- Targeted Violence and Terrorism Prevention Grant Program (TVTP)</td>
</tr>
<tr>
<td></td>
<td>- Complex Coordinated Terrorist Attacks Grant Program (CCTA)</td>
</tr>
<tr>
<td></td>
<td>- Hazardous Materials Emergency Preparedness Grant Program (HMEP)</td>
</tr>
</tbody>
</table>
Creating an E-Grants Application

A list of currently active projects will be displayed. The grid will be empty if there are no projects associated with the user. Click **New** to begin entering a new project. Please use the page navigation buttons at the top to display additional projects, if necessary.
Creating an E-Grants Application

It is EXTREMELY IMPORTANT that you select the correct Funding Program and Funding Year.

Reference the E-Grants tutorial provided for each funding opportunity.

To start a new application you will need to select a funding program and funding year from the drop down lists.
Creating an E-Grants Application

This is the General Tab. It's important to reference the E-Grants tutorial for each funding opportunity. Mandatory fields are marked with *. The Summary Description of the Project should provide a brief description of the project.

When completed, click on the **Save** button at the bottom of the page or the **Save** option in the left frame.
Now click on the **Participants** tab.

Participants can be Grantees and/or Implementing Agencies.

The municipality (county, city, town or village) or nonprofit organization should be listed as the grantee and municipal agency responsible for implementing the project should be listed as the implementing agency.
Creating an E-Grants Application

Reminder for nonprofit organizations: make sure that you enter your organization’s LEGAL name in E-Grants as the Participant. Please make sure that what you list in E-Grants matches what is listed in the NYS Grants Gateway prequalification document vault.

Click **Add Participant**

<table>
<thead>
<tr>
<th>#</th>
<th>Participant Name</th>
<th>Participant Type</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click "Add Participant" to begin a search of existing Grantees and Implementing Agencies, or click on the Participant Name to view the details for that Participant. If the contact information has changed for grantee, implementing agency or contact, please do not attempt to re-enter the information. Email DHSES with your corrections. When you have finished adding Participants, please go to the Workplan tab.

*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantee and implementing agency, please enter your organization only as the grantee. If a consortium, you may add multiple implementing agencies.*

**Contacts for Participant** (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)

<table>
<thead>
<tr>
<th>#</th>
<th>Contact Name</th>
<th>Contact Type</th>
<th>Phone</th>
<th>Email</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Creating an E-Grants Application

A search screen will open to search for an existing Participant. Enter full or partial name and click **OK** to search the database. If you previously applied for funding, your organization’s information will be able to be retrieved using the search option.

**Hint:** *This search engine looks for exact matches so don’t be too detailed in your search.*
Creating an E-Grants Application

In this example, “Test” was input into the search window generating the above list. Choose the Participant you wish to add from the returned list by clicking on the blue # or participant name.
Creating an E-Grants Application

Select the appropriate participant type. The screen will refresh and click on the \textit{Add} button. Reminder for nonprofit organizations: make sure that you use your organization’s \textit{LEGAL} name.
Creating an E-Grants Application

If the participant is not in the database, you may add them by clicking the **New** button. And then **OK**. However, please **ENSURE** the participant is not already in the database to prevent duplicate entries.
Creating an E-Grants Application

Enter the information to add a New Participant. Required fields are: Participant Name, Address, City, State, Zip, County and Employer Identification Number. Click on the **Save** button. While Participant Fiscal Year/Period, SFS Vendor Number and Dun & Bradstreet No. are not mandatory, please complete those fields as well. Mandatory data must be entered before the record can be saved.

Note: If you need to update information after the record has been saved, please email **grant.info@dhses.ny.gov**. Do not create a new participant.
Creating an E-Grants Application

Next you will add Contacts to the Participants. E-Grants **requires** a Primary, Signatory, and Fiscal Contact. The signatory contact must be authorized to sign contracts on behalf of the organization. Please designate only one person as the primary contact and one person as the signatory contact for the grant. The Primary Contact will receive all correspondence related to the grant. Both Primary and Signatory Contacts must be registered users of the E-Grants system.

<table>
<thead>
<tr>
<th>#</th>
<th>Participant Name</th>
<th>Participant Type</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Test County</td>
<td>Grantee</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Test County Information Services Department</td>
<td>Implementing Agency</td>
<td></td>
</tr>
</tbody>
</table>

*A Participant is a Grantee or an Implementing Agency. If the same organization or unit of government serves as both grantees and implementing agency, please enter your organization once only as the grantees. If a consortium, you may add multiple implementing agencies.*

Contact for Participant: TestCounty

(One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)
Creating an E-Grants Application

Use the drop-down “Contacts for Participants” to select the correct participant, then click on Add Contact to button.
Creating an E-Grants Application

A search screen will open to search for an existing contact. Enter partial name and click **OK** to search the database. **Hint:** *This search engine looks for exact matches so don’t be too detailed in your search.*

Again, if you previously applied for funding, your information will be able to be retrieved using the search option.
Creating an E-Grants Application

If your contact is found in the search, click on the blue # or last name. A popup box will appear asking to select the Contact Type. Click on the **Add** button.
Creating an E-Grants Application

A pop up box will then appear letting you know the contact has been successfully added. Continue selecting and adding contacts until you are finished. Remember a Primary, Signatory and Fiscal contact must be chosen.
REMEMBER - If the Signatory Contact you are trying to add is not a registered user of E-Grants with Signatory rights, you will get the above error message and you will not be able to add that person until they are a registered user. Please contact grant.info@dhses.ny.gov if you need help registering someone as a signatory contact. You can however continue working on other parts of your application but you will not able to submit the application without a signatory attached.
Creating an E-Grants Application

If you need to add a new contact, click **New Contact** and the screen will refresh.
Select the Contact type from the drop down box (circled in red). Required fields are First Name, Last Name, Agency, Address, City, State, Zip, Email and Phone Number. Click on the Save button. Mandatory data must be entered before the record can be saved. Add a new contact only after verifying the person is not already in the system. If changes are necessary to an existing record, please email grant.info@dhses.ny.gov - Do not create a new contact.
Creating an E-Grants Application

This is an example of a completed Participants Tab screen.
Creating an E-Grants Application

Now click the **Work Plan** Tab and enter the Project Goal. Reference the E-Grants tutorial for each funding opportunity for the template workplan information to be entered.

Once you have entered the Project Goal, click on **Save**. Then click on **Create New Objective**.
Creating an E-Grants Application

A new screen will be generated with several drop down boxes. Click on the G & T Work Plan Code box and select the correct G & T Work Plan Code as outlined in the E-Grants tutorial for each funding opportunity.
Creating an E-Grants Application

The fields marked by the red box only appear for Homeland Security Grant Program (HSGP) and Emergency Management Performance Grant (EMPG) projects as they are required for the biannual report to FEMA.
This is an example of a completed work plan for purchasing equipment. Each objective must have at least one task, and each task must have at least one performance measure.
Click the **Budget** tab. You must have a participant and a completed Work Plan before you can enter a budget. If you have an implementing agency, the budget should be created under the implementing agency.
Each budget item is entered separately. Choose the category of the budget item you are entering from the drop down box. As you can see there are nine budget categories.
Mandatory fields for a budget item are Description, Number, Unit Cost and Justification. If entering an Equipment item, an Authorized Equipment List (AEL) Number is also mandatory.

The link to the AEL is [https://www.fema.gov/grants/guidance-tools/authorized-equipment-list](https://www.fema.gov/grants/guidance-tools/authorized-equipment-list)

When finished with the item click **Save**.
Creating an E-Grants Application

This is an example of a completed equipment budget line.
Once you have saved the budget item, the screen will refresh and the **Add Funding Allocation for this Budget item** icon will appear. Click on the icon. The screen will advance to Funding Allocation Tab. You must enter a budget item before you can enter funding allocation data.
Creating an E-Grants Application

This is an example of a completed Funding Allocation. It is important to reference the E-Grants tutorial provided for each funding opportunity as the information is specific to each program.

Click **Finished with this Item** to add another budget item.
The next step is to attach any required attachments. To add Attachments, click on **Attachment** on the left side.
Creating an E-Grants Application

<table>
<thead>
<tr>
<th>Attachment Name</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td></td>
</tr>
</tbody>
</table>

Before uploading files, please make sure that your files adhere to the following guidelines:

- Do not upload documents that contain personally identifying information or other information of a sensitive nature. If you are unsure as to the appropriateness of a document you wish to upload, please contact DHSES at 1-866-837-9133, or via email.
- Do not use special characters in your filename, i.e., imbedded ?,@,##,%&,","; etc. may cause access problems later.
- If you upload a file by mistake, you will not be able to delete it. Simply identify the bad file in the project narrative, and your program representative will remove it later.

Only the following file extensions are valid:
- Data files: .doc, .docx, .wpd, .xls, .xlsx, .csv, .ppt, .pptx, .txt, .html
- Image files: .gif, .jpg, .tif, .tiff, .bmp, .pdf

Click on Attachment Name to view or download.

Click on **New** to attach a file to your application. Please note the appropriate file types that can be uploaded.
Creating an E-Grants Application

Click **Browse** to navigate to the file location and select the appropriate file. Once the file is selected, click **Upload** to send the file to E-Grants.

File names cannot have any special characters (# or *) or be more than 65 characters.
When the file has been uploaded you will receive a confirmation. Click **Browse** to add another file, or click **Go Back to List** to view the list of files that have been attached to the application.
Creating an E-Grants Application

A list of files that have been attached to the application appears. You may click on the file name to view the file. Click on **Project** to go back to your application.
Click the **Questions tab**. Click on any questions that appear, enter your answer and click on **Save**. The screen will refresh and your answers will appear.
Creating an E-Grants Application

Once all the questions have been answered, click on the **Acceptance Tab**. The Grant Assurances and Certifications for Federally-Funded Grants will appear, if applicable. Click **Assurance #1**.
Click the **Certify** button on the bottom of the screen after you have finished reading the information thoroughly. The screen will refresh with a confirmation message “Are you sure you want to Certify the statement?” Click **OK**. The screen will refresh again and your name will appear in the Certified by box with the current date.
Creating an E-Grants Application

The following Assurances must be certified before the Project can be submitted.

<table>
<thead>
<tr>
<th>Assurance</th>
<th>Certified by</th>
<th>Certified Date</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES</td>
<td>Valerie Bloomer</td>
<td>05/21/2015</td>
<td></td>
</tr>
<tr>
<td>Grant Assurances and Certifications for Federally-Funded Grants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, New Restrictions on Lobbying; and 28 CFR Part 17, Government-wide Debarment and suspension (Nonprocurem...

By certifying the assurance you are NOT submitting your application.

See the next slide on how to submit your application.
When you have completed your application and attached the required document(s) you are ready to submit your application. Click the **Submit** button.
Creating an E-Grants Application

If the application **fails to submit**, E-Grants will generate a Required Fields Report (above) to guide you in finishing your application. Return to your application to enter the missing information and submit again.
Creating an E-Grants Application

You will receive the following message when your application is **successfully** submitted. DHSES will be notified that an application was submitted. The signatory contact will receive an e-mail that the application was submitted.
Once your application is submitted, it will be locked (no further editing by the applicant) but you may still view your information. Notice the Locked indicator in the left frame. Also notice that the project status has changed to “Application Received”. You may view and print your entire application by clicking Application from the left frame under Reports.
Creating an E-Grants Application

IMPORTANT INFORMATION:

Do not open two E-Grants windows at the same time to copy information from one application into another.

If you want to copy and paste information from a previous E-Grants application please copy the information into a Word document first. It can cause system errors that may affect your grant application if you have two E-Grants windows open at the same time.
Creating an E-Grants Application

**HINT:** Since this is a web based system you will be timed out after 30 minutes of inactivity and will lose any unsaved material. Hit **SAVE** often. If you see either of the messages below it means that you have timed out. You must log back into E-Grants to resume your application.

Message #1

DHSES E-Grants E-Grants System

**E-Grants is currently unavailable.**

E-Grants should be accessible shortly. We apologize for the inconvenience.

New York State Division of Homeland Security and Emergency Services
1220 Washington Avenue Extension
Building 7A
Albany, New York 12242
Phone: 1-866-837-9133
e-mail: grant.info@dhses.ny.gov

Message #2

The session has timed out or you are not logged in.
Click [here](#) to log back in.
Navigating E-Grants and Quarterly Reporting

Questions?
Approved Projects and Contract Execution
Approved Projects and Contract Execution

• Once award letters are issued, your assigned contract representative will contact you to discuss the contracting process
• Your E-Grants project will be updated with appropriate award information and contract appendices
• Once the Contract Manager reviews the contract, the signatory contact will receive an e-mail to electronically sign the contract
Approved Projects and Contract Execution

Electronic Signatures

Subject: The NYS Division of Homeland Security and Emergency Services (DHSES) E-Grants Notification for Project HC17-1002-D00, contract number: C111111. Grantee: Test NFP

The NYS Division of Homeland Security and Emergency Services (DHSES) has approved your application for funding for Project HC17-1002-D00

Please access the DHSES E-Grants system to review the contract terms and complete your local acceptance of this grant. Due to the compressed timeframe for the grant, we are requiring you to sign the contract within two weeks. You may open the project via the link below and, after login, click on the Acceptance and Conditions tab to electronically certify the contract Appendices and Special Conditions. All appendices and conditions must be certified before the contract can be electronically signed. Once you’ve certified all appendices and special conditions, the button to sign the contract will appear at the bottom of the Acceptance tab.

https://grants.dhses.ny.gov/NYOHSGMS/AccessNotice.jsp?ProjectID=HC17-1002-D00

If you have any questions, please contact DHSES E-Grants Help at (866) 837-9133, or at grant.info@dhses.ny.gov

Signatory contact will click on the link in the email to access their contract in E-Grants.

When the contract is ready to be E-Signed, the Signatory contact listed in E-Grants will receive an email stating the contract is ready for signature. Contracts need to be E-signed within two weeks of receipt.
Click on the **Conditions** tab to view the special conditions that you need to certify.

Click on the **Condition Item** in blue.
The screen will refresh with the Special Condition. After you have read and acknowledged the Special Condition, click on the *Certify Condition* button.
### Approved Projects and Contract Execution

#### Electronic Signatures

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Award Number</th>
<th>Homeland Security Non-Profit Grant</th>
<th>Project Status</th>
<th>Funding Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS19-1000-000</td>
<td>WM11111</td>
<td>Test Non-Profit Grant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **General**
  - Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...
  - Documents Required to be kept on file should be kept on file...
  - Equipment Purchased...
  - Equipment purchased with grant funds must be within the allowable equipment...
  - Training Related Activities...
  - Exercise Related Activities...
  - All exercise conducted must be managed and executed in accordance with the....
  - Subgrantees shall comply with all applicable Federal, State, and local environmen...
  - Fiscal Reimbursement Documentation...

Once you certify the condition you will be taken back to the Conditions Tab showing the signatory name and date certified. Continue certifying the remaining Special Conditions.
Listed under the **Acceptance** tab are the Appendices to your Contract

Click on each Appendix, read and certify each of them.
Once you have certified all the Appendices and Special Conditions an *E-Sign* button will appear on the bottom of the Acceptance tab.

Click on the *E-Sign* button
After you have read and acknowledged the Statement, check the box indicating you are agreeing with the E-Signature statement and click the E-Sign button.
## Approved Projects and Contract Execution

### Electronic Signatures

The contract shows that it was electronically signed and the project status is Pending State Approval.

Click on *Draft Contract* to view a copy of the contract that can be printed and/or saved to your computer.

<table>
<thead>
<tr>
<th>Project</th>
<th>Project #</th>
<th>SH16-1112-E00</th>
<th>SHSP Test Participant</th>
<th>Project Status: Pending State Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Open</td>
<td>General</td>
<td>Participants</td>
<td>Work Plan</td>
<td>Budget</td>
</tr>
<tr>
<td>Go to Attachment Progress Site Review Financial Property</td>
<td>DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES</td>
<td>Grant Assurances and Certifications for Federally Funded Grants</td>
<td>Certified by</td>
<td>Certified Date</td>
</tr>
<tr>
<td></td>
<td>The certifications herein shall be treated as a material representation of fact upon which reliance will be placed when the State of New York and/or the Federal Emergency Management Agency (FEMA) or U.S. Department of Transportation (DOT) determine to award the cave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Test Signatory 1</td>
<td>01/26/2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help Logout</td>
<td>APPENDIX A-1</td>
<td>The Contract is hereby made by and between the State of New York, acting by and through the New York State Division of Homeland Security and Emergency Services (DHSES or State Agency) and the public or private entity (&quot;Contractor&quot; or &quot;Subrecipient&quot;) identified on the face</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>APPENDIX C</td>
<td>PAYMENT AND REPORTING SCHEDULE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For All Contractors:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. PAYMENT PROVISIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. In full consideration of contracts services to be performed, DHSES agrees to pay the Contractor agrees to accept a sum not to exceed the amount noted on the Face Page hereof. All payments shall be in accordance with the budget contained in the applicable Attachment B for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The contract has been electronically signed by Test Signatory 1 on 01/26/2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Approved Projects and Contract Execution

- State Agency Approvals
  - The contract will be electronically signed by the GPA Program Manager
  - DHSES finance office reviews the contract and forwards it to
    - the NYS Attorney General
    - the Office of NY State Comptroller
- Once the contract is executed, the signatory contact will receive an e-mail

Subject: DHSES E-Grants Notification for SH16-1110-E00, contract number: C89889, Grantee: Test Participant

E-Grants - The grant contract for (SH16-1110-E00, C89889, F: DHSES) was fully executed on 05/30/2019.

Your agency is now responsible for fulfilling the grant requirements. Progress reports and vouchers must be submitted pursuant to the time periods outlined in your contract. Failure to comply with the provisions of the contract or to submit the required program progress reports or fiscal reports may jeopardize future funding under this program. In accordance with federal requirements, a subrecipient which expends $750,000 or more of federal funds from all sources during its fiscal year must have an independent audit of such federal funds conducted in accordance with the requirements of Subpart F of 2 C.F.R. Part 200. The final report for such audit must be completed within nine months of the end of the subrecipient’s fiscal year, and subrecipients are required to provide one copy of the audit report to DHSES. Information regarding this requirement is available at http://www.dhsses.ny.gov/grants/ For federal subrecipients, a copy of the federal award document to the NYS Division of Homeland Security and Emergency Services has been attached to your project for your reference. If you have any questions concerning the contract, please contact your program representative.
The Project Status will show that the contract is Executed.

Click on Final Contract to view a copy of the contract that can be printed and/or saved to your computer.
January 28, 2021

Navigating E-Grants and Quarterly Reporting

Questions?
Quarterly Reporting
Quarterly Reporting

Fiscal and Progress Reports are required from all grantees according to the schedule below:

- **Quarter 1**: January 1 – March 31 is due no later than April 30th
- **Quarter 2**: April 1 – June 30 is due no later than July 30th
- **Quarter 3**: July 1 – September 30 is due no later than October 30th
- **Quarter 4**: October 1 – December 31 is due no later than January 30th
Progress Reporting
Progress Reports

• Submitted in E-Grants

• Directly addresses the Objectives, Tasks, and Performance Measures in the Work Plan

• “Tell your story”

• No activity this quarter should rarely be used. The reason for no activity should be explained in the Remarks section of the progress report.

• Be sure to check Final Report when appropriate
Progress Reports

- Log into DHSES E-Grants system and open your project.
- Click the word 'Progress' in the left hand column.
Click the “New” button to open a new progress report. Previously submitted progress reports will also be listed.
Fill in the following fields:
- Reporting Period and Reporting Year (drop down fields)
- Person submitting report
- Remarks - Can be left blank unless you have no activity to report. *
- Click “SAVE”

*If you have no activity to report*, check the “No Activity this Quarter” box (circled in red) and add information in the “Remarks” box indicating why there was no activity. (i.e. organization was closed due to COVID.)
Click on Workplan Outcomes to report on the Performance Measures. The Project Goal, Tasks, and Performance Measures are pre-filled from your contract.
Record relevant updates and outcomes in the Outcome Indicator field. If there are any problems or delays to report, that would be documented in the Unanticipated Outcome box. Once details are input, click Save at the bottom of the page.

When all the information has been entered, click the Submit button in the left side frame of the screen. Click the OK button on the dialog box to confirm that this progress report is to be submitted.

Note: Once the Progress Report is submitted, no changes can be made. If you need to make changes, please contact your contract representative.

Click on Progress under Reports to view the complete report that can be printed and/or saved to your computer.
Fiscal Reporting
Fiscal Reporting

• Submit for reimbursement on a quarterly basis

• There are at least three forms that MUST be submitted every time you seek reimbursement:
  (1) State Aid Voucher
  (2) Fiscal Cost Report (FCR)
  (3) Detailed Itemization Forms (DIF)(either “Equipment” or other appropriate form)

• If no reimbursement is being sought only a Fiscal Cost Report must be submitted

• All forms require a signature and can be emailed or mailed to your contract representative

• Ensure all fiscal paperwork is completed in its entirety and correct

• You can download a copy of all the necessary forms at: http://www.dhses.ny.gov/grants/forms-egrannts.cfm
Fiscal Reporting
Grantee Reimbursement Process

1. Grantee prepares Voucher, Fiscal Cost Report and Detailed Itemization Forms
2. Submit package to DHSES
3. DHSES contracts rep reviews for allowable costs and matches to contract budget, then forwards to Fiscal Unit
4. Fiscal Unit reviews and processes voucher
5. Voucher is forwarded to Office of the State Comptroller (OSC)
6. Office of the State Comptroller (OSC) reviews voucher and releases payment
7. Electronic deposit to grantees
Fiscal Reporting

Statewide Financial Management System (SFS)

You must register for Electronic Payment as per Appendix A-1 of your contract.
Go to the website to sign up:  http://www.osc.state.ny.us/epay/index.htm

Questions?:

NYS Office of the State Comptroller
Vendor Management Unit
110 State Street Mail Drop 10-4
Albany, NY 12236 Telephone: (855) 233-8363
E-Mail: helpdesk@sfs.ny.gov  or  epayments@osc.state.ny.us
Fiscal Reporting – State Aid Voucher

Employee Identification Number or SFS Number

Your organization’s name and address

Put this PHRASE and insert your contract number

Unique Identifier you would like put in memo line of reimbursement (Max 20 characters)

Signature of fiscal officer, organization name and address

Dollar amount you are requesting for reimbursement
### Quarterly report period for this report
- January 28, 2021

### Column A: Approved project budget
- **Approved project budget**

### Column B: Sum of cumulative expenditures from previous periods
- **Cumulative expenditures from previous periods**

### Column C: Current reporting period expenditures
- **Current reporting period expenditures**

### Column D: Total of Column B (cumulative) and Column C (current)
- **Total of Column B (cumulative) and Column C (current)**

### Total Expenditures for this reporting period (total of Column C) (Auto populates)
- **Total expenditures for this reporting period**

### Total amount for reimbursement (Matches Standard Voucher amount) (Auto populates)
- **Total amount for reimbursement**

### Date report is being submitted to DHSES
- **Date report is being submitted to DHSES**

### Sequential # of this report
- **Sequential # of this report**

### Needs to be signed/dated by Grantee and Fiscal Officer
- **Needs to be signed/dated by Grantee and Fiscal Officer**
### NYS Division of Homeland Security and Emergency Services

**Detailed Itemization of Personal Service Expenditures**

**Personnel**

<table>
<thead>
<tr>
<th>Contract Budget Line</th>
<th>Job Title (per contract)</th>
<th>Employee Name</th>
<th>Dates of Payroll Period</th>
<th>% of Time Allotted to Reporting Period</th>
<th>Actual Salary This Reporting Period (A)</th>
<th>Total Salary Charge to Grant (B)</th>
<th>Hourly Rate (C)</th>
<th>Hours Worked (D)</th>
<th>Total Salary Charge to Grant (E)</th>
<th>Method A</th>
<th>Method B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sergeant</td>
<td>John Doe</td>
<td>10/9/2020 - 10/15/2020</td>
<td>25.00</td>
<td>$80.00</td>
<td>$2,000.00</td>
<td>$80.00</td>
<td>25</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sergeant</td>
<td>John Smith</td>
<td>10/9/2020 - 10/15/2020</td>
<td>25.00</td>
<td>$80.00</td>
<td>$2,000.00</td>
<td>$80.00</td>
<td>25</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>1</td>
<td>Sergeant</td>
<td>Jack Black</td>
<td>10/9/2020 - 10/15/2020</td>
<td>12.50</td>
<td>$80.00</td>
<td>$1,000.00</td>
<td>$80.00</td>
<td>12.50</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Totals**

* Totals should be carried forward to Category A of the Final Cost Report Column C.

**Certification:**

I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project; and, 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 1001 and 31, Sections 3729.3730 and 3001.3812).

**Signature:** [Signature]

**Print Name:** [Print Name]

**Date:** [Date]

**Phone #:** [Phone #]

---

**January 28, 2021**

**85**

*All header information will be the same on each DIF for the same reporting period.*

*Personnel DIF requires Method A OR Method B to be completed.*

*Entire Payroll Period must be included.*

*ALL DIFs must be signed before submittal.*

*Total auto populates on All DIFs.*
Show Fringe Calculation based on jurisdiction’s Fringe Rate.

<table>
<thead>
<tr>
<th>Contract Budget Line</th>
<th>Dates</th>
<th>Employee Name</th>
<th>Job Title</th>
<th>Salary/Fringe</th>
<th>Amount Charged to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/12/2021-10/15/2021</td>
<td>John Doe</td>
<td>Sgt</td>
<td>$2,000 x 0.5</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>1</td>
<td>10/12/2020-10/15/2021</td>
<td>John Smith</td>
<td>Sgt</td>
<td>$2,000 x 0.5</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>1</td>
<td>10/12/2020-10/15/2021</td>
<td>Jack Back</td>
<td>Sgt</td>
<td>$1,000 x 0.5</td>
<td>$500.00</td>
</tr>
</tbody>
</table>
Consultant Agreement/Contract must be submitted to DHSES before initial Consultant reimbursement.

Procurement Method for every purchase must be selected on every DIF where this column is present.

When using a MWBE Vendor, provide NYS Certification Number.

---

<table>
<thead>
<tr>
<th>Contract Budget Line</th>
<th>Check No.</th>
<th>Rate Charged</th>
<th>Dates of Service</th>
<th>Type of Service</th>
<th>Payment</th>
<th>Date Agreement Submitted</th>
<th>Federal/State Amount</th>
<th>Match Amount</th>
<th>NYS MWBE Certification Number (if applicable)</th>
<th>Procurement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7739</td>
<td>$25/hr</td>
<td>1/1-11/30/2020</td>
<td>TTX Development</td>
<td>Salary Consulting Firm</td>
<td>12/1/2020</td>
<td>$2,000.00</td>
<td></td>
<td>WBE</td>
<td>Competitive Bid</td>
</tr>
</tbody>
</table>

---

*The table should be entered twice in the Fiscal Cost Report Column C of the Purchase Order.*

*(The grantee should be reported under Category C of the Fiscal Cost Report Column C of the Purchase Order.)*

*Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract and for which payment is requested; and 2) the costs being reimbursed are not duplicative of expenditures claimed on any other grant or other source of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and costs charged are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3722-3723 and 3091-3092).*
<table>
<thead>
<tr>
<th>Contract Budget Line</th>
<th>Cost Center Code</th>
<th>Description</th>
<th>Unit</th>
<th>List Price</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5250</td>
<td>Night Vision Goggles</td>
<td>2</td>
<td>$999.99</td>
<td>1</td>
<td>$999.99</td>
</tr>
</tbody>
</table>

Include Serial Numbers for all items $5,000 and higher or your local capitalization level if it is lower than $5,000.

DHSES Contract Manager will sign this form and return upon completion of grant.

These Dates must be verifiable with Grantee's procurement paperwork.

Provide detail in regards to what items were purchased.

Equipment DIF requires two signatures.
Similar to Equipment DIF in that Date Ordered/Date Received must be verifiable in Grantee’s procurement paperwork.

Provide detailed information as to the items being purchased.

<table>
<thead>
<tr>
<th>Contract Budget Line</th>
<th>Check No</th>
<th>Payee</th>
<th>Date Ordered</th>
<th>Date Received</th>
<th>Item(s)</th>
<th>Amount Charged To</th>
<th>Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>30650</td>
<td>Medical Care Inc</td>
<td>10/23/2020</td>
<td>11/8/2020</td>
<td>Personal Med Kit</td>
<td>$2,000.00</td>
<td></td>
</tr>
</tbody>
</table>

This form is used to certify the expenditures claimed for Supplies. The amounts charged to the grant for supplies must be valid for the expense category per Appendix B of the grant contract. All supplies expenses must have an appropriate and reasonable basis for allocating the expenses to the project.

**Procurement Method**

- NYS MWBE Certification Number (if applicable)
- Federal/State Match Amount

**Certification**

I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project; and 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1014 and Title 31, Sections 3751-3756 and 3801-3812).

**Signature**

Title: ____________________________ Print Name: ____________________________

Date: ____________________ Phone #: ____________________________
All Out of State Travel must be pre-approved by submitting a Travel Request Form to your contract rep.
Rental Costs can only be reimbursed for Period of Time within grant contract’s Period of Performance.

Rental Contract must be submitted to DHSES prior to request for reimbursement.

---

**Rental Costs**

<table>
<thead>
<tr>
<th>Contract Line</th>
<th>Check No.</th>
<th>Payee</th>
<th>Property Address</th>
<th>Period of Time</th>
<th>Date Agreement Submitted</th>
<th>Amount Charged to</th>
<th>Federal</th>
<th>State</th>
<th>Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3405040</td>
<td>Shelter Inc</td>
<td>769 Main Street</td>
<td>09/01/2020-12/31/2020</td>
<td>9/1/2020</td>
<td>$5,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Executed rental agreement must be submitted to DHSES with the first voucher requesting reimbursement for rental expenditures.

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and are to be used solely for the purpose specified in the contract for this project and; 2) these costs being reimbursed are not duplicative of expenditures claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3720-3730 and 3801-3812.)

Signature: ____________________________

Print Name: ____________________________

Date: ____________________________

Phone #: ____________________________
# NYS Division of Homeland Security and Emergency Services
## Detailed Itemization of Non-Personal Service Expenditures
### Alterations

<table>
<thead>
<tr>
<th>Contract Budget Line</th>
<th>Check No.</th>
<th>Payee</th>
<th>Property Address</th>
<th>Period of Time</th>
<th>Amount Charged to</th>
<th>NYS H/WE Certificate Number (if applicable)</th>
<th>Procurement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>29455</td>
<td>Build R Us Inc</td>
<td>103 Main Street</td>
<td>10/1/2020-12/31/2020</td>
<td>$40,000.00</td>
<td>WBE</td>
<td>Competitive Bid/RFP</td>
</tr>
</tbody>
</table>

**Total**: $40,000.00

Certification: I certify that this report, schedule, and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State Rules and Regulations governing the pertinent grants and that: 1) the goods, services and costs listed are necessary for and to be used solely for the purpose specified in the contract for this project and 2) these costs being reimbursed are not duplicative of expenses claimed on any other grants or other sources of available funding. Also, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise, (U.S. Code Title 10, Section 2302 and Title 21, Sections 3729-3729 and 3701-3712).

**Signature**: [Signature]

**Print Name**: [Print Name]

**Date**: [Date]

**Phone #**: [Phone #]
Reminder: Single/Sole Source Procurements must have been pre-approved by DHSES if this Procurement Method has been selected.
Fiscal Reporting

Fiscal Reporting Tips

• All expenditures must be in accordance with approved budget in E-Grants.
  • Any changes to the budget MUST be pre-approved through your contract representative before procurement can take place.

• All fields must be completed in order to ensure prompt payment.

• The Date Ordered and Date Received MUST be within the contract period and must be reflected on the Detailed Itemization Forms (DIF).

• Include Serial Numbers for all items $5,000 and higher or your local capitalization level if it is lower than $5,000. If multiple like items are being reported, simply state “see attached” in the space and attach a list of items and their serial numbers.

• Be mindful that the amount listed at the bottom of each DIF, under Total, is the same amount that is reflected on the FCR and Voucher.

• Submit MWBE reporting forms, if required.
Navigating E-Grants and Quarterly Reporting

Questions?
Amendments
Amendments

Amendment Reminders

• Once your contract is executed, it may be necessary to request an amendment. Common amendment types include:
  • Reallocation to update budget category amounts or revise items outlined in your current budget
  • Extension of period of performance to allow additional time to complete your project
  • Workplan change to update project activities and objectives
• You must contact your contract representative to discuss and obtain approval for any changes to your contract.
• All amendment requests must be submitted in writing.
• Your contract representative will review the request and initiate the amendment in E-Grants.
• The Project ID# is incremented with each amendment. In the example above, one amendment has been requested.
Once the requested changes have been made in E-Grants, your contract representative will notify you to review the changes and submit the amended project.
- The status of the amended project will change to Application Received.

- The amendment will be reviewed and processed in the same manner as the original contract.
Navigating E-Grants and Quarterly Reporting

Questions?
THANK YOU!

DHSES Grants Program Administration (GPA)

Grants Hotline: 866-837-9133

E-Mail: Grant.Info@dhses.ny.gov