



**Homeland Security
and Emergency Services**

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

January 28, 2021

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

Electronic Submission Notice

The New York State Division of Homeland Security and Emergency Services (DHSES) encourages the electronic submission of applications for grant funding as this method expedites the process, reduces the amount of paper materials involved in the grant award process, and minimizes the possibility of clerical errors.

By submitting an application electronically through E-Grants, it is unnecessary to forward any materials to DHSES. However, by submitting electronically, the applicant agrees that

1. The application is made with the full knowledge and consent of the official authorized to enter into contracts on behalf of the municipality or agency and agrees to comply with the requirements set forth in 'New York State Division of Homeland Security and Emergency Services Certified Assurances for Federally-supported Projects: Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements'

2. Upon receiving an award, the applicant shall comply with all applicable federal, state, and local statutes, rules and regulations and

3. Once the applicant receives an award, a contract will be developed based upon the information contained within the application, but the fully executed contract is the only document binding on the parties.

Before any application is submitted by a municipality or agency, the authorized signing official should read and agree to abide by provisions of the following documents which become a part of resulting contracts:

1. 'Appendix A: Standard Clauses for all New York State Contracts' and

2. 'Appendix A1: Agency-specific Clauses' (for DHSES).

3. 'Appendix C: Payment and Reporting Schedule'

It is important to note that DHSES may suspend funding, in whole or in part, terminate funding for, or impose another sanction on a grantee if it appears that the electronic submission of an application did not comply with the above requirements.

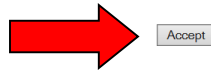
DHSES strongly recommends that the applicant:

1. Print the pertinent documents listed above - accessible at <http://www.dhSES.ny.gov/grants/>

2. Ensure review of the documents and signed approval by the authorized signing official.

3. Retain the documents for future reference. Do not send them to DHSES.

If an award is made and a contract is subsequently developed from the application, the contract package that is sent to the official for signature will contain the required documents.



Accept

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:

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



The screenshot shows the DHSES E-Grants system interface. On the left is a navigation menu with the following items: **E-Grants** (highlighted), Project (indicated by a yellow arrow), Attachment, Progress, Site Review, Financial, and Property. Below these are **Help** and **Logout**. Further down, it shows 'Login ID: tgrantee' with links for **Change** and **Password**. At the bottom of the menu is the version number '4.3.7'. The main content area has a large yellow heading 'Welcome to DHSES E-Grants' and a message: 'Click the Project link to begin a new application, or return to an existing application or contract.' Below this is the New York State Division of Homeland Security and Emergency Services logo, which features an eagle with a shield and stars. To the right of the logo, the text reads 'New York State Division of Homeland Security and Emergency Services' and 'E-GRANTS SYSTEM'.

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.

Overview/Introduction

E-Grants Project Attachment Progress Site Review Financial Property Help Logout Login ID: tgrantee Change Password 4.3.19	Project Grid					
	Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.					
	<div>New</div> <div>< < > ></div> <div>Total Records: 112 ,Page 1 of 8</div>					
	Project #	Attachment	DHSES #	Participant	Representative	Project Status
	CI15-1030-E00	no	WM16123456 WM15123123	Test County	Carol Stumpf	Pending Signatures
	CI15-1031-E00	no		Test County		Application Denied
	EM16-1062-E00	no	WM16111111	Test County	Carol Stumpf	Executed
	HE16-1028-E00	no	WM16909090	Test County	Carol Stumpf	Amended
	HE16-1028-E01	no	WM16909090	Test County	Carol Stumpf	Executed
	HE16-1030-E00	no	WM16777777	Test County	Carol Stumpf	Amendment Pending
	HE16-1030-E01	no	WM16777777	Test County	Carol Stumpf	Pending State Approval
	HE16-1031-E00	no	WM16777777	Test County	Carol Stumpf	Amended
	HE16-1031-E01	no	WM16777777	Test County	Carol Stumpf	Executed
	HE16-1032-E00	yes	WM12356	Test County	Valerie Bloomer	Pending State Approval
	HE16-1033-E00	no				New
	HE16-1034-E00	yes	WM16789789	Test County	Carol Stumpf	Pending State Approval
	HE16-1035-E00	no	WM16234432	Test County	Carol Stumpf	Amended
	HE16-1035-E01	no	WM16234432	Test County	Carol Stumpf	Executed
	HE16-1037-E00	no	WM16123555	Test County	Carol Stumpf	Pending Signatures

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.

Applications Submitted in E-Grants	Applications E-mailed
<ul style="list-style-type: none">-Nonprofit Security Grant Program (NSGP)-SHSP Competitive Targeted Grants (Tactical Team, Explosive Detection Canine; Critical Infrastructure, Cyber Security, Technical Rescue/USAR)-Statewide Interoperable Communications Grant Program – Formula (SICG-Formula)-Statewide Interoperable Communications Grant Program – Targeted (SICG-Targeted)-Public Safety Answering Points (PSAP) Grant Program-Recruitment and Retention Grant Program	<ul style="list-style-type: none">-State Homeland Security Program (SHSP)-SHSP Non-Competitive Targeted Grants (Bomb Squad Initiative; HazMat Grant Program)-Urban Area Security Initiative (UASI)-Emergency Management Performance Grant (EMPG)-Emergency Management Performance Grant COVID-19 Supplemental (EMPG-S)-Regional Catastrophic Preparedness Grant Program (RCPGP)-Targeted Violence and Terrorism Prevention Grant Program (TVTP)-Complex Coordinated Terrorist Attacks Grant Program (CCTA)-Hazardous Materials Emergency Preparedness Grant Program (HMEP)

Creating an E-Grants Application

E-Grants

 Project
Attachment
Progress
Site Review
Financial
Property

 Help
Logout

 Login ID:
tgrantee
Change
Password

 4.3.19

Project Grid

Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.

[New](#)

Total Records: 112 ,Page 1 of 8

Project #	Attachment	DHSES #	Participant	Representative	Project Status
CI15-1030-E00	no	WM16123456 WM15123123	Test County	Carol Stumpf	Pending Signatures
CI15-1031-E00	no		Test County		Application Denied
EM16-1062-E00	no	WM16111111	Test County	Carol Stumpf	Executed
HE16-1028-E00	no	WM16909090	Test County	Carol Stumpf	Amended
HE16-1028-E01	no	WM16909090	Test County	Carol Stumpf	Executed
HE16-1030-E00	no	WM16777777	Test County	Carol Stumpf	Amendment Pending
HE16-1030-E01	no	WM16777777	Test County	Carol Stumpf	Pending State Approval
HE16-1031-E00	no	WM16777777	Test County	Carol Stumpf	Amended
HE16-1031-E01	no	WM16777777	Test County	Carol Stumpf	Executed
HE16-1032-E00	yes	WM12356	Test County	Valerie Bloomer	Pending State Approval
HE16-1033-E00	no				New
HE16-1034-E00	yes	WM16789789	Test County	Carol Stumpf	Pending State Approval
HE16-1035-E00	no	WM16234432	Test County	Carol Stumpf	Amended
HE16-1035-E01	no	WM16234432	Test County	Carol Stumpf	Executed
HE16-1037-E00	no	WM16123555	Test County	Carol Stumpf	Pending Signatures

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

E-Grants

Project Attachment Award Progress Site Review Financial Property Audit

Utilities Security

Help Logout

Login ID:
vbloomer
[Change Password](#)

4.0.0

Project

Select a Funding Program and Funding Year to Create a New Project

Funding Program (Select a Program Office) ▼

Funding Year (Select a Funding Year) ▼

Create Project

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

Project

Project #:

TT16-1021-E00

Participant:

Test County

Project Status:

New

Home

Open

Save

Submit

Go to

Attachment

Progress

Site Review

Financial

Property

Reports

Application

Help

Logout

Login ID:

tgrantee

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the [DHSES website](#) for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.

Project Title *

(60 Character Limit)

Project Start Date

(If known or applicable)

Submission Date

not submitted

Project End Date

(If known or applicable)

Grant Funds

\$5.00

100.00%

Project Period

Years 0 Months 7

Matching Funds

\$0.00

0.00%

Total Funds

\$5.00

County *

Summary Description of Project * (Please limit to one or two paragraphs)

This is the General Tab. Its 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.

Creating an E-Grants Application

Project	Participant: <input type="text"/>					
Home Open	General Participants Work Plan Budget Funding Allocation Questions Acceptance					
	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.					
Go to Attachment Progress Site Review Financial Property	#	Participant Name	Participant Type			Remove
	<input type="button" value="Add Participant"/> Total Records: 0					
Reports Application	*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 once only as the grantee. If a consortium, you may add multiple implementing agencies.					
	Contacts for Participant <input type="button" value="v"/> (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)					
Help Logout	#	Contact Name	Contact Type	Phone	Email	Remove
	<input type="button" value="Add Contact"/> Total Records: 0					
Login ID: tgrantee						

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

Project

Participant:

Home Open

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

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.

Go to Attachment Progress Site Review Financial Property

#	Participant Name	Participant Type	Remove
<div>Add Participant</div>			

Total Records: 0

Reports Application

*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 once 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)

Help Logout

#	Contact Name	Contact Type	Phone	Email	Remove
<div>Add Contact</div>					

Total Records: 0

Login ID: tgrantee

Click **Add Participant**

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.

Creating an E-Grants Application

Project	
Participant: <input type="text"/>	
Home Open	General
	Participants
	Work Plan
	Budget
	Funding Allocation
Questions	
Acceptance	
Enter Search Criteria	
You can search using the first few letters for Participant Name, Ein or City. Each word in the Participant Name will be searched on independently. Use commas to separate the other search criteria. For example - if you want to find City that start with letters A and W - type A,W in the City box.	
Go to Attachment Progress Site Review Financial Property	Participant Name <input type="text"/>
	EIN <input type="text"/>
	City <input type="text"/>
	State <input type="text"/>
	County <input type="text"/>
Reports Application	<input type="button" value="Search"/>
Help Logout	

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

Project

Participant: Test County

Home Open

Submit

Go to Attachment Progress Site Review Financial Property

Reports Application

Help Logout

Login ID: tgrantee

GeneralParticipantsWork PlanBudgetFunding AllocationQuestionsAcceptance

Click on a Participant number to add that participant to the Project. Click on column heading to sort by that column. If the Participant you wish to add is not listed, click 'New' to create a new Participant.

SearchView AllNew

<<<>>>

Total Records: 7 ,Page 1 of 1

Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE UPPER('test%')))

#	Participant Name	EIN	City	State
1	Test Canine Partner	11111111111111	albany	New York
2	Test County	00-0000000	Anytown	New York
3	Test County Emergency Management Office	000	Albany	New York
4	Test County Information Services Department	11	11	New York
5	Test County Sheriff's Office	11	11	New York
6	Test Participant	111	111	New York
7	Test Tech Rescue Team	00-00000	anywhere	New York

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

Project **Participant:** Test County

Home **Open** **Submit** **Go to Attachment Progress Site Review Financial Property** **Reports Application** **Help Logout** **Login ID: tgrantee**

General **Participants** **Work Plan** **Budget** **Funding Allocation** **Questions** **Acceptance**

Click on a Participant number to add that participant to the Project. Click on column heading to sort by that column. If the Participant you wish to add is not listed, click 'New' to create a new Participant.

Search View All New

Total Records: 7 , Page 1 of 1

Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE UPPER('test%')))

#	Participant Name	EIN	City	State
1	Test Canine Partner	111111111111111	albany	New York
2	Test County	00-0000000	Anytown	New York
3	Test County Emergency Management Office	000	Albany	New York
4	Test County Information Services Department	11	11	New York
5	Test County Sheriff's Office	11	11	New York
6		111	111	New York
7		00-00000	anywhere	New York

Select the Participant Type that this Participant has for this Project.

Grantee
Grantee
Implementing Agency
Other

Message from webpage

Participant has been added.

OK

Select the appropriate participant type. The screen will refresh and click on the **Add** button. Reminder for nonprofit organizations: make sure that you use your organization's LEGAL name.



Creating an E-Grants Application

Project **Participant: Test County**

Home Open

Submit

Go to Attachment Progress Site Review Financial Property


Reports Application

Help Logout

Login ID: tgrantee

General **Participants** **Work Plan** **Budget** **Funding Allocation** **Questions** **Acceptance**

Click on a Participant number to add that participant to the Project. Click on column heading to sort by that column. If the Participant you wish to add is not listed, click 'New' to create a new Participant.

Search View All **New** 

Total Records: 7 , Page 1 of 1

Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE UPPER('test%')))

#	Participant Name	EIN	City	State
1	Test Canine Partner	11111111111111	albany	New York
2	Test County	00-0000000	Anytown	New York
3	Test County Emergency Management Office	000	Albany	New York
4	Test County Information Services Department	11	11	New York
5	Test County Sheriff's Office	11	11	New York
6	Test Participant	111	111	New York
7	Test Tech Rescue Team		anywhere	New York

Message from webpage

Are you sure you want to create a participant?

OK Cancel

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

Participant: Test County		
	General Participants Work Plan Budget Funding Allocation Questions Acceptance	
Home Open Save Submit Go to Attachment Progress Site Review Financial Property Reports Application Help Logout Login ID: tgrantee 4.3.7	Participant Type <input type="text" value="Other"/>	
	Participant Name * <input type="text"/>	
	Address * <input type="text"/>	
	Address2 <input type="text"/>	
	City * <input type="text"/> State * <input type="text" value="New York"/> Zip * <input type="text"/>	
	Phone <input type="text"/>	
	County * <input type="text"/>	
	Participant Fiscal Year/Period: Start Date <input type="text"/> End Date <input type="text"/>	
	A fiscal year (or financial year, or sometimes budget year) is a period used for calculating annual ("yearly") financial statements in businesses and other organizations. The fiscal year is not your DHSES contract period.	
	SFS Vendor Number <input type="text"/>	
Employer Identification Number * <input type="text"/>		
Municipality No <input type="text"/>		
Dun & Bradstreet No <input type="text"/>		
Charities Registration No <input type="text"/>		
<input type="checkbox"/> Not for Profit		

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

Home

Open

Submit

Go to

Attachment

Progress

Site Review

Financial

Property

Reports

Application

Help

Logout

Login ID:

tgrantee

4.3.7

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

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.

#	Participant Name	Participant Type	Remove
1	Test County	Grantee	X
2	Test County Information Services Department	Implementing Agency	X

Add Participant

Total Records: 2

*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 once only as the grantee. If a consortium, you may add multiple implementing agencies.

Contacts 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)

#	Contact Name	Contact Type	Phone	Email	Remove
---	--------------	--------------	-------	-------	--------

Add Contact to TestCounty

Total Records: 0

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.

Creating an E-Grants Application

Home

Open

Submit

Go to

Attachment

Progress

Site Review

Financial

Property

Reports

Application

Help

Logout

Login ID:

tgrantee

4.3.7

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

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.

#	Participant Name	Participant Type	Remove
1	Test County	Grantee	X
2	Test County Information Services Department	Implementing Agency	X

Add Participant

Total Records: 2

*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 once only as the grantee. If a consortium, you may add multiple implementing agencies.

Contacts 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)

#	Contact Name	Contact Type	Phone	Email	Remove
---	--------------	--------------	-------	-------	--------

Add Contact to TestCounty

Total Records: 0

Use the drop-down “**Contacts for Participants**” to select the correct participant, then click on **Add Contact** to button.

Creating an E-Grants Application

Home

Open

Submit

Go to

Attachment

Progress

Site Review

Financial

Property

Reports

Application

Help

Logout

Login ID:

tgrantee

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Enter Search Criteria

You can search using the first few letters for First Name, Last Name, Agency, Title or City. Use commas to separate search criteria. For example - if you want to find a Last Name that start with letters A and W - type A,W in the Last Name box.

First Name

Last Name

Agency

Title

City

State

Search

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

Project

Participant: Test County

Home Open

Submit

Go to Attachment Award Progress Site Review Financial Property Audit

Reports Application

Help Logout

Login ID: vbloomer

4.3.7

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.

Search

View All

New Contact

<<

<

>

>>

Total Records: 8 ,Page

#	Last Name	First Name	Agency	Title	City
1	Fiscal	Test			11
2	Grantee	Tester			ALbany
3	Newuser	Test			test
4	Person	Testus			city
5	Signatory	Testsig			sdf
6	Signatory1	Test			albany
7	Signatory2	Test			lkjlkj
8	User	Test			

Search Criteria : AND ((Upper(Contact_Person.First_Name) LIKE UPPER('test%')))

Project Add Contact Type - Internet Explorer

Select the Contact Type that this person has for this Project.

Primary

Add

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

Home Open

Submit

Go to Attachment Award Progress Site Review Financial Property Audit

Reports Application

Help Logout

Login ID: vbloomer

2.2.6

Participant: New Test Participant

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.

Search

View All

New Contact

<<

<

>

>>

Total Records: 12 ,Page 1 of 1

#	Last Name	First Name	Agency	Title	City
1	Miller	Test	agency	title	city
2	Signatory	Test	DCJS, Test	asdf	sdf
3	Test	Fiscal	test	test	test
4	Test	Primary	test	test	test
5	Test	Si			test
6	Testa	Jc		yor	Peekskill
7	Tester	Fi			Test
8	Tester	Pr			Test
9	Testo	G	ector of Finance		Troy
10	User	Te	kj		lkjlkj
11	signatory	te			adf
12	testprimary	be			city

Search Criteria : AND (((Upper(test%))))

Project Add Contact Type - Microsoft Internet E...

Select the Contact Type: PrimaryAdd

Message from webpageContact has been added.OK

tact_Person.Last_Name) LIKE Upper("%

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.

Creating an E-Grants Application

Project Add Contact Type - Microsoft Internet E...

Select the Contact Type that this person has for this Project.

Primary

Add

The signatory contact must be a valid user of the E-Grants system before they can be added to a project. The user is matched by first name, last name and email. Please contact OHS staff to add a signatory to the E-Grants login registration.

Budget

Funding Allocation

Questions

Acceptance

Tracking

Review

Activity Log

Click on column heading to sort by that column.

<< < > >>

Total Records: 12 ,Page 1 of 1

Agency	Title	City
Agency	title	city
Agency	asdf	sdf
Agency	test	test
Agency	test	test
Agency	test	test
Agency	test	test
Agency	Mayor	Peekskill
Agency		Test
Agency		Test
Agency	Director of Finance	Troy
Agency	kljlkj	lkjlkj
Agency	test-ben	adf
Agency	agency	city

9 Testo Gail

10 User Test DCJS Test

11 signatory test test-ben

12 testprimary bernie agency

Search Criteria : AND (((Upper(Contact_Person.First_Name) LIKE Upper('%test%')) or ((Upper(Contact_Person.Last_Name) LIKE Upper('%test%')))))

2.2.6

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 be able to submit the application without a signatory attached.

Creating an E-Grants Application

Project

Participant: Test County

Home Open

Go to Attachment Award Progress Site Review Financial Property Audit

Reports Application Deficiency Draft Contract

Help Logout

Login ID: vbloomer

4.3.7

General Participants Work Plan Budget Funding Allocation Questions Acceptance

Contract Descriptors Tracking Review Activity Log

Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.

Search View All New Contact

<< < > >>

Total Records: 8 ,Page 1 of

#	Last Name	First Name	Agency	Title	City
1	Fiscal	Test			11
2	Grantee	Tester	NYS-OHS	Pro Rep	ALbany
3	Newuser	Test			test
4	Person	Testus	Here		
5	Signatory	Testsig	Agency		city
6	Signatory1	Test	DCJS, Test	County Executive	sdf
7	Signatory2	Test	DHSES		albany
8	User	Test	DCJS Test	kljlkj	lkjlkj

Search Criteria : AND ((Upper(Contact_Person.First_Name) LIKE UPPER('test%')))

If you need to add a new contact, click **New Contact** and the screen will refresh.

Creating an E-Grants Application

The screenshot shows the 'New Test Participant' form in the E-Grants system. The 'Contact Type' dropdown menu is highlighted with a red circle. The form includes the following fields and sections:

- Project:** Participant: New Test Participant
- Navigation:** Home, Open, Save, Submit, Go to Attachment, Award, Progress, Site Review, Financial, Property, Audit, Reports, Application, Help, Logout, Login ID: vbloomer, 2.2.6
- Tabs:** General, Participants (selected), Work Plan, Budget, Funding Allocation, Questions, Acceptance
- Sub-tabs:** Contract, Descriptors, Tracking, Review, Activity Log
- Form Fields:**
 - Contact Type: Primary (circled in red)
 - First Name: [Text Field]
 - M: [Text Field]
 - Last Name *: [Text Field]
 - Agency: [Text Field]
 - Title: [Text Field]
 - Salutation: [Text Field]
 - Address *: [Text Field]
 - Address2: [Text Field]
 - City *: [Text Field]
 - State *: New York (dropdown)
 - Zip *: [Text Field]
 - County: [Text Field]
 - Email: [Text Field]
 - Phone *: [Text Field]
 - Ext.: [Text Field]
 - Cell Phone: [Text Field]
 - Fax: [Text Field]
- Buttons:** Save, Cancel, Check Spelling
- Footnote:** * - Mandatory Field

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

Home

Open

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.7

Participant: Test County

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

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.

#	Participant Name	Participant Type	Remove
1	Test County	Grantee	X
2	Test County Information Services Department	Implementing Agency	X

Add Participant

Total Records: 2

*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 once only as the grantee. If a consortium, you may add multiple implementing agencies.

Contacts for Participant Test County

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

#	Contact Name	Contact Type	Phone	Email	Remove
1	Tester Grantee	Primary	518-457-9214	cstumpf@dhse.ny.gov	X
2	Test Fiscal	Fiscal	999-999-9999	carol.stumpf@dhse.ny.gov	X
3	Test signatory2	Signatory	518-242-5099	vbloomer@dhse.ny.gov	X

Add Contact to TestCounty

Total Records: 3

This is an example of a completed Participants Tab screen.

Creating an E-Grants Application

Project

Participant: Test County

Home

Open

Save

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.13

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

Please enter a Project Goal and Save. Then move on to add Objectives and Tasks.

Project Goal

To support cyber security preparedness capabilities within New York State's local governments.

Save

Check Spelling

Use this summary to track your progress through the Workplan. Once you have created an Objective, please add the Tasks and Performance Measures associated with that Objective before moving on to Objectives. Once you have finished your Workplan, please go to the Budget tab.

Click on the Objective or Task Name to view the details or

Create New Objective

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

Project

Participant: Test County

Home

Open

Save

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.7

General

Participants

Work Plan

Budget

Funding Allocation

Qu

Contract

Descriptors

Tracking

Review

Objective (Please enter an Objective and Save.)

G & T Work Plan Codes (One per each Objective) - Show All

01. Establish/enhance a terrorism intelligence/early warning system, center, or task force.

02. Establish/enhance agro-terrorism preparedness capabilities.

03. Establish/enhance cyber security program.

04. Establish/enhance emergency operations center.

05. Establish/enhance regional response teams.

06. Establish/enhance sustainable homeland security training program.

07. Administer and manage the Homeland Security Grant.

08. Establish/enhance sustainable Homeland Security Planning Program.

09. Establish/enhance citizen awareness of emergency preparedness, prevention and response.

10. Establish/enhance citizen / volunteer initiatives.

11. Adopt and implement NIMS to include integration of core concepts into plans and procedures.

12. Assess vulnerability of and/or harden/protect critical infrastructure and key assets.

13. Build/enhance a pharmaceutical stockpile and/or distribution network.

14. Develop/enhance interoperable communications system.

15. Enhance capability to support international border and waterway security.

16. Establish/enhance a public health surveillance system.

17. Establish/enhance Citizen Corps Councils.

18. Establish/enhance explosive ordnance disposal units/bomb squads.

19. Establish/enhance public-private emergency preparedness program.

20. Establish/enhance sustainable homeland security exercise program.

21. Manage, update and/or implement the State Homeland Security Strategy.

22. Manage, update and/or implement the Urban Area Homeland Security Strategy.

23. Develop/enhance plans, procedures, and protocols.

24. Develop/enhance homeland security/emergency management organization and structure.

25. Enhance integration of metropolitan area public health/medical & emergency management.

26. Establish/enhance mass care shelter and alternative medical facilities operations.

27. Establish/enhance emergency plans and procedures to reflect the National Response Plan.

28. Develop/enhance state and local geospatial data system/Geographic Information System.

29. Enhance capabilities to recover from all-hazards event.

Save

Cancel

Check Spelling

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

Project

Participant: Test County

Home

Open

Save

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.7

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

Objective (Please enter an Objective and Save.)

G & T Work Plan Codes (One per each Objective) - [Show All](#)

03. Establish/enhance cyber security program.

Investment Justification - [Show All](#)

Cyber Security

Capability Development:

Deployable?

Shareable?

Does this project support a previous Homeland Security investment?

If yes, in which Funding Year?

Does this project support a NIMS typed resource?

If yes, enter the name and ID of the typed resource from the [Resource Typing Library Tool](#):

Description

Save

Cancel

Check Spelling

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.

Creating an E-Grants Application

Home

Open

Save

Submit

Go to Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID: vbloomer

4.3.13

Participant: Test County

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

Please enter a Project Goal and Save. Then move on to add Objectives and Tasks.

Project Goal

To support cyber security preparedness capabilities within New York State's local governments.

Save

Check Spelling

Use this summary to track your progress through the Workplan. Once you have created an Objective, please add the Tasks and Performance Measures associated with that Objective before moving on to create new Objectives. Once you have finished your Workplan, please go to the Budget tab.

Click on the Objective or Task Name to view the details or

Create New Objective

Objective #1

G & T Workplan Code - 03. Establish/enhance cyber security program.

Investment Justification - Cyber Security

Capability Development - Build

Deployable? - No

Shareable? - No

Does this project support a previous Homeland Security investment? - No

Does this project support a NIMS typed resource? - No

NYS Critical Capability

Primary - Cyber Security

Objective Narrative

To enhance cyber security preparedness capabilities.

Delete

X

Add Task to this Objective

Task #1 for Objective #1

Purchase allowable cyber security equipment. Train...

Delete

X

Add PerformanceMeasure to this Task

#

Performance Measure

Delete

1

Identify equipment ordered and received. Provide a...

X

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.

Creating an E-Grants Application

Participant: Test County

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		

Please enter budget information. If you are requesting an advance, please enter the amount requested and the justification, then save the screen before proceeding. You may edit the Advance if necessary at a later time. Enter budget information by participant. If you will only be operating with one budget, please enter the budget for the Grantee agency. For consortia, you may enter budgets by individual implementing agency. Once you have finished your Budget, please answer program Specific Questions on the Questions tab (if applicable).

Budget Summary

Participant	Grant Funds	Matching Funds	Total
Test County	\$0.00	\$0.00	\$0.00
Test County Information Services Department	\$0.00	\$0.00	\$0.00
Total	--	--	\$0.00

Advance Request Amount (If not requesting an advance, please skip) \$

Advance Request Justification (200 character limit)


Budget Summary by Participant

Test County

Create new Budget Version for Test County

Test County Information Services Department

Create new Budget Version for Test County Information Services Department



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.



Creating an E-Grants Application

Project

Participant: New Test Participant

Home
Open
Save

Submit

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Personnel Budget for New Test Participant Version 1

Choose a different Category to work on:

Personnel

 or

Back to Budget Summary

Add information for a new budget line item

Description *

Number *	Unit Cost *	Total Funds
1	x \$ 0.00	= \$0.00

Total Funds	Matching Funds	Grant Funds
\$0.00	- \$ 0.00	= \$0.00

Justification *

Back to Budget Summary

Save

Check Spelling

* - Mandatory Field

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.

Creating an E-Grants Application

Project **Participant: New Test Participant**

Home Open Save Submit Go to Attachment Award Progress Site Review Financial Property Audit Reports Application Help Logout Login ID: vbloomer 2.2.6	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
	Contract	Descriptors	Tracking	Review	Activity Log		
	You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.						

Equipment Budget for New Test Participant Version 1

Choose a different Category to work on: or

Add information for a new budget line item and press Save.

Description *

Number * Unit Cost * Total Funds

1 x \$ 0.00 = \$0.00

Total Funds Matching Funds Grant Funds

\$0.00 - \$ 0.00 = \$0.00

Authorized Equipment List (AEL) Number *

Find AEL numbers at [Responder Knowledge Base](#)

Justification *

* - Mandatory Field

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>

When finished with the item click **Save**.



Creating an E-Grants Application

Home

Open

Save

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.13

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Equipment Budget for Test County Version 1

Choose a different Category to work on:

Equipment

 or

Back to Budget Summary

Add information for a new budget line item and press Save.

Description *

Encryption Software

Number *

1

x

Unit Cost *

\$ 50000

=

Total Funds

\$0.00

Total Funds

\$0.00

-

Matching Funds

\$ 0.00

=

Grant Funds

\$0.00

Authorized Equipment List (AEL) Number *

05EN-00-ECRP

[Click here to find AEL numbers](#)

Justification *

For protecting stored data files or email messages

Back to Budget Summary

Save

Check Spelling

* - Mandatory Field

This is an example of a completed equipment budget line.

Creating an E-Grants Application

Home

Open

Save

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.13

Participant: Test County

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

You may continue to add budget lines from this screen. Choosing different budget categories will change the page heading, reminding you what budget category you are working in. You will also see an updated summary of your entries for each category at the top of the screen. When finished, return to the Budget Summary screen to see your updated budget.

Equipment Budget for Test County Version 1

#	Description	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Deficient
1	Encryption Software	1	\$50,000.00	\$50,000.00	\$50,000.00	\$0.00	no
Total				\$50,000.00	\$50,000.00	\$0.00	

Choose a different Category to work on:

Equipment

 or

Back to Budget Summary

Edit information for this budget line item and press Save or

Add Funding Allocation for this Budget item

Description *

Encryption Software

Number *

1

x

Unit Cost *

\$ 50,000.00

=

Total Funds

\$50,000.00

Total Funds

\$50,000.00

-

Matching Funds

\$ 0.00

=

Grant Funds

\$50,000.00

Authorized Equipment List (AEL) Number *

05EN-00-ECRP

[Click here to find AEL numbers](#)

Justification *

For protecting stored data files or email messages

Back to Budget Summary

Save

Check Spelling

Add Funding Allocation

Add New Budget Item

* - Mandatory Field

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

Project

Participant: Test County

Home
Open
Save
Submit
Go to
Attachment
Award
Progress
Site Review
Financial
Property
Audit
Reports
Application
Help
Logout
Login ID:
vbloomer
4.3.13

GeneralParticipantsWork PlanBudgetFunding AllocationQuestionsAcceptance

ContractDescriptorsTrackingReviewActivity Log

Budget Item Description - Encryption Software

Number	Unit Cost	Total Funds	Matching Funds	Grant Funds
1	x	\$ 50,000.00	= \$50,000.00 - \$ 0.00	= \$50,000.00

Justification - For protecting stored data files or email messages

G and T Workplan

G and T Workplan Code	Description	Remove
ECS	03. Establish/enhance cyber security program.	X

National Priority

National Priority Code	Description	Remove
III	03. Implement the National Infrastructure Protection Plan (NIPP)	X

Priority Project/State Strategy Goal

Priority Project Code	Description	Remove
S10	State Strategy Goal: Enhance Cyber Security Capabilities	X

Spending Subcategory

Code	Description	Amount	Remove
QCS	Equipment-Cyber Security Enhancement Equipment	\$ 50,000.00	X
Total		\$ 50,000.00	

Spending Discipline

Code	Description	Amount	Remove
ECS	Equipment-Cyber Security	\$ 50,000.00	X
Total		\$ 50,000.00	

Finished with this Item

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.

Creating an E-Grants Application

Home

Open

Save

Submit

Go to Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID: vbloomer

4.3.13

Project

Participant: Test County

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

Please enter budget information. If you are requesting an advance, please enter the amount requested and the justification, then save the screen before proceeding. You may edit the Advance if necessary at a later time. Enter budget information by participant. If you will only be operating with one budget, please enter the budget for the Grantee agency. For consortia, you may enter budgets by individual implementing agency. Once you have finished your Budget, please answer program Specific Questions on the Questions tab (if applicable).

Budget Summary

Participant	Grant Funds	Matching Funds	Total
Test County	\$50,000.00	\$0.00	\$50,000.00
Total	100.00%	0.00%	\$50,000.00

Advance Request Amount (If not requesting an advance, please skip) \$ 0.00

Advance Request Justification (200 character limit)

Save Check Spelling

Budget Summary by Participant

Test County

Version 1 - Edit (Click here to add more lines to budget categories)

#	Equipment	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Delete
1	Encryption Software	1	\$50,000.00	\$50,000.00	\$50,000.00	\$0.00	X
Total				\$50,000.00	\$50,000.00	\$0.00	

Version 1 Total	Total Cost	Grant Funds	Matching Funds
	\$50,000.00	\$50,000.00	\$0.00

Create new Budget Version for Test County

(Do not add a second budget version unless instructed to do so by DHSES.)

The next step is to attach any required attachments. To add Attachments, click on **Attachment** on the left side.

Creating an E-Grants Application

Attachment

Participant: Test County

Home Open

Go to Project Award Progress Site Review Financial Property Audit

Help Logout

Login ID: vbloomer

4.3.13

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

When uploading files, 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.

~~Should 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, .qpw, .wk(x), .rtf, .txt, .html

Image files: .gif, .jpg, .tiff, .bmp, .pdf

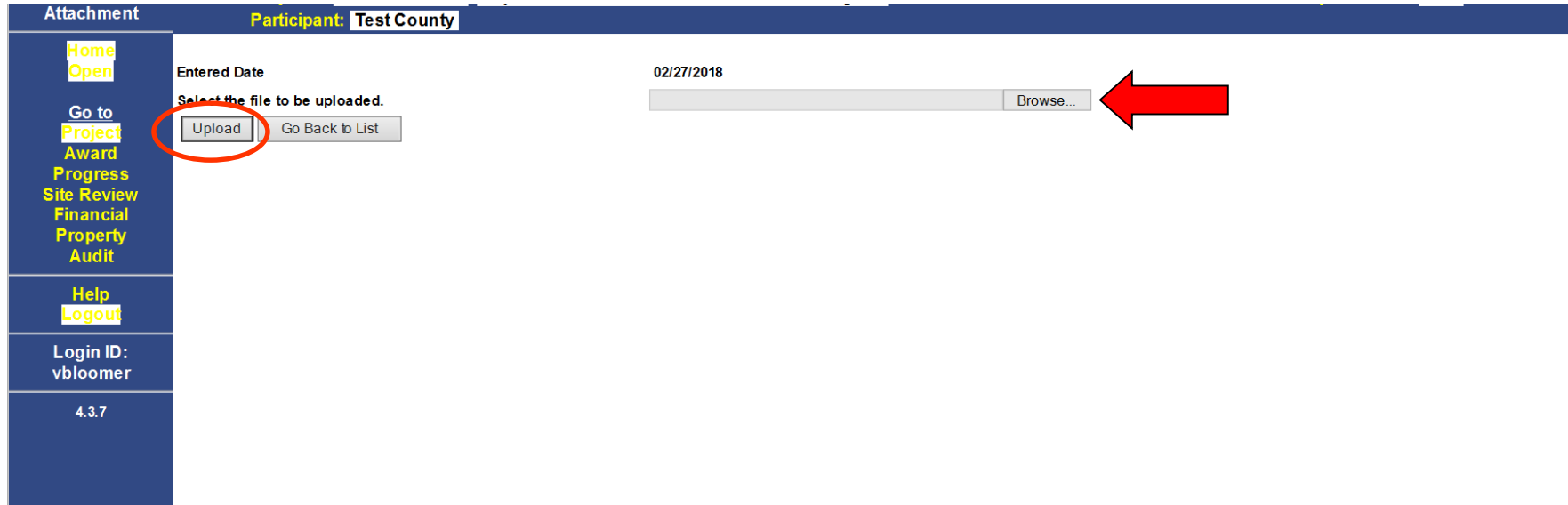
Click on Attachment Name to view or download.

#	Entered	Attachment Name	Delete
	New		

Total Records

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

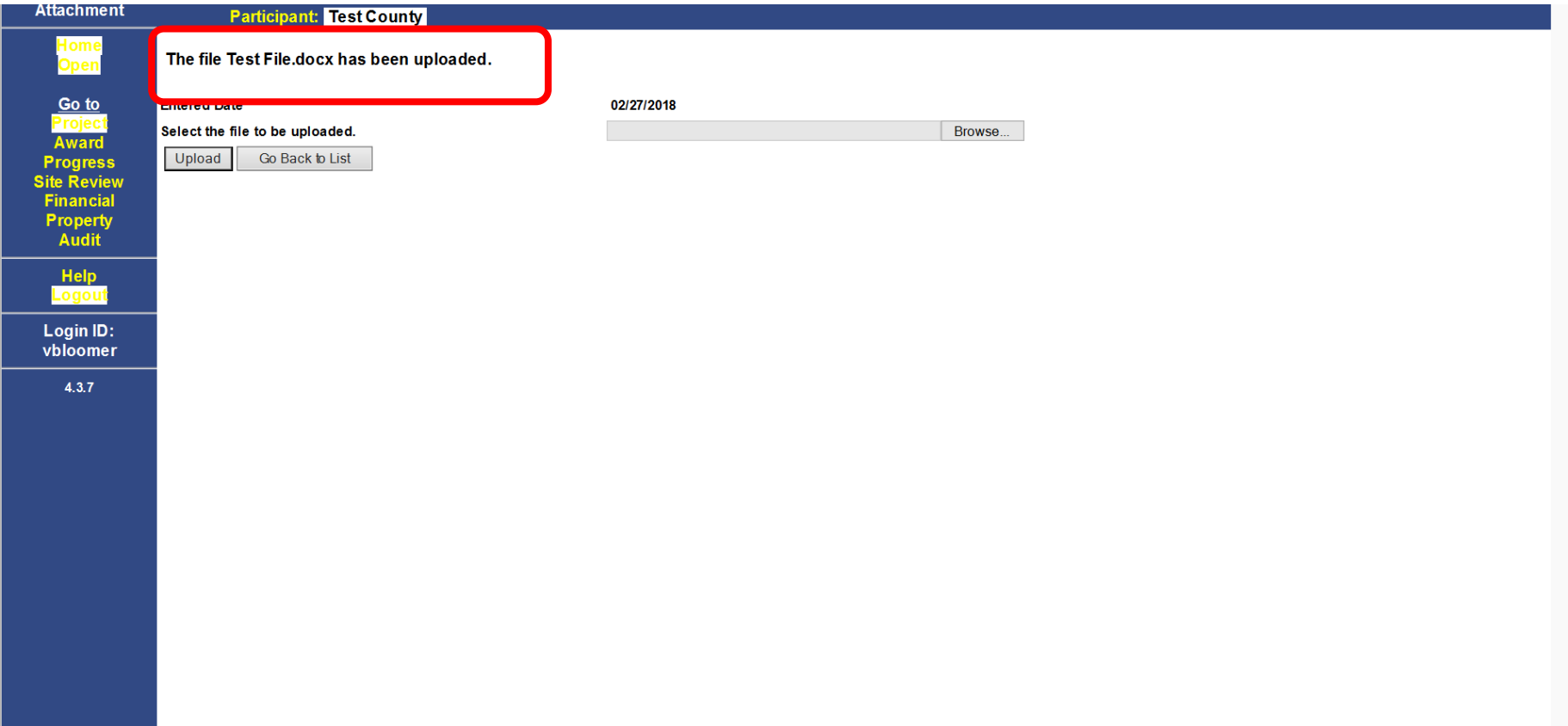


The screenshot shows the 'Attachment' section of the E-Grants application. The participant is 'Test County'. The 'Entered Date' is '02/27/2018'. The 'Select the file to be uploaded.' section has a file input field with a 'Browse...' button and an 'Upload' button. A red arrow points to the 'Browse...' button. The 'Upload' button is circled in red. The 'Go Back to List' button is also visible. The left sidebar contains links for 'Home', 'Open', 'Go to Project', 'Award', 'Progress', 'Site Review', 'Financial', 'Property', 'Audit', 'Help', 'Logout', 'Login ID: vbloomer', and '4.3.7'.

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.

Creating an E-Grants Application



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

Attachment

Home
Open

Go to
Project
Progress
Site Review
Financial
Property

Help
Logout

Login ID:
tgranteee

4.3.19

Participant: Test County

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

When uploading files, 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.

Should 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, .qpw, .wk(x), .rtf, .txt, .html
Image files: .gif, .jpg, .tiff, .bmp, .pdf

Click on Attachment Name to view or download.

#	Entered	Attachment Name
1	09/08/2016	LE16-1052-E00-AttachmentID-33855-Test upload.docx

New

Total Records: 1

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.

Creating an E-Grants Application

Project

Participant: Test County

Home

Open

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Contract	Descriptors	Tracking	Review	Activity Log		
Click on the Question to answer it. Please answer all Program Specific Questions.						
#	Question					Answer
1	Have you completed and uploaded the RFA Worksheet? The RFA Worksheet is a REQUIRED attachment for the application submission.					Yes I have. Thanks for the reminder.

<

<

>

>

Total Records: 1 ,Page 1 of 1

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

Project

Participant: Test County

Home

Open

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

4.3.13

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

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

#Assurance

DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES

Grant Assurances and Certifications for Federally-Funded Grants

1

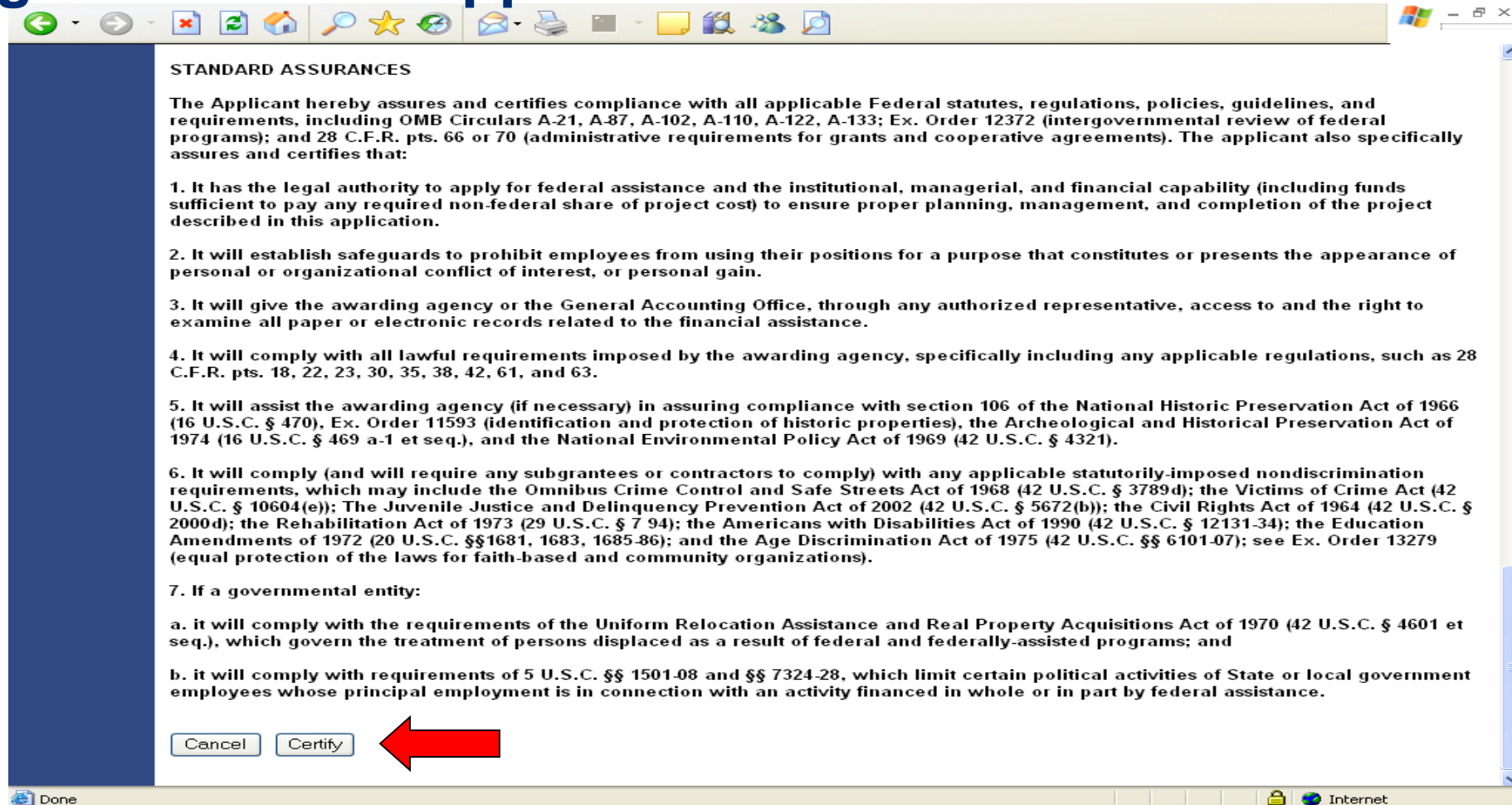
The certifications herein shall be treated as a material representation of fact upon which reliance will be placed when the State of New York and/or the Federal Emergency Management Agency (FEMA) or U.S. Department of Transportation (DOT) determines to award the cove

Certified by

Certified Date

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**.

Creating an E-Grants Application



STANDARD ASSURANCES

The Applicant hereby assures and certifies compliance with all applicable Federal statutes, regulations, policies, guidelines, and requirements, including OMB Circulars A-21, A-87, A-102, A-110, A-122, A-133; Ex. Order 12372 (intergovernmental review of federal programs); and 28 C.F.R. pts. 66 or 70 (administrative requirements for grants and cooperative agreements). The applicant also specifically assures and certifies that:

1. It has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. It will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. It will give the awarding agency or the General Accounting Office, through any authorized representative, access to and the right to examine all paper or electronic records related to the financial assistance.
4. It will comply with all lawful requirements imposed by the awarding agency, specifically including any applicable regulations, such as 28 C.F.R. pts. 18, 22, 23, 30, 35, 38, 42, 61, and 63.
5. It will assist the awarding agency (if necessary) in assuring compliance with section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. § 470), Ex. Order 11593 (identification and protection of historic properties), the Archeological and Historical Preservation Act of 1974 (16 U.S.C. § 469 a-1 et seq.), and the National Environmental Policy Act of 1969 (42 U.S.C. § 4321).
6. It will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); The Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 7 94); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); see Ex. Order 13279 (equal protection of the laws for faith-based and community organizations).
7. If a governmental entity:
 - a. it will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. § 4601 et seq.), which govern the treatment of persons displaced as a result of federal and federally-assisted programs; and
 - b. it will comply with requirements of 5 U.S.C. §§ 1501-08 and §§ 7324-28, which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by federal assistance.

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

Home

Open

Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

3.4.7

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review

Activity Log

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

#	Assurance	Certified by	Certified Date	N/A
1	NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants 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...	Valerie Bloomer	05/21/2015	<input type="checkbox"/>


By certifying the assurance you are NOT submitting your application.

See the next slide on how to submit your application.

Creating an E-Grants Application

Home

Open

 Submit

Go to

Attachment

Award

Progress

Site Review

Financial

Property

Audit

Reports

Application

Help

Logout

Login ID:

vbloomer

3.4.7

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Acceptance

Contract

Descriptors

Tracking

Review


Activity Log

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

#Assurance	Certified by	Certified Date	N/A
NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants	Valerie Bloomer	05/21/2015	<input type="checkbox"/>

1 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...

Message from webpage

 Are you sure you want to submit this Project? Edits will not be permitted after the Project is submitted.

OK

Cancel

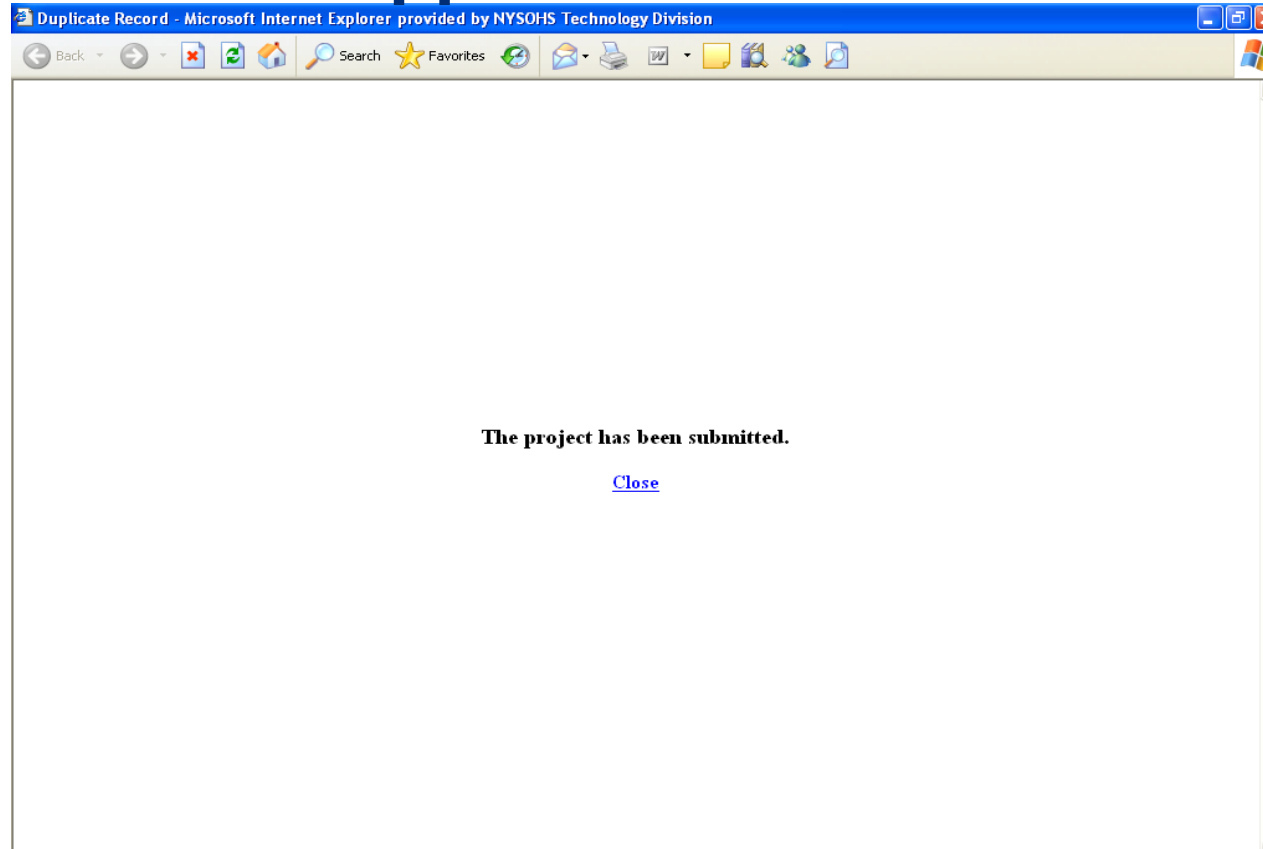
When you have completed your application and attached the required document(s) you are ready to submit your application. Click the **Submit** button.

Creating an E-Grants Application

<u>Grant Application</u>		Cyber Security Grant Progi
Project No.	Grantee Name	
CY 17-1000-D00	Test County	05/22/
The following required fields must be completed before the project can be submitted.		
Contact - add a Fiscal Contact		
Funding Allocation - add Priority Project Code for budget item.		
Budget Item - Encryption Software		
Assurances - You must Certify all Assurances on the Acceptance tab before submitting		

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.

Creating an E-Grants Application

The screenshot displays the E-Grants application interface. At the top, the Project is identified as "Cyber Security Grant Program" and the Participant as "Test County". The Project Status is "Application Received", highlighted by a red arrow. The left sidebar contains navigation links: Home, Open (circled in red and labeled "Locked"), Go to Attachment, Progress, Site Review, Financial Property, Reports (highlighted by a red arrow), Application, Deficiency, Draft Contract, Help, Logout, Login ID: tsignatory2, and 4.3.19. The main content area shows a message: "This page is locked from editing." Below this, the Project Title is "FY2019 Cyber Security Grant Program". The Project Start Date and Project End Date are both blank, with a note "(If known or applicable)". The Project Period is "Years 0 Months 0". The Submission Date is "01/24/2019". The Grant Funds, Matching Funds, and Total Funds are all "\$0.00 0.00%". The County is set to "Albany". The Summary Description of Project is blank. The Federal Program Purpose Area is also blank. The bottom of the page shows a table with a header "Description" and a "Remove" button.

Project	Project #:	Cyber Security Grant Program	Project Status:	Application Received			
Participant:	Test County						
Home	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Acceptance
Open	This page is locked from editing.						
Locked	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.						
Go to	Project Title *	FY2019 Cyber Security Grant Program					
Attachment	(60 Character Limit)						
Progress	Project Start Date	(If known or applicable)	Submission Date				01/24/2019
Site Review	Project End Date	(If known or applicable)	Grant Funds				\$0.00 0.00%
Financial	Project Period	Years 0 Months 0	Matching Funds				\$0.00 0.00%
Property			Total Funds				\$0.00
Reports	County *	Albany					
Application	Summary Description of Project * (Please limit to one or two paragraphs)						
Deficiency	Summary Project Description						
Draft Contract							
Help	Cancel Check Spelling						
Logout	* - Mandatory Field						
Login ID:	Federal Program Purpose Area						
tsignatory2							
4.3.19	Description Remove						

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: C1111111. 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 accept 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 e-sign the contract will appear at the bottom of the acceptance tab.

https://grants.dhSES.ny.gov/NYOHS_GMS//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.



Homeland Security
and Emergency Services

Approved Projects and Contract Execution

Electronic Signatures

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
	Contract		Descriptors	Tracking		Review	Activity Log	

Award Number - WM11111
Funding Program - Homeland Security Non-Profit Grant
The following Award Conditions must be certified.

Type	Condition Item	Comments	Certified by	Certified Date
Special	Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...	None		
Special	Documents Required to be Kept on File Subrecipient shall keep an agenda and meeting minutes on...	None		
Special	Equipment Purchases Equipment purchased with grant funds must fall within the allowable equipm...	None		
Special	Training Related Activities All training related activities funded by this grant must conform ...	None		
Special	Exercise Related Activities All exercises conducted must be managed and executed in accor...	None		
Special	EHP Requirements Subrecipients shall comply with all applicable Federal, State, and local envi...	None		
Special	Fiscal Reimbursement Documentation In addition to submitting the fiscal documentation as ...	None		

Click on the **Conditions** tab to view the special conditions that you need to certify.

Click on the *Condition Item* in blue.



Approved Projects and Contract Execution

Electronic Signatures

Project

Participant: Test County

Home	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
Open	Contract		Descriptors		Tracking	Review	Activity Log	
Save								

Award Condition Type:Special

Subject:
Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed by the Office of the State Comptroller.

Funds must be used in accordance with the guidelines set forth in the Urban Area Security Initiative (UASI) Nonprofit Security Grant Program (NSGP) Notice of Funding Opportunity (NOFO). All training conducted and/or equipment purchased with NSGP funds must support the goals set forth in the subrecipient's approved investment justifications.

Comments:
Press the Certify Condition button to indicate that you agree with the Condition statement and to Electronically Certify the Condition.

Certify Condition

Cancel

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

Project

Project #: HS19-1000-D00

Homeland Security Non-Profit Grant

Project Status: Pending Signatures

Home Open

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Conditions

Acceptance

Go to Attachment Progress Site Review Financial Property

Award Number - WM11111

Funding Program - Homeland Security Non-Profit Grant

The following Award Conditions must be certified.

Type	Condition Item	Comments	Certified by	Certified Date
Special	Subrecipient is prohibited from spending any grant funds until this grant contract is fully executed...	None	Test Signatory2	09/05/2019
Special	Documents Required to be Kept on File	None		
	Subrecipient shall keep an agenda and meeting minutes on...			
Special	Equipment Purchases	None		
	Equipment purchased with grant funds must fall within the allowable equipm...			
Special	Training Related Activities	None		
	All training related activities funded by this grant must conform ...			
Special	Exercise Related Activities	None		
	All exercises conducted must be managed and executed in accor...			
Special	EHP Requirements	None		
	Subrecipients shall comply with all applicable Federal, State, and local envi...			
Special	Fiscal Reimbursement Documentation	None		
	In addition to submitting the fiscal documentation as ...			


Reports Application Deficiency Draft Contract

Help Logout

Login ID: tsignatory2

4.3.19

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.

NEW YORK STATE

Homeland Security and Emergency Services

Approved Projects and Contract Execution

Electronic Signatures

Project		Participant: Test County							
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
	The following Assurances must be certified before the Project can be submitted.								
Go to Attachment Progress Site Review Financial Property	#Assurance							Certified by	Certified Date
	DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants 1 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) determines to award the cove							Tester Grantee	06/05/2017
Reports Application Deficiency Draft Contract	The following Appendices must be certified before the Project can be E-Signed.							Certified by	Certified Date
	#Appendix								
Help Logout	NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT								
	2 APPENDIX A-1								
Login ID: tsignatory2	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 ('Contractor' or 'Subrecipient') identified on the face								
	APPENDIX C PAYMENT AND REPORTING SCHEDULE								
4.3.10	For All Contractors:								
	3 I. PAYMENT PROVISIONS 1. In full consideration of contract services to be performed, DHSES agrees to pay and 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								
<input type="button" value="Decline"/>									

Listed under the **Acceptance** tab are the Appendices to your Contract

Click on each Appendix, read and certify each of them.



**Homeland Security
and Emergency Services**

Approved Projects and Contract Execution

Electronic Signatures

Project	Participant: Test County								
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
	The following Assurances must be certified before the Project can be submitted.								
	#Assurance							Certified by	Certified Date
	DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants							Tester Grantee	06/05/2017
	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) determines to award the cove								
	The following Appendices must be certified before the Project can be E-Signed.								
	#Appendix							Certified by	Certified Date
	NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT								
	APPENDIX A-1							Test Signatory2	08/24/2017
	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 ('Contractor' or 'Subrecipient') identified on the face								
	APPENDIX C PAYMENT AND REPORTING SCHEDULE								
	For All Contractors:								
	I. PAYMENT PROVISIONS							Test Signatory2	08/24/2017
	1. In full consideration of contract services to be performed, DHSES agrees to pay and 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								
	<input type="button" value="E-Sign"/> <input type="button" value="Decline"/>								

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.

Approved Projects and Contract Execution

Electronic Signatures

Project

Participant: Test County

Home
Open
Locked

Go to
Attachment
Progress
Site Review
Financial
Property

Application
Deficiency
Draft Contract

Help
Logout

Login ID:
tsignatory2

4.3.10

General

Participants

Work Plan

Budget

Funding Allocation

Questions

Conditions

Acceptance

Certify the E-Signature statement.

E-Signature

By clicking the ESign button below, I certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, and as such I have the authority to enter into a formal contractual agreement on behalf of this governmental entity, agency or organization (Grantee), and I have the authority to make the assurances set forth

☐ Check this box to indicate that you agree with the E-Signature statement and press the E-Sign button to electronically sign the Contract.

E-Sign

Cancel

(Your User Profile must have the Signatory Role to E-Sign the Contract.)

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

Project: **SH16-1112-E00 SHSP** Project Status: **Pending State Approval** 

Participant: **Test Participant**

Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
Go to Attachment Progress Site Review Financial Property	The following Assurances must be certified before the Project can be submitted.								
	#Assurance							Certified by	Certified Date
	1 DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES Grant Assurances and Certifications for Federally-Funded Grants 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) determines to award the cove							Tester Grantee	10/31/2019
Reports Application Deficiency Draft Contract 	The following Appendices must be certified before the Project can be E-Signed.								
	#Appendix							Certified by	Certified Date
	2 NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES GRANT CONTRACT APPENDIX A-1 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 ('Contractor' or 'Subrecipient') identified on the face							Test Signatory1	01/26/2021
Help Logout	APPENDIX C PAYMENT AND REPORTING SCHEDULE								
	3 For All Contractors: I. PAYMENT PROVISIONS 1. In full consideration of contract services to be performed, DHSES agrees to pay and 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							Test Signatory1	01/26/2021
	Login ID: tsignatory1 4.3.19								
The contract has been electronically signed by Test Signatory1 on 01/26/2021. 									

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.

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: C898989, Grantee: Test Participant

E-Grants - The grant contract for (SH16-111 E-Grant C#989, F16 SHSP) was fully executed on 05/30/2019.

Your agency is now responsible for fulfilling 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.dhSES.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.

Approved Projects and Contract Execution

Project	Project #: SH16-1091-E00 SHSP	Project Status: Executed								
	Participant: Test Participant									
Home Open Copy Go to Attachment Progress Site Review Financial Property Reports Application Deficiency Draft Contract Final Contract Help Logout Login ID: tgrantee	<table><tr><td>General</td><td>Participants</td><td>Work Plan</td><td>Budget</td><td>Funding Allocation</td><td>Questions</td><td>Conditions</td><td>Acceptance</td></tr></table> <p>This page is locked from editing.</p> <p>Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.</p> <p>Project Title * (60 Character Limit) <input type="text" value="test"/></p> <p>Project Start Date <input type="text" value="08/08/2017"/> (If known or applicable) Submission Date 08/08/2017</p> <p>Project End Date <input type="text" value="12/31/2017"/> (If known or applicable) Grant Funds \$50,000.00 100.00%</p> <p>Project Period Years 0 Months 4 Matching Funds \$0.00 0.00%</p> <p>Total Funds \$50,000.00</p> <p>County * <input type="text" value="Albany"/></p> <p>Summary Description of Project * (Please limit to one or two paragraphs)</p> <p><input type="text" value="test"/></p>	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance	
General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance			

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.

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

Participant: Test County

Home Open Locked	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance		
Go to Attachment Progress Site Review Financial Property	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.									
	Project Title * (60 Character Limit)		test project							
	Project Start Date		06/05/2017 (If known or applicable)		Submission Date		06/05/2017			
	Project End Date		12/31/2017 (If known or applicable)		Grant Funds		\$50,000.00 100.00%			
Reports Application Deficiency Draft Contract	Project Period		Years 0 Months 6		Matching Funds		\$0.00 0.00%			
	Total Funds		\$50,000.00							
Help Logout	County *		Albany							
	Summary Description of Project * (Please limit to one or two paragraphs)									
Login ID: tsignatory2	test									
4.3.10	<div> <div>Cancel</div> <div>Check Spelling</div> </div> <p>* - Mandatory Field</p> <p>Federal Program Purpose Area</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Remove</th> </tr> </thead> <tbody> </tbody> </table>								Description	Remove
Description	Remove									

- Log into DHSES E-Grants system and open your project.
- Click the word 'Progress' in the left hand column.

Progress Reports

Home
Open

Go to
Project
Attachment
Site Review
Financial
Property

Help
Logout

Login ID:
tsignatory2

4.3.10

Participant: Test County

Click on the Progress number to view information for that Progress Report.

#	Report Period	Year	Status	Submitted	Spent
<div>New</div> <div>< ></div>					

Total Records: 0 ,Page 1 of 1

Click the “New” button to open a new progress report.
Previously submitted progress reports will also be listed.

Progress Reports

Home Open Save	General	Workplan Outcomes
Submit	Please be sure to complete both tabs of information, General and WorkPlan Outcomes, prior to submitting your report.	
Go to Project Attachment Award Site Review Financial Property Audit	Reporting Period July - September	
	Reporting Year 2019	Progress Report Status <input checked="" type="checkbox"/> No Activity this Quarter
	Submission Date	Unsubmitted <input type="checkbox"/> Final Report
	Grants Funds Spent to Date \$ 0.00	SAR Received Date <input type="text"/>
	Date of Last Voucher <input type="text"/>	
Reports Progress	Total Amount Vouchered \$ 0.00	
Help Logout	Person Submitting Report K. Kelley	
Login ID: kkelley	Remarks No activity this quarter. We had a heavy response to flooding in our county since July 15 and we have had consistent mitigation and recovery projects that have occurred throughout this quarter. We were unable to engage in grant related work at this time. Work will resume October 1.	
4.3.19		
<input type="button" value="Save"/> <input type="button" value="Check Spelling"/>		

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.)

Progress Reports

Participant: Test County

General **Workplan Outcomes**

Home Open

Submit

Go to Project Attachment Site Review Financial Property

Help Logout

Login tsignatory2

4.3.10

Project Goal
To prevent, prepare for or mitigate the effects of a terrorist attack on located at .

Objective #1
Purchase and install equipment to enhance the security at that would assist in target hardening the location.

Task #1 for Objective #1
Purchase/install perimeter security and/or access control enhancing items of equipment. Train appropriate personnel in the proper use of the equipment and place the equipment into service. (Requires prior EHP approval.)

Completed
no

Performance Measure

1 Identify equipment ordered and received. Provide a brief narrative on the training of personnel and the deployment of equipment. Describe how the equipment is enhancing the day to day security of the location. Equipment accountability records are properly maintained

Outcomes

Unanticipated Outcome

Current Quarter	Prior Quarter	Year To Date
0.00	0.00	0.00

Objective #2
Conduct/attend training that addresses a specific threat, vulnerability and/or consequence (requires prior DHSES approval).

Task #1 for Objective #2
Conduct training regarding prevention of or reaction to a terrorist threat or action. Requires prior DHSES approval.

Completed
no

Performance Measure

1 Description of the training (requires prior DHSES approval). Number of staff receiving training. Copy of agenda or training curriculum and roster of attendees maintained on file. Describe how the training enhanced the prevention of or reaction to a terrorist threat or action.

Outcomes

Unanticipated Outcome

Current Quarter	Prior Quarter	Year To Date
0.00	0.00	0.00

To select the Performance Measure, click the blue #

Click on Workplan Outcomes to report on the Performance Measures. The Project Goal, Tasks, and Performance Measures are pre-filled from your contract.



Progress Reports

The screenshot shows a web application interface for submitting progress reports. On the left is a blue sidebar with navigation links: Home, Open, Save, Submit, Go to Project, Attachment, Site Review, Financial, Property, Reports Progress, Help, Logout, Login ID: tsignatory2, and 4.3.10. The main content area is titled 'Participant: Test County' and has tabs for 'General' and 'Workplan Outcomes'. The 'General' tab is active, showing fields for 'Objective', 'Task', 'Outcome Indicator', 'Unanticipated Outcome', and 'Performance Measure'. At the bottom are 'Save', 'Cancel', and 'Check Spelling' buttons. Red arrows point to the 'Submit' button in the sidebar, the 'Reports Progress' link, and the 'Save' button.

Participant: Test County

General Workplan Outcomes

Edit information and press Save.

Objective: To enhance regional response teams. (1.1,1.3,1.4,1.6)

Task: Purchase allowable CBRNE/Hazmat response equipment. Train appropriate personnel in the proper use of the equipment and place the equipment into service.

Outcome Indicator
We purchased 4 radios for our Hazmat team. Radios has been received, inventoried, recorded, delivered, and placed in service. An order has been placed for detection equipment and is expected to be received in the next quarter.

Unanticipated Outcome

Performance Measure: Identify equipment ordered and received. Provide a brief narrative on the training of personnel and the deployment of equipment. Describe how the project enhanced regional capabilities in the region. Equipment accountability records are properly maintained. Provide explanation if equipment is received but not deployed, and include deployment plans as appropriate.

Current Quarter 0.00
Prior Quarter 0.00
Year To Date 0.00

Save Cancel Check Spelling

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 on 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.

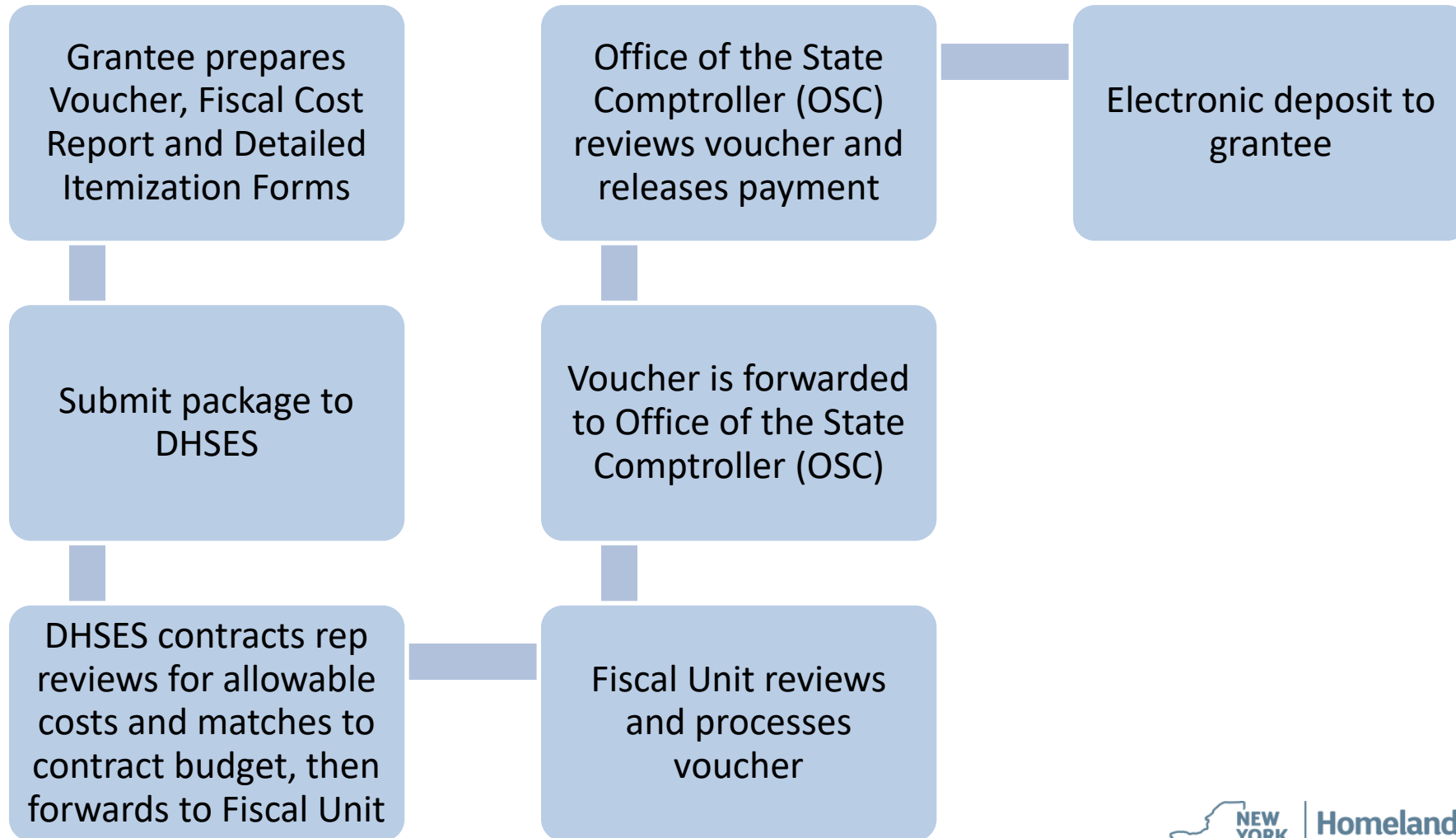
Fiscal Reporting

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-egrants.cfm>

Fiscal Reporting

Grantee Reimbursement Process



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

AC-1171 (Rev. 10/96) State of York **STATE AID VOUCHER** Voucher No. _____

1. Originating Agency NYS Division of Homeland Security and Emergency Services		Orig. Agency Code 01077		Interest Eligible (Y/N) N	
Payment Date (MM/DD/YY)		OSC Use Only		Liability Date (MM/DD/YY)	
2. Payee ID 12-123456	Additional 000	Zip Code	Route	Payee Amount	MIR Date (MM/DD/YY)
4. Payee Name (Limit to 30 spaces) Empire County		IRS Code		IRS Amount	
Payee Name (Limit to 30 spaces)		Stat Type	Statistic	Indicator-Dept	Indicator-Statewide
Address (Limit to 30 spaces) 123 Main Street		5. Ref Inv. No. (Limit to 20 spaces) FY20 SHSP FCR1 HSEmpire			
Address (Limit to 30 spaces)		Ref Inv. Date (MM) (DD) (YY)			
City (Limit to 20 spaces)		State (Limit to 2 spaces) NY	Zip Code 10101		
6. Anywhere					
Date Paid	Check or Voucher No.	Description of Charges (if Personal Service, show name, title, period covered)			Amount
		Expenses incurred per Contract # C 123456			\$39,000.00
7. State Aid Program or Applicable Statute:					TOTAL
					\$39,000.00
8. Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.					Less Receipts
Signature in Ink _____ Date _____					Net
Title _____					
Name of Municipality _____					% State Aid Claimed
FOR STATE AGENCY USE ONLY					
Merchandise Received		STATE COMPTROLLER'S PRE-AUDIT			
I certify that this claim is correct and just, and payment is approved					
Date	By	State Aid	Verified	Certified For Payment or State Aid Amount by	
Page No.	Date		Audited		
By					
Expenditure				Liquidation	
Cost Center Code				Accum	
Dept.	Cost Center	Variable	Year	Dept.	Statewide
				Amount	Orig. Agency
				PO/Contract	Line
				F/P	

Employee Identification Number or SFS Number

Your organization's name and address

Put this PHRASE and insert your contract number

Signature of fiscal officer, organization name and address

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

Dollar amount you are requesting for reimbursement



Homeland Security and Emergency Services

(11/16)

FISCAL COST REPORT

Submit to: Division of Homeland Security and Emergency Services State Campus - Building 7A 1220 Washington Ave. Rm 810 Albany, NY 12242	1. Grantee: Empire County	2. Contract No: C123456
	3. Implementing Agency: Empire County Sheriff's Office	4. FCR #: 1 <input type="checkbox"/> Final Report: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. DHSES No: WM20123456	6. Program Title: FY20 SHSP
	7. Contract Period: 09/01/2020 - 08/31/2023	8. Contract Amount: \$100,000
	9. Report Period: 1/1/2021 - 03/31/2021	10. Report Date: 4/4/2018

11. SUMMARY SCHEDULE

CATEGORY	A. Approved Project Budget		B. Previous Cumulative Expenditures		C. Expenditures for this Reporting Period		D. Current Cumulative Expenditures	
	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH	DHSES	MATCH
A. PERSONNEL	\$20,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00
B. FRINGE BENEFITS	\$10,000.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00	\$0.00
C. CONSULTANTS	\$5,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00
D. EQUIPMENT	\$30,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$15,000.00	\$0.00
E. SUPPLIES	\$5,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00
F. TRAVEL	\$2,000.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	\$0.00
G. RENT	\$10,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00
H. ALT & RENOVATIONS	\$8,000.00	\$0.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	\$0.00
I ALL OTHER	\$10,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$3,000.00	\$0.00
TOTAL	\$100,000.00	\$0.00	\$0.00	\$0.00	\$39,000.00	\$0.00	\$39,000.00	\$0.00

12. CASH REQUEST

A. Advance Requested	\$0.00	<p>Certification</p> <p>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 this 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 on the report or any material fact, may subject me to criminal, civil or administrative penalties for false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).</p> <p>GRANTEE: _____ (Signature) _____ (Date)</p> <p>_____ (Title) _____ (Phone Number)</p> <p>FISCAL OFFICER: _____ (Signature) _____ (Date)</p> <p>_____ (Title) _____ (Phone Number)</p>
B. Expenditures for this Reporting Period (Total of Column C above)	\$39,000.00	
C. Cash requested from DHSES (A + B) (Voucher Amount)	\$39,000.00	
D. Voucher Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

13. Interest Earned - Advanced Funds

	\$0.00
--	--------

DHSES USE ONLY

FCR APPROVED BY PROGRAM REPRESENTATIVE: _____ (Signature) _____ (Date)

DHSES FISCAL OFFICE: ☐ Approved ☐ Rejected _____ (Signature) _____ (Date)

Quarterly report period for this report

Column A: Approved project budget

Column B: Sum of cumulative expenditures from previous periods

Total Expenditures for this reporting period (total of Column C) (Auto populates)

Total amount for reimbursement (Matches Standard Voucher amount) (Auto populates)

Sequential # of this report

Date report is being submitted to DHSES

Column C: Current reporting period expenditures

Column D: Total of Column B (cumulative) and Column C (current) (Auto populates)

Needs to be signed/dated by Grantee and Fiscal Officer



Homeland Security and Emergency Services

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Personal Service Expenditures
Personnel**

Personnel DIF
requires Method A
OR Method B to
be completed

Total auto
populates on All
DIFs

(05/16)

NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Personal Service Expenditures
Fringe Benefits

1. Grantee Name: <u>Empire County</u>		4. Corresponding FCR Report: <u>1</u>	
2. Implementing Agency: <u>Empire County Sheriffs Office</u>		6. Contract Number: <u>C 123456</u>	
3. Report Period: From: <u>1/1/2021</u>	To: <u>3/31/2021</u>	7. DHSES Number: <u>WM 20123456</u>	
5. Contract Period: From: <u>9/1/2020</u>	To: <u>8/31/2023</u>		

This form is used to certify the expenditures claimed for Fringe. The amounts charged to the grant for fringe expenditures must be valid for this expense category per Appendix B of the grant contract. Fringe must be calculated as specifically outlined in Appendix B of the contract. Show all calculations for fringe in the area below. Please note: any allocation or calculation of fringe benefit costs incurred for grant related staff must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, not based solely on the grant budget fringe benefit rates. The documentation must be retained with other grant related expenditure documentation.

Show Calculation for Fringe submitted per contract budget, Appendix B, for this period. See Instructions.

8a Contract Budget Line	8b Dates	8c Employee Name	8d Job Title	8e Salary/Fringe	Amount Charged to	
					8f Federal/ State	8g Match
1	10/1/2020-10/15/2021	John Doe	Sgt	\$2,000 x 0.5	\$1,000.00	
1	10/1/2020-10/15/2021	John Smith	Sgt	\$2,000 x 0.5	\$1,000.00	
1	10/1/2020-10/15/2021	Jack Black	Sgt	\$1,000 x 0.5	\$500.00	
8h * Total					\$2,500.00	\$0.00

* The totals should be carried forward to Category B of the Fiscal 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, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____	Print Name: _____
Title: _____	Date: _____ Phone #: _____

Show Fringe Calculation based on jurisdiction's Fringe Rate.



(05/16)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Consultants**

1. Grantee Name: <u>Empire County</u>						4. Corresponding FCR Report #: <u>1</u>			
2. Implementing Agency: <u>Empire County Sheriffs Office</u>						6. Contract Number: <u>C123456</u>			
3. Report Period: From: <u>1/1/2021</u> To: <u>3/31/2021</u>						7. DHSES Number: <u>WM20123456</u>			
5. Contract Period: From: <u>9/1/2020</u> To: <u>8/31/2023</u>									

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

8a Contract Budget Line	8b Check No.	8c Rate Charged	8d Dates of Service	8e Type of Service	8f Payee	8g Date Agreement Submitted	8h Amount Charged to		8i NYS MWBE Certification Number (if applicable)	8k Procurement Method (Choose the applicable procurement method from the dropdown box)
							Federal/State Amount	Match Amount		
1	6789	\$25/hour	11/1-11/30/2020	TTX Development	Safety Consulting Firm	12/1/2020	\$2,000.00		MBE	Competitive Bid
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
									MBE	
									WBE	
							*Totals	\$2,000.00	\$0.00	

* The totals should be carried forward to Category C of the Fiscal 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, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____		Print Name: _____	
Title: _____	Date: _____	Phone #: _____	

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.



**Homeland Security
and Emergency Services**

(11/08)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Equipment**

1. Grantee Name: <u>Empire County</u>				4. Corresponding FCR Report #: <u>1</u>			
2. Implementing Agency: <u>Empire County Sheriff's Office</u>				6. Contract Number: <u>C123456</u>			
3. Report Period: From: <u>1/1/2021</u>		To: <u>3/31/2021</u>		7. DHSES Number: <u>WM20123456</u>			
5. Contract Period: From: <u>9/1/2020</u>		To: <u>8/31/2023</u>					

This form is used to certify the expenditures claimed for Equipment. The equipment charged to the grant must be specifically listed in the equipment category per Appendix B of the grant contract. All Equipment expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

Contract Budget Line	Items Purchased (per approved budget)	Quantity	Date Ordered	Date Received	Serial No.	Check No.	Payee	Amount Charged to		NY S MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown list)
								Federal/State Amount	Match Amount		
3	Night Vision Goggles	3	11/2/20	12/1/20	HS-1234 HS-1235 HS-1236	9383950	NVG Unlimited Inc.	\$15,000.00		MBE WBE	NYS OGS Contract
										MBE WBE	
										MBE WBE	
										MBE WBE	
										MBE WBE	
										MBE WBE	
										MBE WBE	
* Total								\$15,000.00	\$0.00		

*The totals should be carried forward to Category D of the Fiscal 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, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____

The Division of Homeland Security and Emergency Services (DHSES) requires that the grantee conduct a physical inventory of property records at least once every two years to verify the existence, current utilization and continued need for the property. In the event the property is no longer required by the Grantee, this fact should be reported to DHSES as soon as possible.

Authorization for Continued Use: Upon completion of all contractual requirements by the grantee, DHSES accepts the request for continued use and possession of the equipment purchased with grant funds. This acceptance is made provided the equipment continues to be used in accordance with the contracted activities and guidelines.

If at any time during the life expectancy of the equipment your organization should dispose of any of these items, any proceeds realized must be reinvested in equipment items to continue your organization's activities. If the proceeds are not reinvested to continue activities, that percentage of the proceeds equal to the proportion of the original purchase price paid by funds for the contract must be paid to the State of New York.

10 I hereby certify that the above equipment has been received and added to our property accounting records. Said equipment will be periodically inventoried and reconciled with accounting records. I am requesting continued use of equipment. _____ Signature of authorized grantee representative	Acceptance for continued use and possession of equipment. _____ Division of Homeland Security and Emergency Services
	_____ Date

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

Provide detail in regards to what items were purchased.

Equipment DIF requires two signatures

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



**Homeland Security
and Emergency Services**

(05/16)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Supplies**

1. Grantee Name: Empire County 4. Corresponding FCR Report #: 1

2. Implementing Agency: Empire County Sheriff's Office 6. Contract Number: C123456

3. Report Period: From: 1/1/2021 To: 3/31/2021 7. DHSES Number: WM20123456

5. Contract Period: From: 9/1/2020 To: 8/31/2023

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 this project.

Contract Budget Line	Check No.	Payee	Date Ordered	Date Received	Item(s)	Amount Charged to		NY S MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown list)
						Federal/State Amount	Match Amount		
4	93850	Medical Care inc	10/23/2020	11/3/2020	Personal Med Kits	\$2,000.00		MBE	Discretionary Purchase
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
*The totals should be carried forward to Category E of the Fiscal Cost Report Column C.						Total	\$2,000.00	\$0.00	

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 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 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____

Title: _____ Date: _____ Phone #: _____

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.

SAMPLE



**Homeland Security
and Emergency Services**

6/16)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Travel**

All Out of State Travel must be pre-approved by submitting a Travel Request Form to your contract rep.

1. Grantee Name: <u>Empire County</u>		4. Corresponding FCR Report: <u>1</u>	
2. Implementing Agency: <u>Empire County Sheriff's Office</u>		6. Contract Number: <u>C123456</u>	
3. Report Period: From: <u>1/1/2021</u> To: <u>3/31/2021</u>		7. DHSES Number: <u>WM20123456</u>	
5. Contract Period: From: <u>9/1/2020</u> To: <u>8/31/2023</u>			

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

8a Contract Budget Line	8b Check No.	8c Payee	8d Date(s) of Travel	8e Description	Amount Charged to	
					8f Federal/State	8g Match
1	23897	Hertz	12/3/2020-12/10/2020	Rental Car Fee for travel to XYZ Conference in Baltimore, MD	\$500.00	
* The totals should be carried forward to Category F of the Fiscal Cost Report Column C. → * Total					\$500.00	\$0.00

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 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 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____
 Title: _____ Date: _____ Phone #: _____



05/16)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Rent**

1. Grantee Name: <u>Empire County</u>				4. Corresponding FCR Report: <u>1</u>			
2. Implementing Agency: <u>Empire County Sheriff's Office</u>				6. Contract Number: <u>C123456</u>			
3. Report Period: From: <u>1/1/2021</u>		To: <u>3/31/2021</u>		7. DHSES Number: <u>WM20123456</u>			
5. Contract Period: From: <u>9/1/2020</u>		To: <u>8/31/2023</u>					

This form is used to certify the expenditures claimed for Rent. The amounts charged to the grant for rent expenditures must be valid for this expense category per Appendix B of the contract. Allocations must be based on calculations supported with documentation and/or allocation worksheets that calculate the actual costs, and not based solely on the grant budgeted amounts. All rent expenses must have an appropriate and reasonable basis for allocating the expenses to this project.

8a Contract Budget Line	8b Check No.	8c Payee	8d Property Address	8e Period of Time	8f Date Agreement Submitted	8g Amount Charged to	
						8g Federal/State	8h Match
1	3405040	Shelter Inc	789 Main Street Nowhere, NY 10101	09/01/2020-12/31/2020	9/1/2020	\$5,000.00	
* Total						\$5,000.00	\$0.00

* The totals should be carried forward to Category G of the Fiscal Cost Report Column C

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 3729-3730 and 3801-3812).

9. Signature: _____		Print Name: _____	
Title: _____	Date: _____	Phone #: _____	

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.

SAMPLE



**Homeland Security
and Emergency Services**

(09/16)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
Alterations**

1. Grantee Name: <u>Empire County</u>					4. Corresponding FCR Report #: <u>1</u>				
2. Implementing Agency: <u>Empire County Sheriff's Office</u>					6. Contract Number: <u>C 123456</u>				
3. Report Period: From: <u>1/1/2021</u> To: <u>3/31/2021</u>					7. DHSES Number: <u>WM 20123456</u>				
5. Contract Period: From: <u>9/1/2020</u> To: <u>8/31/2023</u>									

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

Contract Budget Line	Check No.	Payee	Property Address	Period of Time	Amount Charged to		NYS MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown box)
					Federal/State Amount	Match Amount		
1	29485	Builders R Us Inc	123 Main Street Anywhere, NY 10101	10/1/2020-12/31/2020	\$4,000.00		MBE	Competitive Bid/RFP
							WBE	
							MBE	
							WBE	
							MBE	
							WBE	
							MBE	
							WBE	
							MBE	
							WBE	
							MBE	
							WBE	
							MBE	
							WBE	
* Total					\$4,000.00	\$0.00		

*The totals should be carried forward to Category H of the Fiscal 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, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____		Print Name: _____	
Title: _____	Date: _____	Phone #: _____	



(316)

**NYS Division of Homeland Security and Emergency Services
Detailed Itemization of Non-Personal Service Expenditures
All Other**

1. Grantee Name: <u>Empire County</u>		4. Corresponding FCR Report #: <u>1</u>	
2. Implementing Agency: <u>Empire County Sheriff's Office</u>		6. Contract Number: <u>C123456</u>	
3. Report Period: From: <u>1/1/2021</u> To: <u>3/31/2021</u>	7. DHSES Number: <u>WM 20123456</u>		
5. Contract Period: From: <u>9/1/2020</u> To: <u>8/31/2023</u>			

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

Contract Budget Line	Check No.	Date	Payee	Description	Dates of Service	Amount Charged to		NY S MWBE Certification Number (if applicable)	Procurement Method (Choose the applicable procurement method from the dropdown box)
						Federal/State Amount	Match Amount		
3	24458	12/19/2020	NVG Unlimited Inc	Night Vision Goggle Repair	12/20-12/23/2020	\$3,000.00		MBE	Single/Sole Source
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
								MBE	
								WBE	
* Total						\$3,000.00	\$0.00		

*The totals should be carried forward to Category I of the Fiscal 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, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

9. Signature: _____ Print Name: _____

Title: _____ Date: _____ 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.

Amendments

E-Grants

Project Attachment Progress Site Review Financial Property

Help Logout

Login ID: tgranteee
Change Password

4.3.19

Project Grid

Click on a Project number to view information for that Project. (click on column heading to sort by that column); or add a new Project.

New

< > > >

Total Records: 2, Page 1 of 1

Project #	Attachment	DHSES #	Participant	Representative	Project Status
LE16-1052-E00	yes	WM16777777	Test County	Carol Stumpf	Amendment Pending
LE16-1052-E01	yes	WM16777777	Test County	Carol Stumpf	New

- 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.

Project		Project #: LE16-1052-E01		LE TPP/SLETPP		Project Status: New		
Participant: Test County								
Home Open Save Submit Go to Attachment Progress Site Review Financial Property Reports Application Help Logout Login ID: tgranteee 4.3.19	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
	<p>Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.</p>							
	Project Title * (60 Character Limit)		Test					
	Project Start Date		09/01/2017 (If known or applicable)		Submission Date		02/09/2017	
	Project End Date		08/31/2021 (If known or applicable)		Grant Funds		\$10,000.00 100.00%	
Project Period		Years 4 Months 0						
County *		Albany						
Summary Description of Project * (Please limit to one or two paragraphs)		test						

The project has been submitted.

[Close](#)

- 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.

Project	Project #: LE16-1052-E01 LETPP/SLETPP		Project Status: Application Received					
Participant: Test County								
Home Open	General	Participants	Work Plan	Budget	Funding Allocation	Questions	Conditions	Acceptance
This page is locked from editing.								
Go to Attachment Progress Site Review Financial Property	Complete screen information and save. Add a National Priority and Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DHSES website for available downloads. When you have completed your application, click the SUBMIT link in the left margin. Remember, you will no longer be able to edit your application once it has been submitted.							
	Project Title * (60 Character Limit)		<input type="text" value="Test"/>					
	Project Start Date		<input type="text" value="09/01/2017"/> (If known or applicable)	Submission Date		01/25/2021		
	Project End Date		<input type="text" value="08/31/2021"/> (If known or applicable)	Grant Funds		\$10,000.00 100.00%		
	Project Period		Years 4 Months 0		Matching Funds		\$0.00 0.00%	
Reports Application Deficiency Draft Contract			Total Funds		\$10,000.00			
Help Logout	County *		<input type="text" value="Albany"/>					
	Summary Description of Project * (Please limit to one or two paragraphs)							
Login ID: tgranteee	<input type="text" value="test"/>							
4.3.19								

- 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