



Step-by-Step

Grants Management System (GMS)

Application Manual

Office of Program Development and Funding



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Introduction

The Grants Management System (GMS) is a web-based system developed for the New York State Division of Criminal Justice Services' (DCJS) Office of Program Development and Funding (OPDF) to allow electronic grant and contract processing and management. GMS is a role-based secure system that can control access rights throughout the GMS system.

This guide is reference material to enable the user to enter, view, retrieve and query grant data within GMS. General guidelines:

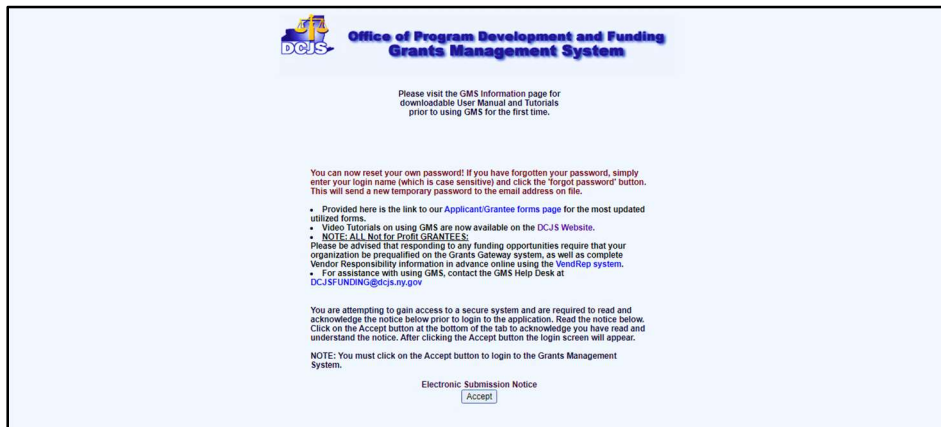
- Applicants and grantees have access to only their own projects and have limited abilities within GMS.
- OPDF staff can access all projects and, where appropriate, have access within GMS as their job responsibilities dictate.
- To provide consistency throughout GMS, each page has the same layout. Pages contain a GMS Navigation Column on the left, a header with identifying information, a bar below the header for tab navigation and the content frame.
- For confidentiality reasons, all data used in examples and screenshots within this manual are fictional and do not refer to any specific agency.
- GMS will time out after 30 minutes of inactivity and does not have an auto-save feature. Saving or changing tabs or modules is considered activity; typing is not. To ensure retention of information, manually **save frequently**.
- Any word in **bold** within the content of this Instruction Manual will have a definition located in the Glossary at the end of the manual.
- Each section in the Project Module, as applicable, will have separate instructions for starting an application and for returning to an application to make updates or changes.

Logging In

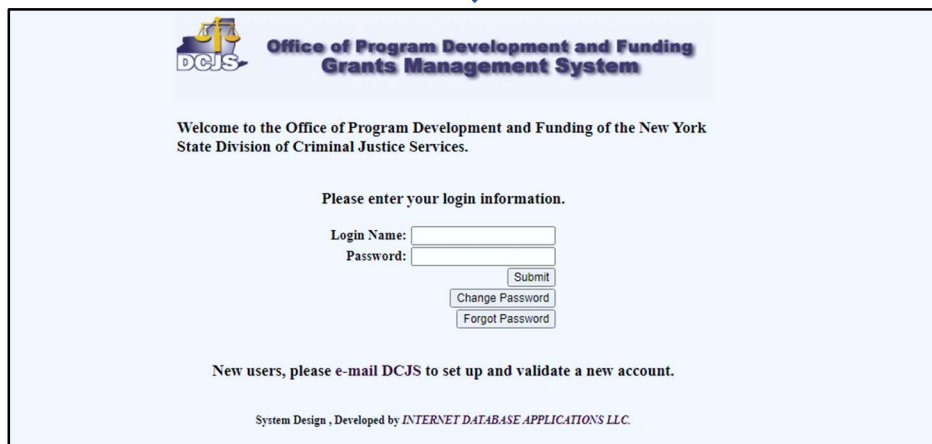
To access GMS, applicants must be a registered user. Please visit the DCJS website [here](#) to download and complete the registration form. After submitting the form an automated email will be sent with a log-in ID and a temporary password. **Registering early will ensure there are no technical issues that would prevent an applicant from submitting an application before the deadline.**

Navigate to [GMS](#) to begin the log-in process.

The main screen will appear and prompt you to accept acknowledgment of accessing a secure site. Before clicking “Accept” please read the page in its entirety as important GMS updates will appear on this screen.



The screenshot shows the top of the GMS login page. At the top left is the DCJS logo. To its right is the text "Office of Program Development and Funding Grants Management System". Below this is a paragraph: "Please visit the GMS Information page for downloadable User Manual and Tutorials prior to using GMS for the first time." This is followed by a paragraph: "You can now reset your own password! If you have forgotten your password, simply enter your login name (which is case sensitive) and click the 'forgot password' button. This will send a new temporary password to the email address on file." Below this is a bulleted list of links and notes. At the bottom of the page is the text "Electronic Submission Notice" and a button labeled "Accept".



The screenshot shows the main login screen. At the top left is the DCJS logo. To its right is the text "Office of Program Development and Funding Grants Management System". Below this is the text: "Welcome to the Office of Program Development and Funding of the New York State Division of Criminal Justice Services." This is followed by the text: "Please enter your login information." Below this are two input fields: "Login Name:" and "Password:". To the right of the "Password:" field is a "Submit" button. Below the "Submit" button are two more buttons: "Change Password" and "Forgot Password". At the bottom of the page is the text: "New users, please e-mail DCJS to set up and validate a new account." and "System Design , Developed by INTERNET DATABASE APPLICATIONS LLC."



First Time Users: On the Log-in page click **“Change Password”**. GMS will direct you to the screen below. **Do not enter temporary log-in information on this page.**

- * Enter the log-in name received in the registration email from the GMS Help Desk.
 - ✓ Log-in name is case sensitive.
- * Enter the temporary case-sensitive password received in the registration email from the GMS Help Desk.
- * Enter a newly created user password.
 - ✓ Passwords are case sensitive, should be at least eight (8) characters and can be any combination of numbers and upper and lowercase letters only; no symbols.
- * Re-enter the newly created user password.
 - ✓ Click **“Save Changes”**.



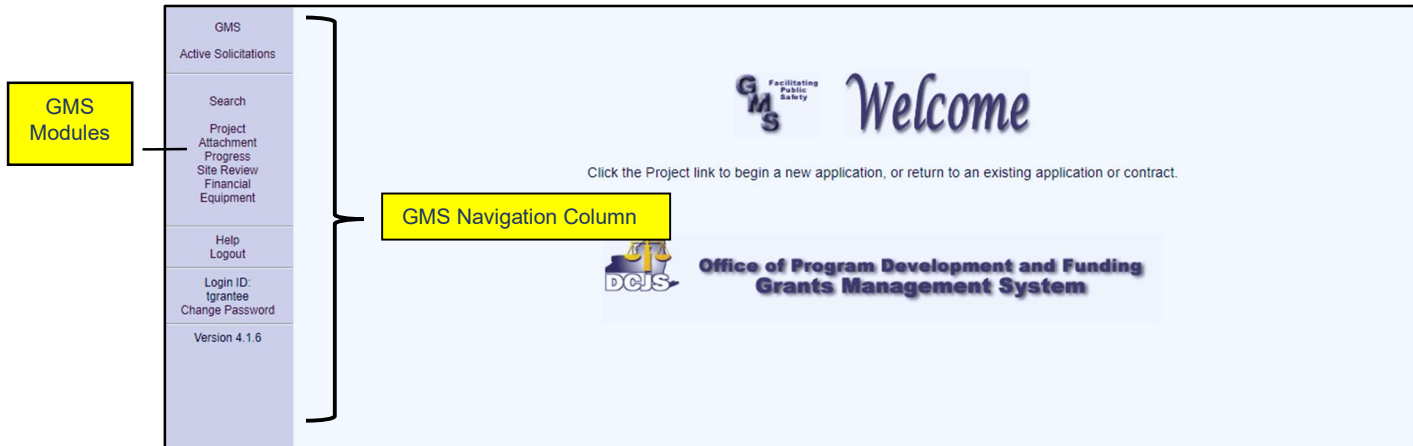
Returning Users:

- * Enter log-in name.
 - ✓ Log-in name is case sensitive.
- * Enter password.
 - ✓ Click “**Submit**” to be routed to the Welcome Screen.

The screenshot shows the login interface for the Office of Program Development and Funding Grants Management System. At the top left is the DCJS logo. The title is "Office of Program Development and Funding Grants Management System". Below the title is a welcome message: "Welcome to the Office of Program Development and Funding of the New York State Division of Criminal Justice Services." The main instruction is "Please enter your login information." There are two input fields: "Login Name:" and "Password:". To the right of the "Password:" field are three buttons: "Submit", "Change Password", and "Forgot Password". Below the input fields is a note: "New users, please e-mail DCJS to set up and validate a new account." At the bottom, it says "System Design , Developed by INTERNET DATABASE APPLICATIONS LLC."

* In the event of a forgotten password please see the instructions in *Tips and Tricks* on page 31. *

GMS Navigation



GMS Modules:

Project Module – Captures all pertinent information to apply for funding and to contract with the Division of Criminal Justice Services (DCJS). Within this module there are seven (7) tabs. Applicants and grantees have access to six (6) of these tabs – the General, Participant, Budget, Work Plan, Questions and Acceptance Tabs. The final tab, Contract Checklist, is no longer in use.

Attachment Module – This module provides the ability for applicants and grantees to upload any required or voluntary documentation to include with submission. **Please Note:** Any documentation uploaded may be considered part of the final contract and may be subject to a Freedom of Information Law (FOIL) request. Do not upload any documentation that is not for public consumption and/or redact any confidential information within the document.

Progress Module – As a requirement of contracting with DCJS grantees must report, on a quarterly basis (or as otherwise noted), the grant funded activities. Reports will be based on the work plan created by the grantee and OPDF staff. You will not need to access this module for the purposes of submitting this application.

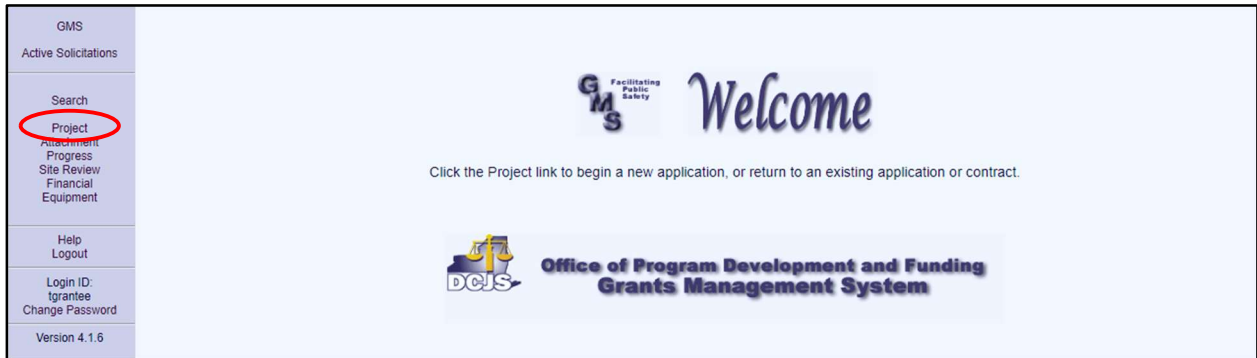
Site Review – Another requirement of contracting with DCJS is being subject to on-site monitoring reviews of program activities and documentation. OPDF staff will report any contract monitoring site visit findings in this module for your review. You will not access this module for the purposes of submitting this application.

Financial Module – This module is no longer in use.

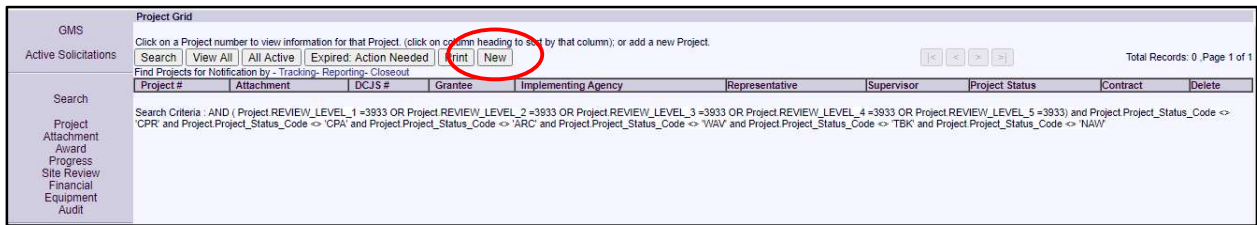
Equipment Module – If a grantee utilizes funds to purchase any one piece of equipment valued at \$500 or more a report containing identifying information must be completed in this module. You will not access this module for the purposes of submitting an application.

Create an Application: This process is for agencies responding to an open funding opportunity solicitation, i.e., Request for Proposal (RFP) or Request for Applications RFA.

- * Click on **“Project”** in the **GMS Navigation Column** to be routed to the **Project Grid Screen**.



- ✓ Click on **“New”**.



- ✓ In the drop-down box scroll to the funding program being applied for and select by clicking on the name. Please refer to the title of the RFP/RFA for the name of the funding program.
- ✓ Click on **“Create Project”**.



- ✓ In the pop-up dialog box click **“OK”**.





- * GMS will now redirect to the newly created **Project** with a unique **Project ID** and open in the **General Tab**.

GMS Navigation Column

Information Bar

Tab Navigation Bar

The screenshot displays the GMS application interface for a project titled "Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)". The "General" tab is highlighted in the navigation bar. The interface includes a navigation column on the left, an information bar at the top, and a main content area. The "General" tab contains fields for Project Title, Start/End Dates, Project Period, County, and a Summary Description. A "Content Frame" label points to the summary description area. At the bottom, there is a "Program Purpose Area" section with a table for adding codes and descriptions.

Program Purpose Code	Description	Remove
Select a Program Purpose to add to this Project.		
<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Buttons: Save, Save and Continue, Cancel, Check Spelling

* - Mandatory Field

- * The current open tab (circled) will always be highlighted on the **Tab Navigation Bar**.



Project Module

General Tab: Contains basic Project data.

Project # - Unique number to assist applicant in referencing the application to DCJS staff.

Project Status – Displays the current stage of the application. Please see the Glossary for status definitions.

Applicants – Follow instruction below to complete this tab.

- ✓ **Project Title –** Input the title of the RFP/RFA for which the applicant is applying.
- ✓ **Project Start and End Date –** Enter the contract dates set forth in the solicitation.
- ✓ **Submission Date –** GMS will auto-fill when the application is submitted.
- ✓ **County –** From the drop down select the County in which the program will be active.
- ✓ **Included a File Attachment –** From the drop down choose yes or no if the solicitation requires documents to be attached in GMS.
- ✓ **Summary Description –** Enter a brief description of the Program and activities the grant funds will support.
- ✓ **Program Purpose –** Applies only to Federally Funded Awards. OPDF staff will complete as necessary.

* **Click “Save”.** Remember GMS times out after 30 minutes of no activity. Remember to **Save frequently.**

- ✓ Select the **Participant Tab.**

Unique Project ID

Stage the Project is in

Project #: HC20-1000-00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC) Project Status: New
Participant: Test Participant

General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Complete screen information and save. Add a Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DCJS 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)	Securing Communities Against Hate Crimes					
Project Start Date	01/01/2021 (if known or applicable)	Submission Date	not submitted			
Project End Date	12/31/2021 (if known or applicable)	Grant Funds	\$54,000.00	100.00%		
Project Period	Years 1 Months 0	Matching Funds	\$0.00	0.00%		
		Total Funds	\$54,000.00			
County	Albany	Have you included a file attachment with this submission? Yes				
Summary Description of Project (Please limit to one or two paragraphs)						
Purchase equipment to fortify agency building against violence motivated by prejudice.						
Program Purpose Area						
Program Purpose Code		Description	Remove			
Select a Program Purpose to add to this Project.						
▼ Add						
<input type="button" value="Save"/> <input type="button" value="Save and Continue"/> <input type="button" value="Cancel"/> <input type="button" value="Check Spelling"/>						

Participant Tab – Contains identifying information for the **Grantee, Implementing Agency, Primary Contact, Fiscal Contact and Signatory.**

Applicants – Follow instruction below to complete this tab.

- ✓ Click **“Add Participant”**.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant								
Home Search Open	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist	
Submit	<input type="button" value="Add Participant"/>							



Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant								
Home Search Open	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist	
Submit	Enter Search Criteria You can search using the first few letters for Participant Name, Ein or City. Use commas to separate search criteria. For example - if you want to find participants that start with letters A and W - type A,W in the Participant Name box.							
Go to Attachment Progress Site Review Equipment	Participant Name	<input type="text"/>						
Reports Application	EIN	<input type="text"/>						
	City	<input type="text"/>						
	State	<input type="text"/>						
	County	<input type="text"/>						
	<input type="button" value="Search"/>							

- ✓ Enter the applying Agency’s name in the Participant field and click **“Search”**. (Please see the *Tips and Tricks* on page 32 to maximize your search results.)



Page Navigation Buttons

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant								
Home Search Open	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist	
Submit	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.							
Go to Attachment Progress Site Review Equipment	Search	View All	New					
Reports Application	Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE Upper("%test%")))							
Help Logout	#	Participant Name	EIN	City	State			
	1	ben tests	11111111	albany	New York			
	2	Atest		4	New York			
	3	GMS New Server Test Implementing Agency		Albany	New York			
	4	TEST TWO	11111	ljkj	New York			
	5	TEST TWO b	23234234	sdfs	New York			
	6	Test Participant	14-0000000	Albany	New York			
	7	Whitestown Town Police Department	156001200	Whitesboro	New York			
	8	Whitestown, Town of	156001200	Whitesboro	New York			
	9	test		schemectady	New York			
	10	test 2		digt	New York			

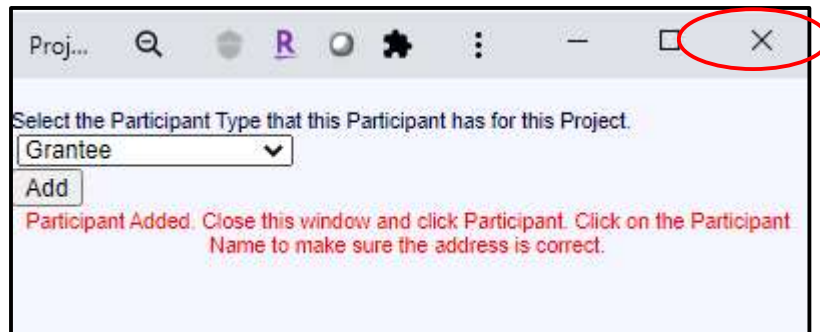
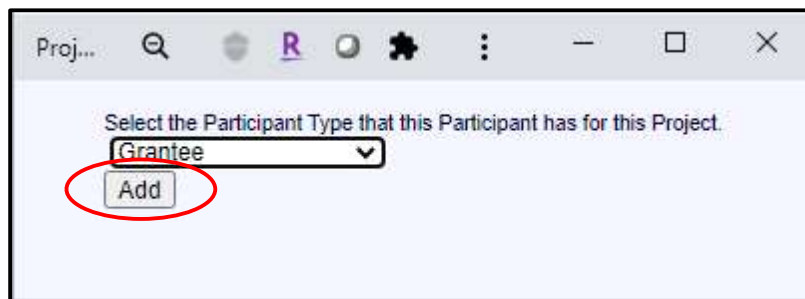
- * Search for the applying agency by using the **navigation buttons** to move through pages.

- ✓ Click on the **“Agency (Participant) Name”**.

- ✓ In the pop-up select if the agency is the **Grantee** or **Implementing Agency** from the drop-down menu and click **“Add”**.
- ✓ As a general rule, a Not-for-Profit (NFP) will always be the Grantee with no Implementing Agency and a municipal agency would be the Implementing Agency and its governing body as the Grantee. For example:

Grantee: Albany, City of

Implementing Agency: Albany City Police Department



- * If you only have one agency (Grantee) to enter, follow the directions in **red** in the pop-up. However, if you have both a Grantee and Implementing Agency to enter, close the pop-up by clicking the **“X”** and repeat the above instructions to add the additional agency before following the pop-up instructions.
- * If the search does not produce a match please contact our help desk at 518-457-9787 or DCJSFunding@dcjs.ny.gov for assistance.
- * Once all participants are added, close the pop-up by clicking the **“X”**.



* Select the "Participant Tab" again.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	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.							
Submit	Search		View All		New		Total Records: 10, Page 1 of 1	
Go to Attachment Progress Site Review Equipment	Search Criteria : AND ((Upper(Participant.Participant_Name) LIKE Upper("%test%")))							
Reports Application	#	Participant Name	EIN	City	State			
Help Logout	1	ben tests	11111111	albany	New York			
	2	Atlat		4	New York			
	3	GMS New Server Test Implementing Agency		Albany	New York			
	4	TEST TWO	11111	lkjlkj	New York			
	5	TEST TWO b	23234234	sdfls	New York			
	6	Test Participant	14-0000000	Albany	New York			
	7	Whitestown Town Police Department	155001200	Whitesboro	New York			
	8	Whitestown, Town of	155001200	Whitesboro	New York			
	9	test		scheneclady	New York			
	10	test 2		dgr	New York			



Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	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. E-mail DCJS with your corrections. When you have finished adding Participants, please go to the Budget tab.							
Submit	Add Participant							
Go to Attachment Progress Site Review Equipment	*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.							
Reports Application	#	Participant Name	Participant Type	Remove				
Help Logout	1	Test Participant	Grantee	X				
Login ID: grantee	Contacts for Participant - Test Participant (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)							
Version 4.1.6	#	Contact Name	Contact Type	Phone	Email	Remove		
	Add Contact to Test Participant							
	#	Participant Name	Participant Type	Remove				
	2	GMS New Server Test Implementing Agency	Implementing Agency	X				
	Contacts for Participant - GMS New Server Test Implementing Agency (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 GMS New Server Test Implementing Agency							

* Click on each "Participant's Name" to ensure the contact information is correct. In the event updates are needed, please contact the GMS help Desk at (518) 457-9787 or DCJSFunding@dcjs.ny.gov.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	3066Participant Type Grantee							
Submit	Participant Name * Test Participant							
Go to Attachment Progress Site Review Equipment	Address *		1 Main Street					
Reports Application	Address2							
Help Logout	City *		Albany	State *	New York	Zip *	12203	
Login ID: grantee	County		Albany					
Version 4.1.6	If the information is not correct, click here to send an email to correct the information.							
	Website Address							
	SFS Vendor Number		111111					
	Employer identification Number		14-0000000					
	Municipality No							
	Dun & Bradstreet No							
	Cage Code							
	Charities Registration No							
	<input type="checkbox"/> Not for Profit <input type="checkbox"/> Sectarian Entity							
	Vendor Responsibility Profile on file with OSC -		No					
	Charity Registration Exemptions		N/A					



✓ Please see *Tips and Tricks* on page 31 for instructions on what information will be needed when you contact the Help Desk.

* To add a **Contact** to the participant tab, click on **“Add Contact”**.

✓ Each application is required to have a **Signatory Contact, Fiscal Contact and Primary Contact**. **Please Note: The Signatory Contact must be someone who has legal authority to enter into a binding contract with the State of New York and is a registered GMS user.**

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	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. E-mail DCJS with your corrections. When you have finished adding Participants, please go to the Budget tab.							
Submit	Add Participant							
Go to Attachment Progress Site Review Equipment	*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.							
Reports Application	#	Participant Name	Participant Type	Remove				
Help Logout	1	Test Participant	Grantee	X				
Login ID: tgrantee	Contacts for Participant - Test Participant (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)							
Version 4.4.0	#	Contact Name	Contact Type	Phone	Email	Remove		
	Add Contact to Test Participant Total Records: 0							
	#	Participant Name	Participant Type	Remove				
	2	GMS New Server Test Implementing Agency	Implementing Agency	X				
	Contacts for Participant - GMS New Server Test Implementing Agency (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 GMS New Server Test Implementing Agency Total Records: 0							



Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	Enter Search Criteria							
Submit	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.							
Go to Attachment Progress Site Review Equipment	First Name	<input type="text"/>						
Reports Application	Last Name	<input type="text"/>						
Help	Agency	<input type="text"/>						
	Title	<input type="text"/>						
	City	<input type="text"/>						
	State	<input type="text"/>						
	Search							

✓ Enter two or three letters of the first and last name of the contact to be added. This allows for better search results as it takes spelling errors into account.

✓ Click **“Search”**. A results screen will appear.

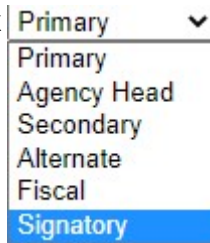
✓ Click on the **“Last name”** of the correct contact person.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	Click on a Contact number to add that Contact to the Project. Click on column heading to sort by that column.							
Submit	<input type="text"/> Search <input type="button" value="View All"/> <input type="button" value="New Contact"/> Total Records: 8 Page 1 of 1							
Go to Attachment Progress Site Review Equipment	#	Last Name	First Name	Agency	Title	City		
Reports Application	1	Aauser	Test	dcjs	kyjk	kyjk		
Help Logout	2	FiscalContact	Test	DCJS	Albany	Albany		
	3	Grantee	Test	DCJS OPDF Active	Test Grantee	Albany		
	4	Signatory	Test	DCJS Test	test-title	sdf		
	5	User	Test	DCJS Test	kyjk	kyjk		
	6	signatory2	test	dcjs	test-title	sdf		
	7	signatory2	test	dcjs	test-ben	sdf		
		Test	test	dcjs	Teris	albany		
	Search Criteria : AND ((Upper(Contact_Person.First_Name) LIKE Upper("Test%"))) AND (Disable = 'Y')							

- ✓ A pop-up will appear.



- ✓ In the drop-down box select the role this contact will have for this application.



- ✓ Click "Add".
- ✓ If the contact was added successfully a dialog box will appear. Click "OK".



Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open	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. E-mail DCJS with your corrections. When you have finished adding Participants, please go to the Budget tab.							
Submit	Add Participant							
Go to Attachment Progress Site Review Equipment	*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.							
Reports Application	#	Participant Name	Participant Type	Remove				
Help Logout	1	Test Participant	Grantee	X				
Login ID: tgrantee	Contacts for Participant - Test Participant (One Implementing Agency must include Primary, Fiscal and Signatory contact information. You do not need to enter all contact types for all Participants)							
Version 4.1.6	#	Contact Name	Contact Type	Phone	Email	Remove		
	1	test signatory2	Signatory	518888888	terr.vigo@dcjs.ny.gov	X	Total Records: 1	
	Add Contact to Test Participant							
	#	Participant Name	Participant Type	Remove				
	2	GMS New Server Test Implementing Agency	Implementing Agency	X				
	Contacts for Participant - GMS New Server Test Implementing Agency (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 GMS New Server Test Implementing Agency							
	Total Records: 0							

- ✓ Click on the contact's name to ensure the information is complete and accurate. If there are errors, please contact DCJSFunding@dcjs.ny.gov
- ✓ Repeat these steps for all required contacts.
- * In the event the contact is not in the data base, click **“New Contact”**.

Project: Project #: HC20-1000-D00 | Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC) | Project Status: New
Participant: Test Participant

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

#	Last Name	First Name	Agency	Title	City
1	Abuser	Test	ikjk	ikjk	
2	FiscalContact	Test	DCJS		Albany
3	Grantee	Test	DCJS OPDF Active	Test Grantee	Albany
4	Signatory	Test	DCJS Test	test-title	sdf
5	User	Test	DCJS Test	ikjk	ikjk
6	signatory2	test	dcjs		
7	signatory	test	test-ben	test-title	adf
8	signatory2	test	dcjs	Terms	albany

Search Criteria : AND ((Upper(Contact_Person First_Name) LIKE Upper("%test%"))) AND (Disable = 'N')



Project: Project #: HC20-1000-D00 | Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC) | Project Status: New
Participant: Test Participant

Contact Type: Primary

First Name * [] M Last Name * []

Agency []

Title []

Salutation []

Address * []

Address2 []

City * [] State * New York Zip * []

County []

Email []
Please note: Without a valid email address, automated notification will not occur.

Work Phone * [] Ext. []

Cell Phone []

Fax []

Remarks (2000 Character Limit) []

Save Canceled Check Spelling

- * Choose the contact's role from the **“Contact Type”** drop-down box. Complete all fields and then click **“Save”**. You will be redirected back to the **Participant Tab**. **Remember to Save frequently.**
- * Once all contacts are added select the **“Budget Tab”**.

Budget Tab – Contains all fiscal information.

- * To start a new budget, click on **“Create a new budget”**.
 - ✓ For applications with a **Grantee and Implementing Agency** the budget should be created under the **Implementing Agency**.



- Personnel
- Fringe Benefits
- Consultant Services
- Equipment
- Supplies
- Travel and Subsistence
- Rental of Facilities
- Alterations and Renovations
- All Other Expenses

- ✓ Choose the correct category from the **“drop-down box”** and enter all required information. See *Tips and Tricks* on Page 32 for entering a proper budget.
- ✓ Click **“Save”** or **“Save and Continue”**.
- ✓ Repeat the steps above for each category in which funding is being requested until the budget is complete.
- ✓ Select the Budget Tab to review the budget.

- ✓ If a budget edit is needed, click on **“Edit”**. (Alternatively, click on the **“line Item”** in the budget to be brought directly to that specific item’s input page.)

Project #: HC20-1000-D00 | Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC) | Participant: Test Participant | Project Status: New

General | **Participants** | **Budget** | **Work Plan** | **Questions** | **Acceptance** | **Contract Checklist**

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. When you have completed your budget, please go on to the Workplan tab.

Budget Summary

Participant	Grant Funds	Matching Funds	Total
Test Participant		\$0.00	\$0.00
GMS New Server Test Implementing Agency	\$38,250.00	\$0.00	\$38,250.00
Total	100.00%	\$38,250.00	0.00%

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 Participant
 Create new Budget Version for Test Participant

Login ID: tgrantee

Version 4.1.6

Line Item

#	Description	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Delete
1	Director @ 25 FTE	1	\$25,000.00	\$25,000.00	\$25,000.00	\$0.00	X
Total				\$25,000.00	\$25,000.00	\$0.00	
1	Fringe Benefits	1	\$6,250.00	\$6,250.00	\$6,250.00	\$0.00	X
Total				\$6,250.00	\$6,250.00	\$0.00	
1	Electronic keypad entry doors	4	\$1,000.00	\$4,000.00	\$4,000.00	\$0.00	X
2	Office equipment	1	\$3,000.00	\$3,000.00	\$3,000.00	\$0.00	X
Total				\$7,000.00	\$7,000.00	\$0.00	
Version 1 Total				Total Cost	Grant Funds	Matching Funds	
				\$38,250.00	\$38,250.00	\$0.00	

Create new Budget Version for GMS New Server Test Implementing Agency



Project #: HC20-1000-D00 | Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC) | Participant: Test Participant | Project Status: New

General | **Participants** | **Budget** | **Work Plan** | **Questions** | **Acceptance** | **Contract Checklist**

All grant-funded out-of-state travel must have prior written approval from DCJS. Please contact your DCJS Program Representative when planning out-of-state travel to be supported with grant funds.

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, or move on to the Workplan.

Equipment Budget for GMS New Server Test Implementing Agency Version 1

#	Description	Number	Unit Cost	Total Cost	Grant Funds	Matching Funds	Deficient
1	Electronic keypad entry doors	4	\$1,000.00	\$4,000.00	\$4,000.00	\$0.00	no
2	Office equipment	1	\$3,000.00	\$3,000.00	\$3,000.00	\$0.00	no
Total				\$7,000.00	\$7,000.00	\$0.00	

Choose a different Category to work on: **Equipment** | Back to Budget Summary

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

Description *

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

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

Justification *

Save | Save and Continue | Cancel | Check Spelling

* - Mandatory Field

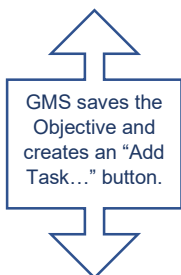
- ✓ Using the **“drop-down box”**, navigate to the category to be edited.
- ✓ Click on the **“line Item”** to be updated.
- ✓ Make edits and Click **“Save”** or **“Save and Continue”**.
- ✓ Repeat steps as needed to correct the budget.
- ✓ When complete select the **“Work Plan”** tab.

Work Plan Tab – Contains the guidelines and information grantees will have to report on in the **Progress Module** of GMS.

- * In order to submit your application, you must have at least one **Project Goal** and at least one **Objective** with at least one **Task** and **Performance Measure**. Please refer to the RFP/RFA for specific directions on how to complete this tab or how to enter the required standard workplan.
- * To start a work plan, enter a **Goal** in the Project Goal box.
 - ✓ Click **“Save and Continue”** to be directed to the **Objective** page. **Remember to Save frequently.**



- ✓ Enter the **Objective**.
- ✓ Click **“Save”** to add a **Task** to this objective.



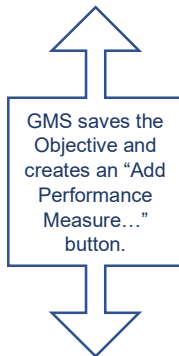
- ✓ Click **“Add Task to this Objective”** to save this **Task** to the **Objective**.

Project #:		Project Name					Project Status:					
Project #:		HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New					
Participant:		Test Participant										
Home Search Open Save		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist				
Submit		<p>Please enter a Project Goal and Save. Then move on to add Objectives and Tasks.</p> <p>Project Goal</p> <p>To complete projects to improve the safety and security of the Agency due to the risk of hate crimes or attacks because of the organization's ideology, beliefs or mission.</p> <p>Save Save and Continue Check Spelling</p> <p>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 answer program Specific Questions on the Questions tab (if applicable). Click on the Objective or Task Name to view the details or Create New Objective</p>										
Go to Attachment Progress Site Review Equipment		<p>Objective #1</p> <table border="1"> <thead> <tr> <th>Objective Name</th> <th>Delete</th> </tr> </thead> <tbody> <tr> <td>Reflective of the award, the Agency organization will identify, purchase, and install the type(s) of...</td> <td>X</td> </tr> </tbody> </table>							Objective Name	Delete	Reflective of the award, the Agency organization will identify, purchase, and install the type(s) of...	X
Objective Name	Delete											
Reflective of the award, the Agency organization will identify, purchase, and install the type(s) of...	X											
Reports Application												
Help Logout		<p>Add Task to this Objective</p>										
Login ID: tgrantee												



Project #:		Project Name					Project Status:	
Project #:		HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant:		Test Participant						
Home Search Open Save		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Submit		<p>Objective 1</p> <p>Reflective of the award, the Agency organization will identify, purchase, and install the type(s) of indoor and/or outdoor facility hardening measures needed to improve the safety and security of the facility.</p> <p>Task 1 of 1 *</p> <p>Within the first three months of the contract period, the grantee will identify the specific equipment to be purchased as well as the cost of installation and establish that costs are within the contract budget. </p> <p>Save Cancel Check Spelling</p> <p>Mandatory Field</p>						
Go to Attachment Progress Site Review Equipment								
Reports Application								
Help Logout								
Login ID:								

- ✓ Enter the **Task**.
- ✓ Click **“Save”** to add this **Task** to the **Objective**. Remember



- ✓ Click **“Add Performance Measure to this Task”** to add a **Performance Measure** to this **Objective**.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open Save	Submit	Please enter a Project Goal and Save. Then move on to add Objectives and Tasks. Project Goal To complete projects to improve the safety and security of the Agency due to the risk of hate crimes or attacks because of the organization's ideology, beliefs or mission.						
Go to Attachment Progress Site Review Equipment		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 answer program Specific Questions on the Questions tab (if applicable). Click on the Objective or Task Name to view the details or Create New Objective						
Reports Application		Objective #1						
Help Logout		Objective Name						
Login ID: tgrantee		Reflective of the award, the Agency organization will identify, purchase, and install the type(s) of...						
Version 4.1.6		Task #1 for Objective #1						
		Within the first three months of the contract peri...						
		Add Performance Measure to this Task						
		#	Performance Measure					Delete



Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
Participant: Test Participant		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open Save	Submit	Objective 1 Reflective of the award, the Agency organization will identify, purchase, and install the type(s) of indoor and/or outdoor facility hardening measures needed to improve the safety and security of the facility. Task 1 Within the first three months of the contract period, the grantee will identify the specific equipment to be purchased as well as the cost of installation and establish that costs are within the contract budget. PerformanceMeasure 1 of 1*						
Go to Attachment Progress Site Review Equipment		Provide description of equipment to be acquired including cost per unit						
Reports Application		Save Cancel Check Spelling						
		* - Mandatory Field						

- ✓ Enter the **Performance Measure**.
- * Click **“Save”** to add this **Performance Measure** to the **Objective**. Remember to **Save frequently**.



- ✓ If there are additional **Performance Measures** for this task, click **“Add Performance Measure to this Task”** and follow the instructions above.
- ✓ If there are additional **Tasks** for this Objective, click **“Add Task to this Objective”** and follow the instructions above.
- ✓ If there are additional **Objectives** with Tasks and Performance Measures click on **“Create a New Objective”** and follow the instructions above.
- ✓ Continue with this process until **Objectives, Tasks and Performance Measures** have entered and saved in GMS.
- ✓ When complete click on the **Questions Tab** to answer the questions in the RFP/RFA.



Questions Tab – Contains all questions from the RFA/RFP that must be answered in their entirety. Please be sure to read specific instructions provided in the RFA/RFP.

#	Question	Answer
1	Have you completed and uploaded a Vulnerability Assessment specific to the location for which you are seeking funding? (Select Yes or No) Please note: Each requested Facility requires its own Vulnerability Assessment and GMS Application.	
2	Have you uploaded documentation from the Grants Gateway website that your organization has prequalified? (Select Yes or No)	
3	Have you uploaded a color, ground-level photo of the front facade of the facility, which is labeled with the name and address of the facility? (Select Yes or No)	
4	Identify the type of facility for which you are seeking funding from the following: House of Worship; Nonprofit School (K-...); Nonprofit Day Care; Nonprofit Community Center; Nonprofit Cultural Museum; Nonprofit Day Camp; Nonprofit Residential Camp; Other- specify _____	
5	Enter Organization's Mission Statement.	
6	Provide a narrative to describe the nonprofit Organization. Information must include: Size of Membership; Number of People served; Community served; Primary use of Facility; Days & Hours of operation; and Peak Occupancy.	
7	Number of Events at site per year.	
8	Largest Event Attendance at the Facility.	
9	Average Daily Population at the Facility.	
10	(Risk) Describe your Organization's risk of a hate crime based on the ideology, beliefs or mission and if there is a symbolic value of the site as a highly recognized national, statewide, local or historical institution that renders the organization as a possible focus of a hate crime. (RISK SCORE: A risk score will be determined by Program Specialists and may range from 0-25.)	
11	Is there a history of hate crimes with the facility? (Select Yes or No) If Yes, provide a narrative for each. If you have documentation of hate crime history, such as police reports or insurance documentation, please provide as an attachment. (0-4 points)	
12	How does the location of the facility contribute to the risk of a hate crime incident? (0-1 point)	
13	Describe how the proposed facility hardening equipment and/or security training from the Budget tab will mitigate the identified threat and vulnerabilities or enhance existing security measures that were previously described. (0-15 points)	
14a.	(Budget) Explain timeline of how the proposed project(s) will be implemented by the end date of the period of performance (contract term)? (1-5 points)	
14b.	(Budget) Describe target hardening material and security training. (0-15 points)	
14c.	Operating Budget Detail and Justification (5 points) - Using the Budget Detail Worksheet and Budget Narrative sheet as a guide, enter the operating budget directly into the Budget module "tab" of the GMS application. Prepare a line item budget, including justification, by appropriate category of expense (e.g., Equipment, etc.). Personnel positions and operating costs are not allowed expenses. Budgets should reflect total projected costs for a 12-month contract period and be limited to eligible costs. Operating budgets must not exceed the applicant's maximum eligible award amount of \$50,000 per application. A separate application must be submitted for each facility.	

* Each question is a hyperlink that when clicked will redirect to the input page for that question.

✓ There are two choices for this tab.

1. You may enter your answers directly into each Question Page in GMS;

AND/OR

2. Create a Word Document according to the standards set forth in the RFP/RFA and attach the document in GMS (instruction in *Helpful Tips and Tricks* of the RFP or Page 24). If this option is chosen “*See Attachment*” must be entered on each Question Page. Alternatively, you can cut and paste your answers from the Word document into each Question Page. **Please Note: Often the RFA/RFP requires the applicant to do both.**

✓ Enter a response to each question and click “**Save**” when complete. GMS will automatically direct to the next question. Continue this until all questions are answered in their entirety.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
		Participant: Test Participant						
		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open Save	Submit	Question: 1. Have you completed and uploaded a Vulnerability Assessment specific to the location for which you are seeking funding? (Select Yes or No) Please note: Each requested Facility requires its own Vulnerability Assessment and GMS Application. Answer:						
Go to Attachment Progress Site Review Equipment		<input type="text"/>						
Reports Application		<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Check Spelling"/>						
Help Logout		* Mandatory Field						

➤ On the last question click “**Save and Continue**”.

Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)					Project Status: New	
		Participant: Test Participant						
		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Home Search Open Save	Submit	Question: 14a. (Budget) Explain timeline of how the proposed project(s) will be implemented by the end date of the period of performance (contract term)? (1-5 points) 14b. (Budget) Describe target hardening material and security training. (0-15 points) 14c. Operating Budget Detail and Justification (5 points)						
Go to Attachment Progress Site Review Equipment		- Using the Budget Detail Worksheet and Budget Narrative sheet as a guide, enter the operating budget directly into the Budget module “tab” of the GMS application. Prepare a line item budget, including justification, by appropriate category of expense (e.g., Equipment, etc.). Personnel positions and operating costs are not allowed expenses. Budgets should reflect total projected costs for a 12-month contract period and be limited to eligible costs. Operating budgets must not exceed the applicant’s maximum eligible award amount of \$50,000 per application. A separate application must be submitted for each facility. Answer:						
Reports Application		<input type="text"/>						
Help Logout		<input type="button" value="Save and Continue"/> <input type="button" value="Cancel"/> <input type="button" value="Check Spelling"/>						
Login ID: tgrantee		* Mandatory Field						





Acceptance Tab – Contains the assurances for Federally funded projects that must be e-signed at the time of application.

- If this page blank, simply click **“Save and Continue”**.

Project	Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)						Project Status: New
	Participant: Test Participant						
Home Search Open	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
	Please certify any visible Assurances. If no Assurances are visible, you may continue editing your application, or submit for consideration. Save and Continue						
Submit	#	Assurance		Certified by		Certified Date	
Go to Attachment Progress Site Review Equipment							

- If the funding opportunity is federally funded this page will contain an **Assurance**, it must be e-signed and certified to submit the application.
 - ✓ The Assurance text within the box is a hyperlink. lick **“the text”**.

Project	Project #: LS20-1108-E00 Livescan Equipment Program 2020						Project Status: New	
	Participant:							
Home Search Open	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist	
	Contract	Descriptors		Tracking	Review	Activity Log		
	Please certify any visible Assurances. If no Assurances are visible, you may continue editing your application, or submit for consideration. Save and Continue							
Go to Attachment Award Progress Site Review Equipment Audit	#	Assurance		Certified by	Certified Date	N/A		
		NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES OFFICE OF PROGRAM DEVELOPMENT AND FUNDING						
		Certified Assurances for Federally-supported Projects, Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Workplace Requirements; Standard Assurances						<input type="checkbox"/>
		The applicant hereby assures and certifies compliance with all Federal and State statutes.						
		New Assurance						



Project	Project #: LS20-1108-E00 Livescan Equipment Program 2020						Project Status: New	
	Participant:							
Home Search Open Save	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist	
	Contract	Descriptors		Tracking	Review	Activity Log		
	Certify the Assurance statement.							
Go to Attachment Award Progress Site Review Equipment Audit		Assurance NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES OFFICE OF PROGRAM DEVELOPMENT AND FUNDING						
		Certified Assurances for Federally-supported Projects, Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Workplace Requirements; Standard Assurances						
		The applicant hereby assures and certifies compliance with all Federal and State statutes, regulations, policies, guidelines, and requirements, including OMB Circulars No. A-21, A-87, A-110, A-122, A-133, , E.O. 12372 (intergovernmental review of federal programs) and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66 or 70 (administrative requirements for grants or programs), Common Rule, that govern the application, acceptance, and use of Federal funds for this federally-assisted project. The applicant also assures and certifies that:						
Reports Application		1. LOBBYING						
Help Logout		As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR, Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that: (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement; (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities", in accordance with its instructions; (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.						
Login ID: jclark12		2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)						
Version 4.1.6		As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67						
		A. The applicant certifies that it and its principals: (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency; (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or						

- ✓ Scroll through to read the **Assurance** and then click **“Certify”**.

Cancel **Certify**



* Click **“Save and Continue”**. Remember to **Save** frequently.

Project		Project #: L S20-1108-E00 Livscan Equipment Program 2020				Project Status: New				
Home Search Open	General		Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist		
	Contract		Descriptors	Tracking		Review	Activity Log			
Go to Attachment Award Progress Site Review Equipment Audit	Please certify any visible Assurances. If no Assurances are visible, you may continue editing your application, or submit for consideration. Save and Continue							Certified by	Certified Date	N/A
	# Assurance							Jodi Clark	11/02/2020	<input type="checkbox"/>
	NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES OFFICE OF PROGRAM DEVELOPMENT AND FUNDING 1 Certified Assurances for Federally-supported Projects, Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Workplace Requirements; Standard Assurances The applicant hereby assures and certifies compliance with all Federal and State statutes.									
		New Assurance								



Project		Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)				Project Status: New		
Home Search Open Save	General		Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
	Complete screen information and save. Add a Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DCJS 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.							
Submit	Project Title * (60 Character Limit)		Securing Communities Against Hate Crimes			Submission Date		not submitted
Go to Attachment Progress Site Review Equipment	Project Start Date		01/01/2021	(if known or applicable)		Grant Funds		\$54,000.00 100.00%
	Project End Date		12/31/2021	(if known or applicable)		Matching Funds		\$0.00 0.00%
	Project Period		Years 1 Months 0		Total Funds		\$54,000.00	
Reports Application	County		Albany	Have you included a file attachment with this submission?				Yes
Help Logout	Summary Description of Project (Please limit to one or two paragraphs) Purchase equipment to fortify agency building against violence motivated by prejudice.							
Login ID: tgrantee								
Version 4.1.6								
Program Purpose Area		Program Purpose Code		Description			Remove	
Select a Program Purpose to add to this Project.								
Add								
Save Save and Continue Cancel Check Spelling								
* - Mandatory Field								

Attachment Module

This module enables applicants and grantees to upload any required or voluntary documentation to include with their submission. **Please Note:** Any documentation uploaded is considered part of the final contract. All contracts are subject to a Freedom of Information Law (FOIL) request. Do not upload any documentation that is not for public consumption and/or redact any confidential information within the document.

✓ To upload a document, click “**Attachment**”.

Project #:		HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)				Project Status: New											
Participant:		Test Participant															
		General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist									
Home Search Open Save Submit Go to Attachment Progress Site Review Equipment Reports Application Help Logout Login ID: tgrantee Version 4.1.6	Complete screen information and save. Add a Program Purpose Area (if applicable). Once finished, proceed to Participants tab. For contract certifications, appendices and supporting documentation, please visit the DCJS 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)		Securing Communities Against Hate Crimes														
	Project Start Date		01/01/2021	(if known or applicable)		Submission Date		not submitted									
	Project End Date		12/31/2021	(if known or applicable)		Grant Funds		\$54,000.00	100.00%								
	Project Period		Years 1 Months 0		Matching Funds		\$0.00	0.00%	Total Funds	\$54,000.00							
	County		Albany	Have you included a file attachment with this submission? Yes													
	Summary Description of Project (Please limit to one or two paragraphs) Purchase equipment to fortify agency building against violence motivated by prejudice.																
	Program Purpose Area <table border="1"> <thead> <tr> <th>Program Purpose Code</th> <th>Description</th> <th>Remove</th> </tr> </thead> <tbody> <tr> <td colspan="3">Select a Program Purpose to add to this Project.</td> </tr> <tr> <td colspan="3"> <input type="button" value="Add"/> </td> </tr> </tbody> </table>								Program Purpose Code	Description	Remove	Select a Program Purpose to add to this Project.			<input type="button" value="Add"/>		
	Program Purpose Code	Description	Remove														
	Select a Program Purpose to add to this Project.																
<input type="button" value="Add"/>																	
<input type="button" value="Save"/> <input type="button" value="Save and Continue"/> <input type="button" value="Cancel"/> <input type="button" value="Check Spelling"/>																	
* - Mandatory Field																	



Project #:		HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)				Project Status: New		
Participant:		Test Participant						
Home Search Open Go to Project Progress Site Review Equipment Help Logout Login ID: tgrantee Version 4.1.6	Before uploading files, please make sure that your files adhere to the following guidelines: When uploading files, <u>do not</u> 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 DCJS at 1-518-457-8462, or via e-mail. 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, .wpd, .xls, .qpw, .wik(x), .rtf, .txt, .html Image files: .gif, .jpg, .tif, .bmp, .pdf							
	Click on Attachment Name to view or download.							
			#	Entered	Attachment Name			
								Total Records: 0
			<input type="button" value="New"/>					

✓ Click on “**New**” to be directed to the upload screen.



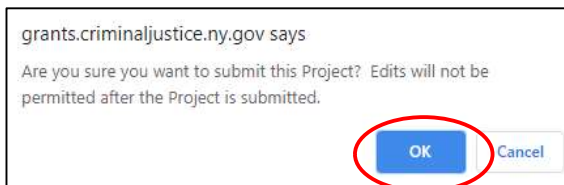
Attachment	Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)	Project Status: New
	Participant: Test Participant	
Home	Entered Date	11/03/2020
Search	Select the file to be uploaded.	<input type="button" value="Choose File"/> No file chosen
Open	<input type="button" value="Upload"/> <input type="button" value="Go back to List"/>	
Go to		
Project		
Progress		
Site Review		
Equipment		

- ✓ Click on **“Choose File”** to open the file selection pane of the computer.
- ✓ Navigate to the file to be uploaded and select the file to attach.
- ✓ Click on **“Upload”** to attach the file to the application. **Please Note:** If you get an error message, the name of the file is too long. Rename the file and upload again.
- ✓ Repeat these steps for each document to be uploaded.

Submitting the Application

* If all elements of the application are complete the application may be submitted to DCJS for review.

- ✓ Click **“Submit”**.
- ✓ In the pop-up Click **“OK”**.



- ✓ If the application is complete and correct the below page will appear.
- ✓ Click **“Close”**.



✓ The next time you log-in the **General** tab will appear as below and the application has been submitted successfully. **Please Note: No further edits may be made to the application after it has been submitted.**

Stage the Project is in

Project	Project #: HC20-1000-D00 Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)				Project Status: Application Received		
Home Search Open	General	Participants	Budget	Work Plan	Questions	Acceptance	Contract Checklist
Go to Attachment Progress Site Review Equipment	This page is locked from editing						
Reports Application Deficiency Draft Contract	Project Title * (60 Character Limit) Securing Communities Against Hate Crimes		Project Start Date 01/01/2021 (if known or applicable)	Submission Date 11/02/2020 03:23 PM	Grant Funds \$38,250.00 100.00%		
Help Logout	Project End Date 12/31/2021 (if known or applicable)		Project Period Years 1 Months 0	Matching Funds \$0.00 0.00%		Total Funds \$38,250.00	
Login ID: tgrantee	County Albany	Have you included a file attachment with this submission? Yes					
Version 4.1.6	Summary Description of Project (Please limit to one or two paragraphs) Purchase equipment to fortify agency building against violence motivated by prejudice.						

- If GMS detects that items are incomplete or missing, the system will generate a list of tasks that should be completed before the application can be submitted. (See example on Page 27)
 - Please refer back to the specific section in the manual to which GMS has noted where there is an unfinished or missing task that needs to be completed.
 - Once these tasks have been completed follow the above instructions to submit the application.



<u>Grant Application</u>		Securing Communities Against Hate Crimes for Nonprofit Organizations (SCAHC)
Project No.	Grantee Name	
HC20-1000-D00	Test Participant	11/02/2020
The following required fields must be completed before the project can be submitted.		
Attachment required for this Funding Program Specific Question must be answered.		

- * If errors continue please contact our GMS help desk at 518-457-9787 or DCJSFunding@dcjs.ny.gov for assistance.



Glossary

Application Denied – This status presents in GMS if a project is submitted after the deadline per the RFP/RFA.

Application Received - This status presents in GMS when a project is submitted to DCJS on time per the RFP/RFA

Assurance – For Federally funded projects only; Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug Free Workplace Requirements; Standard Assurances, etc.

Attachment Module – Enables applicants and grantees to upload any required or voluntary documentation to include with submission. **Please Note:** Any documentation uploaded may be considered part of the final contract and may be subject to a Freedom of Information Law (FOIL) request. Do not upload any documentation that is not for public consumption and/or redact any confidential information within the document.

Award – The allocation of State or Federal grant funds to a particular grantee.

Budget Tab – Captures all fiscal information. Entered by the grantee at the time of application as a proposed spending plan.

Contacts – Individuals associated with a grant-funded project whom the OPDF staff would contact in regard to the contract. At a minimum, applicants in GMS must have a Primary, Fiscal and Signatory contact.

Contract – A binding agreement between New York State (NYS) and a grantee for State or Federal grant funds including sub-awards.

Contract number – An OPDF assigned number that identifies a grant contract.

DCJS number – An OPDF assigned number that identifies a grant award; includes the Funding Program, Funding Year, and contract number.

Equipment Module – Captures an inventory of equipment purchased with grant funds. Equipment is defined as durable [non-consumable] goods with a value of \$500 or more.

Fiscal Contact – Individual primarily responsible for the fiscal record keeping and reporting associated with a grant-funded project.

Funding program – A particular source/purpose of State or Federal Funding, e.g., Violence Against Women, GIVE, Alternatives to Incarceration, etc.



General Tab – Captures the overall information pertinent to the application/contract.

GMS – Grants Management System is a web-based system developed for the DCJS Office of Program Development and Funding (OPDF) to allow electronic grant processing and management. GMS is a role-based security system that can control access rights throughout the GMS system.

GMS Navigation Column – Purple column on the left of each module on the GMS screen. Each word is a hyperlink that will direct the user to the module/screen in need of updating or review.

Grantee – A municipality, unit of government or not-for-profit organization that has received State or Federal criminal justice funding through OPDF, or an applicant applying for an award.

Implementing Agency – The agency(ies) or entity(ies) that will carry out the tasks outlined in the award contract.

New – This presents in GMS when an application/project is created and until it is submitted to DCJS.

Objective - A specific, measurable statement of the desired immediate direct outcomes of the program which support accomplishment of the goal.

Participant – An agency involved in conducting the business of a grant-funded Project; Grantee and/or Implementing Agency.

Participant Tab – Screen that displays all agencies and individuals who have access to the application/contract.

Performance measure – The data elements that will be collected to determine if the desired outcome(s) has been achieved; the expected end results of the project, ideally expressed in results-based terms.

Primary Contact – Individual who has principal responsibility for the operation of a grant-funded project.

Progress Module – As a requirement of contracting with DCJS grantees must report, on a quarterly basis, or as otherwise stated, the status of grant funded activities. Reports will be based on the work plan created by the grantee and OPDF staff. You will not access this module for the purposes of this application.

Project – A specific activity to be supported by State or Federal grant funds; in GMS, the collective information about an activity, including applicant agency, work plan, budget, etc. Also refers to the application and, if successful, the resulting contract with DCJS.



Project Goal - A measurable statement of the desired longer-term impact of the program; can also be thought of as an intention or a definition of success.

Project Grid Screen – All projects for the grantee will appear here and can be accessed by clicking on the Project ID number.

Project ID – A GMS assigned unique number given to an application/contract for reference moving forward; includes Funding Program and calendar year.

Project Module – Captures all pertinent information to apply for funding and to contract with the Division of Criminal Justice Services (DCJS). Within this module there are seven (7) tabs. Applicants and grantees have access to six (6) of these tabs – the General, Participant, Budget, Work Plan, Questions and Acceptance Tabs. The final tab, Contract Checklist, is no longer in use

Questions Tab – Captures the responses to the specific questions contained in the RFP/RFA.

Save – In GMS, a function that allows you to secure data you have already entered. Does not automatically submit the application to OPDF each time. GMS does not have auto save. Applicants are encouraged to manually save often.

Signatory Contract – Individual with signing authority for a grantee agency; signs a grant contract on behalf of the grantee agency or entity.

Submit – The function that transmits entered data to OPDF for review. Following the submit in GMS, edits by the grantee are no longer possible.

Tab Navigation Bar – Hyperlinked graphics across the top of a screen that allow the grantee to open enter data into each module.

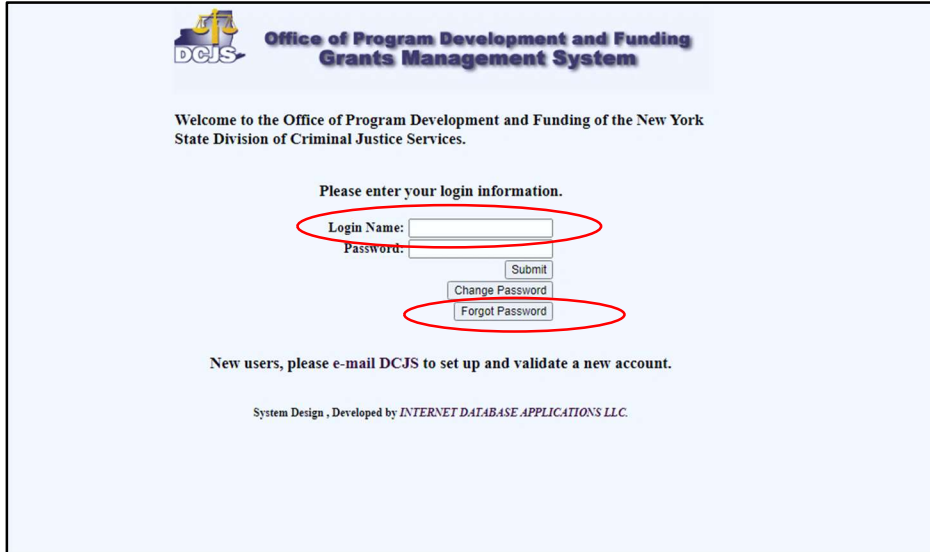
Task - The activity(ies) or intervention(s) that will be performed by project staff.

Work Plan Tab – Module where the Goals, Objectives, Tasks and Performance Measures that make up a grant-funded project are entered. These are activities the Grantee agrees to complete and report on within the contract period.



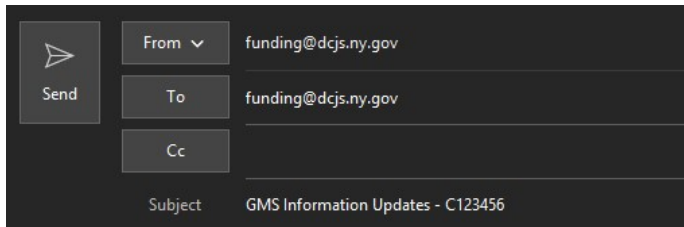
Tips and Tricks

Forgot Password - The login page allows authorized users to reset their own password. Enter your login name in the **“Login Name”** section and click **“Forgot Password”**.



The system will send an automated temporary password email to the email address linked to that login account. In the event the email to the user account has changed please contact the GMS Help Desk following the procedure outlined below.

GMS Information Changes and Updates - If the agency and/or user contact(s) have incorrect or missing information in the system, please email Funding@dcjs.ny.gov to request any updates. Be as specific as possible as to the changes needed. See example:



For Participant Information:

Name: Hometown PD
New Address: 1234 Main Street
New City: Hometown
New zip: 12345
New website: www.hometown.gov

OR

For Contact Information:

Contact Name : John Doe
New Title : Assistant District Attorney
New Address: 1234 Main Street
New City: Hometown
New zip: 12345
New email: john.doe@hometown.us.gov
New phone #:(845)555-5555



Participants Search - If a general search does not generate the agency information please try the following before adding your agency to the system.

Following the instructions on page 9 of this manual enter a partial name and replacing missing letters with a percent sign (%).

For example, Albany County, would enter **%lbany** and this will produce any entry in the database of participants with anything before 'lbany' in the name. In the event the agency still does not populate please contact the GMS help desk at 518-457-9787 or DCJSFunding@dcjs.ny.gov for assistance.

Contacts Search - If a search does not generate a contact person to select, a good practice is to search using only the first two or three letters of the first and last name. This will produce a larger list and account for any possible spelling errors. If there are any corrections that need to be made please contact the GMS help desk at 518-487-9787 or DCJSFunding@dcjs.ny.gov for assistance.

Entering a Budget – Be concise in the line item and detailed only in the justification.

- **Personnel - Salary** - List positions by title. For each position title, show the annual rate of pay, the percentage of time to be devoted to the project (percent of FTE) and the cost to grant funding.
- **Fringe** - Fringe benefits to be aggregated for the personnel listed above, and only for the percentage of time (%FTE) of each position charged to the project. Fringe should be based on actual known costs or approved negotiated rate of the agency.
- **Contractual/Consultant Services** - For consultant name, hourly or daily fee, and estimated time on the project. Upload the signed consultant agreement (if known) as an Attachment in GMS. Provide type of service in the justification.
- **Travel & Subsistence** - Indicate aggregate project related expenses required of staff (for example, for training, field work, meetings). Prior to any out-of-state travel, a written request for approval to use grant funds must be submitted to DCJS and give written approval by DCJS. Also indicate aggregate cost of participant travel if reimbursed, for example, metro cards.
- **Equipment** - List cost of non-expendable program equipment to be purchased and aggregate cost of office equipment to support the grant. (List expendable equipment under the "Supplies" category.) Rented or leased equipment should be included in this category.
- **Rental of Facilities** - Not-for-Profit applicants: Provide cost of rent specifically for the project. Property taxes are not an allowable separate line-item expense. Units of local government may not charge rent to the grant for agency office space.
- **Alterations & Renovations**- Indicate aggregate project related expenses required for alterations.
- **All Other Expenses** - Identify any expense not eligible for another category.

GMS help desk: 518-457-9787 or DCJSFunding@dcjs.ny.gov
