



**Application Management** GM 302



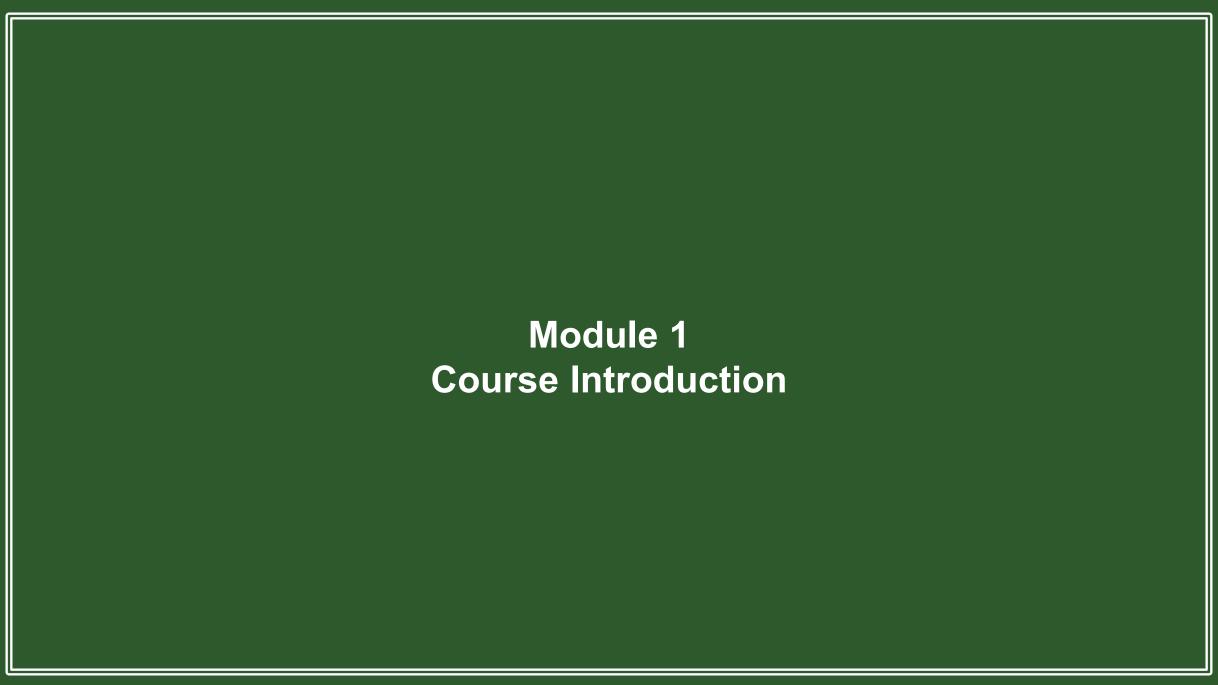


## Agenda



- Module 1 Course Introduction
- Module 2 Search for Funding Opportunities
- Module 3 Create and Submit Applications
- Module 4 Application Review and Approval
- Module 5 Course Summary







### **Course Overview**



- The purpose of this course is to explain the ezFedGrants application management process.
- This course is also designed to help users understand where to find help and training materials.





# Introduction Instructor and Students



#### In the chat, please share your:

- Location
- Organization
- Role
- Expectations

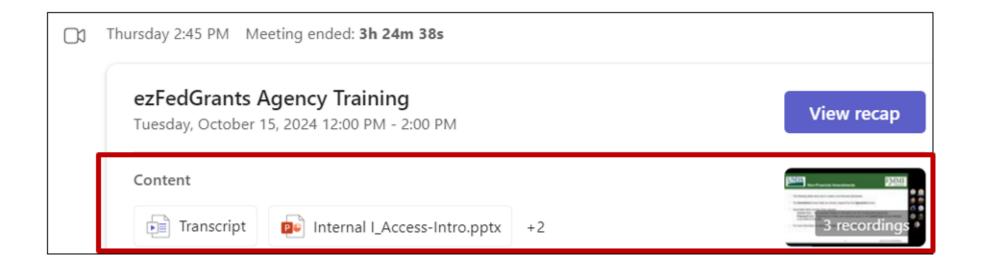




### **Session Recorded**



- Session is being recorded and will be available for attendees after the session within the Teams chat.
- Transcripts are also provided.

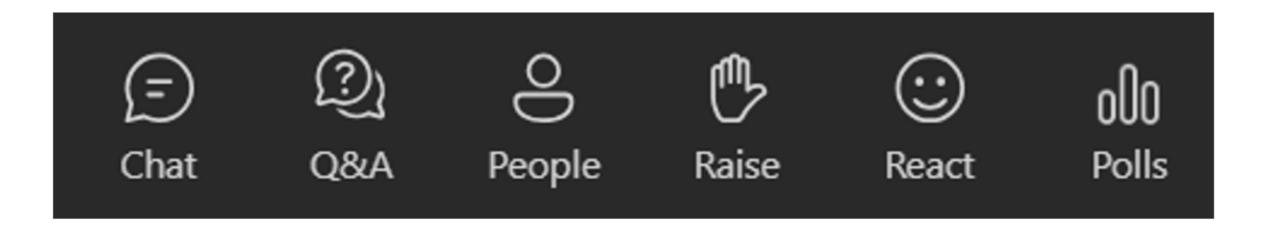




## **Participation**



- Participation is encouraged!
- Feel free to ask questions in the Chat or in the Q&A section of Teams.
- Raise your hand or React in Teams.





### How to Get Answers to Your Questions



#### Login.Gov

- Login.gov password/account issues, contact the eAuth helpdesk at www.eauth.usda.gov/helpdesk.
- For Login.gov, call (844) 875-6446. Operating hours are 24 hours a day, seven days a week.
- Login.gov FAQs

#### ezFedGrants

- Contact the ezFedGrants Help Desk: <u>ezFedGrants-cfo@usda.gov</u>.
- Training Schedule <u>eFG Training Schedule | USDA</u>
- Recipient job aids: <u>Job Aid Library</u>



Bookmark or favorite these links!



### **Job Aid Library**



- Access this site for support.
- Includes job aids, training session records and other useful information.
- Grants Process Job Aid Library

#### Using ezFedGrants: Job Aid Library

The Grants Process - Job Aid Library

#### The Grants Process - Job Aid Library

These documents provide guidance on completing various grants-related procedures in the exFedGrants External Portal.

### **Training Materials**

Most activities in the exFedGrants External Portal include both a creation phase and a certification phase. Depending on the procedure you are completing, you may be either the creator, certifier, or both. Where applicable, you will find guidance on creation and certification within each of these documents.

#### General Information

- ezFedGrants Functions Used by Each USDA Agency (PDF, 136 KB)
- Using exFedGrants The Basics (PDF, 1.1 MB)
- <u>Using exFedGrants Searching (PDF, 651 KB)</u>
- · FAOs Applications and Agreements in exFedGrants
- EAOs Claims and Reports in exFedGrants

#### **Pre-Award Activities**

- Signatory Officials: Agreement eSignature (PDF, 612 KB)
- Application Management (PDF, 2.3 MB)
- Application Process Overview (PDF, 80.9 KB)





# **Module 1 – Search for Funding Opportunities Objectives**



After completing this module, you should be able to:

Search for a funding opportunity in ezFedGrants.





# Search for Funding Opportunities Access ezFedGrants



- Access external portal ezFedGrants home screen.
- 2. Click Launch Applications.
- 3. Select User Type.



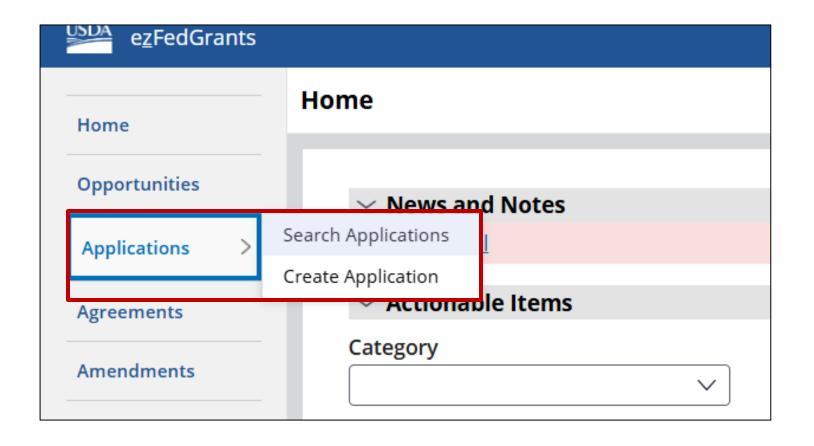




## **Applications > Create Applications**



- 1. Select **Applications**
- Click Create Application.





### Search Criteria



- Enter search criteria into appropriate field(s).
- 2. Note the system allows for partial entry.
- 3. Click **Search** to perform the search.

| pportunities                      |             |                           |            |
|-----------------------------------|-------------|---------------------------|------------|
| Search Criteria                   |             |                           |            |
| Funding Opportunity<br>Number     | CFDA Number | Funding Opportunity Title | Created by |
|                                   |             |                           |            |
| Application Availability End Date |             |                           |            |
| M/d/yyyy M/d/yyyy                 |             |                           |            |
| Searc <u>h</u> C <u>l</u> ear     |             |                           |            |

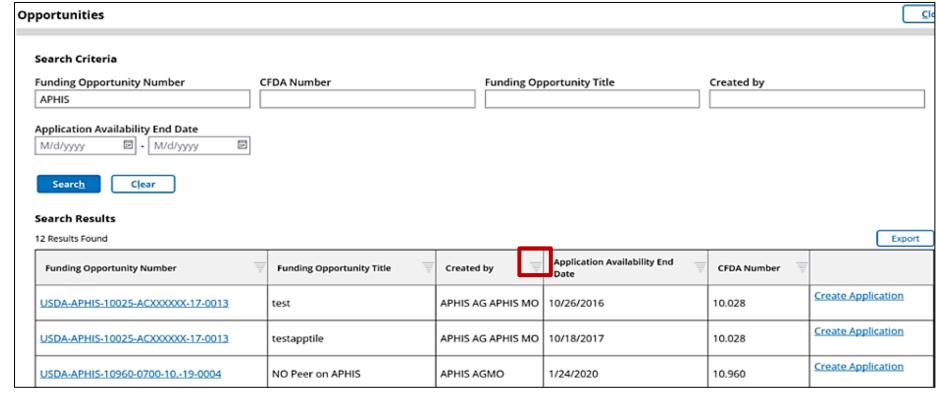


### **Search Results**



| Funding Opportunity Number | Funding Opportunity Title | Created by | Application Availability End  Date | CFDA Number 🚃 |
|----------------------------|---------------------------|------------|------------------------------------|---------------|
|----------------------------|---------------------------|------------|------------------------------------|---------------|

- Search results appear.
- Click column headers arrows to filter or sort in ascending or descending order.
- The filtering option opens another window with a text box to search.



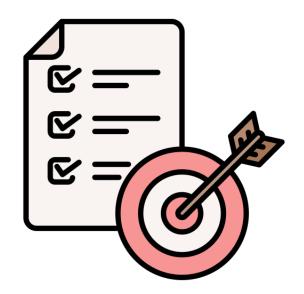


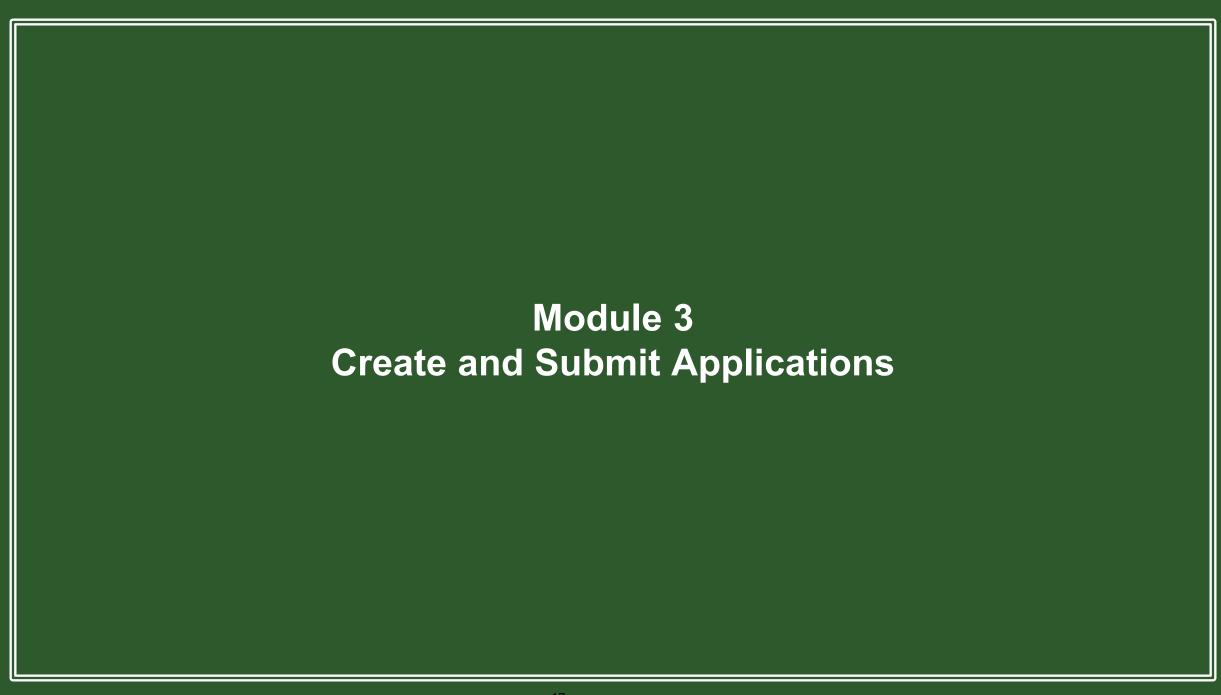
# **Module 1 – Search for Funding Opportunities Summary**



You should now be able to:

Search for ezFedGrants opportunities.





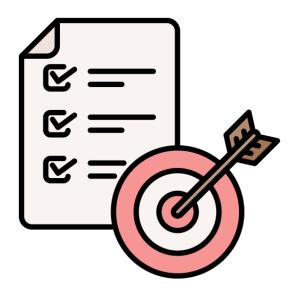


# **Module 2 – Create and Submit Applications Objectives**



After completing this module, you should be able to:

- Create an application.
- Submit an application.

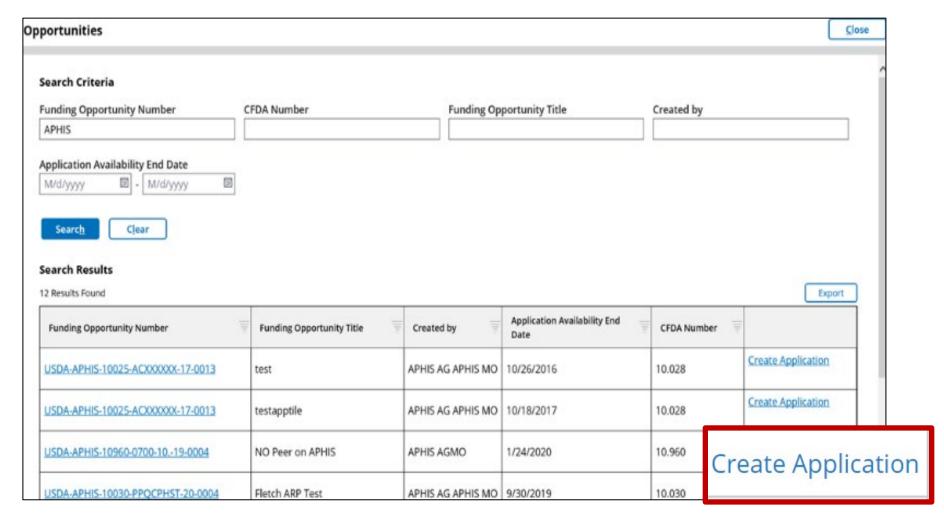




## **Select Opportunity**



- 1. Search for funding opportunity in the way described previously.
- Click Create Application link.





# App for Federal Assistance and Budget Print and Manually Enter



SF-424

#### OMB Number: 4040-0004 View Burden Statement Expiration Date: 12/31/2022 Application for Federal Assistance SF-424 \* 1. Type of Submiss 2. Type of Application: \* If Revision, select appropriate letter(s): Preapplication Application Continuation \* Other (Specify): Revision Changed/Corrected Applicatio \* 3. Date Received: 4. Applicant Identifier: 5a. Federal Entity Identifier: 5b. Federal Award Identifier: State Use Only: 6. Date Received by State: 7. State Application Identifier. 8. APPLICANT INFORMATION \* a. Legal Name: \* b. Employer/Taxpayer Identification Number (EIN/TIN): \* c. Organizational DUNS: \* Street1: Street2: \* City: County/Parish: \* State: Province: \* Country: USA: UNITED STATES \* Zip / Postal Code e. Organizational Unit: Department Name: Division Name: f. Name and contact information of person to be contacted on matters involving this application: Middle Name \* Last Name:

#### OMB Form 424A

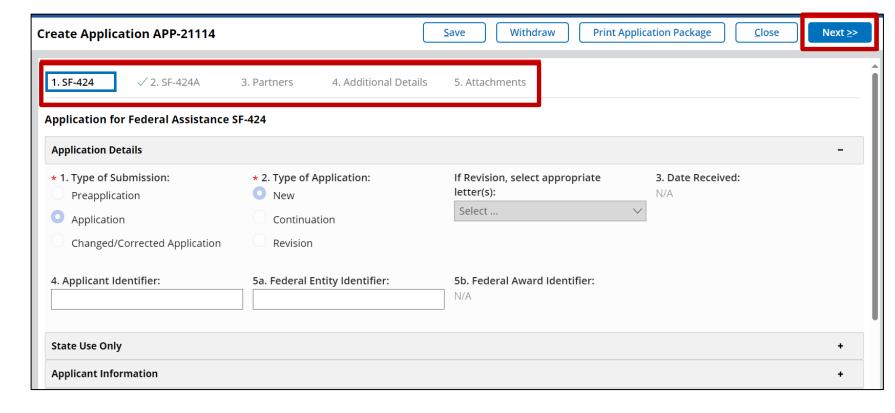
|              |               |   |     | SECT          | 101   | N A - BUDGET SUN   | IMA | RY               |     |                    |    |       |     |
|--------------|---------------|---|-----|---------------|-------|--------------------|-----|------------------|-----|--------------------|----|-------|-----|
| Grant P      | rogram        | Catalog of Federal<br>Domestic Assistance |     | Estimated Und | oblig | gated Funds        |     |                  | Ne  | w or Revised Budge | t  |       |     |
| or Ac        | tivity        | Number                                    |     | Federal       |       | Non-Federal        |     | Federal          |     | Non-Federal        |    | Total |     |
| (8           | a)            | (b)                                       |     | (c)           |       | (d)                |     | (e)              |     | (f)                |    | (g)   |     |
| 1.           |               |   | \$  |               | \$    |                    | \$  |                  | \$  |                    | \$ |       | 0.0 |
| 2.           |               |   |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| 3.           |               |   |     |               | П     |                    | П   |                  | П   |                    |    |       | 0.0 |
| 4.           |               |   |     |               | П     |                    |     |                  |     |                    |    |       | 0.0 |
| 5. Tota      | ls            |   | \$  | 0.00          | \$    | 0.00               | \$  | 0.00             | \$  | 0.00               | \$ |       | 0.0 |
|              |               |   |     | SECTIO        | ON I  | B - BUDGET CATE    | GOI | RIES             |     |                    | _  |       |     |
| 6. Object Cl | ass Catego    | ries                                      |     |               |       | GRANT PROGRAM, F   | UNC | TION OR ACTIVITY |     |                    |    | Total |     |
| 0. 00,000 0. | and Galloge   |   | (1) |               | (2)   |                    | (3) |                  | (4) |                    | _  | (5)   |     |
| a. Pe        | ersonnel      |   | \$  |               | \$    |                    | \$  |                  | \$  |                    | \$ |       | 0.0 |
| b. Fr        | inge Benefi   | ts  |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| c. Tr        | avel          |   |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| d. Ed        | quipment      |   |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| e. Sı        | upplies       |   |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| f. Co        | ntractual     |   |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| g. Co        | onstruction   |   |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| h. O         | ther          |   |     |               |       |                    |     |                  | П   |                    |    |       | 0.0 |
| i. To        | tal Direct Cl | harges (sum of 6a-6h)                     |     | 0.00          |       | 0.00               |     | 0.00             |     | 0.00               |    |       | 0.0 |
| j. Ind       | lirect Charg  | es  |     |               |       |                    |     |                  |     |                    |    |       | 0.0 |
| k. TO        | OTALS (sur    | n of 6i and 6j)                           | \$  | 0.00          | \$    | 0.00               | \$  | 0.00             | \$  | 0.00               | \$ |       | 0.0 |
| 7 Dream      | Incomo        |   | \$  |               | \$    |                    | s   |                  | \$  |                    | ¢. |       |     |
| 7. Program   | income        |   | Ф   |               |       | ed for Local Repro | _   |                  | Þ   |                    | \$ |       | 0.0 |



## Standard Form 424 (SF-424) and Navigation



- Application for Federal Assistance (SF-424) displays.
- Some fields from the opportunity prefill.
- Fields marked with red asterisk (\*) are system required fields.
- Click tabs to move from screen to screen or click Next.





### **State Boxes 6 and 7**



#### **State Use Only, Box 6 and 7:**

- Does not typically apply to applications.
- However, at times it does apply.
- For example, state government.
- If applicable, reach out to agency for process.
- If box 6 and 7 are applicable, may upload this content through email or as an attachment.

| Application for Federal Assistance | SF-424                           |
|------------------------------------|----------------------------------|
| Application Details                |                                  |
| State Use Only                     |                                  |
| 6. Date Received by State:         | 7. State Application Identifier: |
| N/A                                | N/A                              |



## **Applicant Information (Section B)**



#### **Applicant Information (Section 8), Boxes A-D**

The following fields automatically populate based on the organizational affiliation or selection:

Province:

- Legal Name
- Employer Taxpayer Identification Number (EIN/TIN)
- UEI

State:

Address

| Applicant Information   |                                  |  |                               |                         |                       |
|---|----------------------------------|--|-------------------------------|-------------------------|-----------------------|
| 8. Applicant Information a. Legal Name: RUTGERS THE STATE UNIVERSITY OF NEW JER AGRICULTURE | RSEY RESOURCE FOUNDATION DEPT OF | <b>b. Employer/ Taxpayer Identification N</b><br>N/A | lumber (EIN/TIN):             | c. UEI:<br>CHANGEUE1000 |                       |
| d. Address Street 1: 34 RUTGERS PLAZA   | Street 2:<br>N/A                 |  | <b>City:</b><br>NEW BRUNSWICK |                         | County/Parish:<br>N/A |

Zip/ Postal Code:

08901-8559

Country: US



## **Applicant Information (Organizational Unit)**



#### **Box E. Organizational Unit**

- Some projects are managed within a subsection of an organization.
- For example, a department or division.
- Enter this information in **Department Name** and/or **Division Name**.
- · Otherwise, leave these fields blank.

| e. Organizational Unit |                |
|------------------------|----------------|
| Department Name:       | Division Name: |
|                        |                |



### **Applicant Information Box F**



- Complete the fields in Applicant Information Box F.
- This section is used to identify a person from the recipient organization.
- Awarding agency should contact this individual with application questions or concerns.

| Prefix: | • First Name: | Middle Name:                | * Last Name: |
|---------|---------------|-----------------------------|--------------|
|         | ∨ Ken         |                             | Ordona       |
| Suffix: | Title:        | Organizational Affiliation: | Phone:       |
|         |               |                             | 5093719168   |
| Fax:    | • Email:      |                             |              |
|         | Ken@USDA.gov  |                             |              |



## **Applicant Details (Section 9)**



- Select one to three organization types using **Applicant Type**.
- For example, Indian Native American Tribal Government, Other than Federally Recognized.
- May have multiple designations.
- Refer to opportunity

   announcement or contact agency
   representative if unsure which designation(s) should be used.

| 9. Applicant Details   |              |  |
|--|--------------|--|
| Type of Applicant 1: Select Applicant Type:                        |              | Type of Applicant 2: Select Applicant Type |
|  |              | v  |
| Type of Applicant 3: Select Applicant Type:                        |              |  |
|  |              | ~  |
| 10. Federal Agency Information                                     |              |  |
| Federal Agency Name:<br>Animal and Plant Health Inspection Service |              |  |
| 11. Catalog of Federal Domestic Assistance Info                    | ormation     |  |
| CFDA Number:   | CFDA Title:  |  |
| 10.028   | APHIS Main-1 |  |
| 12. Funding Opportunity Information                                |              |  |
| Funding Opportunity Number:  | Title:       |  |
| USDA-APHIS-10025-ACXXXXXX-17-0013                                  | test         |  |
| 13. Competition Identification Information                         |              |  |
| Competition Identification Number:                                 | Title:       |  |
| N/A  | N/A          |  |



### **Sections 10-13**



These fields automatically populate from opportunity announcement:

- Federal Agency Information (Section 10)
- Catalogue of Federal Domestic Assistance Information (Section 11)
- Funding Opportunity Information (Section 12)
- Competition Identification Information (Section 13)

| 10. Federal Agency Information                  |              |       |
|---|--------------|-------|
| Federal Agency Name:                            |              |       |
| Animal and Plant Health Inspection Service      |              |       |
| 11. Catalog of Federal Domestic Assistance Info | ormation     |       |
| CFDA Number:                                    | CFDA Title:  |       |
| 10.028  | APHIS Main-1 |       |
| 12. Funding Opportunity Information             |              |       |
| Funding Opportunity Number:                     | Title:       |       |
| USDA-APHIS-10025-ACXXXXXX-17-0013               | test         |       |
| 13. Competition Identification Information      |              |       |
| Competition Identification Number:              |              | Title |
| N/A   |              | N/A   |



## **Areas Affected by Project (Section 14)**



- Only applies to projects that impact areas outside of Place of Performance (POP).
- POP is located in Additional
   Details stage, later in procedure.
- If this applies to project, upload an attachment containing information relevant to Section 14.
- Attachments are covered later in this procedure.

## 14. Areas Affected by Project (Cities, Countries, States, etc.)

Areas Affected:

N/A

Please add any relevant attachments to the attachments screen.



# Descriptive Title of Applicant's Project (Section 15)



- This is a required field that allows up to 200 characters.
- · Be succinct but descriptive.
- Enter enough to clearly represent project intent.

\* 15. Descriptive Title of Applicant's Project

Honey Bee Survey

184 characters until maximum length is reached

Attach supporting documents as specified in agency instructions

Please add any relevant attachments to the attachments screen.



# Section 16 (Congressional Districts Information)



- These fields no longer require entry.
- Automatically determined based on information provided later in application.

| 16. Congressional Districts Information                        |                                 |
|--|---------------------------------|
| a. District Of Applicant:                                      | b. District Of Program/Project: |
| FL-001   | FL-002                          |
|  |                                 |
| Attach an additional list of Program/Project Congres           | sional Districts if needed      |
| Please add any relevant attachments to the attachments screen. |                                 |



## **Proposed Project Information (Section 17)**

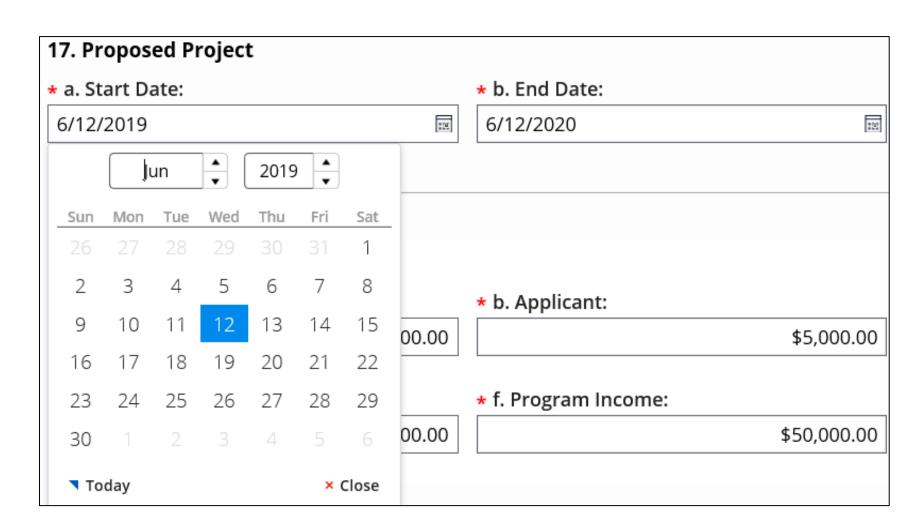


Enter project proposed start and end dates.

To enter a date, either:

- Click Calendar icon and select a date from calendar
- Or type a date using MM/DD/YYYY format

The end date must be a date in the future.





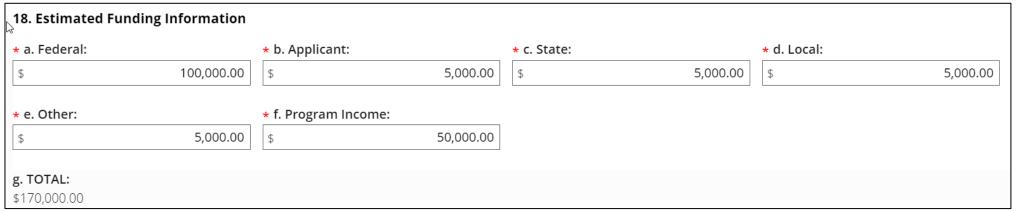
## **Estimated Funding Information (Section 18)**



#### Provide estimated funding for each of the categories:

- Federal
- Applicant
- State
- Local
- Other
- Program Income

#### Box G (Total) automatically calculates based on entries in Boxes A-F.





# **Subject to Review by State Under Executive Order 12372?**



#### Is Application Subject to Review by State Under Executive Order 12372 Process? (Section 19)

Select the option that applies.

If **Option A** selected, enter review completion date.

| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process?                      |           |
|---|-----------|
| a) This application was made available to the State under the Executive Order 12372 Process for review on | 9/12/2019 |
| b) Program is subject to EO 12372 but has not been selected by the State for review                       |           |
| c) Program is not covered by EO 12372   |           |



### **Executive Order 12372**



- Executive order 12372 of President Ronald Reagan.
- Requires federal agencies to allow states the opportunity to review and provide feedback on proposed federal assisted activities.
- Applies when recipient organization plans to utilize funds for planning or construction of water or sewer facilities.





# Is the Applicant Delinquent on Any Federal Debt? (Section 20)



No is selected by default.

If applicable to your organization:

- 1. Select Yes.
- 2. Provide explanation of delinquency attachment later in process.

| 20. Is the Applicant Delinquent On Any Federal Debt? (If Yes, provide explanation in attachmer<br>Yes |
|---|
| No  |
| "Yes", provide explanation and attach   |
| ase add any relevant attachments to the attachments screen  |



## **SF-424 Complete**



Once the SF-424 is completed, select **Next**.

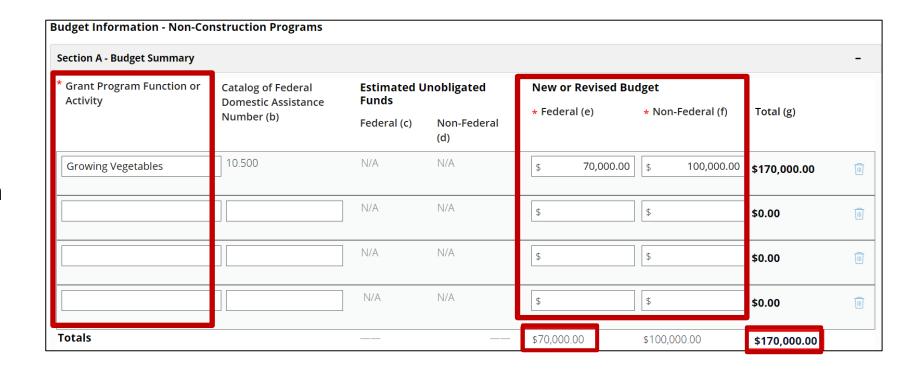




#### **Section A (Budget Summary)**



- In the first column, enter up to four project Grant
   Program Functions or Activities.
- Enter total estimated amount of Federal (Column E) funds for each row.
- Enter total estimated amount of Non-Federal (Column F) funds for each row.

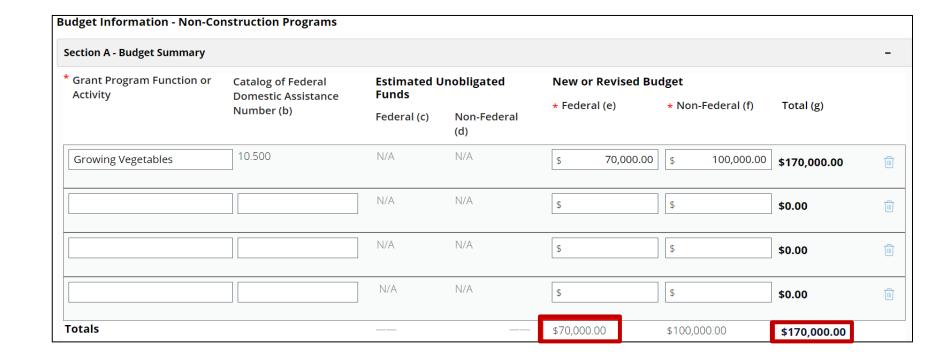




#### **Totals**



- Totals row automatically calculates based on column e and f entries.
- Federal total (e) must match federal total within section 18, estimated funding.
- Overall total (g) must match the total from section 18 of the SF-424, application for federal assistance.





#### Categories



Across the top of the table, the activity/function categories from **Section A** display.

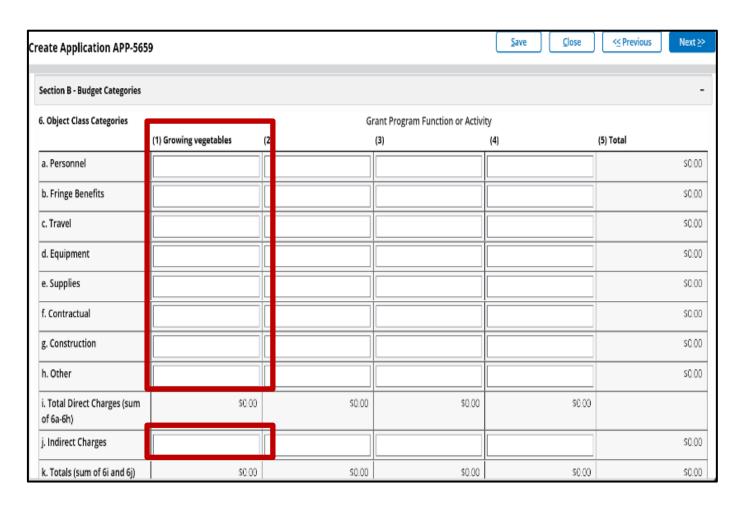
| Section B - Budget Categories             |                        |        |        |        |           |
|---|------------------------|--------|--------|--------|-----------|
| 5. Object Class Categories                |                        |        |        |        |           |
|   | (1) Growing vegetables | (2)    | (3)    | (4)    | (5) Total |
| a. Personnel                              |                        |        |        |        | \$0.00    |
| b. Fringe Benefits                        |                        |        |        |        | \$0.00    |
| c. Travel                                 |                        |        |        |        | \$0.00    |
| d. Equipment                              |                        |        |        |        | \$0.0     |
| e. Supplies                               |                        |        |        |        | \$0.00    |
| f. Contractual                            |                        |        |        |        | \$0.0     |
| g. Construction                           |                        |        |        |        | \$0.00    |
| h. Other                                  |                        |        |        |        | \$0.0     |
| i. Total Direct Charges (sum<br>of 6a-6h) | \$0.00                 | \$0.00 | \$0.00 | \$0.00 |           |
| j. Indirect Charges                       |                        |        |        |        | \$0.0     |
| k. Totals (sum of 6i and 6j)              | \$0.00                 | \$0.00 | \$0.00 | \$0.00 | \$0.00    |



#### **Estimated Amounts**



- Enter estimated amount for each applicable cost category row (a-h).
- Enter estimated amount for Indirect Charges row (j).





#### **Section B Total Rows**



The totals row (**i and k**) and column **5** automatically calculates based on entries in rows **a-h** and row **j** 

| ection B - Budget Categories -                                |                        |        |        |        |           |  |  |
|---|------------------------|--------|--------|--------|-----------|--|--|
| 6. Object Class Categories Grant Program Function or Activity |                        |        |        |        |           |  |  |
|   | (1) Growing vegetables | (2)    | (3)    | (4)    | (5) Total |  |  |
| a. Personnel  |                        |        |        |        | \$0.00    |  |  |
| b. Fringe Benefits  |                        |        |        |        | \$0.00    |  |  |
| c. Travel   |                        |        |        |        | \$0.00    |  |  |
| d. Equipment  |                        |        |        |        | \$0.00    |  |  |
| e. Supplies   |                        |        |        |        | \$0.00    |  |  |
| f. Contractual  |                        |        |        |        | \$0.0     |  |  |
| g. Construction   |                        |        |        |        | \$0.00    |  |  |
| h. Other  |                        |        |        |        | \$0.00    |  |  |
| i. Total Direct Charges (sum<br>of 6a-6h)                     | \$0.00                 | \$0.00 | \$0.00 | \$0.00 |           |  |  |
| j. Indirect Charges   |                        |        |        |        | \$0.0     |  |  |
| k. Totals (sum of 6i and 6j)                                  | \$0.00                 | \$0.00 | \$0.00 | \$0.00 | \$0.00    |  |  |



#### Section B (Overall Total)



The overall total for **Section B** (**Column 5, Row K**) should match the overall total from the last row of **Column G** in **Section A**.

| Section B - Budget Categories -                               |                        |        |        |        |           |  |  |
|---|------------------------|--------|--------|--------|-----------|--|--|
| 6. Object Class Categories Grant Program Function or Activity |                        |        |        |        |           |  |  |
|   | (1) Growing vegetables | (2)    | (3)    | (4)    | (5) Total |  |  |
| a. Personnel  |                        |        |        |        | \$0.0     |  |  |
| b. Fringe Benefits  |                        |        |        |        | \$0.0     |  |  |
| c. Travel   |                        |        |        |        | \$0.0     |  |  |
| d. Equipment  |                        |        |        |        | \$0.0     |  |  |
| e. Supplies   |                        |        |        |        | \$0.0     |  |  |
| f. Contractual  |                        |        |        |        | \$0.0     |  |  |
| g. Construction   |                        |        |        |        | s0.0      |  |  |
| h. Other  |                        |        |        |        | s0.0      |  |  |
| i. Total Direct Charges (sum<br>of 6a-6h)                     | \$0.00                 | \$0.00 | \$0.00 | \$0.00 |           |  |  |
| j. Indirect Charges   |                        |        |        |        | \$0.0     |  |  |
| k. Totals (sum of 6i and 6j)                                  | \$0.00                 | \$0.00 | \$0.00 | \$0.00 | \$0.0     |  |  |



#### Row 7 (Program Income) of Section B



- If the project is expected to generate any income, enter the estimated income from each activity/function in Row 7 (Program Income) of Section B.
- Include attachment with an explanation of the nature and source of expected income.

| 7. Program Income |  |  | \$0.00 |
|-------------------|--|--|--------|



#### Section C (Non-Federal Resources)



- In the first column, activity/function categories from Section A display.
- For each category, enter the estimated amount of non-Federal resources contributed to the proposed project from:
  - Organization (Column B)
  - State government (Column C)
  - Other sources (Column D)

| Section C - Non-Federal Resources |               |           |                   |            |  |  |
|-----------------------------------|---------------|-----------|-------------------|------------|--|--|
| (a) Grant Program                 | (b) Applicant | (c) State | (d) Other Sources | (e) Totals |  |  |
| 8. Growing vegetables             |               |           |                   |            |  |  |
| 9. N/A                            |               |           |                   |            |  |  |
| 10. N/A                           |               |           |                   |            |  |  |
| 11. N/A                           |               |           |                   |            |  |  |
| 12. Total (sum of lines 8 - 11)   |               |           |                   |            |  |  |



#### Non-Federal Resources



- Include an attachment explaining any in-kind contributions.
- In kind meaning donated, outside of organization/agency funds.
- If organization is a state government or state government agency, only use Column B. Leave Column C blank.

| Section C - Non-Federal Resources |               |           |                   |            |  |  |
|-----------------------------------|---------------|-----------|-------------------|------------|--|--|
| (a) Grant Program                 | (b) Applicant | (c) State | (d) Other Sources | (e) Totals |  |  |
| 8. Growing vegetables             |               |           |                   |            |  |  |
| 9. N/A                            |               |           |                   |            |  |  |
| 10. N/A                           |               |           |                   |            |  |  |
| 11. N/A                           |               |           |                   |            |  |  |
| 12. Total (sum of lines 8 - 11)   |               |           |                   |            |  |  |



#### **Section D (Forecasted Cash Needs)**



In Row 13 (Federal), estimated total amount of cash awarding agency needs to provide to your organization for each quarter of the first year of the project.

In Row 14 (Non-Federal), enter the estimated total amount of cash your organization require from non-Federal sources for each quarter of the first year of the project.

The totals (Row 15 and Column 2) auto-calculate based on your entries in Row 13 and Row 14.

| Section D - Forecasted Cash Needs |                  |                   |                   |                   |                   |  |  |
|-----------------------------------|------------------|-------------------|-------------------|-------------------|-------------------|--|--|
|                                   | Total (1st Year) | Total (Quarter 1) | Total (Quarter 2) | Total (Quarter 3) | Total (Quarter 4) |  |  |
| 13. Federal                       |                  |                   |                   |                   |                   |  |  |
| 14. Non-Federal                   |                  |                   |                   |                   |                   |  |  |
| 15. Total                         |                  |                   |                   |                   |                   |  |  |



#### **Section E (Budget Estimates)**



#### Section E (Budget Estimates of Federal Funds Needed for Balance of the Project)

- In the first column, activity/function categories from Section A display.
- For each category, enter columns B-E, first through fourth.
- Funding periods are usually in fiscal years.
- For example, (b) First represents fiscal year one and (c) Second represents fiscal year two.
- Enter federal fund amounts necessary for each funding period for the entire project.

| Section E - Budget Estimates Of Federal Funds Needed For Balance Of The Project |           |            |           |            |  |
|---|-----------|------------|-----------|------------|--|
| (a) Grant Program   | (b) First | (c) Second | (d) Third | (e) Fourth |  |
| 16. Growing vegetables  |           |            |           |            |  |
| 17. N/A   |           |            |           |            |  |
| <b>18.</b> N/A  |           |            |           |            |  |
| <b>19.</b> N/A  |           |            |           |            |  |
| 20. Total (sum of lines 16-19)  |           |            |           |            |  |



#### Section F (Other Budget Information)



- 21. Direct Charges: Enter brief explanation of individual direct cost categories as requested by agency or for unusual direct cost categories.
- **22. Indirect Charges:** Enter the type of indirect rate (final, fixed, predetermined, or provisional), estimated base amount the rate is applied to, and total indirect expense.
- **23. Remarks:** Enter additional brief comments, if necessary.

Lengthy explanations or details should be included as an attachment.

Type "See attachment" in **Box 21, 22,** or 23, if necessary.

| Section F - Other Budget Information | •                    |
|--------------------------------------|----------------------|
| 21. Direct Charges                   | 22. Indirect Charges |
| \$0.00                               | \$0.00               |
| 23. Remarks                          |                      |



#### **Save and Next**



Click **Save** (top right of the screen) to save information entered at any time.

Click the **Next** button on the top right of the screen, once completed.

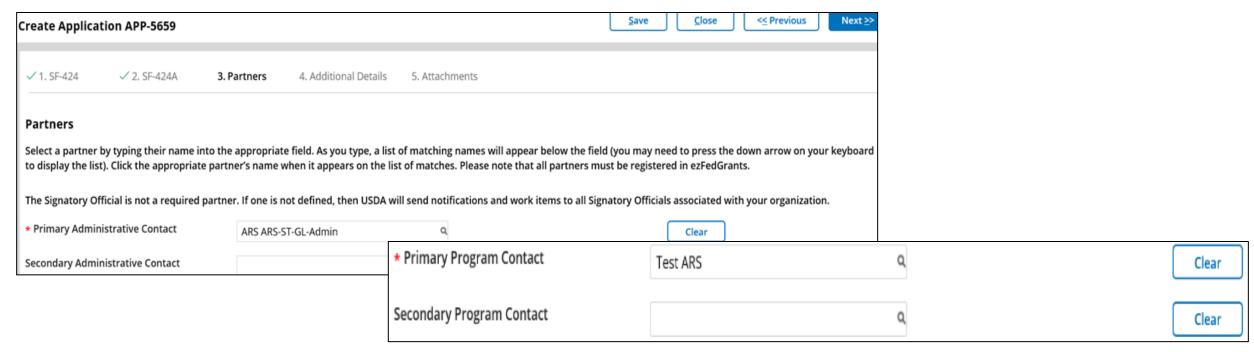




#### **Partners Section**



- Required Primary Administrative Contact and Primary Program POC fields are marked with a red asterisk (\*).
- Contacts listed in these fields must be active ezFedGrants users.
- To locate user, start typing name or click magnifying glass for a complete list





#### **Signatory Officials**



- Using the same method detailed in step one, you have the option to complete **Primary** and **Secondary Signatory Official** fields. Neither field is mandatory to be selected during this step.
- A Signatory Official (SO) must review and sign every application before the application is submitted to the relevant agency for consideration.
- Your organization must have at least one user with the Signatory Official role in ezFedGrants to submit applications in ezFedGrants.
- The Signatory Official designation and these fields are unique. If you leave this blank, any active SO in your organization can complete the sign and submit certification step.

| Primary Signatory Official   | Q | Clear |
|------------------------------|---|-------|
| Secondary Signatory Official | Q | Clear |



#### **Proceed to Additional Information**



Click the **Next** button to proceed to the **Additional Information** stage.

 Save
 Withdraw
 Generate Package
 Close
 <≤ Previous</th>
 Next ≥>



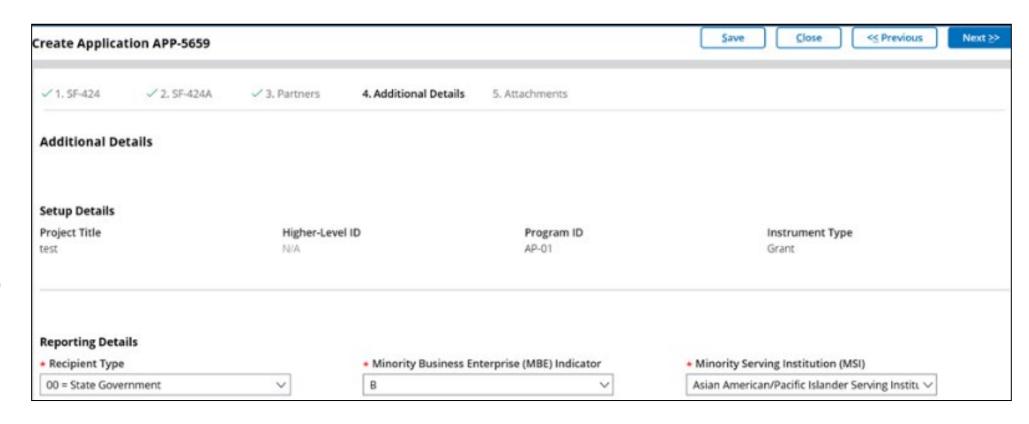
#### **Reporting Details Section**



Required fields are marked with a red asterisk.

#### **Reporting Details:**

- Recipient Type
- Minority
   Business
   Enterprise (MBE)
   Indicator
- Minority Serving Institution (MSI)





#### **Data Act Details Section**



Select appropriate option for 2 CFR 25.110 DUNS/CCR Exempted Entity and Place of Performance Code fields.

The congressional district information is determined based on the information in this section.

Complete as many of the remaining fields as necessary, depending on the specificity of the place of performance for proposed project.

# DATA Act Details The following place of performance data elements enable USDA to implement the Digital Accountability and Transparency Act of 2014 (DATA Act), which ensures that the public can access information on entities and organizations receiving Federal funds. The section below requests the primary location of performance under the proposed Federal award. USDA reports DATA Act data to www.usaspending.gov \* 2 CFR § 25.110, DUNS/CCR Exempted Entity? \* Place of Performance Code: State Sub Entity: Yes City City



#### **Data Act**



- Digital Accountability and Transparency Act of 2014, also called the DATA Act.
- Focuses on federal awards reporting reform.
- Purpose is to improve quality and transparency of Federal Government's award data.
- Establishes standards for federal award reporting spending data.





#### **Agency Specific Details**



In the **Agency Specific Details** section, answer **Yes** or **No** to any of the questions.

For example, **SPOC** (single point of contact) **Review Relevant**.

- SPOC is an intergovernmental review.
- A variety of government agencies work together to review.
- The review panel may consist of individuals from various agencies and/or organizations.

Complete any additional fields that are appropriate.

# Agency Specific Details Does your proposal include:

- SPOC Review Relevant?
- O Yes
- No
- International?
- O Yes
- No

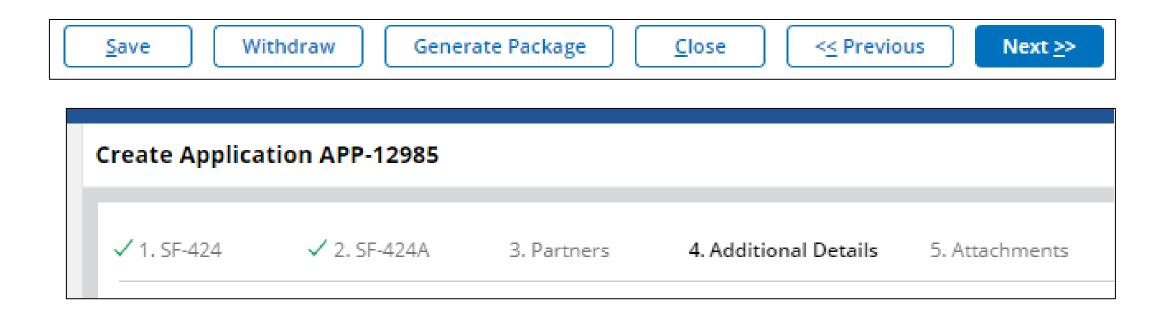




#### **Proceed to Attachments**



Once the **Additional Information** section is completed, click **Next** to proceed to **Attachments** stage.

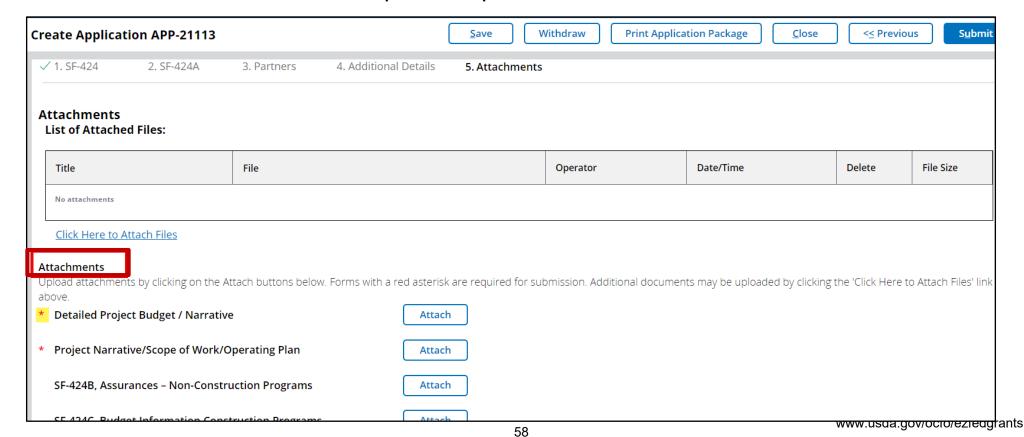




#### **Attachments (Final Stage of Application)**



- Common attachments are listed. Required attachments have a red asterisk by them.
- The following slides are an example. Each Agency has different requirements for their attachments.
- Click Attachments to initiate document upload step.

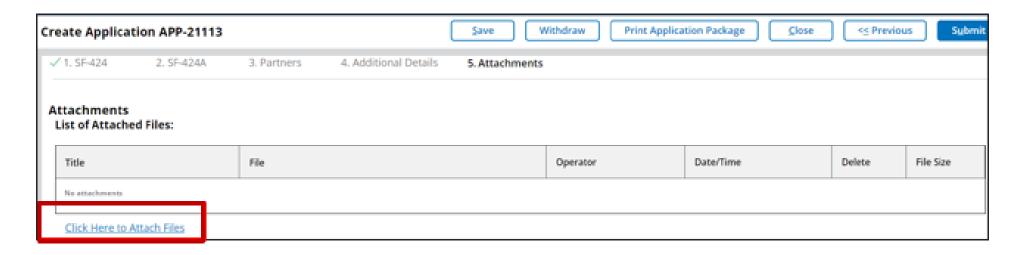




#### **Additional Files**



Select Click Here to Attach to upload additional mandatory attachments.



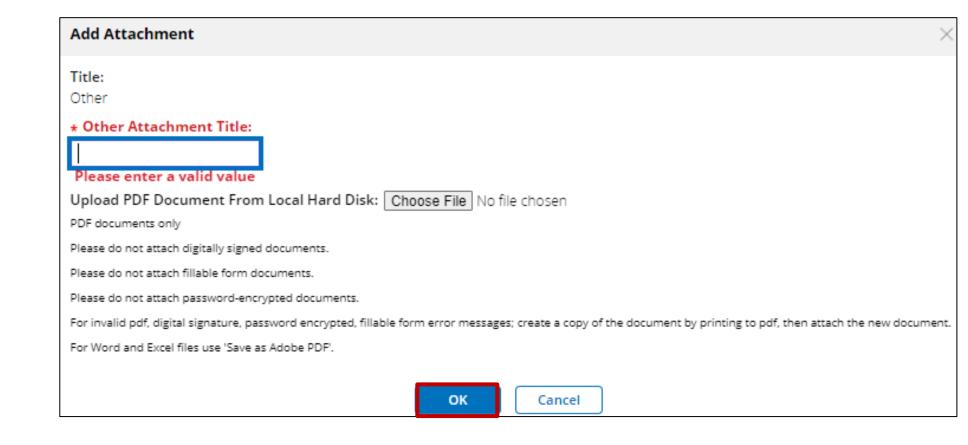
- All attachments must be in PDF format by saving or printing as an Adobe PDF file.
- Individual files must be less than 10MB.
- All attachments combined must be less than 20MB.
- Password protected, encrypted, digitally signed, and fillable form documents cannot be uploaded but can be converted to Adobe PDF.



#### **Attachment Title and Upload**



- Enter Other
   Attachment Title field.
- 2. Click **Choose File** to locate the file on computer.
- 3. Select file and click **Open**.
- 4. Click **OK** to upload the file.





#### **Complete and Submit**



- 1. Ensure you have completed the following sections, SF-424, SF-424A.
  - Designated minimum-required partners
  - Addressed agency-and award-specific details
  - Uploaded all attachments
- 2. Submit application to recipient Signatory Official for review and signature.
- 3. Then, submission to the agency occurs.
- 4. Click the **Submit** button to send the application to the agency Signatory Official(s).

**Note:** The **Submit** button is only available when viewing the Attachments stage.

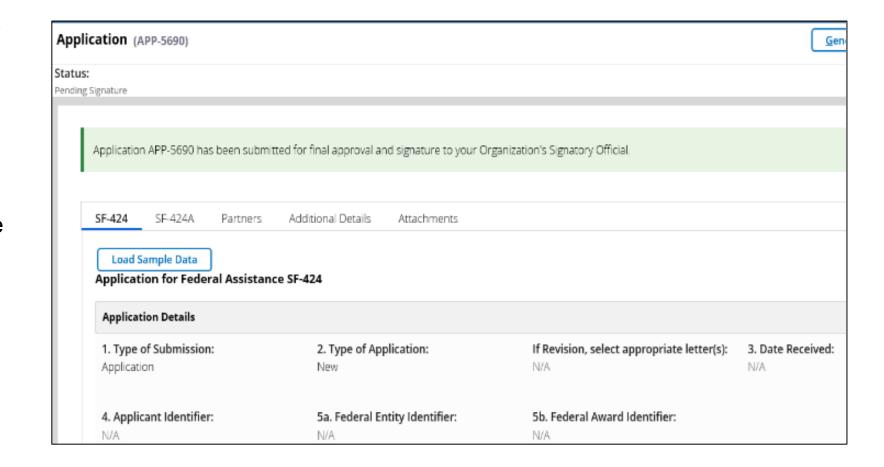
Save Withdraw Generate Package Close <≤ Previous Submit



#### **Confirmation Message**



- If submission is successful, a confirmation message appears at the top of the screen.
- Otherwise, one or more error messages display.
- The error messages describe what must be corrected prior to the application being submitted again.
- Once submitted, notifications and work items are sent to one or more Signatory Official(s).

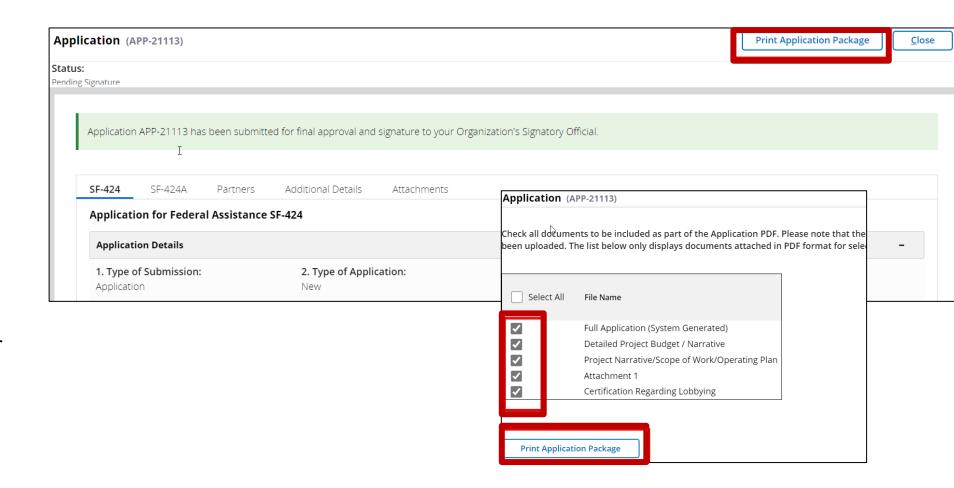




#### **Export Application**



- 1. Click **Print Application Package** to print a copy of the application after submitting application to Signatory Official(s).
- Click checkboxes to select items to include in a combined PDF for your records.

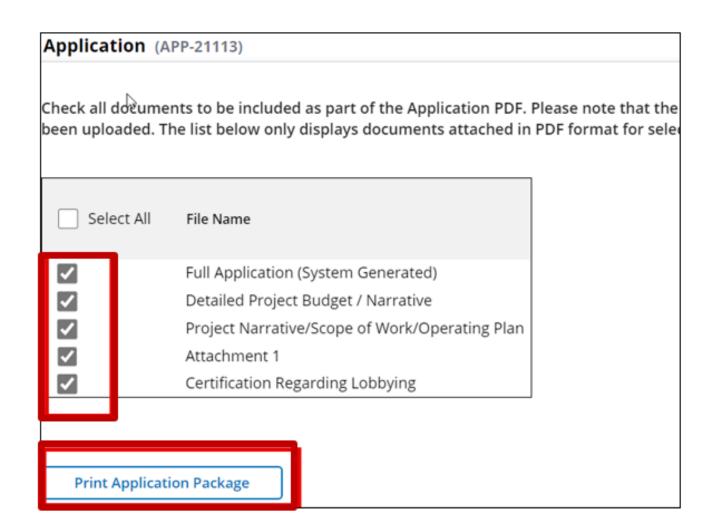




#### **PDF Document**



- If everything in the list is chosen, it creates a combined PDF with full application and all attachments.
- Full application includes all sections of the application (SF-424, SF-424A).
- These sections include Partners,
   Additional Details, Attachment List.





## **Module 2 – Create and Submit Applications Summary**



In this module, you have learned to:

Create an application in ezFedGrants.







# Module 3 – Application Review and Approval Objectives



After completing this module, you should be able to:

 Submit an application for review and approval as a signatory official.

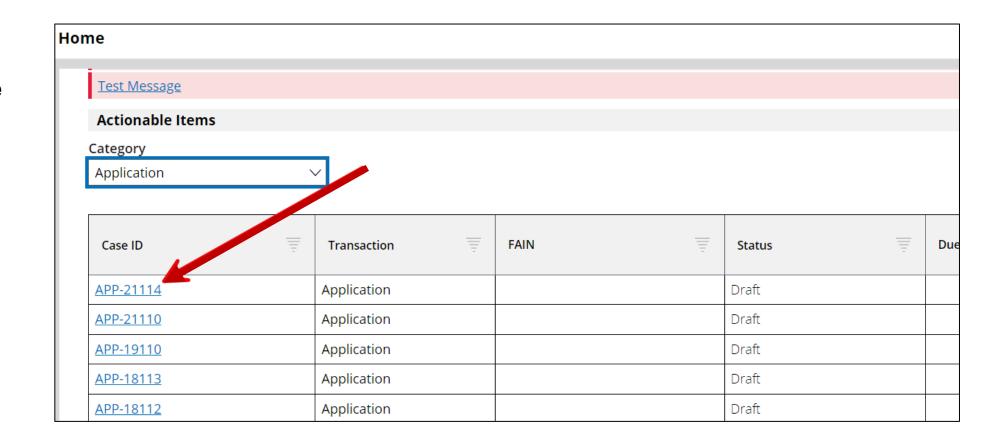




#### **Select Application for Review**



- Access ezFedGrants
   External Portal Home screen.
- Locate the application to review in the Actionable Items section.
- 3. Select **Case ID** link to open the application work item.



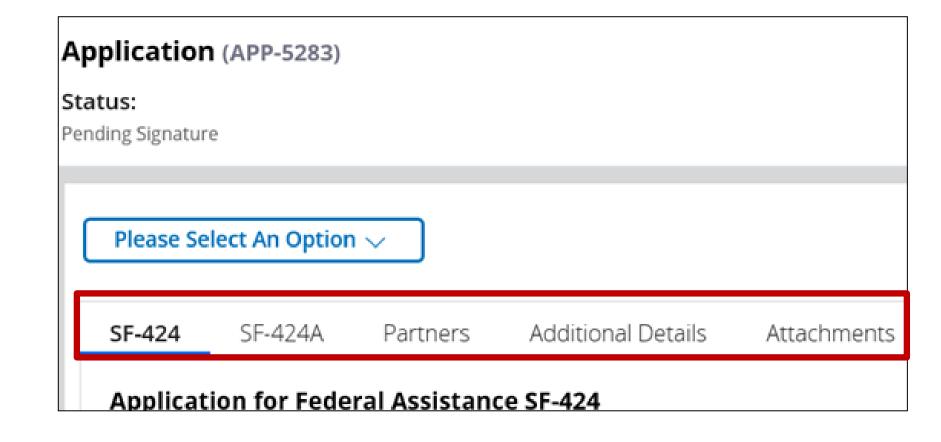


#### **Review Application Tabs**



On the **Application** screen, carefully review application contents by clicking the following tabs:

- SF-424
- SF-424A
- Partners
- Additional Details
- Attachments





#### **Review Application Decision Options**



- Click the **Please Select An option** dropdown menu to select **Sign and Submit, Return,** or **Withdraw**.
- Sign and Submit: Application ready to be submitted to awarding agency for consideration.
- Return: Application needs to be corrected and returned to creator for modification before submission to the agency. The work item moves to creator's Actionable Items list.
- Withdraw: Application should be discarded/voided, and no further action can be taken.
- If you selected the **Return** or **Withdraw** option, enter relevant comments in the **Comments** text box.





# Review Application Legal Notice



If **Sign and Submit** is selected, a **Legal Notice** must be reviewed and accepted before the **Complete Signature** button can be selected.

Please Select An Option 🗸

#### Sign and Submit

By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Acceptance of the terms described below upon clicking "Legal Notice" is also required.

Legal Notice

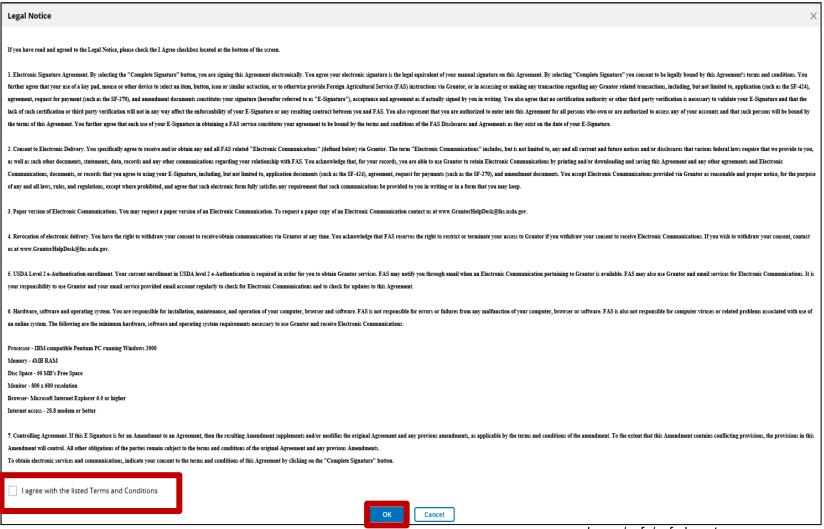
Upon your acceptance, click the "Complete Signature" button below to finish the process.



### **Review Application Terms and Conditions**



- Click I agree with the listed Terms and Conditions checkbox.
- 2. Click **OK** to close the **Legal Notice** window.





# Review Application Digital Signature



Click Complete Signature to finalize decision.

Legal Notice

Upon your acceptance, click the "Complete Signature" button below to finish the process.

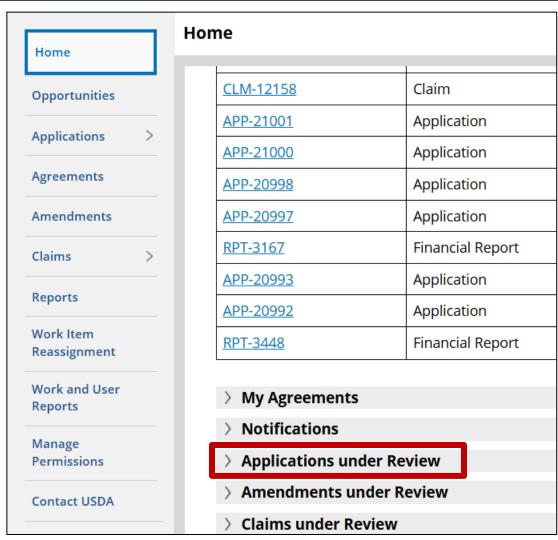
**Complete Signature** 



### **View Applications Under Review**



- 1. Access the **Home** screen to review pending applications within the ezFedGrants External Portal.
- 2. Expand **Applications under Review** section to display applications awaiting action by Signatory Official or Agency.



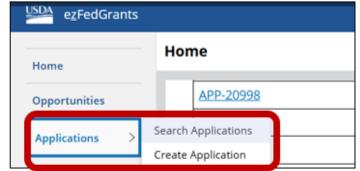


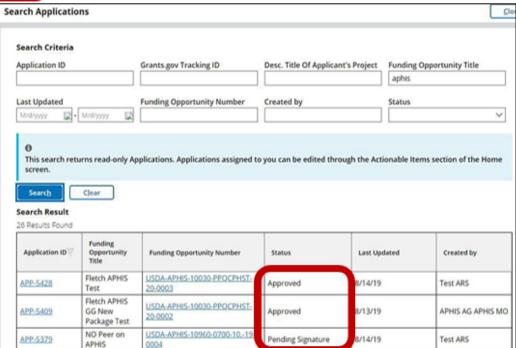
## **View Applications Under Review Status**



Alternatively, to display the status of applications awaiting action by Signatory Official or Agency:

- Click **Applications** tile (on the navigation panel)
- 2. Click Search Applications
- 3. Enter Search Criteria
- 4. Click Search.
- 5. The status displays in the search results







## **Applications Under Review Statuses**



**Draft:** Application incomplete and creator can edit application.

Pending Signature: Application is awaiting Signatory Official (SO) review.

**Returned by Signatory Official:** Signatory Official (SO) returned application for changes. The application creator can edit application.

**Submitted:** The application is awaiting Agency review. If application changes are needed after submission to the agency, contact the agency to request that the application be returned.

**Returned by Awarding Agency:** The Agency returns the application to the creator for changes.

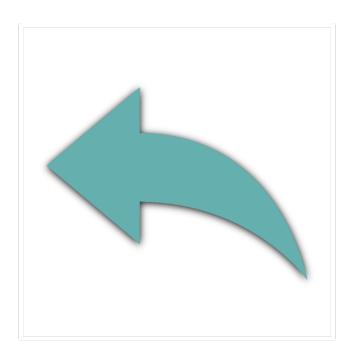




### **Returned and Resubmitted Applications**



- 1. Application returned for corrections.
- Corrections made.
- Application resubmitted.
- 4. Application goes back through the same steps including sign off from the SO and submission to the agency.





## **Approval Timelines**

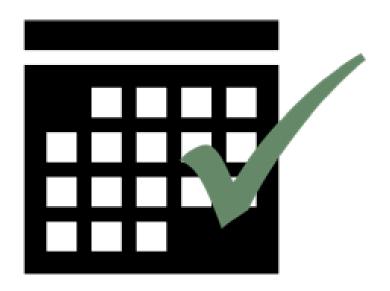


### **Question:**

Is there a timeline for approvals?

#### **Answer:**

It is based on the agency and schedule established within the opportunity.



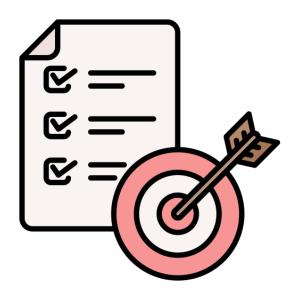


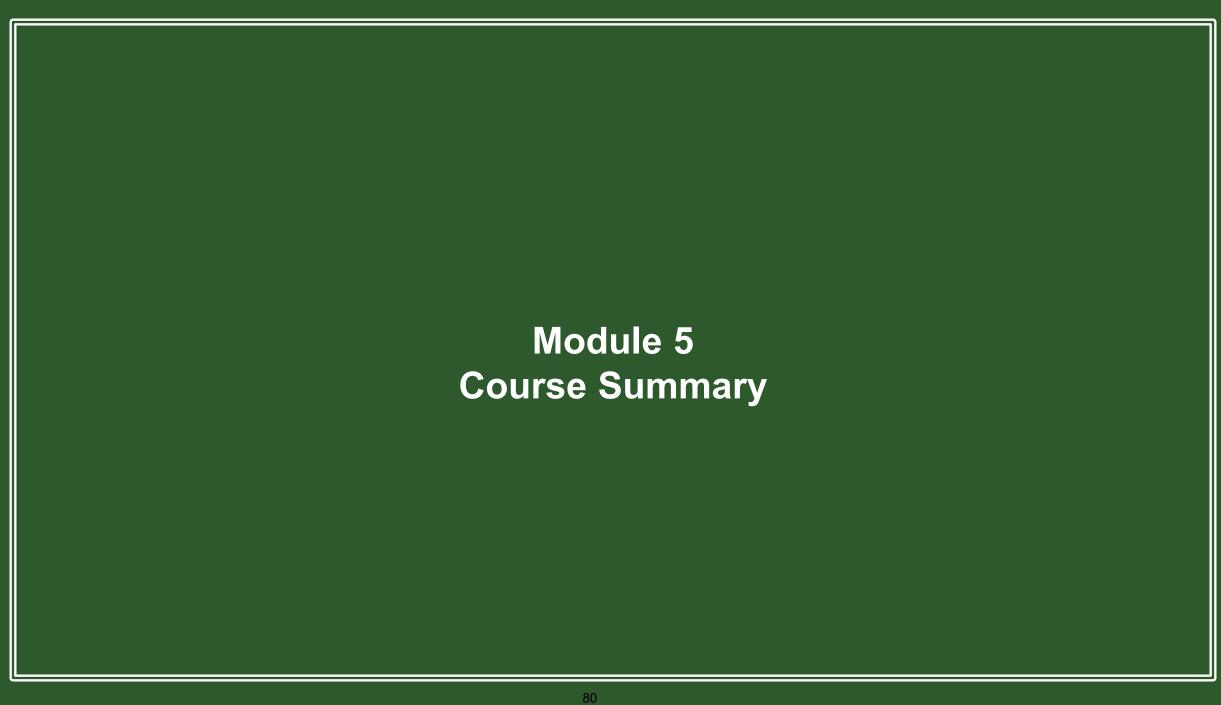
# **Module 3 – Application Review and Approval Summary**



You should now be able to:

Review and submit an application for approval.





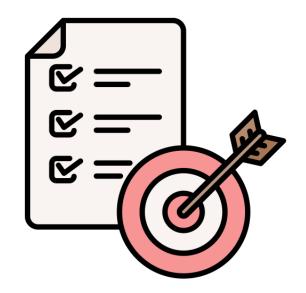


## **Course Summary**



### You should now be able to:

- Search for funding opportunities.
- Create and submit applications.
- Review and submit an application for approval.





### **Getting Help**



### Login.Gov

- Login.gov password/account issues, contact the eAuth helpdesk at www.eauth.usda.gov/helpdesk.
- For Login.gov, call (844) 875-6446. Operating hours are 24 hours a day, seven days a week.
- Login.gov FAQs

#### ezFedGrants

- Contact the ezFedGrants Help Desk: <u>ezFedGrants-cfo@usda.gov</u>.
- Training Schedule <u>eFG Training Schedule | USDA</u>
- Recipient job aids: <u>Job Aid Library</u>



Bookmark or favorite these links!



## **Course Questions?**







### Polls



