



Fiscal Year 2024 (FY24) Continuation Application Instructions

Scholarships for Opportunity and Results (SOAR) Act Grants

January 2024

Systems and Supports, K-12 – Office of Federal Programs and Strategic Funding

Log in to [EGMS](#).



Enterprise Grants Management System

District of Columbia Office of the
State Superintendent of Education



This website best viewed using Internet Explorer version 11.x or Microsoft Edge. Google Chrome version 47.x and later and Safari for OS X version 9.x and later.

LOGIN

Username/Email

Password [Forgot Password](#)

[New User](#)



Select “**GMS Access / Select**”
from the menu list.



Enterprise Grants Management System

District of Columbia Office of the
State Superintendent of Education



You have been granted access to the forms below by your Security Administrator

GMS Access / Select

Assurances and General Data

Phase I Assurances

Funding Applications

Other Data Collections

► **Monitoring**



Confirm filter year is set to “2024.” Search by name or scroll to locate your grant.



[Click to Create EGMS Support Ticket *NEW Feature!!*](#)

[Click to Return to Menu List / Sign Out](#)

Enterprise Grants Management System — Manage Grant Applications

[View Funding Summary](#)

000-0108 Capital City PCS

Filters - Grant Type: All Name: Years: 2024 Only Show Available

21st Century

Grant: 21st Century

Grant Type: Competitive Grant

Application: 2024 - 21st Century - 00

Revision: Original Application

Status: Final Approved 6/13/2023 10:57:45 AM [View GAN](#)

[View Grant Application](#)

Central Data Assurances must be agreed to before applications can be

21st Century Community Learning Centers Consolidated Continuation

Grant: 21st CCLC Continuation

Grant Type: Continuation Grant

Application: 2024 - 21st CCLC Continuation - 00

Revision: Original Application

Status: Final Approved 6/26/2023 3:31:52 PM [View GAN](#)

[View Grant Application](#)

[Create Amendment](#)



SOAR Third Party Continuation Year 2

FY22 Award

Grant: SOAR TP Continuation-Y2

Grant Type: Continuation Grant

Create an application for: 2024

Confirm the grant and grant type are accurate, then select “2024” to open and begin the application.

The application should open with a number of tabs available at the top of the screen.



- Use the tabs to navigate the grant application.
 - Avoid using the back arrow when navigating the application. Use the hyperlinked options at the top of the screen, when possible.
- Click “**SAVE PAGE**” at the bottom of application pages to save the content you enter.
 - Content will not save until all required fields are populated. Typing responses outside of EGMS in a location where they can be saved is sometimes helpful.
- Only submit the application when it is complete and ready for the Office of the State Superintendent of Education (OSSE) to review.

General Information

General Information

This application is a continuation of a prior year SOAR grant. Detailed information about the requirements of this program can be found in the original application, the Request for Applications (RFA), and your signed performance agreement. OSSE is also issuing a revised Grant Award Notification (GAN) with the amount carried over from the fiscal year closeout.

Review general information about the grant.

No grantee information needs to be entered in this section.



Contact Information

Enter contact information for your local education agency (LEA) grant staff.

Click **“SAVE PAGE”** when the information is complete.

Contact Information

* Denotes required field

Application Approval / Disapproval Copy Email Addresses

Check to add up to five (5) email addresses to receive copies of automated approval/disapproval notices. Only the Head of School or Authorized Representative will receive an email notification and does not need to be included in this list. Any other users who should receive notification should be listed.

ADD ADDITIONAL EMAIL ADDRESS

Head of Organization:

Last Name* First Name*

Position/Title*

Address 1*

Address 2

City* State* Zip+4*

Phone* Extension Fax

Email*

Grants Contact:

Last Name* First Name*

Position/Title*

Phone* Extension Fax

Email*

Fiscal Contact

Last Name* First Name*

Position/Title*

Phone* Extension Fax

Email*

Check a box below and complete the information if the Grants Contact is not the application contact.

Facilities Application Contact

SAVE PAGE



Allocations Instructions

SOAR_TP_Continuation-Y2	
Current Year Funds	
Allocation	\$13,500.00
ReAllocated (+)	\$0.00
Released (-)	\$0.00
Total Current Year Funds	\$13,500.00
Prior Year(s) Funds	
Rollover (+)	\$0.00
ReAllocated (+)	\$0.00
Total Prior Year(s) Funds	\$0.00
Sub Total	\$13,500.00
Multi-District	
Transfer In (+)	\$0.00
Transfer Out (-)	\$0.00
Administrative Agent	
Adjusted Sub Total	\$13,500.00
Funds not applied for <small>(Select the boxes below ONLY if the Organization is electing to release its Program funds back to OSSE to be reallocated to other Organizations.)</small>	
Current Year Funds	<input type="checkbox"/>
Prior Year Funds	<input type="checkbox"/>
Total Available for Budgeting	\$13,500.00
SOAR_TP_Continuation-Y2	

Funding Distribution

Review funding information.

If the details do not align to your expected funding amounts, please contact [OSSE](#) for support.



Allocations

Review allocation information.

If the details do not align to your expected allocation amounts, please contact [OSSE](#) for support.

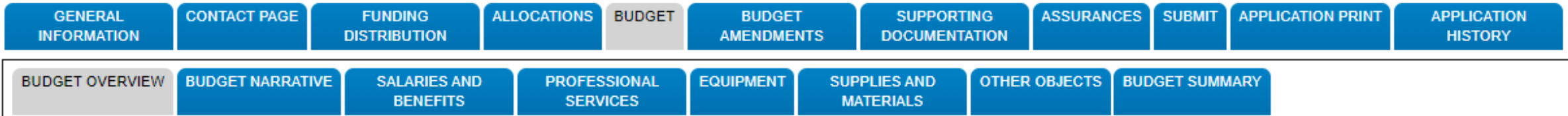
Allocations	
Current Year Funds	Prior Year Funds
13,500.00	0.00



An additional set of tabs will appear when selecting the “**Budget**” tab.

Grantees will use this section to detail their expenditure plans.

Budget



Budget Overview

For each of the following budget categories, the LEA must provide a full list of all planned expenditures.
A summary of the budget category planned expenditures can be found on the Budget Summary tab.



Budget

SALARIES AND
BENEFITS

PROFESSIONAL
SERVICES

EQUIPMENT

SUPPLIES AND
MATERIALS

OTHER
OBJECTS

In each of these tabs, enter LEA expenditures in detail (see guidance on next slide). Tabs that are not related to your plan can remain empty.

When details are complete, select **“SAVE PAGE.”**

To obtain additional detail lines, fill in all blank lines, and click Save Page. 10 more blank lines will then be added at the bottom.

Line Item Number	Program Category	Item(s) to be Purchased	Purpose of Expenditure	Cost Basis	Amount Budgeted	Delete Row
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>



Budget Detail Guidance

Program Category

- Refer to the Expenditure Categorization Guide (linked at the top of each budget tab within the EGMS application) for more guidance

Position Title (Salaries and Benefits only)

- Position title of the employee working on the grant project
- If multiple individuals with the same title will be included in the budget, you may include them on the same line (e.g., “2 Special Education Teachers”)

Brief Position Description (Salaries and Benefits only)

- Brief description (1-2 sentences) of the role of this employee
- Demonstrate how the activities conducted by the individual are necessary to meet the purpose or objectives of the grant project

Budget Detail Guidance, continued

Item(s) to be Purchased (All other budget tabs)

- Description of the specific goods or services that will be purchased with grant funds

Purpose of Expenditure (All other budget tabs)

- Brief description (1-2 sentences) of the purpose of this expenditure in the grant program
- Explain why the expenditure is necessary to meet the purpose or objectives of the grant project

Cost Basis

- Demonstrate how the amount budgeted is reasonable
- *SALARIES*: include the annual salary, fringe benefits rate if applicable, percentage of staff time that will be requested for reimbursement, number of staff in the position (if more than one) and time period for reimbursement (if not the entire award period)
- *GOODS*: include the quantity (i.e., number of units), and estimated cost per unit
- *SERVICES*: include the time period of the contract

Budget

BUDGET SUMMARY

Review the summary of the expenditures entered and saved in this application.

If the summary is not accurate, adjust expenditures in previous tabs.

Remove blank rows from display: Yes No

Code	Activity Description	100 - Salaries and Benefits	300 - Professional Services	400 - Property Services	500 - Equipment	600 - Supplies and Materials	700 - Fixed Property Costs	800 - Other Objects	TOTAL
30	Administration	5,550.00				2,750.00			8,300.00 72.17 %
110	Hard Costs		3,200.00						3,200.00 27.83 %
Subtotal		5,550.00 48.26 %	3,200.00 27.83 %			2,750.00 23.91 %			11,500.00 100.00 %
Total Budget									11,500.00

Budget Amendments

Leave this tab blank. This tab may be used for budget amendment requests at a later date.

Please note: you may make budgetary changes as needed in this continuation application.

GENERAL INFORMATION CONTACT PAGE FUNDING DISTRIBUTION ALLOCATIONS BUDGET BUDGET AMENDMENTS SUPPORTING DOCUMENTATION ASSURANCES SUBMIT APPLICATION PRINT APPLICATION HISTORY

Budget Amendments

Instructions: Please complete the following table with each budget amendment submission. The corresponding changes should also be made in the budget tab prior to submitting the amendment.
 Note: This tab should not be completed when submitting the original grant application.

Enter today's date (MM/DD/YYYY)

Budget Category	Program Category	Item Description	Amount in previous approved budget (or \$0 if new item)	Amount in Current Amendment (or \$0 if removing the item)	Rationale for the change to this budget item
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Supporting Documentation

Any supporting documentation should be uploaded using the File Upload process below. Required documentation can be submitted upon the initial submission of this application and when amending the application. If the Office of State Superintendent of Education (OSSE) requests further documentation, this File Upload process is the location where such files should be attached to your application for review.

If you have files to upload for OSSE review, please provide a brief description of the contents of each file. If you upload a file in error, those files cannot be removed. Please detail any directions about such files to OSSE below.

(0 of 2000 maximum characters used)

Please upload supporting information files. Allowable file types are Microsoft Word (.doc/.docx), Excel (.xls/.xlsx) and Adobe PDF. Files must be less than 6MB in size and the file name should not include special characters (i.e. #, \$, % etc.). Attempting to upload a file that does not comply with these restrictions will result in errors and loss of unsaved data.

If any documents previously uploaded should be disregarded, please note that instruction in the textbox above where you have provided a description of your files.

Uploaded Files:

No files are currently uploaded for this page.



Supporting Documentation

Leave this tab blank. This tab may be used to provide supplemental information or documents with future amendments, if needed.

An additional set of tabs will appear when selecting the “**Assurances**” tab.

Assurances

PROGRAM SPECIFIC ASSURANCES	ASSURANCES AGREEMENT SUMMARY
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Program Specific Assurances

By checking this box and saving the page, the applicant hereby certifies that he/she has read, understood and will comply with the assurances listed below.

Applicants will be required to attest to the following program specific assurances:

As the duly authorized representative of the applicant I certify that:

1. Will comply with activities necessary to carry out a mandated evaluation of the Opportunity Scholarship Program (OSP), as specified in Section 3011(a)(1) of the SOAR Act.
2. Will comply with the Davis-Bacon and Related Acts (40 U.S.C. 3141 et seq), as applicable.



Assurances

The authorized representative of the applicant certifies that he or she has read, understood and will comply with all of the provisions of the following assurances.

NOTE: These checkboxes will be automatically filled in as each of the separate certifications/assurances are read and agreed to.

6/3/2020

This is the date on which your LEA or organization agreed to the Common Assurances in the Central Data Application in EGMS. IF THIS FIELD IS BLANK, YOUR APPLICATION WILL NOT BE ACCEPTED. You must go to the Central Data Application to complete this required step.

Program Specific Assurances

The required assurances (both the Common Assurances in the Central Data Application and the Program Specific Assurances in this application) were fully agreed to on this date:

LEGAL ENTITY AGREES

Once this page is signed by the authorized representative, the “**Program Specific Assurances**” box will be checked and a date will appear in the gray box at the bottom of the page.



Assurances

ASSURANCES AGREEMENT SUMMARY

The assurance agreement summary must be completed by the LEA's **authorized representative**. They may select “**LEGAL ENTITY AGREES**” to complete this page.

If you need to make adjustments to who has this role, please contact **OSSE** for support.

Submit

The Consistency Check must be successfully processed before you can submit your application.

CONSISTENCY CHECK

LOCK APPLICATION

UNLOCK APPLICATION

Assurances 1/29/2021
LEA Data Entry
LEA Administrator
Program Review
Final Review

Select “**CONSISTENCY CHECK**” and allow the program to confirm that the application is ready for submission.

If an error appears, complete the missing information and repeat the consistency check.



Tester OCIO ran the consistency check process which locked the application on 1/29/2021 at 4:46 PM.

LOCK APPLICATION

UNLOCK APPLICATION

Assurances 1/29/2021
Consistency Check was run on: 1/29/2021
LEA Data Entry
LEA Administrator
Program Review
Final Review

SUBMIT TO OSSE

The application has been submitted for review.

CONSISTENCY CHECK

LOCK APPLICATION

UNLOCK APPLICATION

Assurances 1/29/2021
Substantially Approvable Date: 1/29/2021
Consistency Check was run on: 1/29/2021
LEA Data Entry
LEA Administrator submitted the application to OSSE on: 1/29/2021
Program Review
Final Review



Submit

When the check is complete and accurate, a “**SUBMIT TO OSSE**” button will appear. Select that button to submit the application.

Once the application has been submitted, red text confirming the submission will appear.

Requested Prints will be processed every hour, starting at 6:01AM and ending at 9:01PM, everyday of the week. Requests entered before the next print run will be included when that up coming run is executed (Example: A print requested a 2:48 PM will be processed with the run at 3:01 PM. Another request submitted at 3:02 PM will not be processed until the next run at 4:01 PM). Once completed, a link to a PDF will display on the Right Side of the page under Completed Printed Jobs. Applicants may save this PDF to their local computer, and print as desired.

Please click the "Request Print" button once only. Each press of the button will send an additional request to the system.

Completed Print Request links will remain on this page for 7 days. After that time, the document will be removed. If you would like to retain a copy beyond 7 days, please save the PDF to your local computer.

Request Print Job
<input type="checkbox"/> SOAR Act - Facilities Cohort 1
REQUEST PRINT
Requested Print Jobs
Completed Print Jobs



Application Print

Printing notes are included in this tab. Please review them carefully to understand the timing of this process.

Printing and/or saving your application is optional.

Application History

Application History (Read Only)

Status Change	User Id	Action Date
Substantially Approved	Tester OCIO (OCIO TSR)	01-29-2021 4:47 PM
Submitted to OSSE	Tester OCIO (OCIO TSR)	01-29-2021 4:47 PM
Consistency Check	Tester OCIO (OCIO TSR)	01-29-2021 4:46 PM

This tab can be used to confirm submission, review the status of your application, and see the details of the application history.



Questions?

If you need support, please contact your SOAR grant manager.

SOAR Grant Name	SOAR Grant Manager	Email
SOAR Teacher Pipeline, SOAR Third Party	Jessica Mardo	Jessica.Mardo@dc.gov
SOAR Facilities	Marie Hutchins	Marie.Hutchins@dc.gov