



## **Fiscal Year 2022 (FY22) Continuation Application Instructions**

*Scholarships for Opportunity and Results (SOAR) Act and  
Charter School Programs (CSP) Grants*

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January 2022



## 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](#)

**LOGIN**

[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 “2022.” Search by name or scroll to locate your grant.



# Enterprise Grants Management System

District of Columbia Office of the State Superintendent of Education



Enterprise Grants Management System — Manage Grant Applications

[View Funding Summary](#)

Filters - Grant Type: All Name: Years: 2022  Only Show Available

## Central Data

Grant: Central Data

Grant Type: Assurances and Central Data

Application: 2022 - Central Data - 00

Revision: Amendment 1

## COVID-19 Positive Case Response and Clinical Supports for Schools

Grant: COVID-19 PCR

Grant Type: Formula Grant

Application: 2022 - COVID-19 PCR - 00

Revision: Original Application

## SOAR Formula Combined

**Grant:** SOAR Formula Combined

**Grant Type:** Formula Grant

Create an application for

Confirm the grant and grant type are accurate, then select “**2022**” 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 OSSE to review.

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## General Information

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

# General Information

Review general information about the grant.

No grantee information needs to be entered in this section.

# Contact Information

Enter contact information for your 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](#)

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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\*

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Fiscal Contact

Last Name\*  First Name\*

Position/Title\*

Phone\*  Extension  Fax

Email\*

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

Facilities Application Contact

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[SAVE PAGE](#)



SOAR_Act_FAC_CONT1	
<b>Current Year Funds</b>	
Allocation	\$11,500.00
ReAllocated (+)	\$0.00
Released (-)	\$0.00
<b>Total Current Year Funds</b>	<b>\$11,500.00</b>
<b>Prior Year(s) Funds</b>	
Rollover (+)	\$0.00
ReAllocated (+)	\$0.00
<b>Total Prior Year(s) Funds</b>	<b>\$0.00</b>
<b>Sub Total</b>	<b>\$11,500.00</b>
<b>Multi-District</b>	
Transfer In (+)	\$0.00
Transfer Out (-)	\$0.00
Administrative Agent	
<b>Adjusted Sub Total</b>	<b>\$11,500.00</b>
<b>Funds not applied for</b> (Select the boxes below ONLY if the Organization is electing to release its Program funds back to OSSE to be reallocated to other Organizations.)	
Current Year Funds	<input type="checkbox"/>
Prior Year Funds	<input type="checkbox"/>
<b>Total Available for Budgeting</b>	<b>\$11,500.00</b>
SOAR_Act_FAC_CONT1	

CALCULATE TOTALS

SAVE PAGE



# Funding Distribution

Review funding information.

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

# Allocations

## Allocations

Below, allocations are displayed, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application.

LEA Allocation for SOAR Act- Public Facilities

Current Year Funds

11,500.00

Prior Year Funds

0.00

Review allocation information.

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



## Project Activities

This tab will appear in the FY22 continuation application for the SOAR Formula Grant only.

### SOAR Formula Grantees only:

- Describe the prior year SOAR Formula Project in 1-2 paragraphs.
- Provide 3-5 specific project activities that will be completed during the first six-month period of the continuation grant (Oct. 1, 2021-March 31, 2022). You will provide a completion status update for these activities in the semi-annual narrative report.
- Provide 3-5 specific project activities that will be completed during the second six-month period of the continuation grant (Apr. 1, 2022-Sept. 30, 2022). You will provide a completion status update for these activities in the semi-annual narrative report.

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.



## Summary of Planned Expenditures

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### Brief Project Description

Describe the project from your previous application in one to two paragraphs.

(0 of 2000 maximum characters used)

### Budget Narrative

Describe all costs in the SOAR budget.

(0 of 2000 maximum characters used)



# Budget

## Budget Narrative

“**Brief Project Description**” should align directly with your prior year application.

In the budget narrative section, outline any changes that have been made from the previous year’s approved budget (e.g., new line items, removing line items, shifting major categories of funding).

Itemize and explain each expenditure amount that appears on the Budget Summary.

[Click here for Description of Program Category Values](#)

Note: This Budget Summary displays to aid in creating and editing the Request and will not display once the Request is submitted to the SEA.

<b>Paid to Date Amounts</b>	100	300	400	500	600	700	800	Indirect Cost
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Current Budgeted Amounts by Budget Category</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Notes:** The District Level Budget page is identified by "0000"

Site:

Total Allocation Available for Budgeting: \$11,500.00

Name of Individual	Position Title	Program Category	Portion of FTE to be Paid	Expenditure Description and Itemization	SOAR_Act_FAC_CONT1 Funds	Delete Row
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>
					0.00	<input type="checkbox"/>

Total Displayed: \$0.00

(A) Total Allocation Available for Budgeting	\$11,500.00	(F) Total budgeted	\$0.00
		Remaining (A-F)	\$11,500.00



# Budget

- SALARIES AND BENEFITS
- PROFESSIONAL SERVICES
- EQUIPMENT
- SUPPLIES AND MATERIALS
- OTHER OBJECTS

In each of these tabs, enter LEA expenditures in detail. Format and table contents will vary by expenditure type. Tabs that are not related to your plan can remain empty.

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

# 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

## 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 that were 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

Do not include any files with your initial continuation applications. **Leave this tab blank.** The file upload may be used for budget amendment requests at a later date.

Please note: you may make budgetary changes as needed in this continuation application, but a letter of rationale is not required. You will provide details about any budgetary shifts from the previous year in the "Budget Narrative" section.



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

# Assurances

PROGRAM SPECIFIC ASSURANCES	<b>ASSURANCES AGREEMENT SUMMARY</b>
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**Program Specific Assurances**

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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.

## 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.
3. Will seek and receive approval from OSSE before implementing any project changes with respect to the purposes for which the proposed funds are awarded. Retroactive amendments are not allowable.
4. Will submit reports describing the implementation of the proposal as well as its impact on improving school performance and educational outcomes and/or increasing the number of high quality public charter school seats as outlined in the performance agreement.
5. Will expend all funds by the end of the grant period. The organization assures at least quarterly submissions of reimbursement workbooks.
6. Will retain all records of the financial transactions and accounts relating to the proposed project for a period of five years after the termination of the grant agreement and shall make such records available for inspection and audit as necessary.
7. Acknowledges and agrees that the completion of this application, or the approval to fund an application, will not be deemed to be a binding obligation of OSSE until such time as the Grant Award Notification (GAN) is delivered to the recipient.
8. Recognizes that OSSE approval of an application does not relieve it of its responsibility to comply with all applicable requirements.

SAVE PAGE



# Assurances

## PROGRAM SPECIFIC ASSURANCES

Review the assurances in detail and select the check box at the top and select **“SAVE PAGE”** when you are ready to certify you have read, understand, and will comply with the assurances.

## 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.



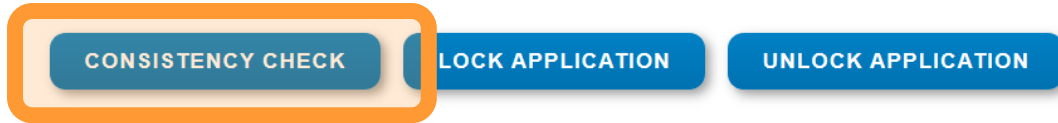
# Assurances

## ASSURANCES AGREEMENT SUMMARY

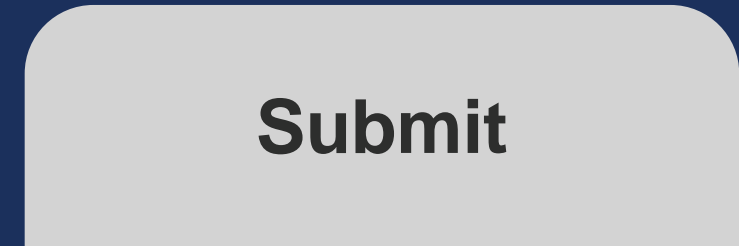
The assurance agreement summary must be completed by the LEA's **authorized representative**. They may select “**LEGAL ENTITY AGREES**” to complete this page.

If you need to make adjustments to who has this role, please contact [OSSE](#) for support.

The Consistency Check must be successfully processed before you can submit your 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
<b>REQUEST PRINT</b>
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 [OPCSFS.Funding@dc.gov](mailto:OPCSFS.Funding@dc.gov), or your program officer.

Program Officer Name	Program Officer Email
Brianna Griffin	<a href="mailto:Brianna.Griffin@dc.gov">Brianna.Griffin@dc.gov</a>
Marie Hutchins	<a href="mailto:Marie.Hutchins@dc.gov">Marie.Hutchins@dc.gov</a>
Stacy Kirk	<a href="mailto:Stacy.Kirk@dc.gov">Stacy.Kirk@dc.gov</a>