

SFS Handbook: Grantee Processing in SFS (Grantee User Manual)

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For questions regarding the information included in this Guide, contact the SFS Help Desk: Phone: 518-457-7717 or 855-233-8363 (toll free) | Email: <u>HelpDesk@sfs.ny.gov</u> | Using the SFS Support tile in the SFS Vendor Portal

Grantee Processing in SFS

Handbook Description:

This Handbook provides the knowledge and skills to support grants management activities using the <u>Statewide Financial System (SFS) Public Portal</u> and the <u>SFS Vendor Portal</u>. The end-to-end grants management business process includes prequalification, searching for grant opportunities, bid submission, bid award, contract collaboration and execution, progress reporting, claims submission and payment processing.

The Statewide Financial System (SFS) is New York State (NYS) government's accounting and financial management system used to manage contracts and payments.

Using SFS, Agencies post grant opportunities in the form of bid events. From the SFS Public Portal, prospective grantees and the general public can search for grant opportunities (also known as bid events) and sign up to receive grant notifications.

Prospective grantees interested in responding to a grant opportunity must have credentials to access* the SFS Vendor Portal and be prequalified. Prequalification is a process applicable to Non-profits (or other organizations as defined by State policy) that requires the completion and acceptance of an online application to compete for state funding. Non-profits complete prequalification applications and submit them for agency review. Agencies are responsible for reviewing submitted prequalification applications and taking action on the application (e.g., approving it or returning it back for additional information).

Prequalified grantees log in to the SFS Vendor Portal to submit their bid response to the agency for review. The agency scores and reviews bid responses in order to award a grant to a grantee. The Grantee is the legal entity to which a grant is awarded and who is accountable for the use of the funds. Grantees collaborate with agencies on grant contract development and approval.

Once a grant contract has been approved, grantees can initiate and submit progress reports in the SFS Vendor Portal for agency review and approval. Grantees are encouraged to discuss the process for submitting claims with the agency they are doing business with, to confirm how payments will be processed based on the terms of the contract agreement.

*Note: The SFS Delegated Administrator (Admin) within each organization is responsible for managing SFS Vendor Portal account changes, designating roles for User IDs within their organization, and managing address and contact information. Roles control what an individual has access to do and the tasks they can perform in the SFS Vendor Portal. Additional information regarding roles can be found in the <u>SFS Vendor Role Guide</u> and the <u>Vendor Portal Access Reference Guide</u>.

Handbook Concepts:

This Grantee Handbook explores the following concepts:

- Searching and Viewing Bid Events (Grant Opportunities)
- Subscribing to Email Notifications
- Maintaining Grantee Information
- Managing Prequalification
- Responding to Bid Events
- Reviewing and Approving Grant Contracts
- Entering and Maintaining Grant Claims
- Running Grantee Reports

Using SFS Handbooks:

This Handbook includes multiple lessons and training topics. Each training topic includes a series of steps which walkthrough how to perform a specific task. There are different types of steps within a training topic: steps that are action oriented, and steps that are intended to provide additional information and context to assist you with performing a task.

- Handbook steps that include text in **bold blue font** indicate that action is required (e.g., Click the **Add** button).
- Handbook steps that include text in **bold red font** are used for illustrative data entry purposes (e.g., Enter the applicable value into the **Schedule ID** field. For example, Enter "5243".)
- Handbook steps that include text in **bold black font** provide additional information and clarification about an SFS page, field, process, report, navigational elements, and processing tips (e.g., The **Process Scheduler Request** page displays. This page is used to verify and/or select the process that you want to run.)

Searching and Viewing Bid Events (Grant Opportunities)

Lesson Description:

This lesson provides the knowledge and skills to search and view Bid Events. Bid Events are posted by Agencies to allow bidders to submit responses in order to apply for a funding award. Bid Events are created by Agencies to capture details about a grant opportunity. It is comprised of customizable questions, fields, and attachments specific for the need of each award.

Lesson Objectives:

In this lesson, you will learn how to:

• Search and view bid events

Search for a Bid Event (Grant Opportunity) on the SFS Public Portal

Topic Description:

This topic provides the knowledge and skills to search for and view bid events.

Topic Objectives:

In this topic, you will learn:

• How to search for and view bid events

SFS role required to perform this task:

• No role required. Users do not need to log in to SFS to search for grant opportunities on the SFS Public Portal.

Procedure

Scenario: As a member of the public, you can search and view public bid events (grant opportunities) without signing in to the SFS Vendor Portal by visiting the <u>SFS Public Portal</u> <u>Homepage</u> and selecting the **Search for Grant Opportunities** tile.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

Step	Action
1.	Navigate to the SFS Public Portal Homepage.
	Note : Users DO NOT need to log in to SFS, as this is a public page.
2.	Note : If you experience issues within the Vendor Portal, you may need to clear your browser cache. You can press Ctrl+Shift+Del to expedite the clearing process. Also, verify the Passwords checkbox is unselected. This will allow you to keep all saved passwords and usernames after clearing your cache.

SFS	
Vendor Portal 🔻	
	Welcome NYS Vendors
	Welcome to New York State's Vendor Portal. Thank you for doing business with New York State. As a vendor who provides goods and services to NYS agencies, you may transact business online through the Statewide Financial System's Vendor Portal. From this Portal, you can submit invoices, look up payments, and update your contact information online.
	Learn more about the benefits of the Vendor Portal
	Sign in to the Vendor Portal Vendor Announcements
	Search for Grant Opportunities SignUp for Grant Notifications SignUp for Grant Notifications

Step	Action
3.	From the SFS Public Portal Homepage, click the Search for Grant Opportunities tile.

Vendor Portal			Search for Grant Opp	ortunities			
Search for Grant	Opportunities						
Enter the search criteria	and click the Search	button					
Search Criteria							
	Event ID						
Search by Grant (Opportunity						
Search by D	From From						
	То						
Searc	ch by Status Availa	able 🗸					
Search b	by Eligibility	~					
Search by Fund	ling Agency						
Search by S	Service Area Enviro	onmental Supp					
Search	Cle	ear Criteria					
Search Results						14	 I-14 of 1
							1-1401
Event ID	Funding Agency	Grant Opportunity	Status	Eligibility	Availability Date	Anticipated Release Date	Due Date
EVT0000001	DCJ01	SFY23-24 Securing Communities Against Hate Crimes	Advertised Only - Not in SFS	Not-For-Profit	01/25/24 4:00PM	01/25/24 4:00PM	05/17/2024 12:00PM EDT
OMH100	OMH01	Apartment Treatment Housing for Adults with SMI	Available	Not-For-Profit	02/01/24 9:00AM	02/01/24 9:00AM	04/09/2024 2:00PM EDT

Step	Action
4.	 The Search for Grant Opportunities page is used to search for opportunities posted by agencies. Enter the applicable search criteria in the Search Criteria fields. In this example, we will search for grant opportunities by Status and by Service Area, which are the most common search methods.
5.	 The Search by Status options are: Anticipated: Represents summary information about an upcoming Bid Event (grant opportunity) which is provided for review only. Bid Responses (applications) cannot be started until the Bid Event becomes Available (published). Includes only bid events in "Anticipated" status in the search results. Available: Represents a Bid Event (grant opportunity) that is available for review and open for potential grantees to start a Bid Response (application). Bid Responses can be submitted beginning on the Event Start Date. Includes bid events in "Available" and "Advertised Only-Not if SFS" statuses in the search results. Note: "Advertised Only – Not in SFS" status represents summary information about a grant opportunity managed outside of SFS and is provided for review only. Directions on where to find additional information about the grant opportunity, including where to apply, are provided. Anticipated and Available: Includes bid events in "Anticipated", "Available", and "Advertised Only-Not if SFS" statuses in the search results. Closed: Includes only bid events where the end date has passed, and grantees can no longer bid on the grant opportunity.

Step	Action
6.	In this example, we will click the Search by Status field drop-down list and select the Available list item.
7.	When you search by Service Area , only the bid events represented by the selected service area will display in the search results.
8.	In this example, we will click the Search by Service Area field drop-down list and select the Environmental Supports list item.
9.	Click the Search button.
10.	Note: A list of Event IDs will populate in the Search Results based on the current search criteria. Click the applicable link in the Grant Opportunity column to view the abstract details. Grant Opportunity

Supplier Search Events	Search for Grant Opportunities			
		Overview		
View Grant Opportunity	Grant Opportunity ID OM	IH100		
Log into SFS and Apply for Grant	Agency Offi	ice of Mental Health		
	Grant Opportunity Apa	artment Treatment Housing for Adults with SMI		
Return to Search	Contact Name Joh	hn Doe		
	Contact Email Joh	hn.Doe@test.ny.gov		
	sen inpu OM 171 ava	New York State Office of Mental Health (OMH) is committed to investing in community-based vices that will reduce the demand for psychiatric hospitalization and long lengths of stay in attent settings. Based on the need for additional residential opportunities to support this insistent setting. Based on the need for additional residential opportunities to support this site in the development and operation of up to Treatment Apartment Program (TAP) housing units statewide. Approximately \$4,500,000 is slabel annually.		
		Not-for-Profit applicants must be Prequalified by the due date and time of the RFP.		
	See	e RFP for full details: https://omh.ny.gov/omhweb/rfp/		
		Full Announcement Details		
	Announcer	ment Link		
	Applications Due (D	Date / Time) April 9, 2024 / 02:00 PM		
	Bidder's Conference(s)/Application We	orkshop(s)		
	Anticipated A	Award Date Monday, May 13, 2024		
	Anticipated Initial Contra	ract Length 60 Month(s)		
	Total Funding	g Available \$4,500,000.000		
	Letter of Inten	nt Narrative Not Applicable		
	Letter of	Intent Due		
	Questions	s Due Date Thursday, February 22, 2024		
	Questions and Answer	s Narrative omh.ny.gov/omhweb/rfp/		
	Questions and Answers Po	asting Type Link		
	Questions and Answers Po	osting Date 03/14/2024		
	Questions and Answers Link	c or Upload https://omh.ny.gov/omhweb/rfp/		
	Eligible	Applicants Not-For-Profit		
	Servic	ce Areas(s) Health Services, Housing and Shelter Services		

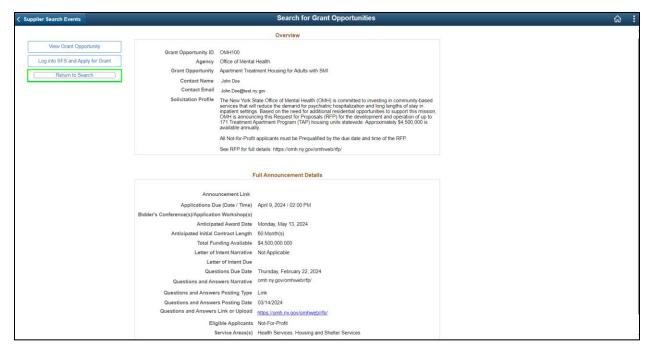
Step	Action
	Click the View Grant Opportunity button to view the Request for Proposal (RFP) pdf associated to the grant opportunity.
	(NFF) pui associated to the grant opportunity.

💽 Work 🕅 🗖 🗅 Search for Grant Opportunities X 🗅 Test_Word_Upload.pdf X 🕂	k					- 0	_
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≔ 뉟 ~ ▽ Draw ~ ⊘ ① Read aloud Ask Copilot - + 1_of1 즷 ①				QI	θ B	2 \$	
Test Content							0
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Step	Action
12.	Click the Close (X) browser tab when you are finished viewing the Request for Proposal (RFP) pdf associated to the grant opportunity.

Supplier Search Events		Search for Grant Opportunities	
		Overview	
View Grant Opportunity	Grant Opportunity ID OMH100		
Log into SFS and Apply for Grant	Agency Office of Menta	I Health	
	Grant Opportunity Apartment Trea	Itment Housing for Adults with SMI	
Return to Search	Contact Name John Doe		
	Contact Email John Doe@test	ny.gov	
	services that w inpatient settin OMH is annou 171 Treatment available annu: All Not-for-Prof	State Office of Mental Health (OMH) is committed to investing in community-based in deuce the demand for psychiatric hospitalization and long lengths of stay in ps. Based on the need for additional residential opportunities to support this mission, and pills Request for Pipposas (RFP) for the development and operation of up to the provide the provide the start of the pills of the pills of the pills of the additional pills of the pills of the pills of the pills of the pills of the additional pills of the pills of the pills of the pills of the pills of the additional pills of the pills of the pills of the pills of the pills of the additional pills of the pills of the pills of the pills of the pills of the additional pills of the pills of the pills of the pills of the additional pills of the pills of the pills of the additional pills of the pills of the additional pills of the pills of the additional pills of the addition	
		Full Announcement Details	
	Announcement Link		
	Applications Due (Date / Time)	April 9, 2024 / 02:00 PM	
	Bidder's Conference(s)/Application Workshop(s)	April 5, 20247 02.001 m	
	Anticipated Award Date	Monday, May 13, 2024	
	Anticipated Initial Contract Length	60 Month(s)	
	Total Funding Available	\$4,500,000.000	
	Letter of Intent Narrative	Not Applicable	
	Letter of Intent Due		
		Thursday, February 22, 2024	
	Questions and Answers Narrative		
	Questions and Answers Posting Type		
	Questions and Answers Posting Date Questions and Answers Link or Upload		
	Eligible Applicants		
	Service Areas(s)	Health Services, Housing and Shelter Services	

Step	Action
13.	Note : If you have access to login to the SFS Vendor Portal and are interested in applying for this grant, click the Log into SFS and Apply for Grant button to access the SFS Vendor portal.
	In this training example, we will not click the Log into SFS and Apply for Grant button.
14.	Note : If you do not have access to the SFS Vendor Portal and if your organization is already established within the SFS Vendor portal, an SFS Delegated Administrator has been authorized within your organization to provision user login credentials, unlock accounts, or reset passwords. Please reach out to your SFS Delegated Administrator directly.
	Also, if you do not have a login and if you are new to the SFS Vendor portal, and would like to establish an account for the purposes of doing business with the State of New York, access the Grants Management website for instructions on how to register your organization. (https://grantsmanagement.ny.gov/register-your-organization-sfs).



Step	Action
15.	Click the Return to Search button to return to the Search for Grant Opportunities page.
16.	You have successfully completed the Search For a Bid Event (Grant Opportunity) On the SFS Public Portal topic.

Subscribing to Email Notifications

Lesson Description:

This lesson provides the knowledge and skills for Grantees to subscribe to email notifications to receive information about grant opportunities for one or more service areas.

Lesson Objectives:

In this lesson, you will learn how to:

• Subscribe to email notifications.

Subscribe to Email Notifications

Topic Description:

This topic provides the knowledge and skills to subscribe to email notifications to receive information about grant opportunities for one or more service areas.

Topic Objectives:

In this topic, you will learn:

• How to subscribe to email notifications

SFS role required to perform this task:

• No role required. Users do not need to log in to SFS to subscribe to email notifications on the SFS Public Portal.

Procedure

Scenario: As a member of the public, you will subscribe to email notifications to receive information about grant opportunities without signing in to the SFS Vendor Portal.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

Step	Action			
1.	Navigate to SFS Public Portal Homepage.			
	Note : Users DO NOT need to log in to SFS, as this is a public page.			
2.	Note : If you experience issues within the Vendor Portal, you may need to clear your browser cache. You can press Ctrl+Shift+Del to expedite the clearing process. Also, verify the Passwords checkbox is unselected. This will allow you to keep all saved passwords and usernames after clearing your cache.			

SFS						
Vendor Portal 🔻						
	Welcome NYS Vendors					
	Welcome to New York State's Vendor Portal.					
	Thank you for doing business with New York State. As a vendor who provides goods and services to NYS agencies, you may transact business online through the Statewide Financial System's Vendor Portal. From this Portal, you can submit invoices, look up payments, and update your contact information online.					
	Learn more about the benefits of the Vendor Portal					
	Sign in to the Vendor Portal Vendor Announcements Image: Constraint of the Vendor Portal Image: Constraint of the Vendor Announcements					
	Search for Grant Opportunities SignUp for Grant Notifications Modify Grant Notifications					

Step	Action
3.	Click the SignUp for Grant Notifications tile.

Vendor Portal	Sign Up Grant Notifications	۵
Information		
Complete all required fields below.		
Select the Sign-Up button below to complete the process.		
*First Name		
*Last Name		
*Organization		
*Email		
"Confirm Email		
Service Area Preferences		
Select the checkbox next to the service area or service areas you wi	sh to be notified about.	
Click here for a description of each service area.		
Select/De-Select All		
Health and Human Services	Non Health and Human Services	
Education Supports	□ Agricultural Supports	
Family Supports	Environmental Supports	
Health Services	Public Transportation Services	
Housing and Shelter Services	Public Safety Supports	
Justice Services	Government Supports	
Workforce Development		
Sign Up		

Step	Action
4.	Note : Use the Information section to enter name, organization, and email address for the contact who should receive the email notifications.
5.	Enter the applicable value into the First Name field.
6.	Enter the applicable value into the Last Name field.
7.	Enter the applicable value into the Organization field.
8.	Enter the applicable value into the Email field.
9.	Enter the applicable value into the Confirm Email field.
10.	 Note: In the Service Area Preferences section, there are two main notification lists. These main lists are: Health and Human Services, and Non Health and Human Services. Click the checkbox next to the main list item to receive all notifications for that main list item.
11.	Note: To view description details for each Service Area, click the Click here link.
12.	Click the applicable Service Area checkboxes.
13.	Click the Sign Up button to sign up for email notifications for the selected service areas.
	Note : When the Bid Event is published, an email notification advertising it will be sent to people who signed up for notifications about the service area(s) chosen.
14.	You have successfully completed the Subscribing to Email Notifications topic.

Modifying Email Notifications

Lesson Description:

This lesson provides the knowledge and skills for Grantees to modify contact information and/or service area preferences previously selected for email notifications.

Lesson Objectives:

In this lesson, you will learn how to:

• Modify contact information and/or service area preferences previously selected for email notifications.

Modify Email Notifications

Topic Description:

This topic provides the knowledge and skills to modify contact information and/or service area preferences previously selected for email notifications.

Topic Objectives:

In this topic, you will learn:

• How to modify contact information and/or service area preferences previously selected for email notifications.

SFS role required to perform this task:

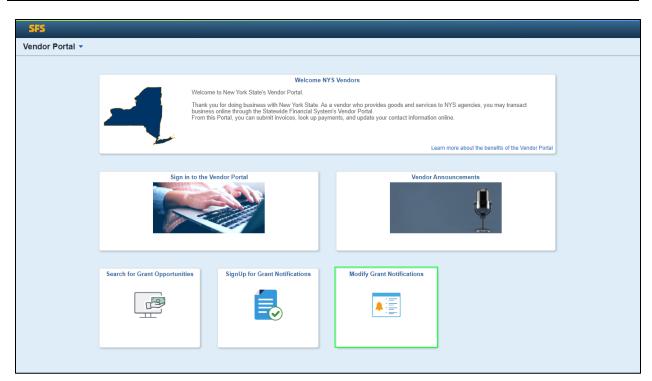
• No role required. Users do not need to log in to SFS to modify contact information and/or service area preferences previously selected for email notifications.

Procedure

Scenario: As a member of the public, you will modify contact information and/or service area preferences previously selected for email notifications without signing in to the SFS Vendor Portal.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

Step	Action				
1.	Navigate to SFS Public Portal Homepage.				
	Note : Users DO NOT need to log in to SFS, as this is a public page.				
2.	Note : If you experience issues within the Vendor Portal, you may need to clear your browser cache. You can press Ctrl+Shift+Del to expedite the clearing process. Also, verify the Passwords checkbox is unselected. This will allow you to keep all saved passwords and usernames after clearing your cache.				



Step	Action
3.	Click the Modify Grant Notifications tile to modify contact information and/or
	service area preferences previously selected for email notifications.

Vendor Portal	Modify Grant Notifications	â
Search For Email		
	"Enter Email Address:	
Search		

Step	Action
4.	Enter the email address that was used to sign up for notifications, into the Enter Email Address field.
5.	Click the Search button.

K Modify Grant Notifications		S	ign Up Grant Notifications	
Information				
Complete all required fields below.				
Select the Sign-Up button below to complete the process.				
sciect the sign-op button below to complete the process.		<u>[</u>	1	
	*First Name	John		
	*Last Name	Doe		
	*Organization	NFP ORG		
	*Email	tst@tst.com		
	*Confirm Email	tst@tst.com		
Service Area Preferences			•	
Select the checkbox next to the service area or service areas you wish to be Click here for a description of each service area.	notified about.			
Click here for a description of each service area.				
Select/De-Select All				
Health and Human Services			Non Health and Human Services	
Education Supports			Agricultural Supports	
Family Supports			Environmental Supports	
Health Services			Public Transportation Services	
Housing and Shelter Services			Public Safety Supports	
✓ Justice Services			Government Supports	
Workforce Development				
Save				

Step	Action
6.	Your previous information and selections will populate. Update your information and/or service area preferences.
7.	To un-subscribe from all prior selected service areas, click the Un-subscribe checkbox.
8.	Click the Save button to save your changes.
9.	You have successfully completed the Modifying Email Notifications topic.

Maintaining Grantee Information

Lesson Description:

This lesson provides the knowledge and skills to maintain Grantee Information.

Lesson Objectives:

In this lesson, you will learn how to:

- View and Update Grantee Information
- Adding a Grantee Contract Approver's Name to their Profile in SFS

View and Update Grantee Information

Topic Description:

This topic shows how to update a grantee's grant organizational profile information in the SFS Vendor Portal. Grantees doing business with New York State agencies access SFS by clicking the **Vendor Portal Login** from the <u>SFS website</u>. There is a specific page in SFS where Grantees can view and make updates to their grant information.

Note: An SFS Vendor Portal account is required to access SFS.

Topic Objectives:

In this topic, you will learn:

• How to update a grantee's grant organizational profile information in SFS

SFS role required to perform this task:

• Delegated Admin (NY_ES_SUPPLIER_ADMIN)

Procedure

Scenario: You look up your organization's grant information in the SFS Vendor Portal and notice that some information needs to be updated. You will log in to the SFS Vendor Portal and make the applicable grant information updates before submitting for review and approval.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

STATEWIDE FINANCIAL SYSTEM Vendor Portal
User ID
Password
I forgot my password
I agree to Vendor Online Services' Terms of Service

Step	Action
1.	Begin by navigating to the SFS Vendor Portal.
2.	Enter your User ID and Password and select the I agree to Vendor Online Services' Terms of Service checkbox.
3.	Click the Sign In button.

5	ifs	Menu 👻 Search in Menu		<u>م</u>	:	Ø
	My Homepage 🔻					
		SFS Notices	SFS Support	SFS Coach		
	Grants Manageme	nt Training		•		
	Grants Manageme	nt FAQs				
		Show Details				
	View Your Information	Invoice and Payment inquiry	PO and Receipt Inquiry	Grants Management - State		
© ♡						
	Register for POs via Ema	il Supplier Change Request	Add/Maint Self-Service Invoice	FAQs Contact Us		
	₽ : ♠ <u>●</u> : ⊙					
				Get helpful information here.		

Step	Action
4.	From the Homepage click the View Your Information tile.

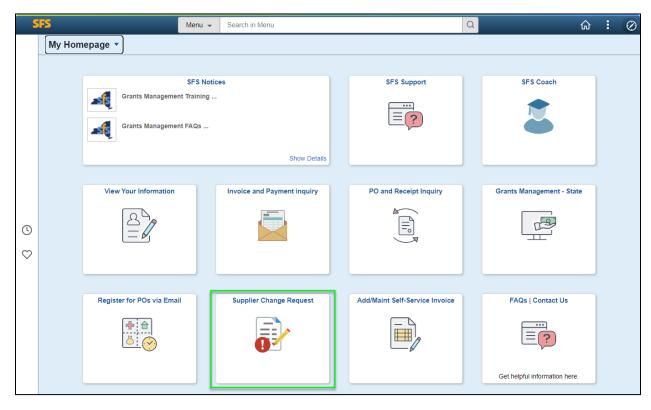
K My Homepage	2	Maintain Ye	our l	nformation		ŵ	Q	:	Ø
	Maintain Users	View Address Information		View Contact information	View Locations				
	Certify for NYS Prompt pay	View Grants Information							

Step	Action
5.	Click the View Grants Information tile.

Kaintain Your Information Control C	tion	View Grants Information	on	ណ៍	Q	:	\oslash
View Grants Information				New Window	Help	Persona	lize Pag
SetID SHARE	Supplier ID						
		Find View All	First (1) 1 of 1 (1) Last				
Effective Date: Prequalification Exemption: Prequalification Required: Organization Type:		Additiona Tax Year End Date	ication Page al Documents Audit Log 12/31				
Charities Registration No.:		Current Operating Budget:	AL 2010 101 101				
Exemption State/Code: Prequalification Status: Prequalification Exp.Date:	Prequalified	Number of Part Time Staff: Number of Volunteers:	52 321				
Sectarian Entity:		Number of Full Time Staff:	192				
Mission Statement:			and the second second				
			Land, The sea				

Step	Action
6.	Review the information. If changes are needed, initiate a Supplier Change Request.

Step	Action
7.	 Note: The Supplier Change Request feature in SFS allows grantees to make changes to their organization profile, addresses, contacts, banking information, and grant information. Requests to change Primary Contact, Legal Business Name, Remittance Address and Banking require approval by the Office of the State Comptroller's Vendor Management Unit.
8.	Click the Home icon to go back to the Homepage to initiate the Supplier Change Request.



Step	Action
9.	Click the Supplier Change Request tile.

Welcome Company Profile Addresses Contacts Payment Profile GM Info Submit Exit Seve for Later Previous Next > Review Changes Welcome! Click the icons at the lop of the page or Next to make changes to your Company Name (Company Profile), Address (Addresses), Contacts (Contacts) or Banking information (Payment Profile). Requests to change Primary Contact, Legal Business Name, Remittance Address and Banking require approval by the Office of the State Comptroller's Vendor Management Unit. Review Changes Exit Save for Later 	Supplier Chang	ge Request		Welcome		-		ŵ	Q	:	\oslash
Exit Save for Later Next Welcome Welcomel Click the icons at the top of the page or Next to make changes to your Company Name (Company Profile), Address (Addresses), Contacts (Contacts) or Banking information (Payment Profile). Requests to change Primary Contact, Legal Business Name, Remittance Address and Banking require approval by the Office of the State Comptroller's Vendor Management Unit. Review Changes	Welcome	Company Profile	Addresses	Contacts	Payment Profile	GM Info	Submit				Hel
Welcome! Click the icons at the top of the page or Next to make changes to your Company Name (Company Profile), Address (Addresses), Contacts (Contacts) or Banking Information (Payment Profile). Requests to change Primary Contact, Legal Business Name, Remittance Address and Banking require approval by the Office of the State Comptroller's Vendor Management Unit.					, ,	Later < Previou					
(Contacts) or Banking Information (Payment Profile). Requests to change Primary Contact, Legal Business Name, Remittance Address and Banking require approval by the Office of the State Comptroller's Vendor Management Unit.	Welcome	-					Review Changes				
(Contacts) or Banking Information (Payment Profile). Requests to change Primary Contact. Legal Business Name, Remittance Address and Banking require approval by the Office of the State Comptroller's Vendor Management Unit. Review Changes											
Vendor Management Unit.					es to your Company Name (Cor	mpany Profile), Address (A	ddresses), Contacts				
		Requests to change Pr Vendor Management U	imary Contact, Legal Bu nit.	usiness Name, Remittano	ce Address and Banking require	approval by the Office of	the State Comptroller's				
Exit Save for Later						6	Review Changes				
					Exit Save for	Later • Previou	s Next >				

Step	Action
10.	Click the GM Info train stop.

oplier Change	Request		1	Please update	your Grants Ma	nagement i	nformation		
-									
/elcome	Company P	rofile Ad	dresses	Contacts	Payment Profile	e GI	A info	Submit	
					Exit Si	ave for Later	Previou	IS Next	•
ase updat	e your Grant	s Managemei	nt informatio	n.				Review Changes	
information is	used by NYS Ager or Bid Response F	ncies during the Gr	ants Management	Prequalification and	l/or Grant				
dder Grants					Q		of 1 🗸 🕨	▶ View All	
								+	
	*Effective Date:	06/26/2023				Prequalificatio	n Page		
Prequalific	cation Required:	2				Additional Do	cuments		
On	ganization type:	Not-For-Profit			Tax Year End Date	:			
	gistration Num:			Cur	rent Operating Budget				
	tion State/Code:	N//A					10		
Excemp	tion state/Code:	N/A							
Prequal	ification Status:	Prequalified		Nur	nber of Part Time Staff	52			
-	ation Exp. Date:	11/15/2025			Number of Volunteers	: 321			
				Nur	nber of Full Time Staff	: 192			
	Sectarian Entity: ssion Statement:								
WITE	sion statement.						Ŧ		
							1		
ired Field							6.2		
							bd.		Review
					Exit S	ave for Later	Previou	is Next	I

Step	Action
11.	To update the information currently displayed, click the Add a New Row (+) icon.
12.	Make any needed updates to your Grants Management information.
13.	Select Next button.

< Supplier Change	Request	Review ar	nd Submit Cha	anges for		
Welcome	Company Profile	Addresses	Contacts	Payment Profile	GM Info	Submit
				Exit Save for	Later Previous	Next →
Review and	Submit Changes for	Name and Address	-			
Click the Confirm Use the "Review" b Use the "Submit" b	pe Primary Contact, Legal Bus Changes checkbox to submit utton to review changed inforn utton to submit your change rr on regarding this request will i	your request. mation. equest. pe sent to:	ddresses and Bank	ing must be authorized. Revie	w your changes before su	bmitting your request.
Code	Comments					
	254 character	s remaining				
Confirm Changes	Withdraw	Submit				
				Exit Save for	Later Previous	Next →

Step	Action
14.	Select the applicable Audit Reason Code.
	Note : Audit Reason Code classifies the type of change that was made. Some examples are: Address Change, Name Change, Corrections, etc.
15.	Enter any additional information in the Comments field to clarify what was changed.
	Note: Comments are optional.
16.	Select Confirm Changes checkbox.
17.	Select Submit button to make the changes.
	Note : Upon submitting the Supplier Change Request, the information entered on the GM Info train stop will systematically update the corresponding fields on the View Grants Information Tab. Any changes made to information on the Grants Information tab will result in a new Effective Dated row.
18.	You have successfully completed the View and Update Grantee Information topic.

Adding a Grant Contract Approver's Name to their Profile in SFS

Topic Description:

This topic shows how to add a grant contract approver's name to their profile in SFS. This is needed so when the contract approver signs the grant contract in SFS, their name will display on the contract agreement.

Topic Objectives:

In this topic, you will learn:

• How to add a grant contract approver's name to their profile in SFS

SFS role required to perform this task:

• Delegated Admin (NY_ES_SUPPLIER_ADMIN)

Procedure

Scenario: As a Delegated Administrator for your organization, you need to add the name of one of your organization's contract approvers to their profile in SFS. This is needed so when the contract approver signs the grant contract in SFS, their name will display on the contract agreement.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

STATEWIDE FINANCIAL SYSTEM Vendor Portal	
User ID	
Password	
I agree to Vendor Online Services' Terms of Service Sign In	

Step	Action
1.	Begin by navigating to the SFS Vendor Portal.
2.	Enter your User ID and Password and select the I agree to Vendor Online Services' Terms of Service checkbox.
3.	Click the Sign In button.

S	iFS	Menu 👻 Search in Mer	10		Q	ŵ	1	0
	My Homepage 💌							
		SFS Notices		SFS Support	SFS Coaci			
	Grants Mar	agement Training			*			
	Grants Mar	agement FAQs		(≡)				
	A CONTRACTOR							
			Show Details					
	View Your Inform	nation Invoice and P	Payment inquiry	PO and Receipt Inquiry	Grants Manageme	nt - State		
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Step	Action
4.	Preferred Navigation: Click the View Your Information tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Maintain Supplier Information > Manage User Profiles.

< My Homepage	Maintain Yo	ur Information	<u>۵</u> ۹	: 0
Maintain Users	View Address Information	View Contact information	View Locations	
	S	æ		
Certify for NYS Prompt pay	View Grants Information			
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			by?	
				C

Step	Action
5.	Click the Maintain Users tile.

К Му Нотераде	Security
Security	
Enter any information you have and click Search. Leave fields blank for a list of all values.	
Find Existing User ID Add a New User ID	
▼ Search Criteria	
Search by: User ID begins with	
Search Advanced Search	
Find Existing User ID Add a New User ID	

Step	Action
7.	Click the Find Existing User ID tab.
8.	Enter the contract approver's User ID in the User ID begins with field.
9.	Click the Search button.

< My Homepage			Setup Use
Setup User			
Logon Information			
User ID Description	Doe, John		
	(Examples: Smith, Fred) Account Locked Out?		
Operator Password (Encrypted)	(Click here to disable the access to the system for this user)		
Confirm Password			
"E-mail Address	test123@sfs.ny.gov		
Language Code	English 🗸	Currency Code	USD Q
Rate Type Cur	rrent Rate 🗸		

Step	Action
10.	Enter the contract approver's name (Last Name, First Name) in the Description field.
	Note : This is needed so when the contract approver signs the grant contract in SFS, their name will display on the contract agreement.
11.	Click the Save button at the bottom of the page to save your changes.
12.	You have successfully completed the Adding a Grant Contract Approver's Name to their Profile in SFS topic.

Managing Prequalification Applications

Lesson Description:

This lesson provides the knowledge and skills to manage Prequalification information. Prequalification is a process applicable to not for profits or other organizations as defined by State policy, which requires the completion and acceptance of an online application in order to compete for state funding. The NYS Division of the Budget (DOB) is the policy-making body that drives the prequalification process.

Prequalification requires not for profits to complete an online application and receive an approved prequalification status prior to submitting a grant bid response.

Lesson Objectives:

In this lesson, you will learn how to:

• Enter and Submit Prequalification Information

Enter and Submit a Prequalification Application

Topic Description:

This topic provides the knowledge and skills to enter and submit a prequalification application. Organizations must complete an online Prequalification application in SFS which includes answering a series of questions regarding the organization and uploading key organizational documents.

Upon submission of the prequalification application, SFS routes the prequalification application to the state agency with which the organization expects to do the most business with. The agency indicator is based on criteria that exists on the grantee's profile in SFS.

Prequalification Specialists within the agency review the prequalification application. Agencies are responsible for approving the application or returning it back to the organization if it cannot be approved.

Grantees that have successfully prequalified will be assigned a prequalification expiration date based on policy.

Topic Objectives:

In this topic, you will learn:

• How to enter and submit a Prequalification Application

SFS role required to perform this task:

• Prequalification Processor (NY_GM_VENDOR_PREQUAL)

Procedure

Scenario: As a Grantee User, you wish to apply for a grant, but first you must enter a Prequalification application with the Agency you are seeking the grant from. You will enter and submit a Prequalification application.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in SFS will be driven by the real-life transactional requirements.

STATEWIDE FINANCIAL SYSTEM Vendor Portal
User ID
Password
I forgot my password
I agree to Vendor Online Services' Terms of Service
Sign In

Step	Action
1.	Begin by navigating to the SFS Vendor Portal.
2.	Enter your User ID and Password and select the I agree to Vendor Online Services' Terms of Service checkbox.
3.	Click the Sign In button.

S	SFS		Menu 👻	Search in Menu		Q		ŵ	:	Ø
	My Hom	iepage 🔻								
			SFS Notic	es	SFS Support		SFS Coach			
		Grants Management Training								
		Grants Managemen	t FAQs							
				Show Details						
								_		
		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry		Grants Management - Stat	e		
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\heartsuit										
		Register for POs via Email		Supplier Change Request	Add/Maint Self-Service Invoice		FAQs Contact Us			
		● ● <u>ĕ</u>								
							Get helpful information here.			

Step	Action
4.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Events and Place Bids > Prequalification.

K My Homepage		Grants Mar	nagement		ଜ ୧ : ଡ
	Bid Event Search	Maintain Your Information	Prequalification Application	Bid Response Search	
	Grant Contracts Search	Progress Report Search O Active Progress Reports O Past Due Progress Reports	Submit a Claim	Claims Update Guide	

Step	Action
5.	Click the Prequalification Application tile.

Grants Management Welcome Page		ର C		Ø
Welcome Page				
New York State requires that all non-governmental organizations seeking grant funding from the State, excluding tribal organizations, prequalify in the Statewide Financial System (SFS) unless explicitly exempted by the Di prequalification process allows the State to deem an organization qualified prior to allowing them to compete for a grant and potentially receive a State contract.	ision of the	Budget. 1	he	
 Organizations <u>must</u> receive approved prequalification status <u>prior</u> to grant application and execution of contracts. 				
New York State reserves up to 5-10 business days from the receipt of a complete prequalification application to conduct its review after which a determination of "Prequalified" or "Not Prequalified" will be made.				
Due to the length of time this process could take to complete, it is advised that organizations submit their Prequalification Application as soon as possible. Please note that approved presultification status does not guarantee award of a contract. If an organization submit a grant application without successfully completing the prequalification process by the application application will be disquirified.	lue date and	d time, the	grant	
 An organization will not be able to submit a grant application in the SFS unless they are prequalified. 				
To get started, select one of the following options, then hit "Next":				
 "Initiate a Prequalification Application" allows you to start a brand-new application. "Collaborate on a Prequalification Application" allows you to update an application that is in progress but has not yet been submitted for NYS Agency approval. "Update a Prequalification Application" asvitable once an organization" sprevious application has been approved(expired and begins a new application version. 				
Some Reminders:				
 Use the "Next" and "Previous" buttons to move between steps (data entered will save as you move between steps). Once you have provided all the required information, select "Submit" to submit your application for review. You will receive an email confirmation shortly after submitting your application. 				
Additional information and instructions related to the prequalification process can be found in the New York State Prequalification Manual for Grantees located on the Grants Management website.				
If you have any questions regarding the prequalification process, please contact the SFS Help Desk by clicking on the SFS Support tile on your homepage, emailing HelpDesk@sfs.ny.gov, or calling 877-737-4185 toll-free.				
Select an activity below				
Initiate a Prequalification Application Prequalification 11/09/2023 Supplier ID 1000051400 Q Organization Type				
View Version history Next				

Step	Action
6.	 On the Welcome Page, your Supplier ID is defaulted based on your user credentials, as well as your Organization Type. You are presented with one of the following options: Initiate a Prequalification Application: allows you to start a brand-new application. This option only displays for application version 1. Note: Application version 1 represents the grantee's initial prequalification application with no prior versions in SFS. Collaborate on a Prequalification Application: allows you to update an application that is in progress but has not yet been submitted for NYS Agency approval. Update a Prequalification Application: is available once an organization's previous application has been approved/expired and begins a new application version.
	Select the applicable option under the Select an Activity Below text.

	Welcome Page	ඛ	Q		\oslash
Welcome Page					
New York State requires that all non-governmental organizations seeking prequalification process allows the State to deem an organization qualifie organizations <u>must</u> receive approved prequalification status <u>prior</u> New York State reserves up to 5-10 business days from the receipt. Due to the length of time this process could take to complete, it is a Please not that approved menualification status does not guarants application will be disqualified.	of a complete pregualification application to conduct its review after which a determination of "Prequalified" or "Not Prequalified" will be made. dvised that organizations submit their Prequalification Application as soon as possible. ee award of a contract. If an organization submits a grant application without successfully completing the prequalification process by the application due da		-	int	
	new application. e an application that is in progress but has not yet been submitted for NYS Agency approval. ation's previous application has been approvediexpired and begins a new application version.				
Some Reminders:					
 Use the "Next" and "Previous" buttons to move between steps (dat. Once you have provided all the required information, select "Submit You will receive an email confirmation shortly after submitting your 	it" to submit your application for review.				
Additional information and instructions related to the prequalification pro	cess can be found in the New York State Prequalification Manual for Grantees located on the Grants Management website.				
If you have any questions regarding the prequalification process, please conta	act the SFS Help Desk by clicking on the SFS Support tile on your homepage, emailing HelpDesk@sfs.ny.gov, or calling 877-737-4185 toll-free.				
Select an activity below					-
Initiate a Prequalification Application Supplier ID 1000051400 Q Next	Prequalification 11109/2023 [7] Application Started 11109/2023 [7] Organization Not-For-Profit Type View Version history				

Step	Action
7.	Click the Next button.
	Next

× Exit	Prequalification Application
	Next >
Organization Information Visited	Not-for-profit organizations must answer the following questions designed to provide State agencies with the information needed to make informed prequalification determinate Supplier ID 1000051400 Prequalification Application Application Descretes Version 1
Required Documents O Not Started	Supplier Information Prequalification Terrogress View Version History Supplier unce EPC/CPAM.INC Expiration Date Application ID 000016146
Contacts O Not Started Submit	Name IOF PROTOINING Organization Type Not-For-Profit Email ID State Agency OMH01 Q
O Not Started	Office of Mental Health Tax Year End Date (MM/DD) Profile Questions
	1) Within the past five years, have you, the organization, and/or any organization affiliate: a. Been suspended or debarred from any contracting process or been disqualified on any government procurement? If yes, identify the government procurement or corrective action(s) taken and the current status of the issue(s).

Step	Action
8.	Enter the agency business unit that you expect to do business with into the State Agency field or click the magnifying glass icon to look up the information.
	If you are unsure of the business unit for the State Agency you expect to do business with, click the magnifying glass to view a list of business units and state agencies.

SFS Ha	andbook:	Grantee	Processing	in SFS
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Cancel	Lookup	
Search for: State Agency		
▼ Search Criteria		Show Operators
	Business Unit (begins with) Search Clear	
✓ Search Results		
		33 rows
Business Unit \Diamond	State Agency Name \Diamond	
DVA01	Office of Veterans' Affairs	
ESD01	Empire State Development	
GTS01	Governor's Traffic Safety Committee	
HCR01	NYS Homes and Community Renewal	
HES01	Higher Education Services Corporation	
IOL01	Interest on Lawyers Account	
JUS01	Justice Center	
OAS01	Office of Addiction Services and Supports	
OFA01	Office for the Aging	
OLS01	Office of Indigent Legal Services	
OMH01	Office of Mental Health	
OPD01	Office for People¿with Developmental Disabilities	
OVS01	Office of Victim Services	

Step	Action
9.	Click the scrollbar to scroll through the list of agencies and select the business unit associated to the state agency that you expect to do business with.

X Exit	Prequa	lification Applica	tion			:
					Nex	d >
Organization Information Visited	Not-for-profit organizations must answer the following que	stions designed to pr	rovide State agencies with the info	rmation needed to mak	e informed prequalification detern	_
Required Documents O Not Started Contacts O Not Started Submit O Not Started	Supplier ID 1000051400 Supplier Information Supplier Name Email ID test123@sfs.ny.gov	Prequalification Status Prequalification Expiration Date Organization Type State Agency Tax Year End Date		·	1 View Version History	
	Profile Questions 1) Within the past five years, have you, the organization, and organization affiliate: a. Been suspended or debarred from any contracting process disqualified on any government procurement? If yes, identify the government entity/owner(s) involved, proje number(s), relevant dates and any remedial or corrective act the current status of the issue(s).	s or been	Explanation/Comments		b	-

Step	Action
10.	Enter the applicable tax year end date (format MM/DD) into the Tax Year End Date field.

× Exit	Prequalification Application	:
	N	lext ゝ
Organization Information • Visited	Profile Questions	_
Required Documents O Not Started Contacts O Not Started Submit O Not Started	1) Within the past five years, have you, the organization, and/or any organization affiliate: a. Been suspended or debarred from any contracting process or been disqualified on any government procurement? If yes, identify the government entity/owner(s) involved, project(s), contract number(s), relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Text Responses	
	1) Within the past five years, have you, the organization, and/or any organization affiliate: b. Been subject to a denial or revocation of a government prequalification? If yes, identify the government entify/owner(s) involved, project(s), contract number(s), relevand dales and any remedial or corrective action(s) taken and the current status of the issue(s). Text Responses	
	1) Within the past five years, have you, the organization, and/or any organization affiliate: c. Been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity? If yes, provide a brief description of the circumstances of such incident(s) and any remedial or corrective action(s) taken and the current status of the issue(s).	

Step	Action
11.	Organizations must complete an online Prequalification application in SFS which includes answering Profile Questions regarding the organization and uploading key organizational documents.
	Note: Questions may vary based on your Organization Type.
12.	Complete the Questions by clicking the applicable drop-down list and selecting either Yes or No .
	Note : Some questions may ask for additional explanation depending on your answer. If so, add your explanation in the Explanation/Comments field as appropriate.

× Exit	Prequalification Appl	ication		:
				Next >
Organization Information Visited 	14) Does your organization have all the following policies in place? Anti-nepotism policy Staff code of conduct	Explanation/Comments		*
Required Documents O Not Started	Baard of Directors Conflict of Interest Policy Conflict of Interest Policy Ourself Policy Diversity Policy Fiscal/Internal Controls Policy			
Contacts O Not Started		Text Responses		
Submit O Not Started				
	<i>/</i>			
	15) Does your organization have a written and posted Equal Employment Opportunity (EEO) policy? If your organization is not subject to the EEO posted policy requirement, please choose N/A.	List Item	٩	
		Text Responses		
	16) Last year, did a quorum of the board of directors meet in compliance with the organization's bylaws?	Explanation/Comments	`	
		Text Responses		
		rext responses		
				-

Step	Action
13.	Complete questions shown as List Item by selecting the magnifying glass which is question 15 in this example.
	Note: There are two list item questions (questions 15 and 18).

Organization Information 14.0 expecting participants Network 14.0 expecting participants Not Stated 14.0 expecting participants Outside 14.0 expecting participants Not Stated 14.0 expecting participants Scientifie 14.0 expecting participants Not Stated 14.0 expecting participants Scientifie 15.0 expecting participants Participants 16.0 expecting participants Scientifie 16.0 expecting participants	X Exit		Prequalification A	oplication		:
Required Documents Board of Directors Conflict Mod Stated Intersection Controls Points Intersection Controls Points Intersection Controls Points Intersection Controls Points				List Options	_	Next >
Required Documents Board of Directors Conflicts Not Stated Submit Fload of Directors Conflicts Not Stated Submit Submit	Organization Information Visited	14) Does your organization h · Anti-nepotism policy · Staff code of conduct	List Values			
Contacts Not Stated Submit O Not Stated Submit 2 No 3 NA 15) Does your organization it polocy it your organization it 16) Last year, did a quorum of the board of directors meet in compliance with the Table year, did a quorum of the board of directors meet in compliance with the Explanation:Comments Explanation:Comments	Required Documents O Not Started			List Line Number \diamond Policy Type \diamond		
Submit 2 No Nod Stated 3 NA (1) Does your organization is choose N/A. iext Responses (1) Last year, did a guorum of the board of directors meet in compliance with the organization's bylawe? iext Responses (1) Last year, did a guorum of the board of directors meet in compliance with the organization's bylawe? Explanation/Comments	Contacts			1 Yes		
O Not Stated Return Policy? If your organization is choose N/A. Itext Responses Itext Responses Itext Responses Explanation/Comments Explanation/Comments				2 No	10	
15) Does your organization in choose NA. Fext Responses 16) Last year, did a quorum of the board of directors meet in compliance with the organization's bytews? Explanation/Comments				3 N/A		
Choose N/A. I exit kesponses I exit kesponses I for the board of directors meet in compliance with the organization's bytews? Explanation/Comments I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I for the board of directors meet in compliance with the I exit kesponses I exi			Return			
IEXT Responses ISO Last year, did a quorum of the board of directors meet in compliance with the organization's bylaws? Explanation/Comments		15) Does your organization h policy? If your organization is choose N/A.			a	
Explanation/Comments				Text Responses		
Explanation/Comments						
Explanation/Comments						
Explanation/Comments						
Explanation/Comments				6		
		16) Last year, did a quorum organization's bylaws?	f the board of directors meet in compliance with the			
				Explanation/Comments		
Text Responses				Text Responses		

Step	Action
14.	Select one of the options from List Options.
15.	Click Return.

× Exit	Prequalification Application	:
		Next >
Organization Information Visited		*
Required Documents O Not Started	 17) Does your board of directors take minutes of all meetings and maintain records of such meetings consistent with its bylaws? 	
Contacts O Not Started	Explanation/Comments	
Submit O Not Started	Text Responses	
	h	
	18) Indicate all of the Items the board of directors reviews and/or approves. If your board List Item reviews some but not all of these items, please explain.	
	Text Responses	
	h	
	Comments	_
		-

Step	Action
16.	Complete questions shown as List Item by selecting the magnifying glass which is question 18 in this example.

List Options					
List Values		10 rows			
List Line Number 🛇	Select 🛇	Policy Type 🛇			
1	Yes	Annual Operating Budget			
2	Yes	Policies and Procedures			
3	Yes	Executive Performance and Compensation			
4	Yes	Fundraising Plan			
5	Yes	Internal Controls			
6	Yes	Fiscal Controls			
7	Yes	Annual Audit			
8	Yes	Form 990			
9	Yes	Program Operations and Performance Outcomes			
10	Yes	Other (Please add details to Comment box at bottom of page)			
Return					

Step	Action
17.	Select Yes for all the items your board reviews and/or approves.
18.	Click Return.

× Exit	Prequalification Application	:
		Next >
Organization Information • Visited		•
Required Documents O Not Started	17) Does your board of directors take minutes of all meetings and maintain records of such meetings consistent with its bylaws?	
Contacts O Not Started	Explanation/Comments	
Submit O Not Started	Text Responses	
	18) Indicate all of the Items the board of directors reviews and/or approves. If your board reviews some but not all of these Items, please explain.	
	Text Responses	
	le la	
	Comments None at this time.	

Step	Action
19.	Enter any additional comments that you want the agency to see, in the Comments field located at the bottom of the page.
	Note : The Comments field could also be used to explain why your organization reviews some, but not all of the items listed in question 18.
20.	Click the Next button.

(Exit		Prequal	ification Applic	ation		
						Previous Next
Organization Information Visited	Organizations must upload documents via "Attach" or "A Documents must be in PDF format and under 20MB in size		onal Details" link b	elow, depending on the specific document, w	hich will be evaluated as part of	the prequalification process.
Required Documents Visited		plier ID 1000051	1400			Save For Later
Contacts Not Started	Supplie Attachments	r Name				10 rov
Submit Not Started	Required Documents ◊	Attach ◇	View/Delete	Attach with Additional Date Details ◊	Date Attached/Uploaded ◇	Image: State of the state
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details		
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details		
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details		
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details		
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details		
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details		
	7 Organization Chart 8 IRS 990	Attach	View/Delete	Attach with Additional Date Details Attach with Additional Date Details		
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details		
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details		
	Comments				-	

Step	Action
21.	The Required Documents page is where you will upload the required documents for the agency to review.
22.	 On the Required Documents page: All attachments must be in PDF format. Uploading any other document types will result in automatic deletion by the system. All rows must have an attachment uploaded for the Submit button to appear on the Prequalification application. You may need to scroll to see all the documents.

X Exit		Prequa	ification Applic	ation	:
					<pre></pre>
Organization Information Visited	Organizations must upload documents via "Attach" or "A Documents must be in PDF format and under 20MB in siz		onal Details" link b	elow, depending on the specific document, which will be evaluated as part o	f the prequalification process.
Required Documents Visited 	Suj	oplier ID 100005	1400		Save For Later
Contacts O Not Started	Suppli Attachments	er Name			10 rows
Submit O Not Started					R, Q N
o horotatida	Required Documents \diamond	Attach O	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond	Attached/Uploaded By \diamond
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details	
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details	
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details	
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details	
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details	
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details	
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details	
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details	
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details	
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details	
	Comments				

Step	Action
23.	To add an attachment, click the Attach link.

× Exit		Prequalification Application	:
			Previous Next >
Organization Information Visited	Organiza Docume	· · ·	ated as part of the prequalification process.
Required Documents Visited		After clicking the "Add Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom of the page	Save For Later
Contacts O Not Started Submit	Attachn	Clicking the following buttons on the top of the page will cause the listed actions:	10 rows
O Not Statted	Re 1 Ce 2 Ce 3 IRS 4 Bo 5 Se 6 Co 7 Orr 8 IRS 9 Fin 10 CH		ploaded Attached/Uploaded By
			-

Step	Action
24.	Click the Add Attachment button.
	Add Attachment

× Exit		Prequalification Application		:
				Previous Next
Organization Information Visited	Organiza Docume	Cancel Required Documents Done × Add Attachment	ated as part of th	e prequalification process.
Required Documents Visited		After clicking the "Add Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom of the page		Save For Later
Contacts O Not Started	Attachn	Clicking the following buttons on the top of the page will cause the listed actions: Cancel: Allows you to leave the page and if you attempted to make edits they are not saved		10 rows
Submit O Not Started		File Attachment	×	₹ Q
	Choose From			Attached/Uploaded By O
	8 IR: 9 Fin 10 CH			

Step	Action
25.	Click the My Device button.

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ec si	l	Certificate of Incorporation.pdf	11/13/2023 12:57 PM	Microsoft Edge PDF	34 KB	
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du	🔰 3D Objects					
ot	📃 Desktop					
	Documents					Select a file to preview.
	🖊 Downloads					to preview.
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	File name	2:		~ All fi	iles (*.*)	~
					Open	Cancel
-	10	CHAR500				

Step	Action
26.	Navigate to the directory location and select the applicable document for attachment.

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	Certificate of Incorporation.pdf	11/13/2023 12:57 PM	Microsoft Edge PDF	34 KB				
🧢 This PC								
3D Objects								
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- music								
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File na	File name: V All files (*.*)							
	10 CHAR500				Cancel			

Step	Action
27.	Click the Open button.
	Open

	Cancel	Required Documents Done ×	
Organizations m	Add Attachment		part of the prequalificat
Documents mus			
	After clicking the "Add of the page	d Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom	
_	Clicking the following bu • Cancel: Allows you t	attons on the top of the page will cause the listed actions: to leave the page and if you attempted to make edits they are not saved	_
		File Attachment	×
Choose From			
			A
My Device			
Upload Cle	ar		
	ate of Incorporation.pdf		
File Si	ze: 34KB		
7 Organizatio			
8 IRS 990			
9 Financial S			

Step	Action
28.	Click the Upload button.

	Cancel Required Documents Done x		
Organizati	Aud Autacriment	part of the prequalific	ati
Document	must After clicking the "Add Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom of the page Clicking the following buttons on the top of the page will cause the listed actions: • Cancel: Allows you to leave the page and if you attempted to make edits they are not saved		
	File Attachment	Done	
Choose Fro	n		
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My Dev			
	Certificate of Incorporation.pdf File Size: 34KB		
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		Upload Complete	
		- 1	
7 Orga	iizati		
8 IRS	90		
9 Finar	cial S		
10 CHA	2500		
	Loomens -		

Step	Action
29.	Click the Done button.

		Cancel			Requir	ed Doc	uments			Done x	
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Doci	uments mus									[X↓	
		File Name 🗘	Application ID ≎	SetID ◇	Supplier ID	Version Number ≎	Description \Diamond		User ID 🗘	Date/Time Stamp 🗘	
Δtta	chments	Certificate_of_Incorporation.pdf	000016146	SHARE	1000051400	1				11/13/2023 1:14:46F	
Atta	ennents	Add Attachment									
	Required I	After clicking the "Add Attachr	nent" button,	please c	lick the "My D	evice" ic	on to select a file,	or drag-and	-drop a file into	the box at the bottom	d/Uploaded ⇔ At
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3	IRS 501(c)										
4	Board of D										
5	Senior Lea										
6	Corporate										
7	Organizatio										
8	IRS 990										
9	Financial S										
10	CHAR500	•									

Step	Action
30.	Enter the applicable value in the Description field which should describe the document that was just attached. Note : This description will be visible to both agency and grantee.

		Cancel			Requir	ed Doc	uments		Done ×	
Orga	anizations m									part of the prequalificati
Doci	uments mus								×	L'
		File Name 🛇	Application ID ≎	SetID ⇔	Supplier ID	Version Number ≎	Description \Diamond	User ID <	Date/Time Stamp	•
Δtta	chments	Certificate_of_Incorporation.pdf	000016146	SHARE	1000051400	1			11/13/2023 1:14:4	6F
Alla	ichinents	Add Attachment								
	Required I	After clicking the "Add Attachr of the page	nent" button,	please c	lick the "My D	evice" ico	on to select a file,	or drag-and-drop a fil	e into the box at the bottom	d/Uploaded ◇ At
1	Certificate	Clicking the following buttons on	the top of the	page will (cause the liste	d actions:				
2	Certificate	 Cancel: Allows you to leave the Done: Allows you to leave the X: Closes out the page without 	page and edi	ts are sav	npted to make ed	edits they	are not saved			
3	IRS 501(c)									
4	Board of D									
5	Senior Lea									
6	Corporate									
7	Organizatio									
8	IRS 990									
9	Financial S									
10	CHAR500									

Step	Action
31.	Click the Done button.
	Done

× Exit		Prequa	lification Applic	ation						
					<pre></pre>					
Organization Information Visited										
Required Documents Visited 		Save For Later								
Contacts O Not Started	Supplie	er Name			10 rows					
Submit O Not Started										
	Required Documents ◊	Attach O	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond	Attached/Uploaded By \diamond					
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details						
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details						
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details						
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details						
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details						
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details						
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details						
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details						
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details						
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details						
	Comments									

Step	Action
32.	Follow the same process to add attachments for any additional rows, using the Attach link.

(Exit		Prequal	ification Applic	ation						
				Previous N	lext					
Organization Information	Organizations must upload documents via "Attach" or "Attach with Additional Details" link below, depending on the specific document, which will be evaluated as part of the prequalification process.									
• Visited	Documents must be in PDF format and under 20MB in siz	e. oplier ID 1000051	1400							
 Required Documents Visited 	34	plier ib 100005	1400	Save For La	tor					
	Supplie	er Name		Save Foi La	ter					
O Not Started	Attachments	10) rov							
Submit										
O Not Started	Required Documents O	Attach 0	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond Attached/Uploaded By \diamond	,					
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details						
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details						
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details						
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details						
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details						
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details						
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details						
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details						
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details						
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details						
	Comments									

Step	Action
33.	To view an existing attachment, click the View/Delete button.
	Note : If the View/Delete button is not active, then a document hasn't been attached.

0.50	anizatior	Cancel Required Documents Done ×	of the pre
-	uments	1 row	of the pre
		File Name ◊ Application SetID Supplier ID Version ID ◊ ◊ ◊ Description ◊ User ID ◊ Date/Time Stamp ◊	
Atta	chmen	Certificate_of_Incorporation.pdf 000016146 SHARE 1000051400 1 Certificate of Incorporation 11/13/2023 1:17:32PM	
		Add Attachment	
	Requi	After clicking the "Add Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom of the	loaded 🗘
1	Certific	page 2	2PM
2	Certific	Done: Allows you to leave the page and edits are saved	
3	IRS 50	X: Closes out the page without saving changes	
4	Board		
5	Senior		
6	Corpor		
7	Organi		
8	IRS 99		
9	Financ		
10	CHAR		

Step	Action
34.	To open the attachment, click the File Name link.
	In this example, we will not open the linked attachment.

Ora	aniz	ation	Cancel			Req	uired D	ocuments		Done	×	of the pre
-	ume									R, Q	1 row	/
			File Name 🗘	Application ID ≎	SetID ◇	Supplier ID	Version Number ≎	Description \Diamond	User ID 🗘	Date/Time Stamp ◇		
Atta	achr	men	Certificate_of_Incorporation.pdf	000016146	SHARE	1000051400	1	Certificate of Incorporation		11/13/2023 1:17:32PM	-	
			Add Attachment									
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1	Ce	ertific	After clicking the "Add Attachn page	ient" putton,	piease ci	lick the "Wy D	evice" ico	on to select a file, or drag-	and-drop a file into	the box at the bottom of t		2PM
2	Ce	ertific	Clicking the following buttons on • Cancel: Allows you to leave the • Done: Allows you to leave the •	e page and if page and edit	you attem s are sav	npted to make	d actions: edits they	are not saved				
3	IR	RS 50	X: Closes out the page without	t saving chang	jes							
4	Bo	oard										
5	Se	enior										
6	Co	orpor										
7	Or	rgani										
8	IR	RS 99										
9	Fir	inanc										
10	Cł	HAR										

Step	Action
35.	When you are finished viewing attachments, click the Done button.

× Exit		Prequal	lification Applic	ation	:					
					Previous Next >					
Organization Information Visited	Visited Documents must be in PDF format and under 20MB in size. Required Documents Supplier ID 1000051400 Visited Supplier Name									
Required Documents Visited 										
Contacts O Not Started	Supplie	er Name			10 rows					
Submit O Not Started										
	Required Documents I Certificate of Incorporation or Equivalent Document	Attach O	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond Attach with Additional Date Details	Attached/Uploaded By \diamond					
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details						
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details						
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details						
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details						
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details						
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details						
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details						
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details						
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details						
	Comments									

Step	Action
	Note: Not for Profit Organizations must upload IRS 990 information. To do this, use the Attach with Additional Date Details link.

× Exit		Prequal	ification Applic	ation	:
					<pre></pre>
Organization Information Visited	Organizations must upload documents via "Attach" or "At Documents must be in PDF format and under 20MB in size		onal Details" link b	elow, depending on the specific document, which will be evaluated as part o	f the prequalification process.
Required Documents Visited 	Sup	plier ID 1000051	1400		Save For Later
Contacts O Not Started	Supplie Attachments	r Name			10 rows
Submit					E, Q II
O Not Started	Required Documents \diamond	Attach \Diamond	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond	Attached/Uploaded By \diamond
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details	
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details	
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details	
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details	
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details	
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details	
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details	
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details	
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details	
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details	
	Comments				

Step 37.

Action

Click the Attach with Additional Date Details link.

Can	al Attach with Additional Date Details a	lone
Г	IRS990 General Instructions	
	Nonprofits must upload their most recent IRS990. If an organization has yet to file its initial IRS990 it should upload a statement detailing the date it was established and the tax year to be covered by the first filing.	
	Enter the Tax 'Year Begin and End dates and the Date Next 990 Due Field Will automatically populate.	
	Nonprofits that are exempt from tiling an annual IRS990 should upload proof of exemption and enter the Begin and End date of their current tax year. Prequalification Specialists will evaluate the documentation and set the Exempt flag accordingly.	
	CHAR500 or CHAR410 General Instructions	
	Nonprofits must upload their most recent Annual Filing for Charitable Organizations (CHAR500) or Documentation of Exemption from the NVS Charitles Bureau. If an Organization has not filed its first CHAR500, it should upload the Registration Statement for Charitable Organizations (CHA	(R410)
	Enter the Tax 'Year Begin and End dates and the Date Next Filing Due field will automatically populate.	
	Nonprofits that are exempt from fling should upload proof of exemption and enter the Begin and End date of their current tax year.	
	Prequalification Specialists will evaluate the documentation and set the Exempt flag accordingly.	
	Audit/Review & Findings General Instructions	
	Nonprofits must upload their most recent CPA review, Independent Audit, or A133 Audit and any material findings. If an organization does not have any of these documents, it should upload a copy of the current and prior years budget.	
	Enter the Tax Year Begin and End dates for the period covered by the most recent audit and the Date Next Due field automatically populate.	
	Clicking the following buttons on the top of the page will cause the listed actions:	
	Cancel: Allows you to leave the page and if you attempted to make edits they are not saved	
	Done: Allows you to leave the page and edits are saved	
	X: Closes out the page without saving changes	
A	fter clicking the "Add Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom of the page	
	8, Q 1	i]
1	/few 0 Application ID 0 Version Number 0 SettD 0 Supplier ID 0	
1	Aew =]
Ī	Add Attachment	

Step	Action
38.	Review the instructions for Upload as they apply to your Organization Type and then use the Add Attachment button to add the relevant documentation.
	Note: All attachments must be in PDF format. Uploading any other document types will result in automatic deletion by the system.

Cancel	Attach with Additional Date Details Dee	one
IR	Assed General Instructions	
	Nonprofits must upload their most recent IRS990. If an organization has yet to file its initial IRS990 it should upload a statement detailing the date it was established and the tax year to be covered by the first filing.	
	Enter the Tax Year Begin and End dates and the Date Next 990 Due Field Will automatically populate.	
	Nonprofits that are exempt from filing an annual IRS990 should upload proof of exemption and enter the Begin and End date of their current tax year. Prequalification Specialists will evaluate the documentation and set the Exempt flag accordingly.	
CH	HAR500 or CHAR410 General instructions	
	Nonprofits must upload their most recent Annual Filing for Charitable Organizations (CHAR500) or Documentation of Exemption from the HYS Charities Bureau. If an Organization has not filed its first CHAR500, it should upload the Registration Statement for Charitable Organizations (CHAR	R410).
	Enter the Tax Year Begin and End dates and the Date Next Filing Due field will automatically populate.	
	Nonprofits that are exempt from filing should upload proof of exemption and enter the Begin and End date of their current tax year.	
	Prequalification Specialists will evaluate the documentation and set the Exempt flag accordingly.	
Au	udit/Review & Findings General Instructions	
	Nonprofits must upload their most recent CPA review, Independent Audit, or A133 Audit and any material findings. If an organization does not have any of these documents, it should upload a copy of the current and prior years budget.	
	Enter the Tax Year Begin and End dates for the period covered by the most recent audit and the Date Next Due field automatically populate.	
Cli	licking the following buttons on the top of the page will cause the listed actions:	
	Cancel: Allows you to leave the page and if you attempted to make edits they are not saved	
	Done: Allows you to leave the page and edits are saved	
	X: Closes out the page without saving changes	
After	r clicking the "Add Attachment" button, please click the "My Device" icon to select a file, or drag-and-drop a file into the box at the bottom of the page	
		ĵ
View	ew \diamond Application ID \diamond Version Number \diamond SetID \diamond Supplier ID \diamond	
Viev	ew _	1
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	did Attachment	

Step	Action
39.	Click the Add Attachment button.

Cancel Attach with Additional Date Details Done x
IRS990 General Instructions
Nonprofils must upload their most recent IRS990. If an organization has yet to file its initial IRS990 it should upload a statement detailing the date it was established and the tax year to be covered by the first filing.
Enter the Tax Year Begin and End dates and the Date Next 990 Due Field Vill automatically populate.
Nonprofits that are exempt from filing an annual IRS990 should upload proof of exemption and enter the Begin and End date of their current tax year. Prequalification Specialists will evaluate the documentation and set the Exempt flag accordingly.
CHAR500 or CHAR410 General Instructions
Nonprofits must upload their most recent Annual Filing for Charitable Organizations (CHAR500) or Documentation of Exemption from the NYS Charities Bureau. If an Organization has not filed its first CHAR500, it should upload the Registration Statement for Charitable Organizations (CHAR410).
Enter the Tax Year Begin and End dates and the Date Next Filing Due field will automatically populate.
Nonprofits that are exempt from filing should upload proof of exemption and enter the Begin and End date of their current tax year.
Prequalification Specialists will evaluate the documentation and set the Exempt Bag accordingly.
Audit/Review & Findings General Instructions
Nonprofits must upload their most recent CPA review, Independent Audit, or A133 Audit and any material findings. If an organization does not have any of these documents. It should upload a copy of the current and prior years budget.
Enter the Tax File Attachment x
Clicking the foll
Cancel: Allo Consof From
Done: Allow X: Closes on Ny Device
After clicking the
View O
Vew
Add Attachment

Step	Action
40.	Click the My Device button.

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Organize • New folder				?
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	🔯 Certificate of Incorporation.pdf	11/13/2023 12:57 PM	Microsoft Edge PDF	34 KB
🗢 This PC				
🕽 3D Objects				
Desktop				
Documents				
Downloads				
×	<			>
File nam	ne: Test Prequal Attachment.pdf		 ✓ All files (*.*) 	~
			Open	Cancel

Step	Action
41.	Navigate to the directory location and select the applicable document for attachment.

🔁 Open				×
\leftarrow \rightarrow \checkmark \uparrow] > This	s PC > Desktop > Desired Prequal Attachments		✓ Ŭ ,○ Sea	rch Desired Prequal Attac
Organize 🔹 New folde	r			• • •
^	Name	Date modified	Type Siz	ze
	Test Prequal Attachment.pdf	11/13/2023 12:57 PM	Microsoft Edge PDF	34 KB
	Certificate of Incorporation.pdf	11/13/2023 12:57 PM	Microsoft Edge PDF	34 KB
🧢 This PC				
🧊 3D Objects				
E Desktop				
Documents				
Downloads				
×	<			>
File nar	ne: Test Prequal Attachment.pdf		 All files (* Ope 	

Step	Action
42.	Click the Open button.

Cancel	Attach with Additional Date Details	Done
IR	RS980 General Instructions	
	Nonprofits must upload their most recent IRS990. If an organization has yet to file its initial IRS990 it should upload a statement detailing the date it was established and the tax year to be covered by the first filing.	
	Enter the Tax Year Begin and End dates and the Date Next 990 Due Field Will automatically populate.	
	Nonprofits that are exempt from filing an annual IRS980 should upload proof of exemption and enter the Begin and End date of their current tax year. Prequalification Specialists will evaluate the documentation and set the Exempt flag accordingly.	
Ci	HAR500 or CHAR410 General Instructions	
	Nonprofits must upload their most recent Annual Filing for Charitable Organizations (CHAR500) or Documentation of Exemption from the NYS Charities Bureau. If an Organization has not filed its first CHAR500, it should upload the Registration Stateme	nt for Charitable Org
	Enter the Tax Year Begin and End	
•	Nonprofits that are exempt from File Attachment ×	
•	Prequalification Specialists will e Choose From	
A	udit/Review & Findings General	
•	Nonprofits must upload their mos	
•	Enter the Tax Year Begin and En	
CI	licking the following buttons on the My Device	
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Step	Action	
43.	Click the Upload button.	
Cancel	Attach with Additional Date Details	Done
	s in most recent IRS990. If an organization has yet to file its initial IRS990 it should upload a statement detailing the date it was established and the tax year to be covered by the first filing.	

Enter the Tax Year Begin and End	File Attachment	Done	
Nonprofits that are exempt from f			
Prequalification Specialists will ev Choose From			
dit/Review & Findings General			
Nonprofits must upload their mos			
Enter the Tax Year Begin and En			
cking the following buttons on the Cancel: Allows you to leave the r			
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		i [
		Upload Complete	
clicking the "Add Attachment" button, please click the "My Device" icon	o select a file, or drag-and-drop a file into the box at the bottom of the page		
v 🌣 Application ID 🛇	Version Number ○ SetID ◇		[**] [*
		Supplier ID 🛇	

Step	Action
44.	Click the Done button.

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	covered by the most recent audit and the Date Next Due field automatically populate			~
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Cancel: Allows you to leave the page and if you attem				
Done: Allows you to leave the page and edits are saw	d			
• X: Closes out the page without saving changes				
After clicking the "Add Attachment" button, please clic	the "My Device" icon to select a file, or drag-and-drop a file into the box at the	bottom of the page		
				1 row
Test_Prequal_Attachment.pdf \diamond	Application ID \Diamond	Version Number 🛇	SetID \Diamond Supplier II) ¢
Test_Prequal_Attachment.pdf	000016146	1	SHARE 100005140	• –
Add Attachment				
	Date Next Due			
	Tax Year Begin Date 01/01/2023			
	State Adjusted Due Date			
	Tax Year End Date 12/31/2023			
State /	djusted Due Date Reason			
			le	

Step	Action
45.	Enter the applicable date (format MM/DD/YYYY) in the Tax Year Begin Date field or click the Calendar icon to select the date.

Invertigation and the intervention of the second seco	Attach with Additional Da поерепления ниши, от на так на ану тнаселан пишира на гогданисации соез тистиа		and phor years budget.	Dor
	covered by the most recent audit and the Date Next Due field automatically populate.			
Clicking the following buttons on the top of the page will ca				
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Done: Allows you to leave the page and edits are save				
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After clicking the "Add Attachment" button, please click	the "My Device" icon to select a file, or drag-and-drop a file into the box at the bot	tom of the page		
Arter clicking the Add Attachment Satton, please click	the my bevice room of select a me, or drag-und-drop a me into the box at the bor	ton of the page		1 ro
				₹, Q ↑↓
Test_Prequal_Attachment.pdf 🛇	Application ID \Diamond	Version Number \diamond SetID \diamond	Supplier ID 🛇	
Test_Prequal_Attachment.pdf	000016146	1 SHARE	1000051400	-
Add Attachment				
	Date Next Due			
	Date Hext Dae			
	Tax Year Begin Date 01/01/2023			
	Tax Year Begin Date 01/01/2023			
State A	State Adjusted Due Date			
State A	State Adjusted Due Date			
State A	State Adjusted Due Date			
State A	State Adjusted Due Date			

Step	Action
46.	Enter the applicable date (format MM/DD/YYYY) in the Tax Year End Date field or click the Calendar icon to select the date.

Cancel	Attach with Additional Dat		Done
	nuepericent Audit, or A 155 Audit and any material indungs. If an organization does not have	e any ormese documents, it should upload a copy or the current and	phor years buoget.
	covered by the most recent audit and the Date Next Due field automatically populate.		
Clicking the following buttons on the top of the page will o			
Cancel: Allows you to leave the page and if you attem			
 Done: Allows you to leave the page and edits are save 	d		
X: Closes out the page without saving changes			
After clicking the "Add Attachment" button, please click	the "My Device" icon to select a file, or drag-and-drop a file into the box at the botto	m of the page	1 row
			E, Q ↑↓
Test_Prequal_Attachment.pdf ◇	Application ID \Diamond	Version Number 🌣 SetID 🗘	Supplier ID 0
Test_Prequal_Attachment.pdf	000016146	1 SHARE	1000051400 —
Add Attachment			
Pod Automnom			
	Date Next Due		
	Tax Year Begin Date 01/01/2023		
	State Adjusted Due Date		
	Tax Year End Date 12/31/2023		
State	djusted Due Date Reason		
State	ujusted Dde Date Reason		
			4

Step	Action
47.	Click the Done button.
	Done

Exit		Prequa	lification Applic	ation	
					Previous Nex
Organization Information	Organizations must upload documents via "Attach" or "A	ttach with Additi	onal Details" link b	elow, depending on the specific document, which will be evaluated as part	of the prequalification process.
Visited	Documents must be in PDF format and under 20MB in siz				
Required Documents	Sur	oplier ID 100005	1400		
Visited					
Contacts Not Started		er Name			
Two Staneu	Attachments				10 rc
Submit Not Started					
	Required Documents O	Attach O	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond	Attached/Uploaded By \diamond
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details	
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details	
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details	
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details	
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details	
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details	
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details	
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details	
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details	
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details	
	Comments				

Step	Action
48.	Follow the same process to add attachments for any additional rows with the Attach with Additional Date Details link.

× Exit		Prequa	lification Applica	ation	:
					Previous Next >
Organization Information Visited	Organizations must upload documents via "Attach" or "At Documents must be in PDF format and under 20MB in size		onal Details" link br	elow, depending on the specific document, which will be evaluated as part of	the prequalification process.
Required Documents Visited 	Sup	pplier ID 1000051	1400		Save For Later
Contacts O Not Started	Supplie Attachments	ier Name			10 rows
Submit O Not Started					
	Required Documents \diamond	Attach 🛇	View/Delete	Attach with Additional Date Details \diamond Date Attached/Uploaded \diamond	Attached/Uploaded By \diamond
	1 Certificate of Incorporation or Equivalent Document	Attach	View/Delete	Attach with Additional Date Details	
	2 Certificate of Assumed Name or DBA, if applicable	Attach	View/Delete	Attach with Additional Date Details	
	3 IRS 501(c) Determination Letter	Attach	View/Delete	Attach with Additional Date Details	
	4 Board of Directors Profile	Attach	View/Delete	Attach with Additional Date Details	
	5 Senior Leadership Resumes	Attach	View/Delete	Attach with Additional Date Details	
	6 Corporate Bylaws	Attach	View/Delete	Attach with Additional Date Details	
	7 Organization Chart	Attach	View/Delete	Attach with Additional Date Details	
	8 IRS 990	Attach	View/Delete	Attach with Additional Date Details	
	9 Financial Statement/Audit	Attach	View/Delete	Attach with Additional Date Details	
	10 CHAR500 or CHAR410	Attach	View/Delete	Attach with Additional Date Details	
	Comments				

Step	Action
49.	Click the Next button.

× Exit			Prequalification	Application				
							Previous	Next >
Organization Information Visited	Identify the contact in	nformation for your organization	on. Supplier ID 1000051400					
Required Documents Visited 							Save	For Later 1 row
Contacts Visited	SetID ≎	Supplier ID 🛇	Contact Name 🗘	Telephone 🗘	Contact Type 🛇	Email ID 🜣	F4	Q 11
Submit O Not Started	1 SHARE	1000051400	contact name +		contact type +		0	-
	Add Contacts							

Step	Action
50.	Click the Add Contacts button to add a contact person from your organization who should receive email notifications regarding the prequalification application and who the agency can contact if they have questions about the prequalification application.
	Note : There will be system email notifications to the grantee contact(s) when their prequalification application is Submitted, Approved, Requested for More Information, Expired, or Due to Expire.

Cancel	Add New Contact	Done ×	
Contact Information			
Description			
* First Name			
* Last Name			
Title			
*Email Id			
*Telephone			
	(Enter 10 digit ### #### Phone #)		
Fax Number			
Contact Type	~		
Clicking the following buttons on the top of the page Cancel: Allows you to leave the page and if yo Done: Allows you to leave the page and edits a X: Closes out the page without saving changes	u attempted to make edits they are not saved are saved		

Step	Action
51.	Enter the applicable value in the Description field.
	This can be a description of the contact, such as Prequal Contact . If your organization will have multiple contacts, you want to consider Primary Prequal Contact or Secondary Prequal Contact .

Cancel	Add New Contact Dor	e x
Contact Information		
Description	Prequal Contact	
* First Name	John	
* Last Name	Doe	
Title		
*Email Id	John.Doe@123.org	
*Telephone	518-555-1212	
	(Enter 10 digit ########## Phone #)	
Fax Number		
Contact Type	`	
Clicking the following buttons on the top of the page • Cancel: Allows you to leave the page and if yo • Done: Allows you to leave the page and edits a • X: Closes out the page without saving changes	u attempted to make edits they are not saved are saved	

Step	Action
52.	Enter the applicable value in the First Name field.
53.	Enter the applicable value in the Last Name field.
54.	Enter the applicable value in the Email Id field.
55.	Enter the applicable value in the Telephone field.

Cancel	Add New Contact Done ×
Contact Information	
Description	Prequal Contact
* First Name	John
* Last Name	Doe
Title	
*Email Id	John.Doe@123.org
*Telephone	518-555-1212
	(Enter 10 digit ### ##### Phone #)
Fax Number	
Contact Type	~
Clicking the following buttons on the top of the pa • Cancel: Allows you to leave the page and edits • Done: Allows you to leave the page and edits • X: Closes out the page without saving changes	u attempted to make edits they are not saved are saved

Step	Action
56.	The Title, Fax Number, and Contact Type fields are optional, and can be populated or left blank.

Cancel	Add New Contact Done ×
Contact Information	
Description	Prequal Contact
* First Name	John
* Last Name	Doe
Title	
*Email Id	John.Doe@123.org
*Telephone	518-555-1212
	(Enter 10 digit
Fax Number	
Contact Type	```
Clicking the following buttons on the top of the page • Cancel: Allows you to leave the page and if yo • Done: Allows you to leave the page and edits a • X: Closes out the page without saving changes	u attempted to make edits they are not saved are saved

Step	Action
57.	Click the Done button.

× Ext Prequilification Application :							
							Previous Next
Organization Information • Visited	Identify the contact i	Identify the contact information for your organization. Supplier ID 1000051400					
Required Documents Visited							Save For Later
Contacts							R, Q îl
Visited	SetID \Diamond	Supplier ID \diamond	Contact Name O	Telephone 🛇	Contact Type \Diamond	Email ID 🗘	
Submit O Not Started	1 SHARE	1000051400	John Doe	518-555-1212		John.Doe@123.org	 –
	Add Contacts						

Step	Action
58.	Multiple contacts can be added.
	If needed, click the Add Contacts button and follow steps 51-57 to add additional prequalification contacts from your organization.
59.	Click the Next button.

X Exit	Prequalification Application				
		Previous			
Organization Information • Visited	Select the "Review" button to review the Prequalification information. Click the "Submit" button to submit your Prequalification application after reviewing and attesting the information entered for your organization is correct.				
Required Documents Visited 	Email Communication regarding application will be sent to: John Doe@123.org;				
Contacts	Attestation				
Visited	By selecting "Yes" below, I certify I am authorized on behalf of the applicant and/or is governing body to submit this information - All of the information contained herein and all statements, data and supporting documents been made or furnished, are true and correct and complete to the best of my knowledge and belief I recognize that this guestionnaire is submitted for the express purpose of assisting New York State in making responsibility of the submitted or the support of the submitted or the submitted for the express purpose of assisting New York State in making responsibility of the support of the submitted or the support of	lity			
Submit Visited	determinations regarding an award of contracts or graits or approval of a subcontract. ⁻ 1 acknowledge that lew York State raw, in its discretion means which it mays ochoes, verify the truth and accuracy of all statements made herein I understand that if any change occurs in the information disclosed by me 1 acknowledge that fave yonk state raw, in its discretion of any application or revocation of any agreement made herein I understand add with the State I understand that any false statement or misrepresentation will constitute cause of disapproval of any application or revocation of any agreement made herein the state I understand that any false statement or misrepresentation will constitute cause of disapproval of any agreement information will constitute cause of a disapproval of any agreement mode with the State - I further acknowledge that my submission of this document, knowing that it contains a false statement or false information are readed and be subject to a fine and/or a term of imprisonment if so convicted of such a crime.				
	By selecting "Yes" below, I certify: I am authorized on behalf of the applicant and/or its governing body to submit this information.				
	Review				

Step	Action				
60.	On the Submit page, you certify that you are authorized to submit the information on the prequalification application and submit the prequalification application for agency review. You also have the option to review the information that you entered on the application, prior to submitting.				
	To certify, click the Attestation toggle option to Yes.				
	Note : If you made additional changes to the application after clicking Yes , then you will need to reset the application before submitting by toggling back to No and then back to Yes .				

X Exit Prequalification Application					
	Previous				
Organization Information Visited	Select the "Review" button to review the Prequalification information. Click the "Submit" button to submit your Prequalification application after reviewing and attesting the information entered for your organization is correct.				
Required Documents Visited	Email Communication regarding application will be sent to: John Doe@123 org;				
Contacts	Attestation				
Visited	By selecting "Yes" below, I certify - I am authorized on behalf of the applicant and/or is governing body to submit this information - AII of the information contained herein and all statements, data and supporting documents which have been made or furnished, are reture and correct to the best of m knowledge and beliel - i reconsize that this usedistionaire is submitted for the expressional west submitted for the expressional west and we have a submitted or the applicant and/or and the processional west and the submitted or the applicant and the submitted or the applicant and the submitted or the applicant and the set of m knowledge and beliel - i reconsize that this usedistionaire is submitted for the applicant and the submitted or the applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the submitted or the applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the applicant and the applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the submitted or the applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and beliel - i reconsize that the set of m knowledge and beliel - i reconsize that this used to applicant and the set of m knowledge and belies - i reconsize that the set of m knowledge and belies - i reconsite that the set of m knowledge and belies - i reco				
Submit Visited	been made or funsised, are true and correct and complete to the yest of the yest ownedge and beer, in recognize that it my accessionate is submitted to the express purpose or assisting new York State in making responsion. It is discretioned to the express purpose or assisting new York State in making responsion. It is discretioned to the express purpose or assisting new York State in the submitted of the express purpose or assisting new York State in the submitted of the express purpose or assisting new York State in the submitted of the express purpose or assisting new York State in the submitted of the express purpose or assisting new York State in the submitted of the express purpose or assisting new York State in the submitted of the submit				
	By selecting "Yes" below, I certify: I am authorized on behalf of the applicant and/or its governing body to submit this information.				
	Review Submit				

Step	Action
61.	If you are interested in reviewing all the information that you entered on the application, before you submit, click the Review button. In this example, we will not click the review button. Note : This is an optional step.
62.	Note : If you need to update information entered on the previous sections, select the applicable section from the list on the left side of the page and make the update(s).

X Exit	Prequalification Application	:		
	< Previo	ous		
Organization Information Visited Required Documents Visited	Select the "Review" button to review the Prequalification information. Click the "Submit" button to submit your Prequalification application after reviewing and attesting the information entered for your organization is correct. Email Communication regarding application will be sent to: John Doe@123 org;			
Contacts Visited	Attestation By setcing "Yes' below, I certify I am authorized on behalf of the applicant and/or is governing body to submit this information All of the information contained herein and all statements, data and supporting documents which have been made or furnished, are true and correct and complete to the best of my knowledge and belief I recognize that this questionnaire is submitted for the express purpose of assisting New York. State in making responsibility	ve		
Submit Visited	determinations regarding an award of contracts or grains or approval of a subcontract I acknowledge that New York State thay linely on such information disclosed by me I acknowledge that New York State may, in its discre- means which it mays choose, very fifthe truth and accuracy of all statements made herein I understand that if any change occurs in the information in have provided, that I will promptily notify the State of asking t			
	Yes Review Submt			

Step	Action
63.	To submit the application for agency review, click the Submit button.
	Submit

	Submit Prequalification Page	<u>ଲ</u> ୧ :
		New Window Help Personalize
Pending Editor Review		
You have Successfully completed your Prequalification Application		
Supplier Name:		
Any email regarding the Prequalification status will be sent to:		
John Doe@123.org ;		
Return to Prequalification Welcome page		

Step	Action
64.	The application is routed for review to the agency you selected in the State Agency field, on the Organization Information section.
	Note : There will be system email notifications to the contact(s) listed in the Contacts section when the prequalification application is Submitted, Approved by the agency, or returned by the agency for more information.
65.	To return to the Prequalification Welcome page, click the Return to Prequalification Welcome page link or click the Home icon in the upper right corner of the page to return to the SFS Vendor Portal homepage.
66.	You have successfully completed the Enter and Submit a Prequalification Application topic.

Responding to Bid Events (Grant Opportunities)

Lesson Description:

This lesson provides the knowledge and skills to respond to Bid Events. Bid Events are grant opportunities that allow bidders to submit a bid response in order to apply for a funding award.

As part of a bid response, bidders provide responses to questions, attach documents, and provide other required, relevant information.

Lesson Objectives:

In this lesson, you will learn how to:

- Respond to Bid Event Expenditure Budget Types
- Respond to Bid Event Performance Budget Types
- Respond to Bid Event Capital Budget Types
- Using the Match Worksheet for a Bid Response

Respond to Bid Event Expenditure Budget Types

Topic Description:

This topic provides the knowledge and skills to respond to Bid Event Expenditure Budget Types. Budget types dictate the grant opportunity attributes available for each section of a period budget. Expenditure budget types allow grantees to record projected costs on a bid event and on a grant contract.

Topic Objectives:

In this topic, you will learn:

• How to respond to Bid Event Expenditure Budget Types

SFS role(s) required to perform this task:

- Bid Response Initiator (NY_GM_VENDOR_EVENT_INITIATE)
 - **Note:** This role allows you to initiate a bid response to a bid event but not submit the bid response to the agency.
 - Bid Response Submitter (NY_GM_VENDOR_EVENT_SUBMIT)
 - **Note:** This role allows you to both initiate a bid response and submit a bid response to the agency.

Procedure

Scenario: You will log in to the SFS Vendor Portal, search for an available bid event (grant opportunity) and respond to the agency questions. You will also enter your budget, work plan information, and your bid price before submitting to the agency for review.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

ଜ : ⊘ SFS Q Menu 👻 Search in Menu My Homepage 🔻 SFS Notices SFS Support SFS Coach Grants Management Training ... _ss E? Grants Management FAQs ... ss Show Details View Your Information Invoice and Payment inquiry PO and Receipt Inquiry Grants Management - State 2 L'S () \heartsuit FAQs | Contact Us Register for POs via Email Supplier Change Request Add/Maint Self-Service Invoice + 🔒 Č 🏑 E ? Get helpful information here.

Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Events and Place Bids > View Events and Place Bids
	Note: You must log in to the SFS Vendor Portal to respond to a bid event.

🕻 My Homepage		값 Q : (0			
	Bid Event Search	Maintain Your Information	Prequalification Application	Bid Response Search		
	Grant Contracts Search	Progress Report Search 0 Active Progress Reports 60 Past Due Progress Reports	Submit a Claim	Claims Update Guide		

Step	Action
2.	Click the Bid Event Search tile.

Grants Management View Events a					Place Bids			ଜ	Q	:	ļ
View Events and Enter search criteria to le		wing or placing bids.	Welcome User:								
 Search Criteria 											
Search by Grant Search by E	From										
Search I Search by Fund	ch by Status Avail by Eligibility Not-F ding Agency Service Area										
Search	CI	ear Criteria									
E						н					
Event ID EVT0000082	Funding Agency OMH01	Grant Opportunity 101123 TEST-4	Status Available	Eligibility Governmental Entity, Not-For- Profit	Availability Date 10/11/23 1:46PM	Anticipated Release Date	Due Date 10/20/2023 1:46PM EDT				

Step	Action				
3.	Enter the applicable search criteria in the Search Criteria fields.				
	In this example, we will select the Search by Status field drop-down list and click Available from the list.				
4.	Click the Search button.				
	Search				
5.	Note: A list of Event IDs will populate based on the search criteria entered.				
	Click an Event ID link to initiate a bid response.				

Supplier Search Events		Event Deta	ils
vent Details		Welcome,	
		User:	
nformation On Inquiry Options Accept Invitation	Bidding Sh	View Event Package	
Bid on Event		Upload XML Bid Respon	150
Did on Event			
Event Name 101123 TEST-4			
Event ID OMH01-EVT0000082 Event Sell Event	RFx		
Format/Type	HFX		
Event Round 1 Event Version 1			
Event Start Date 10/11/2023 1:46PM EDT			
Event End 10/20/2023 01:46 PM EDT Date			
Event Description:			
GRANTS		(C)	
		ß	
Contact Phone	Payment Terms My Bids ⁰		
Email test123@sfs.ny.gov	Edits to Submitted Bids Not		
Online Discussion Live Chat Help	Multiple Bids Allo	llowed	
Live Chat Help			
	★Bid Required	DLine Comments/Files	
Lines			

Step	Action			
6.	Click the Bid on Event button.			
	Bid on Event			

✓ Search Event Details	Event Details	<u>ଜେ ୧ :</u> ଡ
Event Details	Welcome, User:	New Window Help Personalize Page
Submit Bid Save for Later Cancel	Validate Entries	
Event Name 101123 TEST-4	Bidding Instructions	
Event ID OMH01-EVT0000082 [Additional Bid Info	Bid ID New	
Event Format/Type Sell Event RFx	Bid Date	
Event Round 1	Bid Currency USD US Dollar	
Event Version 1 Event Start Date 10/11/2023 1:46PM EDT		
Event Start Date 10/17/2023 1:46PM EDT Event End Date 10/20/2023 01:46 PM EDT		
	Estimated Award Date 09/30/2023	
Processing Status Bid Event Published	Anticipated Contract Date 10/01/2023	
Hide Additional Event Info		
Description:		
GRANTS	a	
	A	
Contact	Payment Terms	
Phone	Billing Location Office of Mental Health	
Email test123@sfs.ny.gov	Event Currency Dollar	
Online Discussion	Conversion Rate 1.0000000	
	Edits to Submitted Bids Not Allowed	
	Multiple Bids Allowed	

Step	Action
7.	Review the Event Start , Event End Date , Estimated Award Date , Anticipated Contract Date fields.
8.	Click the Additional Bid Info link.

			Additional Bid Response fields	
	Additional Bid Response Info			
	Organization Type	Not-For-Profit		Letter of Intent
	Taxpayer Identification Number		Questions & Answers Post Type	Provide a Link
	Bidders Conference Application Workshop			Questions & Answers Link
	Contract Type	Fixed	Questions and Answers Upload	
	Length		Questions and Answers Narrative	Q&A
	Narrative	N/A		
ок	Cancel			

Step	Action
9.	Review the Additional Bid Info.

Step	Action
	Click the OK button to return to the Event Details page.

Step 2: Er	nter Line Bid Res	ponses							
	ent contains one or r trator. Lines in This Lines Respon Your Total Line I	more individual lines that Event 1	await your bid response. Some or	all lines may re	equire your bid in ord	ler for considera	tion by the Event		
★Bid Red Lines	quired	PLine Comments/F	les				I4 4 1.	-1 of 1 🗸	▶ ▶ I View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	No Bid	Your Total Bid Price		
	1 1		LINE 1	EA				Bid	Q
At any poin	ments and Attachme t in the bid response		an in-progress bid and resume cor	npletion at late	r time. When your bi	d response is co	omplete, submit for consi	deration.	Validate Entries
		Save for Late	er						Validate Entries
Return to E	vent Search								

Step	Action
10.	Select the Events Comments and Attachments link, located at the bottom of the page, to view any instructions, attachments and/or comments. You may need to scroll to see this link.

	Event Comments and	d Attachments			×
Business Unit OMH01 Event ID EVT Attachments	0000082 Event Round: 1	Event Version:	1		Help
View Event Attachments ⑦			I¶ ¶ 1-1 c	of 1 🗸 🕨 🕅	
Attached File Attach	nment Description	Event RFx Doc	Upload	View	
		•	Upload	View	
Add New Attachments ⑦				I¶ ¶ 1-2 of 2	•
Attached File	Attachment Description	Upload	View		
Instructions_document.pdf		Upload	View	Add New Attachments	<u>Delete</u>
Reporting_Template.pdf		Upload	View	Add New Attachments	<u>Delete</u>
Comments Add New Comments ⑦ Please review attached instructions before res OK Cancel	sponding to bid event.			چ ا	

Step	Action
11.	Click the OK button after viewing the instructions, attachments, and comments.

C Search Event Details	Event Details		6	<u>۵</u>	<u>۵</u> ۹	<u>ଜ ସ ।</u>
Event Name 101123 TEST-4	Didding Instructions					
Event ID 0AH-01-EVT0000082 Ad Event FormatType Sel Event RFx Event Round 1	assonal Bid Iot New Bid Date Bid Carter					
Event Version 1 Event Start Date 1011/2023 1-49PM EDT						
Event End Date 10000323 01 45 PM EDT	Estimated Award Date					
Processing Status Bid Event Published	Anticipated Contract Date					
Hide Additional Event Info						
Description: ORANTS	ø					
Contact	Payment Terms					
Phone	Billing Location Office of Mental Health					
Email test123@sls.ry.gov	Event Currency Dollar					
Online Discussion	Conversion Rate 1.0000000					
	Edits to Submitted Bids Not Allowed Multiple Bids Allowed					
Step 1: Answer General Event Questions	Site/Project Address					
The event administrator requests your response to questions not specific to	any specific item. Bidder Contact Information					
General Event Questions 1 DUNS Number	r Name					
Required Questions 1 Organization Website	Telephone					
Questions Responsed To 0	Email					

Step	Action
12.	Use the scrollbar to navigate to the Step 1: Answer General Event Questions section.
13.	If applicable, enter your Organization Website in the Organization Website field. This field is optional and not required.
14.	Under the Bidder Contact Information, enter the following information: Name Telephone Email Note: The contact listed should be the person/people within the organization who can be contacted with questions about the bid response.
45	
15.	Click the Site/Project Address link.

	Bid Response address fields	×
		Help
Site/Project A	ddress Q I I I of 1 v b b View	All
	+ -	-
	10 Tester Lane	
1 Address Line		
2 City	Albany	
Postal Code	12222	
State	NY	

Step	Action
16.	 Enter Address Details, including the following information: Address Line 1 Address Line 2 (if applicable) City Postal Code State

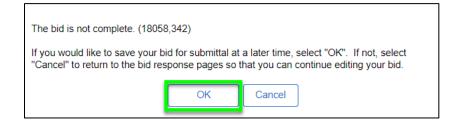
Step	Action
	Note: The Site/Project Address is where the grant will be used, or funds will be spent.
17.	When you have finished entering address details, click the OK button.

Search Event Details	Event Details		ŵ	Q	:	Ø
Hide Event Questions						
vent Questions						
★Bid Required	ኞ Ideal Response Required					
General Questions		4	1 of	2 🗸 🕨		
*						
Applicant must be a ! Response Yes	SOLG3 organization to apply Weighting					
*						
Program Model Descrip experience with engage	ganization is qualified to implement the proposed program model outlined in Section III ption. Include both quantitative and qualitative evidence to address this question and ging with PWUD and priority population(s).					
Response My o	rganization is qualified <u>because</u> .					

Step	Action
18.	Review and respond to Event Questions . Those that are flagged as Required (*) must be responded to in order to submit a bid response.
	Note: The ability to add a Comment/Attachment will vary based on the question.

✓ Bid Menu	Event Details	ଜ ୧ : ଡ
Event Details	Welcome, User:	New Window Help Personalize Page -
Message not found Submit Bid Save for Later Cancel	Validate Entries	
Event Name 101123 TEST-4 Event ID ONIH-01-EVT000082 Additional Bid Info Event FormatType Self Event RFx	Bidding Instructions Bid ID 1	
Event Version 1 Event Version 1 Event Version 1 Event Variant 10/11/2023 1:46PM EDT	Bid Date Bid Currency USD US Dollar	
Event End Date 10/20/2023 01:46 PM EDT	Estimated Award Date	
Processing Status Bid Event Published Hide Additional Event Info	Anticipated Contract Date	
Description: GRANTS		
Contact	Payment Terms	
Phone Email test123@sfs.ny.gov	Billing Location Office of Mental Health Event Currency Dollar	
email test Logen in (DV Online Discussion	Conversion Rate 1.0000000 Edits to Submitted Bids NotAllowed Multiple Bids Allowed	

Step	Action
19.	Click the Save for Later button.



Step	Action
20.	In the resulting popup, click the OK button to save your progress.

Step 2: Enter Line Bid	Responses						
Administrator.		-	sponse. Some or all lines may requ	ire your bid in o	order for consideration	n by the Event	
Lines in	This Event	1					
Lines Re	ponded To	0					
Your Total I	ne Pricing 0.000	00 USD					
Hide Line Detail							
	-						
★Bid Required	Line Cor	mments/Files					
Lines							
E Q						1-1 of 1	✓ ► ► View All
Line Period		Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1 Period D	tails –1		Line 1	EA			Q

Step	Action
21.	Scroll to the bottom of the page. Under the Lines section, click the Period Details - 1 link under the Period column to access budget and work plan information.

✓ Bid Search Screen		Create Bids	ል
	pe EXPENDITURE int 500000.000		New Window Help
Bidder Setid SHARE Per	od 1 Bidder ID 1000015277	> > { View All	
Period 1 Period From 10/01/2023 Period To 0	0/30/2024 Budget Required	Budget properties	
Q I I of 1 v b Bid Event Line# 1	In View All		
<return bid="" response<="" td="" to=""><td></td><td></td><td></td></return>			

Step	Action
22.	Click the Budget properties link.

					Budget Prope	rties Header	
	Event ID EVT000	0082	Max Av	ward Amount 50	0000.000		
Bid E	Event Period 1		Perio	od From Date 10	0/01/2023		
Bidde	er/Vendor ID 1000015	5277	Pe	eriod To Date 09	9/30/2024		
				Budget Type E	XPENDITURE		
udget Pro	operties						
Apply	Match Allowed at Ca	tegory I 🗸 🔞					
Calculate	Match Grant Fund V						
ourounte	Include Mat		orksheet				
udget Ca	ategory Properties					I 4 1-5 of 1	10 View All
		Available in Grant	Use Match	Match Percenta	ige Use Other	Verage on Claims	0 View All
E C	2	Available in Grant	Use Match	Match Percenta	ige Use Other		
C	R Budget Category		Match		-	Overage on Claims	
1 2	R Budget Category		Match	0		Overage on Claims	
I C C C C C C C C C C C C C C C C C C C	Budget Category 1 SALARY 2 FRINGE		Match	0		Overage on Claims	

Step	Action
23.	Review the Budget Header Information.
24.	Review Budget Category Property section (including Narrative), noting which rows have Available in Grant checked. Note: This section was completed by the agency to help the grantee understand
	which Budget Category(s) require a response. Grantees will need to scroll down to view the sections they are responsible for updating.

arrative								
Period Bud	get Summary							
TT Q]						14 4 1-10 of 10	y → H I View
	Budget Category	Grant Funds Requested	Match Funds	Match % Calculated	Match % Required	Other Funds	Total	Category Details
1	SALARY	0.00	0.00	0	0	0.00	0.00	Ri I
2	FRINGE	0.00	0.00	0	0	0.00	0.00	15
3	CONTRACTUAL	0.00	0.00	0	0	0.00	0.00	12
4	TRAVEL	0.00	0.00	0	0	0.00	0.00	5
5	EQUIPMENT	0.00	0.00	0	0	0.00	0.00	15
6	SPACE/PROPERTY RENT	0.00	0.00	0	0	0.00	0.00	18
7	SPACE/PROPERTY OWN	0.00	0.00	0	0	0.00	0.00	18
8	UTILITIES	0.00	0.00	0	0	0.00	0.00	18
9	OPERATING EXPENSES	0.00	0.00	0	0	0.00	0.00	12
10	OTHER	0.00	0.00	0	0	0.00	0.00	12

Step	Action
25.	Under the Period Budget Summary section, click on View All icon to show all budget categories. You may need to click the scrollbar to view this section of the page. In this example, we will enter budget information for the Salary and Fringe
	budget categories.
26.	Under the Period Budget Summary section, click on Category Details icon for the Salary budget category.
	Note: Where the icon cannot be clicked, the agency has not checked the Available in Grant checkbox above.

			Catego	ory Details				×
								Help
Budget Type	EXPENDIT	URE		Matel	n % Require	d		
Budget Category	SALARY							
Category Details								
R Q					1-1 of 1	► ► ► ■ ■	View All	
Grant Fur	nds	Match Funds	Match %	Other funds	Total Funds	Position Title	Annual Salary I Positio	
1								
1			L				•	
Category Totals								
Cu	umulative	Grant Funds 0.00						
Cu	mulative M	Atch Funds 0.00						
Cu	umulative	Other Funds 0.00						
Cumulative C	ategory D	etails Totals 0.00						
Narrative					<i>i</i> i			
OK Cancel								

Step	Action
27.	Enter the applicable value into the Grant Funds field.
	In this example, we will enter 10,000 into the Grant Funds field.
28.	Enter the applicable value into the Match Funds field.
	In this example, we will leave this field blank.
29.	Enter the applicable value into the Other Funds field.
	Note: This field may be greyed out if it was not selected on the bid event; if greyed out, move onto the next step.
30.	Enter the applicable value into the Position Title field.
	In this example, we will enter Narcan Trainer in the Position Title field. You may need to scroll to see this field.
31.	Enter the applicable value into the Annualized Salary per Position field.

	In this example, we will enter 50,000 in the Annualized Salary per Position field.
32.	Enter the applicable value into the STD Work Week (HRS) field.
	In this example, we will enter 40 in the STD Work Week (HRS) field.
33.	Enter the applicable value into % of Effort Funded field.
	In this example, we will enter 100 in the % of Effort Funded field.
34.	Enter the applicable value into the # of Months Funded field.
	In this example, we will enter 12 in the # of Months Funded field.
35.	Enter the applicable value into the Narrative field. Note : The narrative could be additional information for the agency or could be used to summarize the changes you made.
	In this example, we will not enter a narrative for the salary budget category.
36.	Click the OK button.
37.	Under the Period Budget Summary section, click on Category Details icon for the Fringe budget category.
38.	Leave the Type/Description field blank.
39.	Enter the applicable value into the Grant Funds field.
	In this example, we will enter 10,000 in the Grant Funds field.
40.	Enter the applicable value into the Match Funds field.
	In this example, we will leave this field blank.
41.	Enter the applicable value into the Other Funds field.
	Note: This field may be greyed out if it was not selected on the bid event; if greyed out, move on to the next step.
42.	Enter the applicable value into the Narrative field.
	In this example, we will enter Fringe Rate at 20% in the Narrative field.
43.	Click the OK button.
	ОК

					Budget Proper	ties Header			
	5	EQUIPMENT	0 0	0					
has			4				t		
Narra	tive								
					li li				
Pe	eriod Bud	iget Summary							
	■ Q	•						4 1-5 of 10	▼ ► ► View All
		Budget Category	Grant Funds Requested	Match Funds	Match % Calculated	Match % Required	Other Funds	Total	Category Details
	1	SALARY	10000.00	0.00	0	0	0.00	10000.00	
	2	FRINGE	10000.00	0.00	0	0	0.00	10000.00	
	3	CONTRACTUAL	0.00	0.00	0	0	0.00	0.00	
	4	TRAVEL	0.00	0.00	0	0	0.00	0.00	
	5	EQUIPMENT	0.00	0.00	0	0	0.00	0.00	
	Sub ¹	Totals							
		ants Funds 20000.00	Match % Cal						
	Ma	atch Funds 0.00 Total 20000.00	Other Funds	0.00					
		Back Save	e						

Step	p Action					
44.	Click the Save button.					
45.	Click the Back button.					

K Bid Search Screen			Create Bids		ŵ	Q	:
Business Unit OMH01 Event ID EVT000082 Bidder Setid SHARE	Budget Type EXPENDITURE Funded Amount 500000 000 Period 1 Bidder ID	1000015277		New Window	Help	Pers	onalize
Bid Event Periods Period 1 Period From 1001/2023 Q (4 4	Period To 09/30/2024	I of 1 v F I View All get Required Budget properties Work Plan Properties					
Bid Event Line# 1 <return bid="" response<="" td="" to=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></return>							

Step	Action
46.	Click the Work Plan Properties link.

Event Bid Period	Create Bids	ଜ ୧ : ଡ
Work Plan		New Window Help Personalize Page ▲
Work Plan Header		
Bidder ID 1000015277 Allow Bidder Defined Objective and Tasks:	Plan ID EVT0000082-R1V1P1-1000015277-169 Work Plan Overview Period From: 10/01/2023 Period 1 Work Plan Overview Report Period To: 09/30/2024 Dalline Work Plan Required:	
Project Summary ③ □		

Step	Action
47.	Review the Work Plan Header information and verify the Allow Bidder Defined Objectives and Tasks is selected.
48.	Note : If the Allow Bidder Defined Objectives & Tasks box is checked and the Maximum Number of Objectives, Tasks, and Performance Measures have not already been entered, then you can add new objective, tasks, and performance measures if needed.
49.	Enter the applicable value into the Project Summary field if not already entered by the agency. In this example, we will enter Help reduce drug deaths in the Project Summary field.

jectiv	/es >>	Tasks >> Performance Measures (?)					
📑 Obje	ective)	📴 Task) 📴 Perf. Measure) 😚 🐥	X 🖻	🖹 🛃 Display Type: All	▶ 唐, 王 ゆ		
E;	Q				14 4	1-4 of 4 🗸	▶ ▶ I View A
	sic Inf Select		Sort Order	Name	Description	Required	Allowed to Sort
1		 Objective 	1	Objective 1	Objective 1		
2		▼ Task	1.1	Task 1	task 1		
3		Performance Measure	1.1.1	PM 1	PM 1		
4		Objective	2	Increase the number of opioid related resources available to community members	Increase the number of opioid related resources available to community		
+ Obje	ective	🗄 Task) 📴 Perf. Measure) 😚 🕀	χ Β	🔋 🗷 Display Type: 🛛 All	▼ 濃, 温_ ゆ		
Back	, ,	Save Refresh					

Step	Action
50.	In this example, we will add additional rows in the Objectives >> Tasks >> Performance Measures section. Note : The First Objective with the underlying Task and Performance Measure in the list was entered by the agency.

Step	Action
	Click on the Objective row to add additional objectives.
51.	Click the + Objective button.
52.	Enter the applicable information on the Objective row, in the Name field. On the Objective row, in this example we will enter Increase the number of opioid related resources available to community members in the Name field.
53.	Enter the applicable information on the Objective row, in the Description field. On the Objective row, in this example we will enter Increase the number of opioid related resources available to community members in the Description field.

bject	tives >>	Tasks >> Performance Measures 🕐					
E+0	bjective) (🗄 Task) 🛱 Perf. Measure) 🛛 😚 🕀	X 🖻 (Display Type: All	▼ 副 王 ゆ		
E	Q Basic Infe	More Details			14 4	1-5 of 5 🗸	▶ ▶ View A
	Select	Туре	Sort Order	Name	Description	Required	Allowed to Sort
1		 Objective 	1	Objective 1	Objective 1		
2		 Task 	1.1	Task 1	task 1		
3		Performance Measure	1.1.1	PM 1	PM 1		
4		 Objective 	2	Increase the number of opioid related	Increase the number of opioid related		
5		Task	2.1	Distribute narcan kits to trained	Distribute narcan kits to trained		
EI O	bjective)	- ⊒⊨Task.) 📴 Perf. Measure) 💮 🕀	X B I	Display Type: All	▼ 豊 王 ゆ		
Ba	ck	Save Refresh					

Step	Action
54.	Select the Objective row where the task will be added.
55.	Click + Task button.
56.	Enter the applicable information on the Task row, in the Name field. On the Task row, in this example we will enter Distribute 74 narcan kits to trained community members in the Name field.
57.	Enter the applicable information on the Task row, in the Description field. On the Task row, in this example we will enter Distribute 74 narcan kits to trained community members in the Description field.

			□ □						
ic Info elect		Sort Order	Name	Description	Required	Allowed to Sort			
	 Objective 	1	Objective 1	Objective 1					
	▼ Task	1.1	Task 1	task 1					
	Performance Measure	1.1.1	PM 1	PM 1					
	 Objective 	2	Increase the number of opioid related	Increase the number of opioid related					
	 Task 	2.1	Distribute narcan kits to trained	Distribute narcan kits to trained					
	Performance Measure	2.1.1	Number of kits distributed	Number of kits distributed					
		Type Objective Task Performance Measure Objective Task	Type Sort Order • Objective 1 • Task 1.1 • Objective 1.1.1 • Objective 2 • Objective 2	Image: Type Sort Order Name • Objective 1 Objective 1 • Task 1.1 Task 1 • Performance Measure 1.1.1 PM 1 • Objective 2 Increase the number of opioid related * [2] • Task 2.1 Distribute narcan kits to trained * [2]	Image: Type Sort Order Name Description • Objective 1 0bjective 1 Objective 1 • Task 1.1 Task Task • Objective 1.1 Task PM 1 • Objective 1.1 Task PM 1 • Objective 2.1 Distribute narcan kits to trained * Park Distribute narcan kits to trained * Park	Image: Type Sort Order Name Description Required • Objective 1 Objective 1 • • • Task 1.1 Task 1 • • • Objective 1.1 PM 1 • • • Objective 1.1.1 PM 1 • • • • Objective 1.1.1 PM 1 • • • • • Objective 1.1.1 PM 1 • • • • • Objective 1.1.1 Distribute narcan kits to trained • •			

Step	Action
58.	Select the Task row where the performance measure will be added.
59.	Click + Performance Measure button.
60.	Enter the applicable information on the Performance Measure row, in the Name field. On Performance Measure row, in this example we will enter Number of kits distributed in the Name field.
61.	Enter the applicable information on the Performance Measure row, in the Description field. On Performance Measure row, in this example we will enter Number of kits distributed in the Description field.

₽ ₽	asic Info	More Details			H.	1-6 of 6 ∨	▶ ▶ I Vie
	Select		Sort Order	Name	Description	Required	Allowed to Sort
1		 Objective 	1	Objective 1	Objective 1		
2		▼ Task	1.1	Task 1	task 1		
3		Performance Measure	1.1.1	PM 1	PM 1		
4		 Objective 	2	Increase the number of opioid related	Increase the number of opioid related		
5	~	▼ Task	2.1	Distribute narcan kits to trained	Distribute narcan kits to trained		
6		Performance Measure	2.1.1	Number of kits distributed	Number of kits distributed		
Ob	jective) (🗄 Task) 📴 Perf. Measure) 🛛 😚 🤤	XBI	Display Type: All	▼ 龍 三 ゆ		

Step	Action
62.	Click the arrow to the right of the More Details tab to expand the view and see all fields.

			Create	Bids			ራ	Q :
	A1 A	⊠ v B I ⊻ ÷ ¦= := — ⊞ v I						
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deaths.								
rformance Measures	0							
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								N
	Sort Order	Name	Description	Required	Allowed to Sort	Allow Performance Measure	Perf Measure Response Type	Nume (Target/Go
e	1	Objective 1	Objective 1					
re	1	Objective 1 Task 1	Objective 1 task 1			2		
						8	Numeric	1
ormance Measure	1.1 1.1.1	Task 1 PM 1	task 1				Numeric	1
ormance Measure	1.1	Task 1 PM 1 Increase the number of opioid related *	task 1				Numeric	1
ve ormance Measure	1.1 1.1.1	Task 1 PM 1 Increase the number of coioid related * [2]	task 1				Numeric	1
ormance Measure	1.1 1.1.1 2	PM 1 Increase the number of opioid related */ Distribute narcan kits to trained */	task 1 P PM 1 P Increase the number of opioid related * Distribute narcan kits to trained *					
ormance Measure ve	1.1 1.1.1 2 2.1	Task 1 PM 1 Increase the number of opioid related */P Distribute narcan kits to trained */P	task 1 PM 1 P				v	
rmance Measure e	1.1 1.1.1 2 2.1	Task 1 PM 1 Increase the number of opioid related */P Distribute narcan kits to trained */P Number of kits distributed	task 1 PM 1 P				v	
rmance Measure e rmance Measure	1.1 1.1.1 2 2.1 2.1.1	Task 1 PM 1 Increase the number of opioid related */P Distribute narcan kits to trained */P Number of kits distributed	task 1 P PM 1 P Increase the number of opioid related P Distribute narcan kits to trained P Number of kits distributed P				v	
rmance Measure e rmance Measure	1.1 1.1.1 2 2.1 2.1.1	Task 1 PM 1 Increase the number of opioid related */P Distribute narcan kits to trained */P Number of kits distributed	task 1 P PM 1 P Increase the number of opioid related P Distribute narcan kits to trained P Number of kits distributed P				v	
rmance Measure e rmance Measure	1.1 1.1.1 2 2.1 2.1.1 X @ 1	Task 1 PM 1 Increase the number of opioid related */P Distribute narcan kits to trained */P Number of kits distributed	task 1 P PM 1 P Increase the number of opioid related P Distribute narcan kits to trained P Number of kits distributed P				v	

Step	Action
63.	 Note: Available Performance Measure options are: Attachment Date Numeric Text/Comment

Step	Action
	Yes/No
	In this example, on the Performance Measure row, we will select the Performance Measure Response Type drop-down list and select the Numeric option.
64.	Enter the applicable value into the Numeric (Target/Goal) field.
	In this example, we will enter 100 in the Numeric (Target/Goal) field.
65.	Click the Save button.
66.	Click the Back button.

< Event Bid Period	Create Bids	ል
Iusiness Unit OMH01 Budget Type EXPENDITU Event ID EVT0000082 Funded Amount 500000.000 Bidder Setd SHARE Period 1 E	XE Idder ID 1000015277	New Window Help
Bid Event Periods	1 H 4 1 of 1 v F F I Vew All	
Period 1 Period From 10/01/2023 Period To 09/30/2024	Budget Required Budget properties Work Plan Required Work Plan Properties	
Q III I of 1 v IIV View All Bid Event Line# 1		

Step	Action
67.	Click the Return to Bid Response link.

Step 2: Enter	Line Bid Responses						
This event contains one or more individual lines that await your bid response. Some or all lines may require your bid in order for consideration by the Event Administrator.							
	Lines in This Event	1					
	Lines Responded To	0					
Ye	our Total Line Pricing 0.00	000 USD					
Hide Line De		omments/Files					
Lines							
■ Q						1-1 of 1	View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details –1		Line 1	EA	20000		P
1 Period Details –1 Line 1 EA 20000 Event Comments and Attachments At any point in the bid response process you may save an in-progress bid and resume completion at later time. When your bid response is complete, submit for consideration. T Save for Later							ation.

Step	Action
68.	Note: The amount entered in the Your Unit Bid Price field must equal the total Grant Funds Requested amount for the period, in order to submit the bid response. In this example, we will enter 20,000 in the Your Unit Bid Price field.
	in this example, we will enter 20,000 in the Total Onit Bid Price held.
69.	When you are ready to submit your bid response, click the Submit Bid button.

Are you done making changes and would like to post this bid? (18058,398)

Warning: Response may NOT be edited after posting. If you are not planning to make anymore changes to this bid press "Yes", otherwise press "No" and choose "Save For Later".



Step	Action
70.	In the resulting popup, click the Yes button to confirm you would like to submit the bid.
71.	You have successfully completed the Respond to Bid Event Expenditure Budget Types topic.

Respond to Bid Event Performance Budget Types

Topic Description:

This topic provides the knowledge and skills to respond to a Bid Event Performance Budget Type. Budget types dictate the grant opportunity attributes available for each section of a period budget. Performance budget types allow grantees to add costs and deliverables/outcomes on the bid event and grant contract.

Topic Objectives:

In this topic, you will learn:

• How to respond to a Bid Event Performance Budget Types

SFS role(s) required to perform this task:

- Bid Response Initiator (NY_GM_VENDOR_EVENT_INITIATE)
 - **Note:** This role allows you to initiate a bid response to a bid event but not submit the bid response to the agency.
- Bid Response Submitter (NY_GM_VENDOR_EVENT_SUBMIT)
 - **Note:** This role allows you to both initiate a bid response and submit a bid response to the agency.

Procedure

Scenario: You will log in to the SFS Vendor Portal, search for an available bid event (grant opportunity) and respond to the agency questions. You will also enter your budget, work plan information, and your bid price before submitting to the agency for review.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

S	FS		Menu 👻	Search in Menu		Q	ŵ	ì	:	\otimes
	My Hom	iepage 🔻								
			SFS Notic		SFS Support		SFS Coach			
		Grants Managemen	t Training							
		Grants Managemen	t FAQs		=?					
				Show Details						
								1		
		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry		Grants Management - State			
Ŀ										
\heartsuit										
		Register for POs via Email		Supplier Change Request	Add/Maint Self-Service Invoice		FAQs Contact Us			
							Get helpful information here.			

Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Events and Place Bids > View Events and Place Bids
	Note: You must log in to the SFS Vendor Portal to respond to a bid event.



Step	Action
2.	Click the Bid Event Search tile.

Grants Management			View Events and Place Bids					Q	:	Ø
View Events and Place Bids Enter search criteria to locate an event for viewing or placing bids.		Welcome, User:								
▼ Search Criteria										
Event ID Search by Grant Opportunity From Search by Due Date To Search by Status Availa Search by Eligibility Not-Fo Search by Service Area Search by Service Area										
Search Results					14	< 1-1 of 1 → ▶ ▶				
Event ID Funding Agency	Grant Opportunity	Status	Eligibility	Availability Date	Anticipated Release Date	Due Date				
EVT0000082 OMH01	101123 TEST-4	Available	Governmental Entity, Not-For- Profit	10/11/23 1:46PM	10/11/23 1:46PM	10/20/2023 1:46PM EDT				

Step	Action					
3.	Enter the applicable search criteria in the Search Criteria fields.					
	In this example, select the Search by Status field drop-down list and click Available from the list.					
4.	Click the Search button.					
	Search					
5.	Note: A list of Event IDs will populate based on the search criteria entered.					
	Click an Event ID link to initiate a bid response.					
	In this example, we will click the Bid Event EVT0000082 link to initiate a bid response.					

< Supplier Search	Events				Event Det	ails
Event Details					Welcome, User:	
Information On Inquiry Accept Invita Bid on Eve	tion		Biddi	ig Shortcuts:	View Event Activity View Event Package Upload XML Bid Respo	nse
Event Name	101123 TEST-4					
	OMH01-EVT0000082 Sell Event	RFx				
Format/Type						
Event Round Event Version						
	10/11/2023 1:46PM EDT					
Event End Date	10/20/2023 01:46 PM EDT					
Event Description:						
GRANTS					(L)	
					ß	
Contact			Payment Terms			
Phone	test123@sfs.ny.gov		My Bids			
Online Discussi			Edits to Submitted Bids Multiple Bids			
Live Chat He	lp		manapre bras	Allowed		
			★Bid Required	Cine Com	ments/Files	
Lines						

Step	Action				
6.	Click the Bid on Event button.				
	Bid on Event				

✓ Search Event Details	Event Details	វ	3 Q	: 0
Event Details	Welcome, User:	New Window He	lp Persona	alize Page -
Submit Bid Save for Later Cancel	Validate Entries			
Event Name 101123 TEST-4 Event ID OMH01-EVT0000082 Event FormaType Sell Event RFx Event Round 1 Event Version 1 Event Version 1 Event Version 1 Event Skart Date 1011/2023 1.48PM EDT	Bidding Instructions Bid ID New Bid Date Bid Currency USD US Dollar			
Event End Date 10202023 9146 PM EDT Processing Status Bid Event Published Hide Additional Event Info	Estimated Award Date 09/30/2023 Anticipated Contract Date 1001/2023			
Description: GRANTS	Ø			
Contact Phone Email test123@sfs.ny.gov Online Discussion	Payment Terms Billing Location Office of Mental Health Event Currency Dollar Conversion Rate 1 0000000 Edits to Submitted Bids Not Allowed Multiple Bids Allowed			

Step	Action
7.	Review the Event Start , Event End Date , Estimated Award Date , Anticipated Contract Date fields.

Step	Action
8.	Click the Additional Bid Info link.

			Additional Bid Response fields	
	Additional Bid Response Info			
	Organization Type	Not-For-Profit		Letter of Intent
	Taxpayer Identification Number		Questions & Answers Post Type	Provide a Link
	Bidders Conference Application Workshop			Questions & Answers Link
	Contract Type	Fixed	Questions and Answers Upload	
	Length		Questions and Answers Narrative	Q&A
	Narrative	N/A		
OK	Cancel			

Step	Action
9.	Review the Additional Bid Info.
	Click the OK button to return to the Event Details page.

	<mark>ter Line Bid Resp</mark> nt contains one or m rator. Lines in This l Lines Respond	ore individual lines that a Event 1	wait your bid response. Some or a	all lines may re	quire your bid in ord	der for considera	tion by the Event		
		ricing 0.0000 USD							
Hide Line	Detail								
★Bid Req	uired	Dine Comments/File	•S						
	L							1 of 1 🗸	▶ ▶ I View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	No Bid	Your Total Bid Price		
	1 1		LINE 1	EA				Bid	Q
	nents and Attachmen in the bid response		in-progress bid and resume com	pletion at later	time. When your bi	id response is co	mplete, submit for consi	deration.	
Su	omit Bid	Save for Later							Validate Entries
Return to Ev	ent Search								

Step	Action
10.	Select the Events Comments and Attachments link, located at the bottom of the page, to view any instructions, attachments and/or comments. You may need to scroll to see this link.

			Event Comme	ents an	d Attachments	5					3
Business Unit OMH01 Attachments	Event ID E	VT0000082	Event Round:	1	Event Version:		1				He
View Event Attachments ⑦								1-1 of	1 • •		
Attached File	Att	achment Descrip	otion		Event RFx Doc	ι	Jpload		View		
							Upload		View		
Add New Attachments ⑦											
										1-2 of 2	2 🗸 🕨
Attached File		Attachment	Description		Upload		View				
Instructions_document.pdf					Upload		View]	Add New Attachn	nents	<u>Delete</u>
Reporting_Template.pdf					Upload		View]	Add New Attachn	nents	<u>Delete</u>
Comments											
Add New Comments ②											
Please review attached instru-	uctions before	responding to bi	d event.						Ą		

Step	Action
11.	Click the OK button after viewing the instructions, attachments and comments.

Search Event Detail	•					Event Details	
5	vent Name	101123 TE1	8T-4		Bidder	instructions	
Event ID	OMHO1-ET	/T0000082		Additional Bid Info	Bid ID New		
Event Format Type	Sell Event		RFx		Bid Date		
Event Round					Bid Currency USD	US Dollar	
Event Version							
Event Start Date			e.				
Event End Date	19392823.0	LAS PM EDT			Estimated Award Date		
Process	ing Status	Bid Event P	\bished		Anticipated Contract Date		
Hide Additional Event Info							
Description:							
ORANTS.							6
	Contact				Payment Terms		
	Phone				Event Currency	Office of Mental Health	
Online D	Email	NH123@H5	ny gov		Conversion Rate		
- Online D	POUR PORT				Edits to Submitted Bids		
					Multiple Bids		
Step 1: Answer Genera	al Event Q	uestions			Site	Project Address	
			to question	is not specific to any specific item.	Bidde	r Contact Information	
General Even	Questions	1		DUNS Number	Nar	ne	
Required	Questions	1	-		Telephor	ne	
Questions Re	sponsed To	0	Organ	nization Website			
	-			User Name Child Care So	Em	14	_

Step	Action
12.	Use the scrollbar to navigate to the Step 1: Answer General Event Questions section.
13.	If applicable, enter your Organization Website in the Organization Website field. This field is optional and not required.
14.	Under the Bidder Contact Information , enter the following information: Name Telephone Email
	Note : The contact listed should be the person/people within the NFP who can be contacted with questions about the bid response
15.	Click the Site/Project Address link.

	Bid Response address fields	×
		Help
Site/Project A	ddress Q I I I I I I I I I View Al	I
	+ -]
Address Line	10 Tester Lane	,
Address Line		
City	Albany	
Postal Code	12222	
State	NY	
ОК	Cancel	

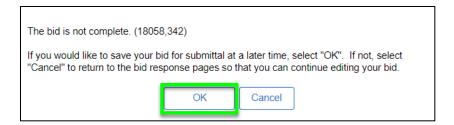
Step	Action
16.	 Enter Address Details, including the following information: Address Line 1 Address Line 2 (if applicable) City Postal Code State Note: The Site/Project Address is where the grant will be used, or funds will be spent.
17.	When you have finished entering address details, click the OK button.

Search Event Details	Event Details	<u> </u>	: 0
Hide Event Questions			-
Event Questions			
Event Questions			
★Bid Required	<i>d</i> [★] Ideal Response Required		
General Questions		1 of 2 ♥ ▶	
*			
Applicant must be a 5	01c3 organization to apply		
Response Yes	▼ Weighting		
*			
Program Model Descrip	anization is qualified to implement the proposed program model outlined in Section III tion. Include both quantitative and qualitative evidence to address this question and ing with PWUD and priority population(s).		
Response My or	ganization is qualified <u>because</u> .		

Step	Action
18.	Review and respond to Event Questions . Those that are flagged as Required (*) must be responded to in order to submit a bid response.
	Note: The ability to add a Comment/Attachment will vary based on the question.

< Bid Menu	Event Details	<u>ଜେ ୧ :</u> ଡ
Event Details	Welcome, User:	New Window Help Personalize Page -
I Message not found Submit Bid Save for Later	Cancel Validate Entries	
Event Name 101123 TEST-4 Event ID OMH01-EVT000082 Event Format/Type Sell Event RFx Event Round 1 Event Version 1 Event Start Date 10112023 1:46PM EDT Event End Date 10020230:46 PM EDT	Bidding Instructions Additional Bid Info Bid Date Bid Currency USD US Dollar Estimated Award Date	
Processing Status Bid Event Published Hide Additional Event Info	Anticipated Contract Date	
Description: GRANTS		
Contact Phone Email test123@sfs.ny.gov Online Discussion	Payment Terms Billing Location Office of Mental Health Event Currency Dollar Conversion Rate 1.0000000 Edits to Submittel Bids NorAllowed Multiple Bids Allowed	

Step	Action
19.	Click the Save for Later button.



Step	Action
20.	In the resulting popup, click the OK button to save your progress.

Step 2: Enter	Line Bid Responses						
This event co Administrato	r.	-	sponse. Some or all lines may requ	ire your bid in o	order for consideration	on by the Event	
	Lines in This Event	1					
	Lines Responded To	0					
Yo	our Total Line Pricing 0.00	000 USD					
Hide Line Det	tail						
★Bid Require	d 🔍 Line Co	omments/Files					
Lines							
I Q						1-1 of 1	✓ ► ► View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details –1		Line 1	EA			P

Step	Action
21.	Scroll to the bottom of the page. Under the Lines section, click the Period Details - 1 link under the Period column to access budget and work plan information.

K Bid Search Screen				Creat	te Bids				ଜ	Q	
								New Window	Help	Pers	son
Business Unit OMH01	Budget Type PERFORMANCE										
Event ID EVT0000082	Funded Amount 500000.000										
Bidder Setid SHARE	Period 1 Bidder ID	1000015277									
Bid Event Periods	Q I H	4 1 of 1 ♥	▶ ▶ View All								
Period 1											
Period From 10/01/2023		dget Required ork Plan Required	Budget properties Work Plan Properties								
	a ca la bi ba an										
Q. 14 4	1 of 1 🗸 🕨 🕅 View All										
Bid Event Line# 1											
<return bid="" response<="" td="" to=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></return>											

Step	Action
22.	Click the Budget properties link.

			В	udget Proper	ties Header				×
Bid Event Period 1	000082		eriod From Date	500000.000 10/01/2023 09/30/2024 PERFORMANCE					
Calculate Match Grant Fund	latch Worksheet dor to Add								
₽ Q					II	1-1 of 1 🗸 🕨	l I V	iew All	
Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage			
1 Test Category			0				+	-	
Narrative									

Step	Action
23.	Review the Budget Header Information . This section was completed by the agency.
24.	Review Budget Category Property section (including Narrative), noting which rows have Available in Grant checked.
	Note: This section was completed by the agency to help the grantee understand which Budget Category(s) require a response.

				В	udget Propert	ies Header				
Bid Ev	Event ID EVT000 ent Period 1	0082			500000.000					
	/Vendor ID 100001	5077)9/30/2024					
Didden	100001	5211		Budget Type						
Pudget Pren										
Budget Prop	perties									
Apply N	Allowed at Ca	itegory I 🗸 <table-cell></table-cell>								
Calculate N	Match Grant Fund v	•								
	Include Mat	tch Worksheet								
	Allow Vendo	or to Add								
	Use Other Overage on	Claims								
Overa		Ciums								
Overa	Ac vo									
Budget Cate	egory Properties									
■ Q]						1-1 of 1 🗸 🕨	► 1 \	/iew All	
	Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage			
1	Test Category			0	0	0		+	-	
Narrative										

Step	Action
25.	Under Budget Category Property section, click Plus Sign (+) to add a new row.

				Bu	udget Proper	ties Header				
	rent Period 1 Wendor ID 100001	15277		Period From Date 1 Period To Date 0 Budget Type P	9/30/2024					
Budget Prop	perties									
Apply N	Allowed at Ca	ategory I 👻 🖾								
Calculate N	Match Grant Fund	~								
Overs Budget Cat	Allow Vend Use Other Overage on tige %					:4 4	1.20/2 *	- H IN	ánu Al	
									NEW PA	
	Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage			
1	Test Category		0	•	0	0		+	-	
2	Test Category 2	8	0	0	0	0		+	-	
arrative										

Step	Action
26.	Enter the applicable deliverable or outcome into the Budget Category field.
27.	Click the Available in Grant checkbox so the budget category details can be entered for the category.
28.	 Note: When the Use Match checkbox is selected, the Match Funds field is available for entry on the Category Details page for the budget category. When the Use Other checkbox is selected, the Other Funds fields is available for entry on the Category Details page for the budget category. In this example, we will not select these two options.

					В	udget Pro	perties Header						
F	Q					I I-2 of 2 ∨ I							
		Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Cla	aims	Overage Percentage				
	1	Test Category			0	0					+	-	
	2	Test Category 2			0						+	-	
	Bud	lget Summary											
EŞ.	Q									M	4	1-2 of	2 View All
		Budget Category	Grant Funds Requested	Match Fun	nds Match Calcul	% ated	Match % Required	Other	Funds	Total			Category Details
		Test Category	0.00	0.00	0		0	0.00		0.00			Ę
	2	Test Category 2	0.00	0.00	0		0	0.00		0.00			驖
S	Gra	Totals ants Funds 0.00 atch Funds 0.00 Total 0.00 Back			0.00 0.00								

Step	Action
	Scroll down to the Period Budget Summary section and click on the Category Details icon for the first budget category.

		Category	/ Details				×
Budg	Budget Type PERFORMANCE get Category Test Category ry Details			Match % F	Required		Help
	Q				1-1 of 1 🗸	View Al	II
	Type/Description	Grant Funds	Match Funds	Match %	Other funds	Total F Funds F	905
	1						
Cate	egory Totals						
	Cumulative Match Funds Cumulative Other Funds						
Narrative	Cumulative Category Details Totals	0.00		_			
ОК	Cancel						

the Type/Description field blank. the applicable value into the Grant Funds field.
the applicable value into the Grant Funds field.
example, we will enter 10,000 in the Grant Funds field.
the applicable value into the Match Funds field. This field may be greyed out if it was not selected on the bid event; if
d out, move onto next step.
the applicable value into the Other Funds field. This field may be greyed out if it was not selected on the bid event; if d out, move on to the next step.
tl

34.	Enter the applicable value into the Narrative field. Note: The narrative could be additional information for the agency or could be used to summarize the changes you made.In this example, we will leave this field blank.
35.	Click the OK button.
36.	Under the Period Budget Summary section, click on Category Details icon for the second budget category.
37.	Leave the Type/Description field blank.
38.	Enter the applicable value into the Grant Funds field. In this example, enter 10,000 in the Grant Funds field.
39.	Enter the applicable value into the Match Funds field.
	Note: This field may be greyed out if it was not selected on the bid event; if greyed out, move onto next step.
40.	Enter the applicable value into the Other Funds field.
	Note: This field may be greyed out if it was not selected on the bid event; if greyed out, move onto next step.
41.	Enter the applicable value into the Narrative field. Note : The narrative could be additional information for the agency or could be used to summarize the changes you made.
	In this example, we will leave this field blank.
42.	Click the OK button.

				B	udget Pro	perties Header						
E Q	l					M	4 1-2	of 2 🗸	• • •	I V	/iew All	
	Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Cla	ims Ove Per	erage centage				
1	Test Category			0						+	-	
2	Test Category 2			0						+	-	
Narrative Period Bud	dget Summary								M	•	1-2 of	2 •) View Al
	Budget Category	Grant Funds Requested	Match Fun	ds Match Calcu	% lated	Match % Required	Other Fun	ds	Total			Category Details
1	Test Category	10000.00	0.00	0		0	0.00		10000	0.00		
2	Test Category 2	10000.00	0.00	0		0	0.00		10000	0.00		5
G	Totais rants Funds 20000 atch Funds 0.00 Total 20000 Back	Othe	ch%Calc (rrFunds (0.00 9.00								

Step	Action
43.	Click the Save button.
44.	Click the Back button.

Budget Type PERFORMANCE B22 Funded Amount: 50000.000 Period 1 Bidder ID 1000015277
82 Funded Amount 500000 000 Period 1 Bidder ID 1000015277
Period 1 Bidder ID 1000015277 Q 1 i i I View All
Q I I I I I View All
1/2023 Period To 09/30/2024 Budget Required Budget properties
Work Plan Required Work Plan Properties
4 1of1 v P F VewAll
1
ponse

Step	Action
45.	Click the Work Plan Properties link.

Kevent Bid Period	Create Bids		۵	९ : ∅
Work Plan		New Window	Help I	Personalize Page *
Work Plan Header				
Event ID EVT0000082 Bu Bidder ID 1000015277 Allow Bidder Defined Objective and T Maximum Number of: Objectives Tasks Performance Measures Project Summary @	50 Online Work Plan Required:			
	 ✓ A^T ∨ A^T ∨ A ∨ M ∨ B I U S I: :: - · · · · · · · · · · · · · · · · ·			

Step	Action
46.	Review the Work Plan Header information and verify the Allow Bidder Defined Objectives and Tasks is selected.
47.	Note : If the Allow Bidder Defined Objectives & Tasks box is checked and the Maximum Number of Objectives, Tasks, and Performance Measures have not already been entered, then you can add new objective, tasks, and performance measures if needed.
48.	Enter the applicable value into the Project Summary field.

jjectives >> Tasks >> Performance Measures ⑦ Brobjective Brask Brent, Measure ① ② ③ ③ X B B Display Type: All						
ect Type	Sort Order	Name	Description	Required	Allowed to Sort	
Objective	1	Objective 1	Objective 1			
Task	1.1	Task 1	task 1			
Performance Measure	1.1.1	PM 1	PM 1			
Objective	2	Objective 2	Objective 2			
4 Objective 2 Objective 2 S ²² Objective 2 S ²						

Step	Action
49.	In this example, we will add additional rows in the Objectives >> Tasks >> Performance Measures section. Note : The First Objective with the underlying Task and Performance Measure in the list was entered by the agency. Click on the Objective row to add additional objectives.
50.	Click the + Objective button.
51.	On the Objective row, enter the applicable value in the Name field.
52.	On the Objective row, enter the applicable value in the Description field.

Basic Info More Details III IV IV </th								
		Type	Sort Order		Name	Description	Required	Allowed to Sort
		 Objective 	1	Objective 1		Objective 1		
		 Task 	1.1	Task 1		task 1		
		Performance Measure	1.1.1	PM 1		PM 1		
		▼ Objective	2	Objective 2	F	Objective 2		
		Task	2.1	Task 2	Ş	Task 2		

Step	Action				
53. Select the Objective row where the task will be added.					
54.	Click + Task button.				
55.	On the Task row, enter the applicable value in the Name field.				
56.	On the Task row, enter the applicable value in the Description field.				

) Ba:	Q sic Info	More Details			Id		▶ ▶ I View All
5	ielect	Туре	Sort Order	Name	Description	Required	Allowed to Sort
		 Objective 	1	Objective 1	Objective 1		
		Task	1.1	Task 1	task 1		
		Performance Measure	1.1.1	PM 1	PM 1		
		 Objective 	2	Objective 2	Objective 2		
[Task	2.1	Task 2	Task 2		
		Performance Measure	2.1.1	PM 2	PM 2		
		+ Task 📴 Perf. Measure 👌 😽	ъ X в 1	Display Type: All			

Step	Action
57.	Select the Task row where the performance measure will be added.
58.	Click + Performance Measure button.
59.	On Performance Measure row, enter the applicable value in the Name field.

Step	Action
60.	On Performance Measure row, enter the applicable value in the Description field.

\$ •	asic Infe	More Details			19 9	1-6 of 6 ¥	View All
	Select		Sort Order	Name	Description	Required	Allowed to Sort
1		 Objective 	1	Objective 1	Objective 1		
2		 Task 	1.1	Task 1	task 1		
3		Performance Measure	1.1.1	PM 1	PM 1		
4		 Objective 	2	Objective 2	Objective 2		
5		▼ Task	2.1	Task 2	Task 2		
6		Performance Measure	2.1.1	PM 2	PM 2		
		🕂 Task) (🖶 Perf. Measure) 🛛 🕁 🤴	Xei	B Display Type: All	 ✓ 書 € 		

Step	Action
61.	Click the arrow to the right of the More Details tab to expand the view and see all fields.

Event Bid Period			Create Bi	ids			ራ	Q	: 0
· · · · Q · ■ = :	₹ ₹ ∈	E							
Performance Measures ⑦									
ePert.Measure) 🔮 🚭	X 🖻	🖻 🖬 Display Type: All	- も も ゆ						_
	Sort Order	Name	Description	Required	Allowed to Sort	Allow Performance Measure	Perf Measure Response Type	(Tar	Numeric get/Goal)
ctive	1	Objective 1	Objective 1						
k	1.1	Task 1	task 1						
erformance Measure	1.1.1	PM 1	PM 1		8		Numeric		
ctive	2	Objective 2	Objective 2		5				
ik	2.1	Task 2	Task 2				~		
erformance Measure	2.1.1	PM 2	PM 2				Numeric 🗸		100
•Perf. Measure) @ @	X 🖻 Re	Display Type: All fresh	× ₹. τ. ο.						

Step	Action
62.	Note: Available Performance Measure options are:AttachmentDate

Step	Action
	 Numeric Text/Comment Yes/No In this example, on the Performance Measure row, we will select the Performance Measure Response Type drop-down list and select the Numeric option.
63.	Enter the applicable value into the Numeric (Target/Goal) field. In this example, we will enter 100 in the Numeric (Target/Goal) field.
64.	Click the Save button.
65.	Click the Back button.

Event Bid Period			
Business Unit OMH01	Budget Type CAPITAL		
	Funded Amount 500000.000		
Bidder Setid SHARE	Period 1 Bio	dder ID 1000015277	
Bid Event Periods	Q	4	▶ ▶ I View All
Period 1		Budget Required	
Period From 10/01/2023 P	Period To 09/30/2024		Budget properties Work Plan Properties
			0.10111.0011.10200.0003
Q 4 4 1 of	f 1 🗸 膨 膨 View All		
Bid Event Line# 1			
<return bid="" response<="" td="" to=""><td></td><td></td><td></td></return>			

Step	Action
66.	Click the Return to Bid Response link.

Step 2: Enter	Line Bid Responses							
This event contains one or more individual lines that await your bid response. Some or all lines may require your bid in order for consideration by the Event Administrator,								
Lines in This Event 1								
Lines Responded To 0								
Ye	our Total Line Pricing 0.00	000 USD						
Hide Line Detail ★Bid Required © Line Comments/Files Lines								
R Q						1-1 of 1	View All	
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price		
1	Period Details –1		Line 1	EA	20000		Q	
Event Comments and Attachments At any point in the bid response process you may save an in-progress bid and resume completion at later time. When your bid response is complete, submit for consideration. Submit Bid Save for Later								

Step	Action
67.	Note: The amount entered in the Your Unit Bid Price field must equal the total Grant Funds Requested amount for the period, in order to submit the bid response.
	In this example, we will enter 20,000 in the Your Unit Bid Price field.
68.	When you are ready to submit your bid response, click the Submit Bid button.

Are you done making changes and would like to post this bid? (18058,398)

Warning: Response may NOT be edited after posting. If you are not planning to make anymore changes to this bid press "Yes", otherwise press "No" and choose "Save For Later".



Step	Action
69.	In the resulting popup, click the Yes button to confirm you would like to submit the bid.
70.	You have successfully completed the Respond to Bid Event Performance Budget Types topic.

Respond to Bid Event Capital Budget Types

Topic Description:

This topic provides the knowledge and skills to respond to Bid Event Capital Budget Types. Budget types dictate the grant opportunity attributes available for each section of a period budget. Capital budget types allow grantees to record costs related to capital spending on the bid event and grant contract.

Topic Objectives:

In this topic, you will learn:

How to respond to Bid Event Capital Budget Types

SFS role(s) required to perform this task:

- Bid Response Initiator (NY_GM_VENDOR_EVENT_INITIATE)
 - **Note:** This role allows you to initiate a bid response to a bid event but not submit the bid response to the agency.
- Bid Response Submitter (NY_GM_VENDOR_EVENT_SUBMIT)
 - **Note:** This role allows you to both initiate a bid response and submit a bid response to the agency.

Procedure

Scenario: You will log in to the SFS Vendor Portal, search for an available bid event (grant opportunity) and respond to the agency questions. You will also enter your budget, work plan information, and your bid price before submitting to the agency for review.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

5	FS		Menu 👻	Search in Menu		Q			. (\otimes
	My Hom	epage 🔻								
			SFS Notic		SFS Support		SFS Coach			
		Grants Managemen	t Training							
		Grants Managemen	t FAQs		[≡?					
				Show Details						
						_		1		
		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry		Grants Management - State			
0										
\heartsuit										
		Register for POs via Email		Supplier Change Request	Add/Maint Self-Service Invoice		FAQs Contact Us			
		4 € <u>ŏ</u> ⊘		0						
							Get helpful information here.			

Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Events and Place Bids > View Events and Place Bids
	Note: You must log in to the SFS Vendor Portal to respond to a bid event.

✓ My Homepage		Grants M	anagement		<u>ଜେ ୧ :</u> ଡ
	Bid Event Search	Maintain Your Information	Prequalification Application	Bid Response Search	
	Grant Contracts Search	Progress Report Search 0 Active Progress Reports 60 Past Due Progress Reports	Submit a Claim	Claims Update Guide	

Step	Action
2.	Click the Bid Event Search tile.

Grants Management				View Events and F	Place Bids			ଜ	Q	:	\oslash
View Events and F Enter search criteria to log		wing or placing bids.	Welcome, User:								
▼ Search Criteria											
	e Date From To h by Status Availa y Eligibility Not-Fri ing Agency ervice Area										
Search Results						H	I-1 of 1 ♥ ▶ ▶				
Event ID	Funding Agency	Grant Opportunity	Status	Eligibility	Availability Date	Anticipated Release Date	Due Date				
EVT0000082	OMH01	101123 TEST-4	Available	Governmental Entity, Not-For- Profit	10/11/23 1:46PM	10/11/23 1:46PM	10/20/2023 1:46PM EDT				

Step	Action
3.	Enter the applicable search criteria in the Search Criteria fields. In this example, we will select the Search by Status field drop-down list and
	click Available from the list.
4.	Click the Search button.
	Search
5.	Click an Event ID link to initiate a bid response.

	Event Details
	Welcome, User:
Bidding Shortcuts:	View Event Activity View Event Package Upload XML Bid Response
RFx	
	123
Payment Terms	
My Bids 0	
Edits to Submitted Bids Not Allowed	
Multiple Bids Allowed	
Bid Required	omments/Files
	un non carringa
	RFx Payment Terms My Bids 0 Edits to Submitted Bids Not Allowed Multiple Bids Allowed

Step	Action
6.	Click the Bid on Event button.
	Bid on Event

✓ Search Event Details	Event Details	<u>ଲ ୧ :</u> ଡ
Event Details	Welcome. User:	New Window Help Personalize Page
Submit Bid Save for Later Cancel	Validate Entries	
Event Name 101123 TEST-4 Event ID 0MH01-EVT0000082 Additional Bid Into	Bidding Instructions Bid ID New	
Event Format/Type Sell Event RFx Event Round 1 Event Version 1	Bid Date Bid Currency USD US Dollar	
Event Start Date 10/11/2023 1.46PM EDT Event End Date 1020/2023 01.46 PM EDT Processing Status Bid Event Published	Estimated Award Date 09/30/2023 Anticipated Contract Date 10/01/2023	
Hide Additional Event Info		
Description: GRANTS	Ø	
Contact	Payment Terms	
Phone Email test123@sfs.ny.gov	Billing Location Office of Mental Health Event Currency Dollar	
Email test Logens by gov Online Discussion	Conversion Rate 10000000 Edits to Submitted Bids Not Allowed Multiple Bids Allowed	

Step	Action
7.	Review the Event Start , Event End Date , Estimated Award Date , Anticipated Contract Date fields.

8.

Click the Additional Bid Info link.

	Additional Bid Response fields				
Additional Bid Response Info					
Organization Type	Not-For-Profit		Letter of Intent		
Taxpayer Identification Number		Questions & Answers Post Type	Provide a Link		
Bidders Conference Application Workshop			Questions & Answers Link		
Contract Type	Fixed	Questions and Answers Upload			
Length		Questions and Answers Narrative	Q&A		
Narrative	N/A				
OK Cancel					
OK Cancel					

Step	Action
9.	Review the Additional Bid Info.
	Click the OK button to return to the Event Details page.

-	nt cont	ine Bid Resp itains one or mo		await your bid response. Some or	all lines may r	equire your bid in or	der for considera	tion by the Event		
Administ		Lines in This E	Event 1							
		ines Responde								
	Your	r Total Line Pr	icing 0.0000 USD							
lide Line	Detail	i i								
Bid Req	uired		Dine Comments/Fi	les						
nes										
nes C	٤								1 of 1 🗸	View All
	<u> </u>	eriod	Item ID	Description	Unit	Your Unit Bid Price	No Bid	Your Total Bid Price	-1 of 1 🗸	I View All
III C	<u> </u>	eriod	Item ID	Description	Unit EA		No Bid		1 of 1 🗸	View All
III C	Pe	eriod	Item ID							
ine C	Pe									
me C	Pe 1 1 nents a	and Attachmen	ts		EA	Price		Your Total Bid Price	Bid	

Step	Action
10.	Select the Events Comments and Attachments link, located at the bottom of the page, to view any instructions, attachments and/or comments. You may need to scroll to see this link.

	Event Comments and Attachments						
Business Unit OMH01 Event ID EVT Attachments	T000082 Event Round: 1	Event Version:	1		Help		
View Event Attachments ⑦			I¶ ¶ 1-1 (of 1 🗸 🕨 🕅			
Attached File Attach	hment Description Ev	ent RFx Doc l	Upload	View			
			Upload	View			
Add New Attachments ⑦				▲ 1-2 of 2	•		
Attached File	Attachment Description	Upload	View				
Instructions_document.pdf		Upload	View	Add New Attachments	<u>Delete</u>		
Reporting_Template.pdf		Upload	View	Add New Attachments	Delete		
Comments Add New Comments ⑦ Please review attached instructions before res	esponding to bid event.			P			

Step	Action
11.	Click the OK button after viewing the instructions, attachments, and comments.

C Search Event Details	Event Details	ଇ ବ । ୧
Event Name 101123 TEST-4 Event Name 101123 TEST-4 Event Roma Type Sell Event RoTx Event Round 1 Event Vension 1 Event Seart Date 100110223 0146/M EDT Event End Date 10011223 0146/M EDT Processing Status Bd Event Published	Event Oricido Edding Instructions Additional Bid Inte Bid Do New Bid Data Bid Currency USD US Dotar Estimated Award Data Anticipated Currency Data	w 4 : e
Processing status on Event Publishee Hide Additional Event Info Prescription:	(B)	
Contact Phone Email: test123@sls.ry.pov Online Discussion	Payment Terms Billing Location Office of Mental Heath Event Currency Dotar Conversion Rate 1 000000 Edits to Sub-Inter Bids Not/Aboved Multiple Bids Allowed	
Required Questions 1 Questions Responsed To 0 Organization	15 Number Name	

Step	Action
12.	Use the scrollbar to navigate to the Step 1: Answer General Event Questions section.
13.	If applicable, enter your Organization Website in the Organization Website field. This field is optional and not required.
14.	Under the Bidder Contact Information , enter the following information: Name Telephone Email
	Note : The contact listed should be the person/people within the NFP who can be contacted with questions about the bid response
15.	Click the Site/Project Address link.

	Bid Response address fields	×
		Help
Site/Project A	ddress Q I I I I I I I I View A	I
	+ -]
Address Line	10 Tester Lane	
Address Line 2		
City	Albany	
Postal Code	12222	
State	NY	
ОК	Cancel	
ON		

Step	Action
16.	 Enter Address Details, including the following information: Address Line 1 Address Line 2 (if applicable) City Postal Code

Step	Action
	State
	Note: The Site/Project Address is where the grant will be used, or funds will be spent.
17.	When you have finished entering address details, click the OK button.

Search Event Details	Event Details		ŵ	Q	:	Ø
Hide Event Questions						
vent Questions						
★Bid Required	¢ Ideal Response Required					
General Questions		4	1 of	2 🗸 🕨		
*						
Applicant must be a S	01c3 organization to apply					
Response Yes	▼ Weighting					
*						
Program Model Descrip	parization is qualified to implement the proposed program model outlined in Section III tion. Include both quantitative and qualitative evidence to address this question and ign with PWDD and priority population(s).					
Response My o	rganization is qualified <u>because</u>					

Step	Action
18.	Review and respond to Event Questions . Those that are flagged as Required (*) must be responded to in order to submit a bid response.
	Note: The ability to add a Comment/Attachment will vary based on the question.

< Bid Menu	Event Details	<u>ଜେ ୧ :</u> ଡ
Event Details	Welcome, User:	New Window Help Personalize Page
I Message not found		
Submit Bid Save for Later	Cancel Validate Entries	
Event Name 101123 TEST-4	Bidding Instructions	
Event ID OMH01-EVT0000082	Additional Bid Info Bid ID 1	
Event Format/Type Sell Event RFx	Bid Date	
Event Round 1	Bid Currency USD US Dollar	
Event Version 1		
Event Start Date 10/11/2023 1:46PM EDT		
Event End Date 10/20/2023 01:46 PM EDT	Estimated Award Date	
Processing Status Bid Event Published	Anticipated Contract Date	
Hide Additional Event Info		
Description:		
GRANTS	leen and a second s	
Contact	Payment Terms	
Phone	Billing Location Office of Mental Health	
Email test123@sfs.ny.gov	Event Currency Dollar	
Online Discussion	Conversion Rate 1.0000000	
	Edits to Submitted Bids Not Allowed	
	Multiple Bids Allowed	

Step	Action
19.	Click the Save for Later button.

The bid is not complete. (18058	3,342)		
If you would like to save your b "Cancel" to return to the bid res			
Cancer to return to the bid res		·	continue eating your bid.
	ОК	Cancel	

Step	Action
20.	In the resulting popup, click the OK button to save your progress.

Step 2: Enter	Line Bid Responses						
This event of Administrate		al lines that await your bid re	esponse. Some or all lines may requ	ire your bid in o	order for consideratio	on by the Event	
	Lines Responded To	0					
Y	our Total Line Pricing 0.00						
Hide Line De	tail						
★Bid Require	ed 🗇 Line Co	omments/Files					
₽ Q						I	✓ ► ► View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details –1		Line 1	EA			P

Step	Action

21.	Scroll to the bottom of the page. Under the Lines section, click the Period
	Details - 1 link under the Period column to access budget and work plan information.
	intornation.

Bid Search Screen		Create Bids
		New Window
Business Unit OMH01 Event ID EVT0000082	Budget Type CAPITAL Funded Amount 500000.000	
Bidder Setid SHARE	Period 1 Bidder ID 1000015277	
Bid Event Periods	Q I II II II II View All	
Period 1 Period From 10/01/2023	Period To 09/30/2024 Budget Required Budget properties	
10012020	Work Plan Required Work Plan Properties	
Q	1 of 1 🗸 膨 🕅 View All	
Bid Event Line# 1		
<return bid="" response<="" td="" to=""><td></td><td></td></return>		

Step	Action
22.	Click the Budget properties link.

	Budget Properties Header ×							×	
	Event ID EVT0000082	M	ax Award Amo	ount 500000.000					
Bid Ev	vent Period 1	1	Period From [Date 10/01/2023					
Bidder	/Vendor ID 1000015277			Date 09/30/2024					
			Budget 1	Type CAPITAL					
Budget Pro	perties								
Apply	Match Allowed at Category I v	7							
Calculate	Match Grant Fund V								
Overa	age %								
L									
Budget Cat	tegory Properties								
	٦					i	7		
_ ■ Q						4 4 1-7 of	7 • • • • View 5		
	Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage		
1	SCOPING & PRE- DEVELOPMENT			0					
2	DESIGN			0					
3	ACQUISITION			0					
4	CONSTRUCTION			0					
5	ADMINISTRATION			0					

Step	Action
23.	Review the Budget Header Information . This section was completed by the agency.
24.	Review Budget Category Property section (including Narrative), noting which rows have Available in Grant checked.

Note: This section was completed by the agency to help the grantee understand which Budget Category(s) require a response. Grantees will need to scroll down to view the sections they are responsible for updating.

				Budget Prope	erties Header			
rrative								
	Budget Summary							7 v 🕨 🕅 View
F	Q Budget Category	Grant Funds Requested	Match Funds	Match % Calculated	Match % Required	Other Funds	Total	Category Details
	1 SCOPING & PRE- DEVELOPMENT	0.00	0.00	0	0	0.00	0.00	5
	2 DESIGN	0.00	0.00	0	0	0.00	0.00	
	3 ACQUISITION	0.00	0.00	0	0	0.00	0.00	
	4 CONSTRUCTION	0.00	0.00	0	0	0.00	0.00	
	5 ADMINISTRATION	0.00	0.00	0	0	0.00	0.00	
	6 WORKING CAPITAL/RESERVES	0.00	0.00	0	0	0.00	0.00	
	7 OTHER	0.00	0.00	0	0	0.00	0.00	
	ub Totals Grants Funds 0.00 Match Funds 0.00 Total 0.00 Back Save		000					

Step	Action
25.	Under the Period Budget Summary section, click on View All icon to show all budget categories.
	In this example, we will enter budget information for the Scoping & Pre- development and Design budget categories.
26.	Under the Period Budget Summary section, click on Category Details icon for the Scoping & Pre-development budget category.
	Note: Where the icon cannot be clicked, the agency has not checked the Available in Grant checkbox above.

		Category	Details			×
Budge	udget Type CAPITAL t Category SCOPING & PRE-DEVEL ory Details	OPMENT	Match %	Required		Help
F	Q			1 of 1 🗸	View All	
	Type/Description	Grant Funds	Match Funds	Match %	Other funds	
	1					
Cate	egory Totals					
	Cumulative Grant Funds					
	Cumulative Match Funds Cumulative Other Funds					
	Cumulative Category Details Totals					
Narrative	Cancel			<i>i</i> .		

Step	Action
27.	Leave the Type/Description field blank.
28.	Enter the applicable value into the Grant Funds field.
	In this example, we will enter 10,000 in the Grant Funds field.
29.	Enter the applicable value into the Match Funds field.
	In this example, we will leave this field blank.
30.	Enter the applicable value into the Other Funds field.
	Note: This field may be greyed out if it was not selected on the bid event; if greyed out, move on to the next step.
31.	Enter the applicable value into the Narrative field. Note : The narrative could be additional information for the agency or could be used to summarize the changes you made.
	In this example, we will leave this field blank.

32.	Click the OK button.
33.	Under the Period Budget Summary section, click on Category Details icon for the Design budget category.
34.	Leave the Type/Description field blank.
35.	Enter the applicable value into the Grant Funds field. In this example, we will enter 10,000 in the Grant Funds field.
36.	Enter the applicable value into the Match Funds field. In this example, we will leave this field blank.
37.	Enter the applicable value into the Other Funds field. Note: This field may be greyed out if it was not selected on the bid event; if greyed out, move onto next step.
38.	Enter the applicable value into the Narrative field. Note : The narrative could be additional information for the agency or could be used to summarize the changes you made. In this example, we will leave this field blank.
39.	Click the OK button.

				Budget Proper	ties Header			
Period Buc	dget Summary							
₽ Q	L						I ■ ■ 1-7 of	7 • • • • View
	Budget Category	Grant Funds Requested	Match Funds	Match % Calculated	Match % Required	Other Funds	Total	Category Details
1	SCOPING & PRE- DEVELOPMENT	10000.00	0.00	0	0	0.00	10000.00	5
2	DESIGN	10000.00	0.00	0	0	0.00	10000.00	
3	ACQUISITION	0.00	0.00	0	0	0.00	0.00	
4	CONSTRUCTION	0.00	0.00	0	0	0.00	0.00	
5	ADMINISTRATION	0.00	0.00	0	0	0.00	0.00	2
6	WORKING CAPITAL/RESERVES	0.00	0.00	0	0	0.00	0.00	
7	OTHER	0.00	0.00	0	0	0.00	0.00	t.
Gr	Totals rants Funds 20000.00 atch Funds 0.00 Total 20000.00	Match % Calc 0.0						

Step	Action
40.	Click the Save button.
41.	Click the Back button.

Step	Action
42.	Click the Work Plan Properties link.

Kevent Bid Period	Create Bids		۵	९ : ∅
Work Plan		New Window	Help I	Personalize Page *
Work Plan Header				
Event ID EVT0000082 Bu Bidder ID 1000015277 Allow Bidder Defined Objective and T Maximum Number of: Objectives Tasks Performance Measures Project Summary @	50 Online Work Plan Required:			
	 ✓ A^T ∨ A^T ∨ A ∨ M ∨ B I U S I: :: - · · · · · · · · · · · · · · · · ·			

Step	Action
43.	Review the Work Plan Header information and verify the Allow Bidder Defined Objectives and Tasks is selected.
44.	Note : If the Allow Bidder Defined Objectives & Tasks box is checked and the Maximum Number of Objectives, Tasks, and Performance Measures have not already been entered, then you can add new objective, tasks, and performance measures if needed.
45.	Enter the applicable value into the Project Summary field.

oobjective De Task De Perf. Measure) ☆ ☆ X Be Display Type: All v E, E ☆ Basic Info More Details }					
ect Type	Sort Order	Name	Description	Required	Allowed to Sort
Objective	1	Objective 1	Objective 1		
Task	1.1	Task 1	task 1		
Performance Measure	1.1.1	PM 1	PM 1		
Objective	2	Objective 2	Objective 2		
e 📴 Task) 🖶 Perf. Measure) 💠 🕀	χ 🖻 (Display Type: All	し ま も		

Step	Action
46.	In this example, we will add additional rows in the Objectives >> Tasks >> Performance Measures section. Note : The First Objective with the underlying Task and Performance Measure in the list was entered by the agency. Click on the Objective row to add additional objectives.
47.	Click the + Objective button.
48.	On the Objective row, enter the applicable value in the Name field.
49.	On the Objective row, enter the applicable value in the Description field.

Basic Info More Details IIb IIi View All							
		Type	Sort Order	Name	e Description	Required	Allowed to Sort
		 Objective 	1	Objective 1	Objective 1		
		▼ Task	1.1	Task 1	task 1		
		Performance Measure	1.1.1	PM 1	PM 1		
		 Objective 	2	Objective 2	Objective 2		
		Task	2.1	Task 2	Task 2		

Step	Action
50.	Select the Objective row where the task will be added.
51.	Click + Task button.
52.	On the Task row, enter the applicable value in the Name field.
53.	On the Task row, enter the applicable value in the Description field.

野 Q. Id d 1.6 of 6 ~ 》 》 I View All Basic Info More Details ()							
5	ielect	Туре	Sort Order	Name	Description	Required	Allowed to Sort
		 Objective 	1	Objective 1	Objective 1		
		Task	1.1	Task 1	task 1		
		Performance Measure	1.1.1	PM 1	PM 1		
		 Objective 	2	Objective 2	Objective 2		
[Task	2.1	Task 2	Task 2		
		Performance Measure	2.1.1	PM 2	PM 2		
		+ Task 📴 Perf. Measure 👌 😽	ъ X в 1	Display Type: All			

Step	Action
54.	Select the Task row where the performance measure will be added.
55.	Click + Performance Measure button.
56.	On Performance Measure row, enter the applicable value in the Name field.

Step	Action
57.	On Performance Measure row, enter the applicable value in the Description field.

野 Q							View All
	Select		Sort Order	Name	Description	Required	Allowed to Sort
1		 Objective 	1	Objective 1	Objective 1		
2		▼ Task	1.1	Task 1	task 1		
3		Performance Measure	1.1.1	PM 1	PM 1		
4		 Objective 	2	Objective 2	Objective 2		
5		▼ Task	2.1	Task 2	Task 2		
6		Performance Measure	2.1.1	PM 2	PM 2		
-		🗃 Task) 📴 Perf. Measure) 🛛 🕁 🕀	XBI	Display Type: All	ままの		

Step	Action
58.	Click the arrow to the right of the More Details tab to expand the view and see all fields.

Event Bid Period			Create E	ids			ራ	α	. 0
• ⇔ ↔ Q • ≣ Ξ	₹ ₽ ⊙	E							
Performance Measures (?)									
ePerf.Measure) 🕁 🕀	χe	🖹 🖬 Display Type: All	● 影 正 ゆ						
	Sort Order	Name	Description	Required	Allowed to Sort	Allow Performance Measure	Perf Measure Response Type	(Tar	Numeric get/Goal)
ctive	1	Objective 1	Objective 1						
k	1.1	Task 1	task 1			8			
erformance Measure	1.1.1	PM 1	PM 1	8	8		Numeric		
ctive	2	Objective 2	Objective 2		5				
ĸ	2.1	Task 2	Task 2				~		
erformance Measure	2.1.1	PM 2	PM 2				Numeric 🗸		100
sPerf.Measure) ∲ ∲ Back Save	X 🖻	Display Type: All	♥ ₹. ₹. ¢						

Step	Action
59.	 Note: Available Performance Measure options are: Attachment Date

Step	Action
	 Numeric Text/Comment Yes/No In this example, on the Performance Measure row, we will select the Performance Measure Response Type drop-down list and select the Numeric option.
60.	Enter the applicable value into the Numeric (Target/Goal) field. In this example, we will enter 100 in the Numeric (Target/Goal) field.
61.	Click the Save button.
62.	Click the Back button.

Event Bid Period			Create Bids			<u>ଜ</u>	۵ A
				New Wind	New Window He	New Window Help F	New Window Help Perso
Business Unit OMH01 Budget Type							
Event ID EVT0000082 Funded Amount							
Bidder Setid SHARE Period	1 Bidder ID 1000015277						
Bid Event Periods	Q 4 4 1 of 1 v	▶ ▶ I View All					
Period 1							
Period From 10/01/2023 Period To 09/30	/2024 Sudget Required	Budget properties Work Plan Properties					
		errors router roperides					
Q 14 4 1 of 1 ~ > >	View All						
Bid Event Line# 1							
<return bid="" response<="" td="" to=""><td></td><td></td><th></th><td></td><td></td><td></td><td></td></return>							

Step	Action
63.	Click the Return to Bid Response link.

Step 2: Enter	Line Bid Responses						
This event c Administrate	or.	I lines that await your bid re	sponse. Some or all lines may requ	iire your bid in o	order for consideratio	n by the Event	
	Lines in This Event	1					
	Lines Responded To	0					
Ye	our Total Line Pricing 0.00	000 USD					
Hide Line De		omments/Files					
₽ Q						1-1 of 1	View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details –1		Line 1	EA	20000		Q
		may save an in-progress bi	d and resume completion at later tir	ne. When your	bid response is com	plete, submit for consider	ation.

Step	Action
64.	Note: The amount entered in the Your Unit Bid Price field must equal the total Grant Funds Requested amount for the period, in order to submit the bid response.
	In this example, we will enter 20,000 in the Your Unit Bid Price field.
65.	When you are ready to submit your bid response, click the Submit Bid button.

Are you done making changes and would like to post this bid? (18058,398)

Warning: Response may NOT be edited after posting. If you are not planning to make anymore changes to this bid press "Yes", otherwise press "No" and choose "Save For Later".



Step	Action
66.	In the resulting popup, click the Yes button to confirm you would like to submit the bid.
67.	You have successfully completed the Respond to Bid Event Capital Budget Types topic.

Using the Match Worksheet for a Bid Response

Topic Description:

This topic provides the knowledge and skills to use the Match Worksheet for a Bid Response. The Match Worksheet allows grantees to provide details on budget amounts that have been entered. The ability to use the Match Worksheet will vary based on the agency.

Topic Objectives:

In this topic, you will learn:

• How to use the Match Worksheet for a Bid Response

SFS role(s) required to perform this task:

- Bid Response Initiator (NY_GM_VENDOR_EVENT_INITIATE)
 - **Note:** This role allows you to initiate a bid response to a bid event but not submit the bid response to the agency.
- Bid Response Submitter (NY_GM_VENDOR_EVENT_SUBMIT)
 - **Note:** This role allows you to both initiate a bid response and submit a bid response to the agency.

Procedure

Scenario: You have a bid response already saved and in process. You will use the match worksheet to provide details on the budget amounts that have already been entered.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

5	FS		Menu 👻	Search in Menu		Q	1	ራ	:	\otimes
	My Hom	epage 🔻								
			SFS Notic	es	SFS Support		SFS Coach			
		Grants Managemen	nt Training				-			
		Grants Managemen	nt FAQs		=?					
				Show Details						
						<u>_</u>				
		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry		Grants Management - State			
Ŀ		8								
\heartsuit										
		Register for POs via Emai	i l	Supplier Change Request	Add/Maint Self-Service Invoice		FAQs Contact Us			
						J	Get helpful information here.			

Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Events and Place Bids > View Events and Place Bids
	Note: You must log in to the SFS Vendor Portal to respond to a bid event.



Step	Action
2.	Click the Bid Event Search tile.

Grants Management			View Events and F	Place Bids			ώ	Q	:
View Events and Place Bids Enter search criteria to locate an event for vi	ewing or placing bids.	Welcome, User:							
▼ Search Criteria									
Event ID Search by Grant Opportunity Search by Due Date From Tr Search by Status Ava									
Search by Eligibility Not-I Search by Funding Agency Search by Service Area	cor-Profit Q lear Criteria								
earch Results					14	4 1-1 of 1 v 🕨 🕅			
Event ID Funding Agency	Grant Opportunity	Status	Eligibility	Availability Date	Anticipated Release Date	Due Date			
EVT0000082 OMH01	101123 TEST-4	Available	Governmental Entity, Not-For- Profit	10/11/23 1:46PM	10/11/23 1:46PM	10/20/2023 1:46PM EDT			

Step	Action					
3.	Enter the applicable search criteria in the Search Criteria fields.					
	In this example, select the Search by Status field drop-down list and click Available from the list.					
4.	Click the Search button.					
	Search					
5.	Click an Event ID link to update an in-process bid response.					
	In this example, we will click the Bid Event EVT0000082 link to update a bid response.					

< Supplier Search	h Events	_		_	Event De	tails
Event Details					Welcome, User:	
Information On Inquiry Bid on Eve			Biddin	g Shortcuts:	View Event Activity View Event Package Upload XML Bid Resp View, Edit or Copy fro	
Event ID Event Format/Type	101123 TEST-4 OMH01-EVT0000082 Sell Event	RFx				
Event Description: GRANTS					le contracte de la contracte de	1
Contact Phone Email Online Discussi Live Chat He			Payment Terms My Bids Edits to Submitted Bids Multiple Bids			
Lines			★Bid Required		nents/Files	

Step	Action
6.	Click on My Bids In Process link to view your in-process response to this bid event.

< Sear	ch Event Det	ails				Vie	View, Edit or copy from Saved Bids				
View,	Edit or co	py from Save	d Bids				Welcome User:				
Ev	Event ID Format/Type	101123 TEST-4 OMH01-EVT000 Sell Event 10/11/2023 1:46 10/20/2023 01:46 PM	RFx PM EDT		Event Round Event Version Multiple Bids Currency:	1					
Bids				5t				H 4	1-1 of 1 🗸 🕨 🕨		
Bid ID	Round	Version	Bid Status	Event Status	Bid Last Saved		-				
1 Return to	1 Event Search	1	Saved	Posted	EDT	View/Edit	Сору	Cancel	Upload		

Step	Action
7.	Click the View/Edit link for the applicable bid response you want to view and update.

Step 2: Enter	Line Bid Responses						
This event contains one or more individual lines that await your bid response. Some or all lines may require your bid in order for consideration by the Event Administrator.							
	Lines in This Event	1					
	Lines Responded To	0					
Y	our Total Line Pricing 0.00	000 USD					
Hide Line De	tail						
10110							
★Bid Require	ed 🖓 Line G	omments/Files					
Lines							
₽ Q						I	View All
Line	Period	Item ID	Description	Unit	Your Unit Bid Price	Your Total Bid Price	
1	Period Details –1		Line 1	EA			Q

Step	Action
8.	Scroll to the bottom of the page of the existing bid response. Under the Lines section, click the Period Details -1 link under the Period column to access budget and work plan information for this bid response.

K Bid Search Screen	Create Bids		ଜ	Q	:	\otimes
		New Window	Help	Per	rsonaliz	a Pa
Business Unit OMH01 Event ID EVT0000082 Bidder Setid SHARE	Budget Type EXPENDITURE Funded Amount 500000.000 Period 1 Bidder ID 1000015277					
Bid Event Periods	Q 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Period 1 Period From 10/01/2023	Period To 09/30/2024 Budget Required United To 09/30/2024 Work Plan Required Work Plan Required Work Plan Properties					
Q III III	t of 1 👻 🗎 🕖 View All					
<return bid="" response<="" td="" to=""><td></td><td></td><td></td><td></td><td></td><td></td></return>						

Step	Action
9.	Click the Budget Properties link.

				Bu	dget Proper	ies Header		×
								Help
	Event ID EVT0000082		Max Aw	ard Amount 50000	00.000			
Bid Ev	vent Period 1		Period	d From Date 10/01				
Bidder	r/Vendor ID 1000015277		Per	riod To Date 09/30	/2024			
			E	Budget Type EXPE	NDITURE			
Budget Pro	perties							
Apply N	Match Allowed at Category	1 -						
Calculate M	Match Grant Fund V							
	Include Match We	orksheet Match Wo	orksheet					
Budget Cat	tegory Properties							
						1-5 of 1	0 View All	
	Budget Category	Available in Grant	Use Match	Match Percentage	Use Other	Overage on Claims	Overage Percentage	
1	SALARY			0				
2	FRINGE			0				
3	CONTRACTUAL			0				
4	TRAVEL			0				

Step	Action
10.	Click the Match Worksheet link.

	In	clude Match Worksheet		×
				Help
Include Match Worksheet				
E Q		I 1-1 of 1	View All	
Source of Matching Funds	Describe Match source	Form of Documentation Required Match	h Total	
1	~			
		Match Worsksheet Detail To	tal 0.00	
		Budget Detail Match Tot	tal 0.00	
Narrative				
OK Cancel				

Step	Action
11.	Enter applicable value in the Source of Match Funds field.

Step	Action
12.	Click the Describe Match Source drop-down field and select the applicable value from the list.
	The options are: Federal, Local, Private, or State.
13.	Enter the applicable value into the Form of Documentation Required field.
14.	Enter the applicable match amounts in the Match Total field.
	Note: The sum of the Match Total amounts will equal the Match Worksheet Detail Total amount.
15.	Enter any applicable comments in the Narrative field. Note : The narrative could be additional information for the agency or could be used to summarize the changes you made.
16.	Click the OK button.
17.	Click the Save button and then click the Back button.
18.	Click the Return to Bid Response link.
19.	Click the Save for Later button.
20.	You have successfully completed the Using the Match Worksheet for a Bid Response topic.

Reviewing and Approving Grant Contracts

Lesson Description:

This lesson provides the knowledge and skills to review and approve grant contracts. This lesson also provides information on how to complete and submit progress reports for approval.

Progress reporting is a tool that measures the progress of the grant contract over its lifetime in SFS.

Lesson Objectives:

In this lesson, you will learn how to:

- Preview a Contract Agreement
- Review and Update Budget and Work Plan Information on a Contract
- Approve Contract Collaboration
- Apply Electronic Signature on a Contract Agreement
- Complete Performance Measures for a Progress Report and Submit a Progress Report for Agency Review
- Update and Re-submit a Returned Progress Report

Preview a Contract Agreement

Topic Description:

This topic provides the knowledge and skills to review a Contract Agreement.

Topic Objectives:

In this topic, you will learn:

• How to review a Contract Agreement

SFS role required to perform this task:

• Grants Contract Collaborator (NY_ES_SUPPLIER_CONTRACT_COLLAB)

Procedure

Scenario: You have been awarded a grant contract and would like to preview the grant contract before you take action on it. You will navigate to the Maintain Contract Documents page and click the View Document button.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

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			SFS Notic	es	SFS Support		SFS Coach			
		Grants Manageme	nt Training				-			
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		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry		Grants Management - Sta	te		
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		Register for POs via Ema	1	Supplier Change Request	Add/Maint Self-Service Invoice		FAQs Contact Us			
							Get helpful information here	ż		

Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Contracts > Maintain Contract Documents
	Note: You must log in to the SFS Vendor Portal to view a grant contract.

My Homepage		Grants Ma	nagement		<u>ଜ</u> ୧ :	Ø
	Bid Event Search	Maintain Your Information	Prequalification Application	Bid Response Search		
	Grant Contracts Search	Progress Report Search 2 Active Progress Reports 0 Past Due Progress Reports	Submit a Claim	Claims Update Guide		

Step	Action
2.	Click the Grant Contracts Search tile.

Maintain Contract Document	S		
Document Search			
	Business Unit	Q	
	Document Administrator		Q
	From Begin Date		To Begin Date
	From End Date		To End Date
	ocuments ling Review		
			I ≪ 1-1 of 1 v → 1 I View All
Documents More Details	₽		
Contract Document	Description	Document Status	Status Date/Time

Step	Action
3.	Enter the agency's business unit into the Business Unit field or click the magnifying glass to search for the information.
	If you are unsure of the business unit for the State Agency you are doing business with, click the magnifying glass to view a list of business units and state agencies.
	Note: If you do not know any criteria, you can leave the search criteria in the Document Search section blank.
4.	Verify the Pending Review checkbox is selected. Note: To view grant contracts that are pending review and grant contracts that have previously been approved, verify the All Documents checkbox is selected.
5.	Click the Search button.

Maintain Contract Documents				
Document Search				
	Business Unit	OMH01 Q		
	Document Administrator			Q,
	From Begin Date		To Begin Da	ate 📰
	From End Date		To End Da	ate 📰
□ All Doc ☑ Pendin				
Advanced Search Criteria				
Search				
List of Documents				
				 ✓ 1-10 of 12 ✓ I View All
Documents More Details				
Contract Document≜	Description		Document Status	Status Date/Time
000000000000000000000000000000000000000	OMH01-C12345GM-1040200		Pending Review	

Step	Action
6.	Click the applicable Contract ID from the search results.

	De	m Date 12/09/2022			Documents			00	Q A :
	Exp	ire Date 12/08/2025							
	Documen	t Status Pending Re	rview						
		Owner							
nforma	stion Available	for Review (7)							
a la									
	Period Start Date	Period End Date	Period Amount	Budget Detail Period	Budget Detail Status	Budget Detail Review Date	Budget Period Mark as Reviewed	Work Plan Period	Workplan Deta Status
1	12/09/2022	12/08/2023	1,000.000	Period 1	In Process		0	Period 1	In Process
12	1012012		000500	2000				2///12	2.0
2	12/09/2023	12/08/2024	2,000.000	Period 2	New			Period 2	New
ments		Approve	Deny	Pushback			di		
ments			Deny	Pushback	No	AtlachmentsRelated	Documents Exist		
ments	View Doc		Deny	Pushback	Se	nd E-Mail			
ments			Deny	Pushback	Se				
ments			Deny	Pushback	Se	nd E-Mail			
ments	View Doc		Deny	Punhback	Se	nd E-Mail			

Step	Action
7.	Click the View Document button to review the Contract Agreement document.
	View Document

STATE OF NEW YORK MASTER CONT	RACT FOR GRANTS FACE PAGE	-
STATE AGENCY (Name & Address): Office of Mental Health 44 Holland Avenue Albany, NY 12229	BUSINESS UNIT/DEPT ID: OMH01 1100206 CONTRACT NUMBER: OMH01-00124GM- 1100206 CONTRACT TYPE:	
CONTRACTOR NAME: STAPLES INC	TRANSACTION TYPE: New	
	PROJECT NAME:	
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000053985 Federal Tax ID Number:	CFDA NUMBER (Federally Funded Grants Only):	
CONTRACTOR PRIMARY MAILING ADDRESS: PO BOX 415256 DEPT ROC BOSTON, MA 02241-5256 CONTRACTOR PAYMENT ADDRESS: CONTRACTOR MAILING ADDRESS: CONTRACTOR MAILING ADDRESS: CONTRACTOR MAILING ADDRESS:	CONTRACTOR STATUS: For Profit Municipality Tribal Nation Individual Not-For- Profit Charities Registration Number: Exemption Status/Code: Sectarian Entity	

Step	Action
8.	When you are finished reviewing the Contract Agreement document, click the Close (X) button.
9.	You have successfully completed the Preview Contract Agreement topic.

Update Contract Period Budget and Work Plan Information and Complete Review of a Contract during Collaboration

Topic Description:

This topic provides the knowledge and skills to review and update budget and work plan information on a contract. This topic also shows how to complete the review of a contract during the collaboration phase. After grantee collaboration is complete, the contract will route back to the agency to complete the collaboration stage. Once the collaboration stage is complete, the contract will route to the grantee for signature.

Topic Objectives:

In this topic, you will learn:

- How to review and update the budget and work plan information on a contract
- How to complete review of a contract during collaboration

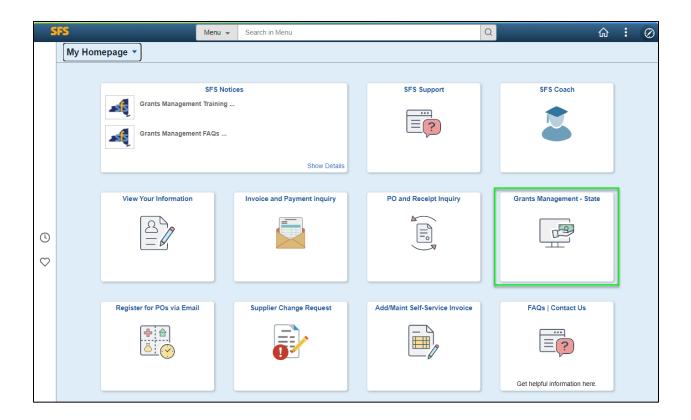
SFS role(s) required to perform this task:

- Grants Contracts Editor (NY_ES_VNDR_CNTRCT_CHANGE)
 - **Note:** This role allows you to make changes to a grant contract budget and work plan.
- Grants Contract Collaborator (NY_ES_SUPPLIER_CONTRACT_COLLAB)
 - **Note:** This role allows you to review and collaborate on a grant contract with the agency.

Procedure

Scenario: You have reviewed a Contract Agreement and determined that the budget and work plan information need to be updated. After updating the budget and work plan information, you will indicate your review is complete for the contract.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.



Step	Acti	Action							
1.	Pref	Preferred Navigation: Click the Grant Management - State tile.							
		Alternative Navigation: From the NavBar navigate to: Menu > Manage Contracts > Maintain Contract Documents							
	Note: You must log in to the SFS Vendor Portal to update grant contract information.								
K My Homepage	< My Homepage Grants Management $\widehat{\Omega}$ \mathbb{Q} : Ø								
		Bid Event Search	Maintain Your Information	Prequalification Application	Bid Response Search				
		H H			Han H				
		Grant Contracts Search	Progress Report Search	Submit a Claim	Claims Update Guide				
			2 Active Progress Reports 0 Past Due Progress Reports						

Step	Action
2.	Click the Grant Contracts Search tile.

Maintain Contract Document	s			
Document Search				
	Business Unit	Q		
	Document Administrator		Q	
	From Begin Date			
	From End Date			
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m Q			I≪	▶ ▶ View All
Documents More Details	1.			
Contract Document	Description	Document Status	Status Date/Time	

Step	Action
3.	Enter the agency's business unit into the Business Unit field or click the magnifying glass to search for the information.

	If you are unsure of the business unit for the State Agency you are doing business with, click the magnifying glass to view a list of business units and state agencies.
4.	Verify the Pending Review checkbox is selected.
5.	Click the Search button.

Maintain Contract Documents								
Document Search								
	Business Unit	OMH01 Q						
	Document Administrator			Q				
	From Begin Date	To Begin Date		ate				
	From End Date		To End Da	ate				
	All Documents Pending Review							
Advanced Search Criteria								
List of Documents								
□ □ □ </th <th colspan="7">Image: Constraint of the state of the</th>	Image: Constraint of the state of the							
Contract Document ⊽		Document Status	Status Date/Time					
000000000000000000118077	OMH01-00180GM-1010215		Pending Review					

Step	Action
6.	Click the applicable Contract ID link from the search results under the Contract Document column. Contract Document

· · · · ·												
	Contract ID 0000000000000118077											
		Description	0 MH01-00180GM-1010215									
	Document Administrator DOE, JOHN											
	Approv	al Start Date	08/28/2023	9:01AM								
		Begin Date	08/18/2023									
		Expire Date	07/07/2024									
	Docu	ument Status	Pending Re	eview								
		Owner	-									
	ormation Availa	able for Revi	ew ?									
5	Q										14 - 4	1-1 of 1 🗸 🕨 🕨
	Period Star Date	rt Perio	od End Date	Period Amount	Budget Detail Period	Budget Detail Status	Budget Detail Review Date	Budget Period Mark as Reviewed	Work Plan Period	Workplan Detail Status	Work Plan Review Date	Workplan Period Mark as Reviewed
	Date			Amount	Period	Status	Review Date	Mark as Reviewed	Period	Status	Review Date	as Reviewed
	1 08/18/2023	07/0	7/2024	3,000.000	Period 1	In Process			Period 1	New		
Com	ments History							J.				
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1						No At	tachments/Related I	Documents Exist				
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Step	Action
7.	Click the View Document button to review the Contract Agreement document if you want to view this information. You may need to scroll to see this button. Note : This is an optional step.
	View Document

CA			
	STATE OF NEW YORK MASTER CON	TRACT FOR GRANTS FACE PAGE	- 11
	STATE AGENCY (Name & Address): Office of Mental Health 44 Holland Avenue Albany, NY 12229	BUSINESS UNIT/DEPT ID: OMH01 1100206 CONTRACT NUMBER: OMH01-00124GM- 1100206 CONTRACT TYPE:	
	CONTRACTOR NAME: STAPLES INC	TRANSACTION TYPE: New	
		PROJECT NAME:	
	CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000053985 Federal Tax ID Number:	CFDA NUMBER (Federally Funded Grants Only):	
	CONTRACTOR PRIMARY MAILING ADDRESS: PO BOX 415256 DEPT ROC BOSTON, MA 02241-5256 CONTRACTOR PAYMENT ADDRESS: Contractor Payment address CONTRACTOR MAILING ADDRESS: CONTRACTOR MAILING ADDRESS:	CONTRACTOR STATUS: For Profit Municipality Tribal Nation Individual Not-For- Profit Charities Registration Number: Exemption Status/Code:	
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Step	Action
8.	When you are finished reviewing the Contract Agreement document, click the Close (X) button.

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		Owner									
	formation Availab	le for Review 🕚								14 4	1-1 of 1 v F F
	Period Start Date	Period End Date	Period Amount	Budget Detail Period	Budget Detail Status	Budget Detail Review Date	Budget Period Mark as Reviewed	Work Plan Period	Workplan Detail Status	Work Plan Review Date	Workplan Period Mark as Reviewed
	1 06/16/2023	07/07/2024	3,000.000	0 Period 1	In Process		0	Period 1	New		
Com	(Approve	Deny) Pushback	No.	Atachments-Related	J Documents Exist				
	View D	ocument				nd E-Mail w Executed Docume	rts				

Step	Action
9.	Review comments in the Comments History field for any specific instructions from the agency prior to navigating to the budget/work plan pages.
10.	Click the applicable Period link under the Budget Detail Period heading to review and edit the budget period detail information.

		Contract Period Budget
	Copy from Cont	tract Period
Supplier Updates	Contract Period:	1
SHARE	Period From Date:	08/18/2023
00000000000000000118077	Period To Date:	07/07/2024
1	Period Amount	3,000.00
EXPENDITURE		
Allowed at Category Level 🗸		
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	ome Rows 🙂	
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	00000000000000000000000000000000000000	Supplier Updates Contract Period: SHARE Period From Date: 0000000000000000118077 Period To Date: 1 Period Amount EXPENDITURE

Step	Action
11.	Note : When the Available for Supplier Updates option is selected, the grantee can update the budget information. When de-selected, the grantee can only view the budget information.

Budget Category	Grant Funds Requested	Match Funds	Match Funds Calculated	Match % Calculated	Match % Required	Other Funds	Total	Category Details
LARY						Funds		
INGE								
NTRACTUAL								
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Step	Action
12.	Click the Category Details icon, located at the bottom of the page, associated to the budget category to update the budget category detail information. You may need to scroll to see these icons.
	Note: The Category Detail fields will vary based on the Budget Category.

			Category De	tails					
Contract ID	000000000000000000000000000000000000000		Contract Version	1					
	EXPENDITURE		Contract Period						
Budget Category			Match % Required						
			Match Worksheet						
Category Details									
							1-1 of 1 🗸	N 1 '	Gerry All
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	Type/Description	Grant Funds	Match Funds		Match %	Other Funds	Total Funds		
1								+	
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	Total Grant Funds	0.00							
	Total Match Funds	0.00							
	Total Other Funds	0.00							
Cat	tegory Details Totals	0.00							
Narrative									
OK Can	cel		A						

Step	Action
13.	In this example, we are updating budget category detail information for the Fringe budget category and Expenditure budget type.
14.	Make the applicable updates to the budget category detail information. In this example, we are increasing the Grant Funds amount for the Fringe budget category, so the total grant funds requested for all the budget categories equals the period amount.
15.	The Narrative field should be used to provide additional details about the information entered for a specific budget category. In this example, we will enter Increased the grant funds amount so total grant funds requested equals the period amount in the Narrative field.
16.	 Note: The above fields are only available when the Agency who collaborated on the contract has indicated that they are applicable for the contract. If this is not the case, these fields will be greyed out. The Total Funds will automatically calculate based on the sum of the Grant Funds, Match Funds, and Other Funds.
17.	When you are finished entering the Budget Category Detail information, click the OK button.

Jory Grant Funds Requested 3,000.00	Match Funds 500.00	Match Funds Calculated	Match % Calculated	Match % Required	Other Funds 500.00	1-10 of 10 Total 4,000.00	Category Details
ory Requested					Funds		
	500.00				500.00	4,000.00	
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Step	Action
18.	Click the Apply button to save your changes.
19.	Click the OK button to return to the Document Management page.

	ı	Expire Document 1	trator DOE, JOH	9.01AM	7							
- Inf	ema	tion Available for	Review 🕚									
m	Q										14 4	1-1 of 1 👻 🗼 🔣
		Period Start Date	Period End Date	Period Amount	Budget Detail Period	Budget Detail Status	Budget Detail Review Date	Budget Period Mark as Reviewed	Work Plan Period	Workplan Detail Status	Work Plan Review Date	Workplan Period Mark as Reviewed
	1	08/18/2023	07/07/2024	3,000.000	Period 1	In Process		0	Period 1	New		
Comm		s History	Approve (Deny	Pushback	Send	tachments/Related					

Step	Action
20.	Click the applicable Period link under the Work Plan Period heading to review and edit the work plan information. Work Plan Period

				Grants Work P	lan
Contract Work Plan					
Work Plan Header					
Available for Supplier Updat	tas: E	llar			
Contract ID: 000000000000		tiD: SHARE	Contract Version:	1 Work	Plan ID: 000000000000000000118013-SHAREV1P1
Contract Period: 1		om: 08/18/2023	To:	07/07/2024	Work Plan Overview
Allow Supplier Defined Objective & Tasks	s: 🖾				Work Plan Overview Report
Maximum Number or: Objectives:	60	Online Work	k Plan Required: 🖸		
Objectives:	50				
Tasks:	100				
Performance Measures:	300				
Project Summary (1)					
🕞 👼 Paragraph	✓ A ¹ ✓ A1 ✓ A ✓ M	- B I	u e := := :	— III ~ II	

Step	Action
21.	Note : When the Available for Supplier Updates option is selected, the vendor can update the work plan information. When de-selected, the vendor can only view the work plan information.
22.	If the Allow Supplier Defined Objectives & Tasks box located at the top of the page is checked and the Maximum Number of Objectives, Tasks, and Performance Measures have not already been entered, then you can add new objective, tasks, and performance measures if needed.
	Select the checkbox for the Objective , Task , and/or Performance Measure where the new objective, task, and/or performance measure will be inserted and then select the + Objective button to add a new objective.
	Select the + Task button to add a new task and select the + Perf Measure button to add a new performance measure. An objective must be inserted before a task can be inserted and a task must be inserted before a performance measure can be inserted.
23.	Click the Work Plan Overview Report link to view the work plan information in a PDF format, if you are interested in viewing this information. Note : This is an optional step.

Add/Update Contracts × 🐼 NY_	GG_CNT_WPpdf x +		~ ·	- 0	×
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	1 / 3 - 100% + 🖸 🔕			± ē	:
1 1 1 1 1 1 1 1 1 1 1 1 1	ATTACHMENT C - WORK PLAN SUMMARY				
2	PROJECT NAME: <u>CONSULTANT SERVICES DASNY</u> CONTRACTOR NAME: <u>STAPLES CONTRACT & COMMERCIAL LLC</u> SET ID: STARE VERSION: 1 PERIOD: 1				
3	CONTRACT PERIOD: From: <u>6/19/2023</u> To: <u>6/18/2024</u> Project Summary:				

Step	Action
24.	When you are finished reviewing the Work Plan Overview Report document, click the Close (X) button.

₽,					I	◀ 1-4 of 4 ∨	▶ ▶ I View
8	Select		Sort Order	Name	Description	Required	Allowed to Sort
1		 Objective 	1	Obj1 name	obj1 desc		
2		▼ Task	1.1	task1 name	task1 desc		
3		Performance Measure	1.1.1	PM1 name	PM1 desc		
		Performance Measure	1.1.2	PM2 name	PM2 desc	A	

Step	Action
25.	Click the More Details tab.

Obj	ecti	ves >>	Tasks >> Performance Measures ⑦						
E	₽ Obj	jective)	🖶 Task) 🖶 Perf. Measure) 🛛 🏠 🤤	XÈ	🗷 Display Type:	All ✓ ॡ, ⋶_ ¢			
	⊞; B	Q asic Info	More Details						H
		Select	Туре	Sort Order	Allow Performance Measure	Perf Measure Response Type	Numeric (Target/Goal)	Date	Text/Comment (Target/Goal)
	1		 Objective 	1					
	2		▼ Task	1.1		~			
	3		Performance Measure	1.1.1		Date 🗸		09/18/2023	A.
	4		Performance Measure	1.1.2		Numeric 🗸	100		R.
			B-Task) (B-Perf. Measure) 🗇 🕹	X là li	🗷 Display Type: 🗚	II			
	OK		Cancel Apply	Refresh					

Step	Action
26.	In this example, we are updating the target value for the second performance measure. We will change the Numeric (Target/Goal) field to 50 .
27.	Click the Apply button to save any changes.
28.	Click the OK button to return to the Document Management page.

		art Date 08/28/2023									
		gin Date 08/18/2023									
		Ire Date 07/07/2024									
	Documen	t Status Pending Re	rview.								
		Owner									
▼ Inform	Information Available for Review ①										
m Q										14 4	1-1 of 1 👻 🗼 🗏
	Period Start Date	Period End Date	Period Amount	Budget Detail Period	Budget Detail Status	Budget Detail Review Date	Budget Period Mark as Reviewed	Work Plan Period	Workplan Detail Status	Work Plan Review Date	Workplan Period Mark as Reviewed
							_				_
1	08/18/2023	07/07/2024	3,000.000	Period 1	In Process		8	Period 1	In Process		8
-											
Comment	is History						Ø				
Comments											
		Approve	Deny	Pushback							
	View Doo	ment			Ad	d Additional Attac	hments				
	Anter Doct					5					
					Vie	w Executed Docume	105				

Step	Action					
29.	When you have finished reviewing the Budget Period information, select the Budget Period Mark as Reviewed checkbox to update the Budget Detail Status to Reviewed.					
30. When you have finished reviewing the Work Plan Period information, so Work Plan Period Mark as Reviewed checkbox to update the Work P Detail Status to Reviewed.						
31.	Enter any comments for the agency in the Comments field. Note : The Comments field could be used to summarize the changes you made.					
32.	 Note: To upload and attach documents to a contract, click the Add Additional Attachments link. Vendors can only add attachments to their contracts during collaboration. 					
33.	Click the Approve button to indicate your review is complete and to return the contract to the agency.					

Mark as Reviewed checked (30001,1114)	
Warning! Are you sure you want to mark this contract as reviewed? Once the contract is marked as reviewed, you will be unable to make any further updates and the NYS agency will be notified that this contract has been reviewed. Select Yes to continue with marking this contract as reviewed. Select No to cancel this action.	
(Yes) No	

Step	Action
34.	Click the Yes button to continue marking this contract as reviewed.
	Note: Click the No button to cancel this action.
35.	 Note: If you want to return the contract back to the agency contract manager for updates, click the Deny button. If you want to return the contract to the previous step in the workflow, click the Pushback button.
36.	You have successfully completed the Update Contract Period Budget and Work Plan Information and Complete Review of a Contract during Collaboration topic.

Apply an Electronic Signature to a Contract Agreement

Topic Description:

This topic provides the knowledge and skills to approve a contract and apply an electronic signature to a contract agreement.

Topic Objectives:

In this topic, you will learn how to:

- Approve a Contract
- Apply an Electronic Signature to a Contract Agreement

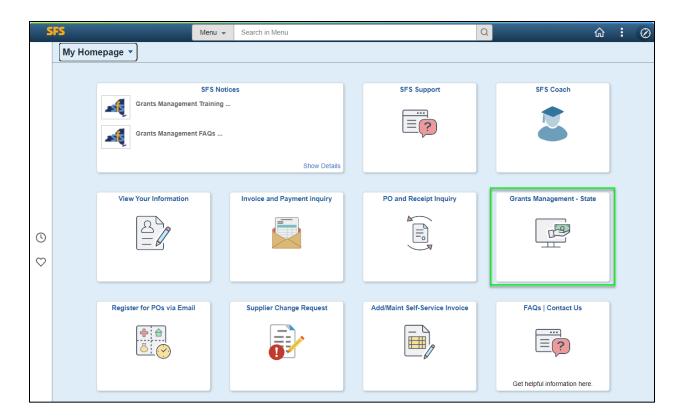
SFS role required to perform this task:

• Grants Contract Approver (NY_ES_SUPPLIER_CONTRACT_APPRVR)

Procedure

Scenario: You have been awarded a grant contract. You will view the contract agreement that is pending approval and then approve and sign the contract, so it routes to the agency for approval.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.



Step	Action
1.	Preferred Navigation: Click the Grant Management – State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Contracts > Maintain Contract Documents
	Note: You must log in to the SFS Vendor Portal to approve a grant contract.



Step	Action
2.	Click the Grant Contracts Search tile.

Maintain Contract Document	ts			
Document Search				
	Business Unit	I Q		
	Document Administrator		Q	
	From Begin Date		To Begin Date	
	From End Date		To End Date	
Advanced Search Criteria	ocuments ding Review			
List of Documents				
m; ⊂			4	All
Documents More Details	₽			
Contract Document	Description	Document Status	Status Date/Time	

Step	Action
3.	Enter the agency's business unit into the Business Unit field or click the magnifying glass to search for the information.
	If you are unsure of the business unit for the State Agency you are doing business with, click the magnifying glass to view a list of business units and state agencies.
	Note: If you do not know any criteria, you can leave the search criteria in the Document Search section blank.
4.	To view grant contracts that are pending review and approval, verify the Pending Review checkbox is selected.
	Note: To view grant contracts that are pending review and grant contracts that have previously been approved, verify the All Documents checkbox is selected.
5.	Click the Search button.

Maintain Contract Documents				
Document Search				
	Business Unit Document Administrator From Begin Date	OMH01 Q	Q To Begin Date	
🗹 All Do	From End Date		To End Date	
Pendi	ng Review			
Advanced Search Criteria				
List of Documents				
Image: Constraint of the second s			•	 ▲ 11-20 of 32 • ▶ ▶ ↓ ↓ View All
Contract Document ⊽	Description		Document Status	Status Date/Time
000000000000000000000000000000000000000	OMH01-C00109GM-3650732		Pending Approval	

Step	Action
6.	Click the applicable Contract ID from the search results.

< Find Documents	Documents	ŵ	α	۵	-	0
Contract Number	OMH01-C00109GM-3650732					1
Contract ID	00000000000000000117721					
Description	OMH01-C00109GM-3650732					
Document Administrator	DOE,JOHN					
Approval Start Date	02/15/2023 3:43PM					
Begin Date	02/15/2023					
Expire Date	02/15/2025					
Document Status	Pending Approval					
Owner						
Contractor is required to register an registration is current, all applicable firings and (b) all data and response assigned User ID and Password on that I am responsible for any activity have been entered and provided at	cating my acceptance of the terms and conditions of the Master Contract. I certify that (a) to the extent that the yor file reports with the Office of the Attorney General's Charities Bureau ('Charities Bureau'), the Contractor's reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau', the Contractor is in the application submitted by the Contractor are true, complete and accurate. I also understand that use of the State's contract management system is equivalent to having placed my signature on the Master Contract a attributable to the use of my User ID and Password. Additionally, any information entered will be considered to my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record twithstanding the choice of law provisions.	ts my ind				
Approv	Deny Mew Approvals					
View Contract Agreement	No Attachments/Related Documents Exist					
Ma	Send E-Mail View Executed Documents					

Step	Action
7.	Click the View Contract Agreement button to view the Contract Agreement in a new browser window.
8.	Note: If you do not see this popup, it may be blocked by your browser. Please click the blocked popup icon in the address bar, select the option to "Always allow pop-ups and redirects from https://esupplier.sfs.ny.gov/psp/fscm/SUPPLIER/?cmd=login" and click the Done button. Following this, click the View Contract Agreement button again to view the new browser window.

C A			
	STATE OF NEW YORK MASTER CONT	RACT FOR GRANTS FACE PAGE	1
	STATE AGENCY (Name & Address): Office of Mental Health 44 Holland Avenue Albany, NY 12229	BUSINESS UNIT/DEPT ID: OMH01 1100206 CONTRACT NUMBER: OMH01-00124GM- 1100206 CONTRACT TYPE:	
	CONTRACTOR NAME: STAPLES INC	TRANSACTION TYPE: New	
		PROJECT NAME:	
	CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000053985 Federal Tax ID Number:	CFDA NUMBER (Federally Funded Grants Only):	
	CONTRACTOR PRIMARY MAILING ADDRESS: PO BOX 415256 DEPT ROC BOSTON, MA 02241-5256 CONTRACTOR PAYMENT ADDRESS: I Check if same as primary mailing address CONTRACTOR MAILING ADDRESS:	CONTRACTOR STATUS: For Profit Municipality Tribal Nation Individual Not-For- Profit	
	CONTRACTOR MAILING ADDRESS:	Charities Registration Number: Exemption Status/Code:	
	Ro Allerk is serve as branely mentily appress	Sectarian Entity	

Step	Action
9.	When you are finished reviewing the Contract Agreement document, click the Close (X) button.

Find Documents	Documents	ណ៍	Q	۵	:	\oslash
Contract Number	OMH01-C00109GM-3650732					-
Contract ID	0000000000000000117721					
Description	OMH01-C00109GM-3650732					
Document Administrator	DOE,JOHN					- 14
Approval Start Date	02/15/2023 3:43PM					
Begin Date	02/15/2023					
Expire Date	02/15/2025					
Document Status	Pending Approval					
Owner						
formally as the signing authority by conditions set forth in the Master C/ is conditioned upon the Contractor's not-for profit Contractor) the accura process and (ii) by electronically ind Contractor is required to register an registration is current, all applicable filings and (b) all data and response assigned User ID and Password on that I am responsible for any activity have been entered and provided at	acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated the appropriate authority or official, and as such I do agree, and I have the authority to agree, to all of the terms and ontract, including all appendices and attachments. I understand that (i) payment of a claim on this Master Contract s compliance with all applicable conditions of participation in this program and (if I am acting in the capacity as a cy and completeness of information submitted to the State of New York through the SFS vendor prequalification licating my acceptance of the terms and conditions of the Master Contract. I certify that (a) to the extent that the d/or file reports with the Office of the Attorney General's Charities Bureau ('Charities Bureau'), the Contractor's reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau to the sureau rough the stereau relating to its s in the application submitted to the contractor are true, complete and accurate. I also understand that use of my the State's contract management system is equivalent to having placed my signature on the Master Contract and y attributable to the use of my User ID and Password. Additionally, any information entered will be considered to my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or otwithstance.					
Approv	View Approvals					
View Contract Agreement	No Attachments/Related Documents Exist Send E-Mail					
	View Executed Documents					

Step	Action
10.	Click the Approve button.

Find Documents	Documents	ŵ	Q	۵	\oslash
Contract Number	OMH01-C00109GM-3650732				
Contract ID	00000000000000117721				
Description	OMH01-C00109GM-3650732				
Document Administrator	DOE,JOHN				
Approval Start Date	02/15/2023 3:43PM				
Begin Date	02/15/2023				
Expire Date	02/15/2025				
Document Status	Pending Approval				
Owner					
not-for profit Contractor) the accu process and (ii) by electronically i Contractor is required to register (registration is current, all applicab filings and (b) all data and respon assigned User ID and Password (that I am responsible for any activ have been entered and provided signature is inadmissible in court. Comments History STAPLES 2023-05-23-15 24 08:00 Denied.	Title × Please enter your title as it should be displayed within the signed agreement (e.g., Deputy Director). Help Title Deputy Director OK Cancel				
Comments Contract Agreement Approved by Ver	idor.				
Арр	Tove Deny View Approvals				
View Contract Agreeme	nt No Attachments/Related Documents Exist Send E-Mail				

Step	Action
11.	The Title page appears. Enter the Title you wish to display in the signature block within the agreement. This should be your official title at your organization (e.g., President).
	Note : Once you enter a title the first time, the title you entered the previous time will be displayed by default the next time you sign an agreement in SFS. If your title has changed, then update the value.
12.	Click the OK button.

< Find Documents	Documents	ŝ	ά	4	1	0
Contract Number	OMH01-C00109GM-3650732					l l
Contract ID	0000000000000000117721					
Description	OMH01-C00109GM-3650732					
Document Administrator	DOEJOHN					- 1
Approval Start Date	02/15/2023 3.43PM					
Begin Date	02/15/2023					
Expire Date	03/15/2025					
Document Status	Pending Approval					
Owner						
not-for profit Contractor) the accura process and (ii) by electronically ind Contractor is required to register an registration is current, all applicable filings and (b) all data and response assigned User ID and Password on that I am responsible for any activity have been entered and provided at	compliance with all applicable conditions of participation in this program and (if I am acting in the capacity as a cy and completeness of information submitted to the State of New York through the SFS vendor prequalification locating my acceptance of the terms and conditions of the Master Contract. I certify that (a) to the evident that the dior file reports with the Office of the Attorney General's Charities Bureau (Charites Bureau), the Contractor's reports have been filed, and the Contractor are true, complete and accurate. I also understand that use of my the State's contract management system is equivalent to having placed my signature on the Master Contract and vatilizable to the use of my User ID and Password. Additionally, any information entered will be considered to my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or chartestanding the choice of law provisions.					

Step	Action
13.	Click the View Contract Agreement button.
	View Contract Agreement

Is conditioned upon the Contractor's compliance applicable conditions of participation in this program acting in the capacity as a notifier profit Contra- socuracy and completeness of information submit socuracy and completeness of information submit State of New York through the Gateway vendor p process and (1) by electorizationally Master Contract (a) to the extent that the Contractor is required to and/or file reports with the Contractor is negared to and/or file reports with the Contractor of the Altorney Charities Bureau ("Charities Bureau"), the Contra the Contractor has no cutstanding requests In Charities Bureau ("Charities Bureau"), the Contra Charities Bureau ("Charities Bureau"), the Contra the Contractor has no cutstanding requests In the considered to submit the state in con- signature on the Master Contract and that I am e any activity athobabits to be used of my User ID Passeord. Additionally, any information entered is considered to have been entered and provided at 1 further central and agree that the Contractor agrin constructions. STAPLES CONTRACT & COM LLC By: Johns Doe Proteed Name Title: Deputy Director Delet: 05/23/2023	am and (#) activ) the thed to the regulatification () certify that regulatification Certific that Certification Ceriti		
ATTORNEY GENERAL'S SIGNATURE APPROVED AS TO FORM	STATE COM	IPTROLLER'S SIGNATURE	
ву	By.		
Printed Name		Printed Name	
Title	Title:		

Step	Action
14.	The Title , Date , and Signature of the Approval display on the Contract Agreement.

SFS Intranet - Home	x 🛛 Documents	× Ø AGREEMENT_000000000000 8 +	~ - Ø ×
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AGREEMENT_	000000000000000000000000000000000000	s program and (if I Contractor) the submitted to the indor prequalification ontract, I certify that irred to register orney General's Contractor's s have been filed, uests from the (b) all data and ter Contractor are tand that use of my ate's contract g placed my I am responsible for Iser ID and tered will be ided at my direction, for agrees to waive nature is inadmissible provisions.	
	ATTORNEY GENERAL'S SIGNATURE APPROVED AS TO FORM	STATE COMPTROLLER'S SIGNATURE	
	By:	By:	-

Step	Action
15.	Click the Close (X) button.

Contract ID	Refers to Cocement Search C00109GM-3058752 000000000001517721 C00109GM-3058752 MPN 223 3-45FM	And you	Haip	- Para	 Pa
Document Management Contract Rumber 04Meth Contract RD 800000 Description 04Meth Document Alternatives 00Meth Agenoral Start Data 8215/2 Begin Data 8215/2	C00 1940AN-39681132 900000000001 117721 C00 1940AN-39681732 9MN 223 3 43FM				
Contrast Number 04M61 Contract ID 80000 Description 04M61 Occument Alimonishishor 004M61 Approval Start Date 82152 Bright Date 82152	C00 1940AN-39681132 900000000001 117721 C00 1940AN-39681732 9MN 223 3 43FM				
Contract (D) 80000 Description Oblet Occurrent Aliminivision DDE, X Approval Start Date 82152 Begin Date 82152	0000000000 (1772) - Cao Helioto Millera Mil 223 - 3 Alimi				
Description OMMET Document Administrator DOE,X Approval Start Data 82/15/2 Begin Data 82/15/2	-001960A-3680732 2019 223 3 43998				
Oscament Administrator DOEUX Approval Start Data 82/15/2 Begin Data 82/15/2	3494 223 3 43944				
Approval Start Data 80150 Begin Data 80150	23-3-43PM				
Begin Date 80150					
	23				
Expire Date 80/150					
Document Status Panders	Approvit				
Owner					
assigned User ID and Password on the Stat trait I am responsible for any activity attribut have been entered and provided at my direc signature is madmissible in court, notwithsta	application submitted by the Contractor are time, complete and accurate i also understand that use of my in contract measurement system is equivalent to have a graced my separate on the Malace Contract and site to the use of my Use IC and Passwork Addisonals, any information entered will be considered to so i. Further certain, and grave that the Contractor agrees to waive any claim that this electronic record or inding the choice of law provisions.				
Comments History	- A				
(STARLES 2023-05-23-15 36 51 000000) Contract Agreement Approved by Vendor					
1010120-022-0408-42-01-42-01-00-0004400					

Step	Action
16.	Click the Document button or the Home Button, to navigate away from the Maintain Contract Documents page.
17.	You have successfully completed the Apply an Electronic Signature to a Contract Agreement topic.

Complete Performance Measures for a Progress Report and Submit a Progress Report for Agency Review

Topic Description:

This topic provides the knowledge and skills to complete performance measures for a progress report and then submit a progress report for agency review and approval.

Progress reporting is a tool that measures the progress of the grant contract over its lifetime in SFS.

Topic Objectives:

In this topic, you will learn:

- How to update and complete Performance Measures for a Progress Report
- Submit a Progress Report for Agency Review and Approval

SFS role required to perform this task:

• Progress Report Processor (NY_ES_SUPPLIER_PRGRPT_USER)

Procedure

Scenario: Your grant contract has been approved and you are performing the work that is outlined in the contract agreement. As a Grantee User, it is time for you to complete performance measures on a progress report and then submit the progress report for agency review and approval.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

S	SFS	Menu 👻 Search in Menu			<u>م</u>	:	\otimes
	My Homepage 🔻						
		SFS Notices		SFS Support	SFS Coach		
	Grants Manag	ement Training			•		
	Grants Manag	ement FAQs					
			Show Details				
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	View Your Informat	tion Invoice and Pay	ment inquiry	PO and Receipt Inquiry	Grants Management - State		
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\heartsuit							
	Register for POs via	Email Supplier Chan	ge Request Ad	d/Maint Self-Service Invoice	FAQs Contact Us	1	
					Get helpful information here.	J	

Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Contracts > Manage Progress Reports
	Note: You must log in to the SFS Vendor Portal to submit a progress report.

K My Homepage		Grants Management		ώ	Q	:	Ø
	Bid Event Search	Maintain Your Information	Bid Response Search				
	Grant Contracts Search	Progress Report Search 5 Active Progress Reports 17 Past Due Progress Reports					

Step	Action
2.	Click the Progress Report Search tile.

 Update Progress Report 			Manage Pro	gress Reports		<u>م</u> (ς Δ	1 (Ģ
All Progress Reports	- 16	Ľ	🐔 Re-Assign User 📧						
Not Submitted	۲		Contract # 0	Contract ID 0		Report Description	Due Date	Statu	
Pending Review	۱		Compact # 0	Contract in C	• •	0	0	Statu	1
Information Requested	۲	C	OG501-999888-1010208	0000000000000000105317	1	Period 1 - Report 1	02/10/2023	Pendi	1
Approved	3	C	OG501-999888-1010208	000000000000000000105317	1	Period 1 - Report 2	05/10/2023	Appro	,
Past Due	۲	C	OG501-999888-1010208	00000000000000000105317	1	Period 1 - Report 3	06/10/2023	Appro	,
Due within 60 days	3	C	OG501-999888-1010208	000000000000000000000000000000000000000	1	Period 1 - Report 4	11/10/2023	Appro	,
Not Started	12	C	OMH01-C00004GM-1010207	000000000000000000117499	1	Period 1 - Report 1	02/22/2023	Not S	i.
			OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 2	03/22/2023	Not S	i.
		0	OMH01-C00004GM-1010207	000000000000000000117499	1	Period 1 - Report 3	04/22/2023	Not S	ł.
		C	OMH01-C00004GM-1010207	000000000000000000117499	1	Period 1 - Report 4	05/22/2023	Not S	i.
		C	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 5	06/22/2023	Not S	i.
		C	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 6	07/22/2023	Not S	i.
		C	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 7	08/22/2023	Not S	2
		C	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 8	09/22/2023	Not S	i.
		C	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 9	10/22/2023	Not S	1
		0	OMIH01-C00004GM-1010207	000000000000000000117499	1	Period 1 - Report 10	11/22/2023	Not S	2

Step	Action
3.	The Manage Progress Reports search page is displayed with a default list of All Progress Reports available.
4.	Select the status tab on the left to display progress reports for an applicable view.
5.	Click the Filter icon to narrow down the number of progress reports that display.

Cancel]	Filter	Done
	Contract #	٩	
	Contract ID	Q	
	Period #		
	Report ID		
	Report Description		
	Status		
	Due Date From		
	Due Date To		
	Business Unit	٩	
	Project Name		
	User Assigned	Q	
	Supplier ID	Q	
	Supplier Name		
		Clear	

Step	Action
6.	Enter the applicable values in the Search Criteria fields or click the magnifying glass icon to search for the information.
	Note:
	 In order to search by Report Description, a Contract ID must be entered or selected first.
	 In order to search by Project Name, a Business Unit must be entered or selected first.
7.	Click the Done button.
	In this example, we will not filter the progress reports.

Vpdate Progress Report			Manage Pro	gress Reports		<u>م</u> (2 A	: 0
All Progress Reports	16		Re-Assign User					
Not Submitted	0				Period	Report Descriptio	n Due Date	
Pending Review	1		Contract # ≎	Contract ID ♦	# 0		\$	Status
Information Requested	0	0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 1	02/22/2023	Not Star
Approved	3	0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 2	03/22/2023	Not Star
Past Due	0	0	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 3	04/22/2023	Not Star
Due within 60 days	3	0	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 4	05/22/2023	Not Star
Not Started	12	0	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 5	06/22/2023	Not Star
			OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 6	07/22/2023	Not Star
		0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 7	08/22/2023	Not Star
		0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 8	09/22/2023	Not Star
		0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 9	10/22/2023	Not Star
		0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 1	0 11/22/2023	Not Star
		0	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 1	1 12/22/2023	Not Star
		0	OMH01-C00004GM-1010207	0000000000000000000117499	1	Period 1 - Report 1	2 01/22/2024	Not Star
		<	•					>

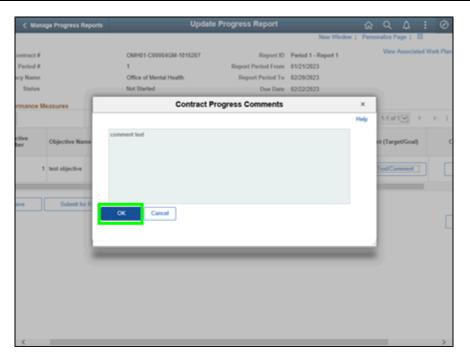
Step	Action
8.	 To re-assign a different grantee user to save and submit the progress report follow these steps: Select the applicable progress report. Click the Re-Assign User button at the top of the page. Select the User ID to re-assign. Click the Assign Supplier User button.
	Note: This is an optional step.

Update Progress Report			Manage Pro	ogress Reports		<u>ش</u> (ς Δ	: @
All Progress Reports	16	•	Re-Assign User)				
Not Submitted	0				Poriod	Report Description	Duo Data	
Pending Review	1		Contract # ♦	Contract ID \diamond	# 0		⇒	Status
Information Requested	0	С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 1	02/22/2023	Not Sta
Approved	3	С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 2	03/22/2023	Not Sta
Past Due	0	С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 3	04/22/2023	Not Sta
Due within 60 days	3	С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 4	05/22/2023	Not Sta
Not Started	12	С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 5	06/22/2023	Not Sta
			OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 6	07/22/2023	Not Sta
		C	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 7	08/22/2023	Not Sta
		С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 8	09/22/2023	Not Star
		С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 9	10/22/2023	Not Sta
		С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 10	11/22/2023	Not Sta
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		С	OMH01-C00004GM-1010207	000000000000000000000000000000000000000	1	Period 1 - Report 12	01/22/2024	Not Sta
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Step	Action
9.	Select the applicable Report Description link to update and submit the progress report. Period 1 - Report

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iontract Period scy Nam Statu	# 10		1	tH01-C000040 Ice of Mental F		Report Period From Report Period To			View	Associ	aned W	fork Plan
mano		asures						14 4	1-1 0	19	>	H I
ctive ber		Objective Name	Task Number	Task Name	Performance Measure Number	Performance Measure Name	Response Type	Comme				c
	1	test objective	1.1	test task	1.1.1	test performance measure	Text/Comment	View	Text/Cr	mment		C
ave	וכ	Submit for Revi	ew	Cancel)							_

Step	Action
10.	 Note: There are five Performance Measure Response Types that could be included on a progress report. They are as follows: Attachment Text/Comment Numeric Date Yes/No
	In this example, the Text/Comment response type is used on the progress report.
11.	To view any comments on the Target/Goal, click the View Text/Comment button. View Text/Comment
	Note : The View Text/Comment button will only display for the Text/Comment response type.



Step	Action
12.	Click the OK button to return to the previous page.
	ОК

Í	< Manage F	Progress Reports		Update P	rogr	ress Report		ŵ	Q	\Diamond	:	\otimes
						New Window Pe	rsonalize Page 🔲					1
		OMH01-C00004G 1 Office of Mental H Not Started		•	01/21 02/20	od 1 - Report 1 1/2023 0/2023 2/2023	View Associated	Work F	Plan			
						II I	1-1 of 1		Vie	w All		
	Task Name	Performance Measure Number	Performance Measure Name	Response Ty	pe	Comment (Target/Goal)	Commen	t Respo	onse			
	test task	1.1.1	test performance measure	Text/Comm	nent	View Text/Comment	Enter Te	xt/Com	ment			
		•								>		
01	r Review	Cancel]						I	Return		

Step	Action
13.	Click the Enter Text/Comment response button.
	Enter Text/Comment
	Note : The Enter Text/Comment button will only display for the Text/Comment response type.

< Manage	Progress Repor	15	Update P	rogress Report		ŵ	Q	Δ	1	0
				New Window	Personalize Page					
	OMH01-C00004GM-1010207 1 Office of Mental Health Not Started		Report Period From Report Period To		View Associated	l Work F	'lan			
	1			gress Comments		×				
Task Name	Performance Measure Number	GK	Cancel					w Al		

Step	Action
14.	Enter the applicable value in the Contract Progress Comments box.
	Note : The Contract Progress Comments field could be used to explain your progress in completing the associated task.
15.	Click the OK button.

< Manage Progres	s Reports		Up	date Progress Re	eport		ŵ	Q	¢	:	\oslash
							New Windo	w Pe	ersona	lize Paç	je 🔚
Contract #			OMH01-C00004G	M-1010207	Report ID	Period 1 - F	Report 1			View As	ssociated
Period #			1	I	Report Period From	01/21/2023					
Agency Name			Office of Mental H	ealth	Report Period To	02/20/2023					
Status			Not Started		Due Date	02/22/2023					
Performance Me	easures								< 1	-1 of 1[
Objective Name	Task Number	Task Name	Performance Measure Number	Performance Measure Name	Response Ty	ype Com	ment (Targ	et/Goal)	(Commen
test objective	1.1	test task	1.1.1	test performance measure	Text/Comn	nent Vi	ew Text/Co	mment			View Te
<											
Save	Submit fo	or Review	Cancel								

Step	Action
16.	Click the Save button.
	Save
17.	Click the Submit for Review button.
	Submit for Review

Reports	Update Progre	ess Report		<u>ଲ</u> ୍କୁ (2		- C
			Nev	w Window	Persona	alize Page	e
	OMH01-C00004GM-1010207	Report ID	Period 1 - Rep	ort 1		View Ass	socia
	1	Report Period From	01/21/2023				
	Office of Mental Health	Report Period To	02/20/2023				
	Not Submitted	Due Date	02/22/2023				
				H	•	1-1 of 1	-
Task Number	Are you sure you are finished with updating thi submitted for review by the agency?	is progress report and it is read	dy to be	nt (Target/G	ioal)	C	omi
1.1	make any further updates. Select Yes to contin	nue with sending this progress		Text/Comm	ent		Viev
Submit for	Yes	No					
	Number	1 Office of Mental Health Not Submitted sures Task Number 1.1 te Once the progress report has been submitted make any further updates. Select Yes to conti the agency. Select No to cancel this action. (0)	1 Report Period From Office of Mental Health Report Period To Not Submitted Due Date Sures T Are you sure you are finished with updating this progress report and it is reas submitted for review by the agency? 1.1 Te progress report has been submitted to the agency, you will be unal make any further updates. Select Yes to continue with sending this progress the agency. Select No to cancel this action. (0,0)	OMH01-C00004GM-1010207 Report ID Period 1 - Rep 1 Report Period From 01/21/2023 Office of Mental Health Report Period To 02/20/2023 Not Submitted Due Date 02/22/2023 sures	1 Report Period From 01/21/2023 Office of Mental Health Report Period To 02/20/2023 Not Submitted Due Date 02/22/2023 sures	OMH01-C00004GM-1010207 Report ID Period 1 - Report 1 1 Report Period From 01/21/2023 Office of Mental Health Report Period To 02/20/2023 Not Submitted Due Date 02/22/2023 sures	OMH01-C00004GM-1010207 Report ID Period 1 - Report 1 View As: 1 Report Period From 01/21/2023 View As: Office of Mental Health Report Period To 02/20/2023 Not Submitted Due Date 02/22/2023

Step	Action
18.	Click the Yes button to continue sending the progress report to the agency for review and approval.
	Note : Click the No button to cancel this action which allows you to return to the progress report to make additional edits prior to submitting to the agency.
19.	You have successfully completed the Complete Performance Measures for a Progress Report and Submit a Progress Report for Agency Review topic.

Update and Re-submit a Returned Progress Report

Topic Description:

This topic provides the knowledge and skills to update and re-submit a progress report that was returned by the agency requesting additional information.

Topic Objectives:

In this topic, you will learn:

• How to update and re-submit a returned progress report.

SFS role required to perform this task:

• Progress Report Processor (NY_ES_SUPPLIER_PRGRPT_USER)

Procedure

Scenario: You previously submitted a progress report to the agency for review and the agency has returned the progress report to you requesting additional information. You will update and re-submit a progress report that was returned by the agency requesting additional information.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

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Step	Action
1.	Preferred Navigation: Click the Grant Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > Manage Contracts > Manage Progress Reports.
	Note: You must log in to the SFS Vendor Portal to update and re-submit a progress report.

K My Homepage		Grants Management		ŵ	Q	:	Ø
	Bid Event Search	Maintain Your Information	Bid Response Search				
	Grant Contracts Search	Progress Report Search 5 Active Progress Reports 17 Past Due Progress Reports					

Step	Action
2.	Click the Progress Report Search tile.

Grants Management	Manage Progress Reports 🏠											9 (λ:	. (
All Progress Reports	23	Ŧ	Re-Assign User											
Not Submitted	0	Co	ntract # 0	Contract ID 0		Report Description	Due Date	Status ©	Agency Name O	Project Name 🗘	User Assigned ≎	Supp	lier Nan	1 row me ≎
ending Review	1					· · · · · · · · · · · · · · · · · · ·	~				Assigned V			
nformation Requested	1		IH01-C00001GM-1030201	000000000000000000000000000000000000000	1	Period 1 - Report 5	01/29/2024	Information Requested	Office of Mental Health	FIRE PROTECT TIMR CONTRACT		STAF	LES CO	1-002
pproved	3	1												
ast Due	11													
ue within 60 days	2	1												
ot Started	18													

Step	Action
3.	The Manage Progress Reports search page is displayed with a default list of All Progress Reports available.
4.	Select the status tab on the left to display progress reports for an applicable view. Click the Information Requested tab.
5.	Select the applicable Report Description link to update and submit the progress report. Period 1 - Report

(Manage P	Progre	ss Reports					Update	Progress Report	t			
Contract # Period #	OMH	01-C00001GM-103	0201		F	Report ID Report Period From	Period 1 - Report 5 10/20/2023		View Associated Work Plan View Approvals			
Agency Name	1.1	e of Mental Health				Report Period To	01/19/2024					
Status	Infor	mation Requested				Due Date	01/29/2024					
Objective Number	ce Me	asures Objective Name	Task Number	Task Name	Performance Measure Number	Performance Measure Name	Response Type	 Integer (Target/Goal) 	Integer Response			
	1	perf measure 1 name	1.1.1	perf measure 1 name	1.1.1	perf measure 1 name	Numeric	500	500			
Send Comr		o Agency Resubmit for	Review	Cancel					۾ ري			

Step	Action
6.	Click the View Approvals link to view the agencies comment(s) on what they want updated on the progress report.



Step	Action
7.	Expand the Comments section to view the comments from the agency.
8.	Click the Close (X) icon in the upper right corner of the page to close the Contract Progress Report Approval page.

Contract # Period # Agency Name Status	1 Office	01-C00001GM-103 e of Mental Health mation Requested	0201		F	Report ID Report Period From Report Period To Due Date	10/20/2023 View Approvals						
Performant	Performance Measures												
Objective Number		Objective Name	Task Number	Task Name	Performance Measure Number	Performance Measure Name	Response Type	Integer (Target/C	Goal)	Integer Response			
	1	perf measure 1 name	1.1.1	perf measure 1 name	1.1.1	perf measure 1 name	Numeric		500	450			
Send Com Updated in										Ø			
Save	B	Resubmit for	Review	Cancel]								

Step	Action
9.	Update the progress report as needed.
	Enter a comment for the agency in the Send Comment to Agency field.

Contract # Period # Agency Name Status	1 Office	01-C00001GM-103 e of Mental Health mation Requested	0201		r	Report ID Report Period From Report Period To Due Date	View Associated Work Plan View Approvals							
Performan	Performance Measures													
Objective Number		Objective Name	Task Number	Task Name	Performance Measure Number	Performance Measure Name	Response Type	Integer (Target/Goal)		Integer Response				
	1	perf measure 1 name	1.1.1	perf measure 1 name	1.1.1	perf measure 1 name	Numeric		500	450				
Updated int	Send Comment to Agency Updated integer response													

Step	Action
10.	Click the Resubmit for Review button.

Are you sure you are finished with updating this progress report and it is ready to be submitted for review by the agency? Once the progress report has been submitted to the agency, you will be unable to make any further updates. Select Yes to continue with sending this progress report to the agency. Select No to cancel this action. (0,0) Yes No

Step	Action
11.	Click the Yes button to continue sending the progress report back to the agency for review and approval.
	Note : Click the No button to cancel this action which allows you to return to the progress report to make additional edits prior to submitting to the agency.
12.	You have successfully completed the Update and Re-submit a Returned Progress Report topic.

Entering and Maintaining Grant Claims

Lesson Description:

This lesson provides the knowledge and skills to enter and maintain grant claims. Grantees will continue to submit claims against their approved contract budget. Grantees should enter claims into SFS on their own behalf, however, SFS supports the option for agencies to have grantees submit claims offline and designate agency staff to perform proxy entry, certification, and submission of claims on behalf of the grantee.

Claims in SFS can include multiple claim lines – so a claim could include both an advance for one period and a reimbursement for another period.

Claims are submitted by selecting a single contract and one or many open contract periods to include in the claim.

In SFS, there are two different formats available to collect claim information against the contract period – Advance/Initial Payment and Reimbursements.

- Advance/Initial Payment enables grantees to enter a request for an advance amount up to the remaining available advanced amount for the contract line.
- Reimbursement enables grantees to enter the requested reimbursement amounts by contract period and budget category.

Grantees are expected to provide supporting information to the claim including Budget Category breakdown/details (Salary detail, etc.).

• Additional details, including receipts and payroll documentation, would be provided via an attachment.

Lesson Objectives:

In this lesson, you will learn how to:

- Enter a New Claim for an Advance/Initial Amount
- Enter a New Claim for Reimbursement Amount
- Update an Existing Claim
- Certify and Submit a Claim
- Review In-Process Claims

Enter a New Claim – Advance/Initial Amount

Topic Description:

This topic provides the knowledge and skills to create and submit an advance/initial payment.

Topic Objective:

In this topic, you will learn:

• How to submit a claim for an advance/initial payment

SFS role(s) required to perform this task:

- Claim Initiator (NY_EM_SUPPLIER_CLAIM_ENTRY)
 - **Note:** This role allows you to enter a request for an advance (if allowed on the contract) or reimbursement claim. This role does not have the ability to certify or submit the claim.
- Claim Certifier and Submitter (NY_EM_SUPPLIER_CLAIM_CERT_SUB)
 - Note: This role allows you to certify and submit a request for an advance (if allowed on the contract) or reimbursement claim.

Procedure:

Scenario: You want to submit an advance/initial payment claim on an approved grant contract with remaining funds available.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

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Step	Action
1.	Navigation: Click the Grants Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > eSettlements > Submit a Claim.
	Note: You must log in to the SFS Vendor Portal to enter a claim.

My Homepage		Grants Management		ଜ	Q	1	Ø
	Maintain Your Information	Submit a Claim	Claims Update Guide				
	2						

Step	Action
2.	Click the Submit a Claim tile.

<	Grants Management	Submit a Claim
	Claim Submission	

Step	Action
3.	Click on the Claim Submission Start button.

Edt		Cia	m Entry and S	uomission				
Contract Selection	Business	Unit: OMH01 Claim Numbe	IT NEXT				R	lew Wextow Help Pers
Claim Header D Not Started		a contract you are searching for is he contract for the claim that is		pixese contact th	he awarding agen	cy for further infor	_	(a) 1-5 of 5 (a) Last
Claim Lines	belect	Contract ID	Description	NYS Contract#	Begin Date	Expire Date	Agency Name	Contract Total
D Net Started		000000000000000000000000000000000000000	MULTI- PLATE RETHERM	C00014GM	01/24/2023	01/25/2024	OMHO1	10,000.00
Claim Line Details O Not Started		0000000000000000000117615	MULTI- PLATE RETHERM	C00014GM	01/24/2023	01/25/2024	OMH01	10,000.00
Claim Summary		000000000000000000000000000000000000000	MULTI- PLATE RETHERM	C00014GM	02/01/2023	01/25/2024	049401	10.000.00
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		000000000000000000000000000000000000000	ENERGY EFFICIENCY REHAB	C00121GM	02/20/2025	02/19/2024	OMH01	10,000.00

Step	Action
4.	A listing of the first five available contracts display. To view more than five contracts, click the View All link.
5.	Click the check box to select the applicable contract.
6.	Click the Next button on the top right-hand corner of the page.

X Exit		Claim Entr	and Submissio	n			
							Previous Next New Window Help Personali
Contract Selection Complete	Enter your organization's reference number for this claim. In addit	on, please review and update your vendor i	ocation if needed.				
Claim Header Visited	Business Unit: OMH01 Claim Number: NEXT						
Claim Lines O Not Started	Contract ID: 00000000000000000000000000000000000	Supplier ID: 1000016490 Supplier Name:					
Claim Line Details O Not Started	Project Name: 00000000012111 Contract Begin Date: 02/20/2023		SYRACUSE		217 S SALINA ST 2ND FL		
Claim Summary O Not Started	Contract Expire Date: 02/19/2024 Contract Max Amount: 10.000.00 "Invoice ID: Test12367	Claim Status: New Claim Date: 10/23/2023 S Claim Type: Regular	8				
	Claim Initiated Date: 10/23/2023 Header Attachments						
	Save						

Step	Action
7.	Verify contract details on the Claim Header page.
8.	 Vendor Location values can be selected using the Supplier Location magnifying glass icon if needed. Note: Vendor Location is a default set of rules, or attributes, that define how an agency conducts business with a particular grantee. A vendor location comprises information such as payment terms, payment options, pay to bank accounts, etc. Although a vendor location is not an address, it does reference addresses.
9.	Note: Change the Claim Date using the calendar icon if needed. Claim date defaults to the current date.
10.	Enter a unique Invoice ID up to 30 characters in the Invoice ID field.
11.	Click the Save button.
12.	Click the Next button on the top right corner of the page.

X Exit		Claim Entry and Submission	
			<pre></pre>
Contract Selection Complete	Select the Contract Period and Claim Line Type		
Claim Header Complete	Business Unit: OMH01 Claim Number: 000000458	×	
Claim Lines Complete	Contract ID: 00000000000000000017744 Description: OMH01-C00121GM-1000204 Project Name: 00000000012111	Supplier ID: 1000016490 Supplier Name: Supplier Location: MAINEPAY 217 S SALINA ST	
Claim Line Details O Not Started	Contract Begin Date: 02/20/2023 Contract Expire Date: 02/19/2024	Claim Status: In Process	
Claim Summary O Not Started	Contract Max Amount: 10,000.00 Invoice ID: Test12367 Claim Initiated Date: 10/23/2023	Claim Date: 10/23/2023 Claim Type: Regular	
	Line Number *Contract Period Period From Date 1 [1]Q 02/20/2023	Personalize Find View All [2] First (1 of 1 (Last Period To Date Period Amount *Line Type • <th></th>	
	Save		

Step	Action
13.	Choose a Contract Period by clicking on the magnifying glass next to the field.
	Note : You would select the available contract period based on the payment schedule and due date listed on the contract.
14.	Note : Contract Period is a date range defined by the agency where the period from and to dates fall within the contract begin and expire dates. Each period is assigned a sequential number beginning at 1.

Step	Action
15.	 Note: The Line Type displays values for Advance or Initial Payment, if selected on the approved contract's payment schedule, and Reimbursement. The Reimbursement line type is discussed in the next topic in this lesson. In this example, click the Line Type dropdown menu and select the Initial line type.
16.	Click the Save button.
17.	Click the Next button.

Business Unit: OMH01	Claim Number: 000000458	8				
Contract ID:	0000000000000000000117744	Supplier ID:	1000016490	D		
Description:	OMH01-C00121GM-1000204	Supplier Name:				
Project Name:	00000000012111	Supplier Location:	MAINEPAY			217 S SALINA ST
Contract Begin Date:						2ND FL
	02/20/2023	Claim Status:	In Broons	SYRACUSE	NY 13202	
Contract Expire Date:						
Contract Max Amount:		Claim Date:				
Invoice ID:		Claim Type:	Regular			
Claim Initiated Date:	10/23/2023					
Claim Line#: 1 Line Type: Initial	Contract Period: 1	Period Date From: 02/20/202	3	Period Date To: 02/19/2024		
Line Type: Initial]	Period Date From: 02/20/202	3			
]	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial]	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial	ls	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial Initial Request Detai Initial	ls Period Total 10,000.00	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial Initial Request Detai Initial Initial Amount	Is Period Total 10,000.00 Percentage 10.00	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial Initial Request Detai Initial Initial Amount Initial Amount	Is Period Total 10,000.00 Percentage 10.00 t Calculated 1,000.00 t Requested 0.00	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial Initial Request Detai Initial Initial Amount	Is Period Total 10,000.00 Percentage 10.00 t Calculated 1,000.00 t Requested 0.00	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial Initial Request Detai Initial Initial Amount Initial Amount	Is Period Total 10,000.00 Percentage 10.00 t Calculated 1,000.00 t Requested 0.00	Period Date From: 02/20/202	3	Line Comments		
Line Type: Initial Initial Request Detai Initial Initial Amount Initial Amount	Is Period Total 10,000.00 Percentage 10.00 t Calculated 1,000.00 t Requested 0.00	Period Date From: 02/20/202	3	Line Comments		

Step	Action
18.	Validate the Claim Line Details information and verify the Line type is Initial.
19.	Click the Line Comments button.

	Claim Line Comment	is ×
		Help
Business Unit OMH01	Claim Number 000000458	Line Number 1
	Find View Al	I First 🕢 1 of 1 🕑 Last
		+ -
Comment		
OK Cancel		

Step	Action
20.	Enter the applicable value in the Comment field.
	Note : Line comments are used to add any additional information pertaining to the line for the agency reviewers to view.
21.	Click the OK button.
22.	Click the Line Attachments button.
23.	Click the Add Attachment button.

	Claims Attachments		
Business Unit OMH01	Claim Number 000000350 Line Number 1 File Attachment × A Choose File Test.pdf Upload Cancel		First (1 of 1) Last
OK Cancel		Þ	

Step	Action
24.	Click the Choose File button, select your pdf file, and click the Open button.
25.	Click the Upload button.

Claims Attachments					
				Help	
Business Unit OMH01	Claim Number 000000458	Line Nu	mber 1		
		Persor	nalize Find View All 🔄 🔢	First 🕢 1 of 1 🕟 Last	
Description	Add Attachment	View Attachment	Attached File		
1 Training Document	Add Attachment	View Attachment	Training_Document.pdf	+ -	
OK Cancel					

Step	Action
26.	Enter a description of the document into the Description field.
27.	Click the OK button.

× Exit	Claim Entry and Submission	:
		Previous Next
Contract Selection Complete	Business Unit: OMH6/1 Claim Number: 000000458	New Window Help Personalize Page
Claim Header Complete	Centract ID: 0000000000000000017744 Supplier ID: 1000016490 Description: University (University) Supplier Name: Project Name: 000000000017111 Supplier Loadon: UNIVERVY 217 S PALINA ST	
Claim Lines Complete	Contract Brigin Date: 2029/2023 Out 2022 SYRACUSE Contract Expire Date: 0/19/2024 Claim Statiss: In Process	
Claim Line Details © Complete	Contract Max Annusti: 10(2):000 00 Chim Date: 10(2):2023 Invoice ID: Test:22:07 Chim Type: Regular Chim Hittel Date: 10(2):2023	
Claim Summary O Not Started	Claim Line Details Find Vew Al Find Vew Al Find Or 1 @ Last	
	Claim Line#: 1 Contract Period: 1 Period Date From: 02/20/2023 Period Date To: 02/19/2024 Line Type: Initial Line Attachments Line Attachments	
	Initial Request Details Period Total 10,000.00 Initial Processas Justification Initial Amount Requested Initial Request I	
	Save	

Step	Action
28.	Enter the applicable value into the Initial Amount Requested field.
	In this example, we will enter 100 into the Initial Amount Requested field.
29.	Enter the applicable justification into the Initial Request Justification field.
30.	Click the Save button.
31.	Click the Next button.

Claim Line S	ummary			F	Personalize	Find View All 🖉 🔣	First	۲	1 of 1	Las
Line Number		Contract Period	Period From Date	Period To Date	Line Type	Amount Re	queste	d		
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Claim Line C	omments Summ	ary		F	Personalize	Find View All 🔊 🌉	First	۲	1 of 1	() Las
Line Number	Comment			Comment Entered B	y Co	omment Entered On				
Claim Line A	tachment Sumr	nary		1	Personalize	Find View All 🕖 📑	First	۲	1 of 1	Las
Line Number	File Name		Description			Uploaded by User		Vie	w Attacl	ment
								Vie	w Attac	hmen
	at the above bill is j	ust, true and correct; t State is exempt are exi		paid except as stated and	that the balar	nce is actually due and owing,				

Step	Action
32.	Click the Claim Entry Complete checkbox.
33.	Click the Certification checkbox
34.	Click the Save button and then click the Submit button.
35.	Click the OK button.
	The Claim is submitted into agency workflow and the claim Status changes to Agency Review .
36.	You have successfully completed the Enter a New Claim – Advance/Initial Amount topic.

Enter a New Claim - Reimbursement Amount

Topic Description:

This topic provides the knowledge and skills to create and submit a reimbursement payment.

Topic Objective:

In this topic, you will learn:

• How to submit a claim for a reimbursement payment

SFS role(s) required to perform this task:

- Claim Initiator (NY_EM_SUPPLIER_CLAIM_ENTRY)
 - Note: This role allows you to enter a request for an advance (if allowed on the contract) or reimbursement claim. This role does not have the ability to certify or submit the claim.
- Claim Certifier and Submitter (NY_EM_SUPPLIER_CLAIM_CERT_SUB)
 - **Note:** This role allows you to certify and submit a request for an advance (if allowed on the contract) or reimbursement claim.

Procedure:

Scenario: You want to submit a reimbursement payment claim on an approved grant contract with remaining funds available.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

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Step	Action
1.	Navigation: Click the Grants Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > eSettlements > Submit a Claim.
	Note: You must log in to the SFS Vendor Portal to enter a claim.

✓ My Homepage		Grants Management		ଜ	Q	1	0
	Maintain Your Information	Submit a Claim	Claims Update Guide				

Step	Action
2.	Click the Submit a Claim tile.

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Claim Submission	Start					

Step	Action
3.	Click the Start button.

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Contract Selection	Dusiness	Unit: OMH01 Claim Numbe	r: NEXT				,	New Window Help Perso
Claim Header O Not Started	If a contract you are searching for is missing from the list, please contact the awarding agency for further information Select the contract for the claim that is being entered Find View A1 (2)							1 15 of 5 12 Last
Claim Lines	Select	Communitio	Description	NYS Contract#	Begin Date	Expire Date	Agency Name	Contract Total
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Claim Summary	D'	000000000000000000000000000000000000000	MULTI- PLATE RETHERM	C00014GM	02/01/2023	01/25/2024	OMH01	10,000-00
O Not Started	0	0000000000000000000000117706	MULTI- PLATE RETHERM	C00014GM	02/09/2023	02/08/2025	OMH01	10,000.00
	2	0000000000000000000000117744	ENERGY EFFICIENCY REHAB	C00121GM	02/20/2023	62/19/2024	OMH01	10,000.00

Step	Action
4.	A listing of the first five available contracts display. To view more than five contracts, click the View All link.
5.	Click the checkbox to select the appropriate contract.
6.	Click the Next button.

× Exit	Claim Entry and S	Submission	•
			Previous
Contract Selection Complete	Enter your organization's reference number for this claim. In add	ition, please review and update your vendor location if needed	New Window Help Personalize Page I.
Claim Header ● Visited	Business Unit: OMH01 Claim Number: NEXT		
Claim Lines O Not Started	Contract ID: 000000000000000000117744 Description: OMH01-C00121GM-1000204	Supplier ID: 1000016490 Supplier Name:	
Claim Line Details O Not Started	Project Name: 00000000012111 Contract Begin Date: 02/20/2023 Contract Expire Date: 02/19/2024	Supplier Location: MAINEPAY Q SYRACUSE Claim Status: New	217 S SALINA ST 21 NY 13202
Claim Summary O Not Started	Contract Max Amount: 10,000.00 Invoice ID: A123B4562 Claim Initiated Date: 09/08/2023	Claim Type: Regular	
	Header Attachments		
	Save		

Step	Action				
7.	Verify contract details on the Claim Header page.				
8. Vendor Location values can be selected using the Supplier Location magnifying glass icon, if needed.					
	Note : Vendor Location is a default set of rules, or attributes, that define how an agency conducts business with a particular grantee. A vendor location comprises information such as payment terms, payment options, pay to bank accounts, etc. Although a vendor location is not an address, it does reference addresses.				
9.	Note: Change the Claim Date using the calendar icon if needed. Claim date defaults to the current date and should be the date the claim is entered.				
10.	Enter a unique Invoice ID up to 30 characters in the Invoice ID field.				
11.	Click the Save button.				
12.	Click the Next button.				

Contract Selection Complete	Select the Contract Period	l and Claim Line Ty	pe					Ν	lew Window
Claim Header Complete	Business Unit: OMH01	Claim Numbe	er: 000000350	×					
Claim Lines	Contract ID	: 0000000000000000	00000117744		Supplier ID:	1000016490			
 Visited 	Description	: OMH01-C00121G	M-1000204	:	Supplier Name:				
	Project Name	: 00000000012111		Sup	plier Location:	MAINEPAY			
Claim Line Details	Contract Begin Date	Contract Begin Date: 02/20/2023					SYRACUSE	NY	13202
O Not Started	Contract Expire Date	Contract Expire Date: 02/19/2024			Claim Status:	In Process			
	Contract Max Amount	: 10,000.00			Claim Date:	09/08/2023			
Claim Summary	Invoice ID	: A123B456Z			Claim Type:	Regular			
O Not Started	Claim Initiated Date	: 09/08/2023							
				Pe	rsonalize Find	View All	First 🧃) 1 of 1	● Last
	Line Number *Contract	Period Per	iod From Date	Period To Date	Period Amoun	t *Li	ine Type		
	1 1	<u>्</u> र 02/	20/2023	02/19/2024	10,000.00			~	+ -
	Save					In	itial		
	Save						eimbursement		

Step	Action
13.	Select a Contract Period by clicking on the magnifying glass next to the field.
	Note : You would select the available contract period based on the payment schedule and due date listed on the contract.
14.	Click the Line Type dropdown menu and select the Reimbursement line type.
15.	Click the Save button.
16.	Click the Next button.

_	Line#: 1 C	Contract Period:	1 Period Da	ate From: 02/20/2		Date To: 02/19	N2024	
Line	Type: Reimbursement	Vendor:	1000016490 - OMH01	-C00121GM-1000	204	e Comments		
NYSC	ontract ID: C00121GM	Hdr Bld 2-20			Lin	e Attachments		
Rein	nbursement Claim De	tails			10.1		73	
	Budget Type CAPITAL	÷						
	Cost Incurred Date Fr	om	Cost Incu	rred Date To	B			
	Reimbursement Fi	unds		Personalize	Find View All 📳	First (1-4 of 4 🛞 Last	
	Budget Category	Approved Grant Budget	Previous Cumulative Expenditure	In Process Expenditures	Expenditure for this Report	Reviewed Amount	Current Cumulative Expenditure	
	1 SCOPING & PRE- DEVELOPMENT	100.00	25.00	17.22	0.00	0.00	25.00	
	2 DESIGN	350.00	21.00	13.23	0.00	0.00	21.00	
	3 ACQUISITION	300.00	3.00	12.24	0.00	0.00	3.00	
	4 CONSTRUCTION	250.00	24.50	11.50	0.00	0.00	24.50	
	Grant Fund Totals	1,000.00	73.50	54.19	0.00	0.00	73.50	
	Match Fund Totals	0.00	0.00	0.00	0.00	0.00	0.00	
ave								

Step	Action
17.	Validate Claim Line Details information. Line type is Reimbursement .
	Note : Budget categories and Approved Grant Budget amounts will transfer from the approved grant contract.
18.	Click the Line Comments button.

m Line [Devied		I View All
Line	Line#: 1 Contract Period: 1 Period Date From: 02/20/2023		Date To: 02/19	//2024
NYS C Reir	HI Business Unit OMH01 Claim Number 000000350 Line Number 1 Find View All First ④ 1 of 1 ④ Last		Attachments	
	Comment add comments	희 🖩	First 🕢	
	OK Cancel	or this	Reviewed Amount	Curre Cumu Exper
			0.00	21.00

Step	Action
19.	Enter the applicable value into the Comments field.
	Note : Line comments are used to add any additional information pertaining to the line for the agency reviewers to view.
20.	Click the OK button.
21.	Click the Line Attachments button.
22.	Click the Add Attachment button.

	Claims Attachments		
			нер
Business Unit OMH01	Claim Number 000000350 Line Number File Attachment A Choose File Test.pdf Upload Cancel	1 X	First (1) 1 of 1 (1) Last
OK Cancel		lş.	

Step	Action
23.	Click the Choose File button, select your pdf file, and click the Open button.
	Note: Only .pdf files can be uploaded.
24.	Click the Upload button.

	(Claims Attachm	nents		×
Business Unit OMH01	Claim Number 000000350	Line Nu			Last
Description	Add Attachment	View Attachment	nalize Find View All 🔄 🔜 First 🐠 1 of Attached File	10	LdSL
1	Add Attachment	View Attachment	Test.pdf	+	-

Step	Action
25.	Enter a description of the document into the Description field.
26.	Click the OK button.

								Previous	Next
	Contract Max	Amount: 10,000.00			Claim Date:	09/08/2023			
Contract Selection Complete	In	voice ID: A123B456	Z		Claim Type:	Regular			
C	Claim Initiat	ed Date: 09/08/2023	3						
Claim Header Complete	Claim Line Deta	ails					Find	View All First	🚯 1 of 1 🛞 Last
Claim Lines	Claim Line	#: 1 C	contract Period:	1 Period Da	ite From: 02/20/202		Date To: 02/19	/2024	
Complete	Line Type	e: Reimbursement	Vendor:	1000016490 - OMH01	-C00121GM-100020	4 Lin	e Comments		
Claim Line Details		act ID: C00121GM -				Line	Attachments		
	Reimbu	rsement Claim De	tails						
Claim Summary O Not Started	Bu	dget Type CAPITAL						<u>A</u>	
	Co	ost Incurred Date Fr	om 08/01/2023	Cost Incu	rred Date To 08/31/	2023 🛐			
	F	Reimbursement Fu	inds		Personalize Fi	nd View All 🔄	🖌 🛛 First 🕚	1-4 of 4 🕑 Last	
		Budget Category	Approved Grant Budget	Previous Cumulative Expenditure	In Process Expenditures	Expenditure for this Report	Reviewed Amount	Current Cumulative Expenditure	
		1 SCOPING & PRE- DEVELOPMENT	100.00	25.00	17.22	1.00	0.00	26.00	
		2 DESIGN	350.00	21.00	13.23	0.50	0.00	21.50	
		3 ACQUISITION	300.00	3.00	12.24	1.00	0.00	4.00	
		4 CONSTRUCTION	250.00	24.50	11.50	.75	0.00	24.50	
	Gra	ant Fund Totals	1,000.00	73.50	54.19	2.50	0.00	76.00	
	Ма	tch Fund Totals	0.00	0.00	0.00	0.00).00	0.00	
	Save						-		

Step	Action
27.	Enter the applicable dates into the Cost Incurred Date From field and the Cost Incurred Date To field. You can also use the calendar icons to select the dates. Note: Cost Incurred Date From and Cost Incurred Date To must be within the period date range.

Step	Action
28.	Enter the expenditure amounts for each budget category into the Expenditures for this Report field.
	Note : This is the amount you are requesting reimbursement for, for each budget category.
29.	Click the Save button
30.	Click the Next button.

									Previous
Contract Selection Complete	Claim Heade	er Comments His	tory	View History	Workflow Comm	ent History		Vev	History
Claim Header © Complete	Add Claim H	eader Comment							
Claim Lines © Complete									
Claim Line Details © Complete	Add	Comments							
	Claim Line St	ummary				Personalize Find V	iew All 🖓 🕎	First	() 1 of 1 ()
Claim Summary	Line Number		Contract Period	Period From Date	Period To Date	Line Type	Amount	Requeste	d
 Visited 	1		1	02/20/2023	02/19/2024	Reimburse	3.25		
	Claim Line Co	omments Summ	nary			Personalize Find V	lew All [🖉] 🕎	First	() 1of1 ()
	Line Number	Comment			Comment Ent				
	1	add comment	5			09/08/2023	10:21AM		
	Claim Line At	tachment Sum	mary			Personalize Find V	iew Al 🖉 🔜	First	() 1 of 1 ()
	Line Number	File Name		Description		Uploaded	by User		View Attachment
	1	Test.pdf		test		Peaceinc			View Attachmen
	and that to Signatory Name	If the above bill is uses for which the	just, true and correct; State is exempt are ex	that no part thereof has been cluded.	n paid except as state	d and that the balance is ach	ually due and owin	2. A	

Step	Action
31.	Enter the applicable text into the Add Claim Header Comment field.
	Note: Header comments are optional and used to enter additional information about the entire claim.
32.	Click the Add Comments button to add a claim header comment.
33.	Click the Claim Entry Complete checkbox.
34.	Click the Certification checkbox.
35.	Click the Save button
36.	Click the Submit button.
37.	Click the OK button.
	The claim is submitted into agency workflow and the claim Status changes to Agency Review .

Step	Action
38.	You have successfully completed the Enter a New Claim – Reimbursement Amount topic.

Update an Existing Claim

Topic Description:

This topic provides the knowledge and skills to update an in process claim.

Topic Objective:

In this topic, you will learn:

• How to update and submit a saved claim

SFS role(s) required to perform this task:

- Claim Initiator (NY_EM_SUPPLIER_CLAIM_ENTRY)
 - **Note:** This role allows you to enter a request for an advance (if allowed on the contract) or reimbursement claim. This role does not have the ability to certify or submit the claim.
- Claim Certifier and Submitter (NY_EM_SUPPLIER_CLAIM_CERT_SUB)
 - **Note:** This role allows you to certify and submit a request for an advance (if allowed on the contract) or reimbursement claim.

Procedure:

Scenario: You started entering a claim, but did not finish entering it, and saved the claim to work on later. You now need to complete the remaining claim information and submit the claim for agency approval.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

SFS Q ଜ : ⊘ Menu 👻 Search in Menu My Homepage 🔻 SFS Notices SFS Support SFS Coach Grants Management Training ... _ss \mathbf{M} Grants Management FAQs ... ss Show Details View Your Information Invoice and Payment inquiry PO and Receipt Inquiry Grants Management - State 2 () \heartsuit Register for POs via Email Supplier Change Request Add/Maint Self-Service Invoice FAQs | Contact Us + + E ? Get helpful information here.

Step	Action
1.	Navigation: Click the Grants Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > eSettlements > Claims Update Guide.
	Note: You must log in to the SFS Vendor Portal to update an existing claim.



Step	Action
2.	Click the Claims Update Guide tile.

🔇 Grants Management	Claims Update Guide	ش <i>۹</i> : ۵
		New Window Help Personalize Pa
Manage Claims • Search Criteria		
Search Criteria		
SettD SHARE Q		
Business Unit		
Supplier ID 1000016490 Q		
Supplier Name		
Claim Number Q		
Claim Date		
Claim Status In Process 👻		
Contract ID Q		
NYS Contract #		
Invoice ID		
Invoice Date		
Search Clear		

Step	Action
3.	Enter the applicable search criteria in the Search Criteria fields or click the magnifying glass icon to look up the information.
4.	Click the Search button to display the search results.

X Det					Manage	Claims				1
									< Prev	ous Next 🕽
All Claims (30) Visited	Select claim to be updated								te Help Personalize Pag	
In Process (30) • Valued	Carrier, Invoice Ramber	Claim Status	Contract ID	Basiness (ref.	Claim Date	Cain Entered By Deer	Personaliz Claim Last Splated By	ce Find Vew Al (5 🔤 Find) Claim Total Amount	5 14 of 30 is Last	
Returned (0) O Not Started	000001480 wrlf2576 000006459 tecf55730 000001379 Unique_Value_UP10_30_Cha	in Process	00000000000000000000000000000000000000	OWNET	10/23/29/23 10/23/29/23 09/22/29/23			0.00 0.00 3.25		
Completed (0) O Not Started	000000138 30Characterisartess 000000138 062523_78_PO_70144 000000188 060523_78_e61	In Process	00000000000000000000000000000000000000	OWNER	09/05/2023 09/25/2023 09/05/2023			0.00 0.00 0.00		

Step	Action
5.	Select the In Process menu on the left side of the page to view all in process claims.
6.	Click the Claim Number link associated to the claim you want to update.

				×				
Contract Selection Complete	Business Unit: OMH01	Claim Number: (00000460	••				
Complete	Contract ID:	000000000000000000000000000000000000000	00117744	Supplier II	D: 1000016490			
Claim Header	Description:	OMH01-C00121GM-1	000204	Supplier Nam	e:			
 Complete 	Project Name:	00000000012111		Supplier Locatio	n: MAINEPAY			217 S SALINA S
	Contract Begin Date:	02/20/2022				0/0401/05	ND.	2ND FL
Claim Lines	Contract Expire Date:	02/20/2023		Claim Statu	s: In Process	SYRACUSE	INY	13202
Complete	Contract Max Amount:			Claim Dat	e: 10/23/2023			
Claim Line Details	Invoice ID:			Claim Typ	e: Regular			
Visited	Claim Initiated Date:	10/23/2023						
	Claim Line Details					Fin	d View All	First 🕢 1 of 1 🕑 Last
Claim Summary								
O Not Started	Claim Line#: 1	Contract Pe	riod: 1 Pe	riod Date From: 02/20/20	123	Period Date To: 02/1	9/2024	
				02120120			-	
	Line Type: Reimb	ursement				Line Comments		
						Line Attachments		
	Reimbursement Clair	D (II						
	Reimbursement Clair	n Detans						
	Budget Type CA							
					-			
	Cost Incurred Da	te From	B Cost Inc	urred Date To	31			
	Reimburseme	nt Funds		Personalize Find	View All [🔄 🛛	📑 🛛 First 🕢 1-4	iof 4 🛞 Last	
	Budget Categ	ory Approved Grant Budget	Previous Cumulative Expenditure	e In Process Expenditures R	xpenditure for this eport	s Reviewed C	urrent umulative xpenditure	
	1 SCOPING & DEVELOPM	PRE- ENT 100.00	47.50	25.22	0.00	0.00 4	7.50	
	2 DESIGN	350.00	33.00	20.73	.00	0.00 3	3.00	
	3 ACQUISITIO	N 300.00	12.50	17.74	0.00	0.00 1	2.50	
	4 CONSTRUC	TION 250.00	30.25	18.25	0.00	0.00 3	0.25	
	Grant Fund Totals	; 1,000.00	123.25	81.94	0.00	0.00 12	23.25	
	Match Fund Total	s 0.00	0.00	0.00 0	.00	0.00 0	.00	

Step	Action
7.	Select the applicable section(s) on the left of the page that you need to complete.
	In this example, we need to enter the cost incurred dates and the expenditure amounts for the Claim Line Details section.
8.	After completing the remaining claims information, click the Claim Summary section to submit the claim for approval.

X Ext				Update Claim	
Contract Selection © Complete	Contract Max Amount: 10,000 0 Invoice ID: Inst0267 Claim Initiated Date: 10/23/0	6	Claim Date: 1923 Claim Type: Reput		
Claim Header Complete	Header Attachment Summary	Description		Personalize Find View All Uploaded by User	D1 Prist & 1 of 1 & La View Attachment
Claim Lines Complete	Claim Header Comments Histo	er i i i i i i i i i i i i i i i i i i i	Workflow Comme	nt History	VIEW AGARCEMENT
Claim Line Details Complete		View Hab	ay .		View History
Claim Summary Visited	Add Claim Header Comment				
	Add Comments				
	Claim Line Summary			Personalize Find View All	🖾 🔜 🛛 Fest 🔬 1 of 1 💩 La
	Line Mumber	Contract Period Period From Date 1 02/20/2023	Period To Date 02/19/2024	Line Type Reimburse	Amount Requested 25.00
	Claim Line Comments Summa	ery .	Comment Enter	Personalize Find View All ed fly Comment Entered C	
				Personalize Find Vew Al	回日 Fest ④ 1 of 1 ④ La
	Claim Line Attachment Summ Line Mantee File Name	Descriptio	n	Uploaded by User	
	Claim Entry Complete				-
	I certify that the above bill is ju and that taxes for which the St	st, true and correct, that no part thereof has t ale is exempt are excluded.	een paid except as stated	and that the balance is actually du	e and owing.
	Signatory Name Date 19/23/2023				
	Save Submt				

Step	Action
9.	Click the Claim Entry Complete checkbox.
10.	Click the Certification checkbox.
11.	Click the Save button
12.	Click the Submit button.
13.	Click the OK button. Claim is submitted into agency workflow and the claim Status changes to Agency Review .
14.	You have successfully completed the Update an Existing Claim topic.

Update a Returned Claim

Topic Description:

This topic provides the knowledge and skills to update a claim returned by the agency.

Topic Objective:

In this topic, you will learn:

• How to update and resubmit a returned claim

SFS role(s) required to perform this task:

- Claim Initiator (NY_EM_SUPPLIER_CLAIM_ENTRY)
 - **Note:** This role allows you to enter a request for an advance (if allowed on the contract) or reimbursement claim. This role does not have the ability to certify or submit the claim.
- Claim Certifier and Submitter (NY_EM_SUPPLIER_CLAIM_CERT_SUB)
 - **Note:** This role allows you to certify and submit a request for an advance (if allowed on the contract) or reimbursement claim.

Procedure:

Scenario: You previously submitted a claim for agency review. The agency has returned your claim and requests that you attach additional supporting documentation. You need to update your claim with additional supporting documents and resubmit your claim to the agency for approval.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

S	FS		Menu 👻	Search in Menu		Q	វ	ጔ	:	\oslash
	My Hom	epage 🔻								
			SFS Notic	es	SFS Support		SFS Coach			
		Grants Manageme	nt Training				-			
		Grants Managemen	nt FAQs		(<u>;</u>)					
				Show Details						
		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry		Grants Management - State			
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							510 10 4 41			
		Register for POs via Ema	1	Supplier Change Request	Add/Maint Self-Service Invoice		FAQs Contact Us			
							Get helpful information here.			

Step	Action
1.	Navigation: Click the Grants Management - State tile.
	Alternative Navigation: From the NavBar navigate to: Menu > eSettlements > Claims Update Guide.



Step	Action
2.	Click the Claims Update Guide tile.

C Grants Management	Claims Update Guide
Manage Claims Search Criteria	
SetID SHARE Business Unit OMH01 Q Supplier ID Q Q Claim Number Q Q Claim Status Returned Q Contract ID Q Q	
Search	

Step	Action
3.	Enter the applicable search criteria in the Search Criteria fields or click the magnifying glass icon to look up the information.
4.	Click the Claim Status drop-down field and select the Returned list item.
5.	Click the Search button to display the search results.

X Del		_	_	Manage Claims						1
									< Previous N	Next >
All Claims (3) Valued	Select claim to	be updated							New Window Help Per	sonalize Page
In Process (0) O Not Stanted	Cain Ranber	Invoice Namber	Oaim Statum	Project Name	Danimene Und	Caim Date	Personal Case Entered By Uner	Chine Land Speaked By	Claim Total Amount	
Returned (2) • Visited	0000000015 0000000015 0000000025	100423_78_MV2 2-10.75712.WF Test_reg1	Returned Returned	ENERGY EFFICIENCY REHAB MULTI- PLATE RETHERM MULTI- PLATE RETHERM	CNIHO1 CNIHO1 CNIHO1	10042023 02102023 02292023			5.50 20.00 15.00	
Completed (0) O Nat Stand										

Step	Action
6.	Select the Returned menu on the left side of the page to view all returned claims.
7.	Click the Claim Number link associated to the claim you want to update.

X Exit				Jpdate Claim		
Contract Selection Complete	Certify and Submit Claim after reviewing for corr Business Unit: OMH01 Claim Number: 0	×				
Claim Header Complete	Contract ID: 00000000000000000000000000000000000	0117744	Supplier ID: 100001649	0		
Claim Lines Complete	Project Name: 000000000012111 Contract Begin Date:		olier Location: MAINEPAY			217 S SALINA ST 2ND FL
Claim Line Details Complete	02/20/2023 Contract Expire Date: 02/19/2024 Contract Max Amount: 10,000.00 Invoice ID: 100423 TB_INV2		Claim Status: Returned Claim Date: 10/04/2023 Claim Type: Regular	SYRACUSE	NY	13202
Claim Summary Visited	Claim Initiated Date: 10/04/2023			ersonalize Find View Al		
	Header Attachment Summary					First 🚯 1 of 1 🕢 Last
	File Name	Description		Uploaded by User		View Attachment View Attachment
	Claim Header Comments History Plasas and documentation Texterg email andibilition of claim denial Lat Commer Added By, Agency, Rwirt, Appr. (n. 2023) - 103 - 112 244 000000 Add Claim Header Comment Add Claim Header Comment	10 Vew History	Workflow Comment His Please add documentat Comment Added By: Ag on 2023-10-04-11.23.15	on ency Rywr Appr 1C		View History
	Claim Line Summary		P	ersonalize Find View Al	1.011 13	First (a) 1 of 1 (a) Last
	Line Number Contract Perio	d Period From Date	Period To Date	Line Type		Requested
	1 Contract Perk	02/20/2023	02/19/2024	Reimburse	5.50	Requested
	Claim Line Comments Summary		F	ersonalize Find View Al	101	First 🕢 1 of 1 🕢 Last
	Line Number Comment		Comment Entered By			
	Claim Line Attachment Summary		F	ersonalize Find View Al		First (a) 1 of 1 (b) Last
	Line Number File Name	Description		Uploaded by Us		View Attachment

Step	Action
8.	Click the Claim Summary menu on the left side of the page.
9.	Click the View History link to view the workflow comments associated with the returned claim.

			Claim	s Comments		×
						Help
B	usiness	Unit OMHO)1 Claim ID 0000	000399		
Г			Personalize	Find View All 🔄 📑	First 🕢 1 of 1	🕑 Last
	Comm	nents	Comment Entered By	Comment Entered On		
	1 Pleas docur	e add nentation	Agency_Rvwr_Appr_1C	10/04/2023 11:23AM		
	OK	Cano	cel			

Step	Action
10.	After reviewing the workflow comment(s) information, click the OK button to return to the Claim Summary page.

X Exit			Update Claim
Contract Selection Complete	Business Unit: OMH01 Claim Number: 000000399	×	
Claim Header Complete	Contract ID: 00000000000000000117744 Description: OMH01-C00121GM-1000204 Project Name: 00000000012111	Supplier ID: 10 Supplier Name: Supplier Location: MA	
Claim Lines Complete	Contract Begin Date: 02/20/2023 Contract Expire Date: 02/19/2024	Claim Status: Re	SYRACUSE
Claim Line Details Complete	Contract Max Amount: 10,000.00 Invoice ID: 100423_TB_INV2 Claim Initiated Date: 10/04/2023	Claim Date: 10 Claim Type: Re	
Claim Summary Visited	Claim Line Details		Find Vie
	Claim Line#: 1 Contract Period: 1 Line Type: Reimbursement	Period Date From: 02/20/2023	Period Date To: 02/19/2024 Line Comments Line Attachments
	Reimbursement Claim Details		

Step	Action
11.	Make the update(s) requested by the agency.
	In this example, we will attach additional documentation, so we will click the Claim Line Details tab.
12.	Click the Line Attachments button to upload additional documentation.

Claims Attachments								
usiness Unit OMH01 Cl	laim Number 000000399	Line Numb	ver 1	٢				
		Personal	ze Find View All 🔄 🏢	First 🕢 1 of 1 🕑 Last				
Description	Add Attachment	View Attachment	Attached File					
1 Training Document	Add Attachment	View Attachment	Training_Document.pdf	•				
1 2								
OK Cancel								

Step	Action
13.	Click the Add a New Row (+) icon to add a new row.

Claims Attachments										
					Help					
Business Unit OMH01 Claim No	umber 000000399	Line Numb	er 1							
		Personalize	Find View All 🔄 🔣	First 🕢 1-2 of 2	🕑 Last					
Description	Add Attachment	View Attachment	Attached File							
1 Training Document	Add Attachment	View Attachment	Training_Document.pdf		+					
2	Add Attachment	View Attachment			+					
OK Cancel										

Step	Action
14.	Click the Add Attachment button to upload additional documentation.

Claims Attachments	
Business Unit OMH01 Claim Number 000000399 Line Number 1 File Attachment × Description Choose File Payroll Support.pdf 1 Training Document A Upload Cancel OK Cancel Cancel OK Cancel	Hei 1-2 of 2 Last + +

Step	Action
15.	Click the Choose File button, select your pdf file, and click the Open button.
	Note: Only .pdf files can be uploaded.
16.	Click the Upload button.

	Claims Attachments											
					Help							
Business Unit OMH01 Claim Nu	ımber 000000399	Line Numb	er 1									
		Personalize	Find View All 🔄 🔣	First 🕢 1-2 of 2 🤇	🕑 Last							
Description	Add Attachment	View Attachment	Attached File									
1 Training Document	Add Attachment	View Attachment	Training_Document.pdf		+							
2 Additional Support	Add Attachment	View Attachment	Payroll_Support.pdf		+							
OK Cancel												

Step	Action
17.	Enter the document description in the Description field.
18.	Click the OK button.

Exit						l	Jpdate Cla	aim		
Contract Selection					×					
Complete	Busines	ss Unit: OMH01	Claim Number: (00000399	^					
Claim Header Complete		Contract ID: 000 Description: OM Project Name: 000			Supplier N	er ID: 1000016490 lame: ation: MAINEPAY)			217 S SALINA
Claim Lines Complete		tract Begin Date: 02/2 tract Expire Date: 02/2	20/2023 19/2024			tatus: Returned	SYRACUS	3E I	NY 13202	2ND FL
Claim Line Details Complete		act Max Amount: 10,0 Invoice ID: 100 im Initiated Date: 10/0	423_TB_INV2			Date: 10/04/2023 Type: Regular				
Claim Summary Visited	Claim L	ine Details						Find View All	First 🕢) 1 of 1 🕑 Las
	Reim	Ibursement Claim D Budget Type CAPITA Cost Incurred Date F	NL.	Cost Incur	red Date To 10/04/2	2023	Line Attachme	ents		
		Reimbursement F	unds		Personalize Fir	nd View All 🔄	First @	🕦 1-4 of 4 🕟 Las	st	
		Budget Category	Approved Grant Budget	Previous Cumulative Expenditure		Expenditure for this Report	Reviewed Amount	Current Cumulative Expenditure		
		1 SCOPING & PRE DEVELOPMENT	- 100.00	47.50	25.22	0.00	0.00	47.50		
		2 DESIGN	350.00	33.00	18.73	2.00	2.00	35.00		
		3 ACQUISITION	300.00	12.50	14.24	3.50	3.50	16.00		
		4 CONSTRUCTION Grant Fund Totals	N 250.00 1,000.00	30.25 123.25	18.25 76.44	0.00 5.50	0.00 5.50	30.25 128.75		
		Match Fund Totals	0.00	0.00	0.00	0.00	0.00	0.00		

Step	Action
19.	Click the Save button.
20.	Click the Claim Summary menu on the left side of the page.

X Exit					Update Claim	
Contract Selection		Date: 10/04/2023		and the second	-	
Contract Selection © Complete Claim Header	Header Attachm	ent Summary			Personalize Find View Al	[3] R Fist () 1of 1 () Las
Contract Selection Complete Claim Header Complete Claim Lines Complete Claim Line Details Complete Claim Summary	File Name		Description		Uploaded by User	View Attachment
Claim Header Complete	1					View Attachment
		omments History		Workflow Comme		
Complete	Please add docu Testino email no	mentation tification of claim denial	View History	Please add docum Comment Added P	entation By: Agency_Rvwr_Appr_1C	View History
		dded By: Agency_Rvwr_Appr_1C		on 2023-10-04-11	23.15.000000	
Complete	Add Claim Head	ier Comment				
	Add Com	ments				
	Claim Line Sum	nary			Personalize Find View All	🕼 🔣 👘 First 🛞 1 of 1 🛞 Las
	Line Number	Contract Period	Period From Date	Period To Date	Line Type	Amount Requested
	1	1	02/20/2023	02/19/2024	Reimburse	5.50
	Claim Line Com	mants Summary			Personalize Find View Al	🕑 🔯 🛛 First 🕢 1 of 1 🕢 Lac
		Comment		Comment Ente		
					,	
	Claim Line Attac	hment Summary			Personalize Find View 1 0	8 🙀 — First 🚯 1-2 of 2 🛞 La
	Line Number	File Name	Description		Uploaded by User	View Attachment
	1	Training_Document.pdf	Training Docur	ment		View Attachmen
	1	Payrol_Support.pdf	Additional Sup	port		View Attachmen
	Claim Entry Con					
	Claim Entry Con	spiete				
		e above bill is just, true and correct, for which the State is exempt are ex		paid except as stated	and that the balance is actually due	e and owing,
	Signatory Name					
	Date 10	23/2023				
		Submit				

Step	Action
21.	Click the Claim Entry Complete check box.
22.	Click the Certification checkbox.
23.	Click the Save button.
24.	Click the Submit button.
25.	Click the OK button. The claim is submitted into agency workflow and the claim Status changes to Agency Review .
26.	You have successfully completed the Update a Returned Claim topic.

Claim Inquiry

Topic Description:

This topic provides the knowledge and skills for the user to inquire on grants claims in various statuses. **Note:** Data is view only on the claim inquiry pages.

Topic Objective:

In this topic, you will learn:

• How to inquire on a claim

SFS role required to perform this task:

• Claim Inquiry (NY_EM_SUPPLIER_CLAIM_INQUIRY)

Procedure:

Scenario: You want to look up a claim and see where it is in the approval process.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

S	FS		Menu 👻	Search in Menu		Q		ŵ	\oslash
	My Hom	iepage 🔻				NavBar: Mei	nu		
						0	Menu		
		Grants Managemen	SFS Notic		SFS Support	Recently Visited	eSettlements		
							E Claim Inquiry		
		Grants Managemen	nt FAQs			Favorites	= Claims Update 0	Guide	
				Show Details			Submit a Claim		
						=			
		View Your Information		Invoice and Payment inquiry	PO and Receipt Inquiry	Menu	Supplier Informa	tion	>
()		8							
\heartsuit									

Step	Action
1.	From the NavBar navigate to: Menu > eSettlements > Claim Inquiry.
	Note: You must log in to the SFS Vendor Portal to view a claim.

Claim Inquiry
Enter any information you have and click Search. Leave fields blank for a list of all values.
Find an Existing Value Add a New Value
Search Criteria
Inquiry Name begins with 🗸
Description begins with 🗸
Case Sensitive
Search Clear Basic Search
Find an Existing Value Add a New Value

Step	Action
2.	Note : The Claim Inquiry feature allows you to search for and view existing claims. The search criteria you use to search for existing claims can be saved under an Inquiry Name so you can access and reuse it each time you search for claim(s).
3.	If you already created and saved Claim Inquiry Name(s) , you can use the Find an Existing Value tab. You would enter the applicable search criteria and click the Search button to display the existing Inquiry Names that can be selected. <u>or</u>
	If the Claim Inquiry Name is not already established and you want to create a new Inquiry Name, click the Add a New Value tab, enter the desired Claim Inquiry Name , and click the Add button.

laims Inquiry	Search		Clear	Reset	
Search (Criteria				
	Inquiry Name	TEST1			
	Business Unit	• •	OMH01 Q		
	Vendor ID	- v	1000016490 Q		
	NYS Contract #	- v	Q		
	Contract ID	• •		Q	
Claim Refere	ince/ Invoice ID	• •			Q
	Claim ID	• •		Q	
	Claim Date	- v	B		
> Adva	Claim Status	• •	v		

Step	Action
4.	Enter the desired Business Unit , Vendor ID , and any other available search criteria if known.
	Note: Vendor ID is a required search field.
5.	 Note: The Claim Status options are: New In Process Returned Complete Under Agency Review Approved Cancelled In this example, we will not search by claim status.
6.	Click the Search button.

Claim Details Business Unit	Voucher and Payn	Supplier Name	Claim ID	Invoice Number	Claim Date	Claim Status	Final App
		Supplier Name					Fillal App
1 OMH01	1000016490		00000025	Test1	02/16/2023	In Process	
2 OMH01	1000016490		00000028	Test_reg1	02/20/2023	Agency Rev	
3 OMH01	1000016490		00000079	022423_TB_REIMB2	02/24/2023	In Process	
4 OMH01	1000016490		00000083	NewInv	02/28/2023	Complete	

Step	Action
7.	Verify Claim Details and Voucher and Payment results for the desired claim.
8.	On the Claim Details tab, click on the Claim ID link for the desired claim.

m Review via Inquiry								
Claim Review Sum	mary							
The Header Details								
Business Unit: Supplier Name: Supplier ID: Supplier Location: Description: Project Name: Contract Begin Dt: Contract Expire Dt:	1000016490 MAINEPAY OMH01-C00 MULTI- PLA 01/24/2023	014GM-1090004		Contract Max Amount Grantee Claim Reference	: 000000000000000000000000000000000000	000117523	Claim Claim Initia Claim Receiv Final Appro	ved Dt:
Bypass eSettleme Bypass Agency Vouche			Status: Agency Rev	v	oucher ID:	Aş	proval Step: 2	
TLine Details								🔝 🛛 1 of 1 🛞 Li
Line # Line Type	Contract Period	Contract Period Amount	Requested Amount	Reviewed Amount	Net Payment Amount	Reviewed	Modified By	Modified On
1 Reimbursement	1	\$10,000.00	\$5.85	\$5.85	\$0.00	Yes	Agency_Rvwr_Appr_2C	06/13/2023 8:02:08AM
Italim Comments Comment entered by proxy Lass Comment Added By : A M d Gomment Show to Supplier	Agency_Prox		Header Com Workflow Co			ew Claim Approvals		
Save					10.0	-4910100		G

Step	Action
9.	Click the View Approvals link.

Theader De	tails			
	iness Unit:	OMH01		Type: Regula
	lier Name:		Contract ID: 000000000000000117523 Claim Initiate	
	upplier ID: r Location:	1000016490	Contract Max Amount: \$10,000.00 Claim Receive Grantee Claim Reference: 051823_TB_inv2 Final Approv	
Pr	Claim Ap	provals Monitor		
Contra Contrac Bypa Bypass Ag	Clain	ns Approval Workflow Pa		
Contrac Bypa	c	Claim Approval Workflo	w:Pending	
Contrat Byp: Bypass Ag	c	Claim Approval Workflo		
Contrat Byp: Bypass Ag Line Det: Line # Line	c	Claim Approval Workflov Iaims Approval Workflow Approved Claims Approver Level 1	Pending Pending Not Routed Multiple Approvers Multi	

Action

Step 10.

After reviewing the approval workflow, click the Close (X) icon.

im Davia	w via Ingu	in								
an Popyio	nw via iliqu	my .								
Claim I	Review	Summary								
🐨 Hea	der Details	6 - C								
		Unit: OMH01				Nr: 000000167			n Type: Regular	
	Supplier I					D: 000000000000000000000000000000000000	00117523	Claim Initia		
		ier ID: 10000164			Contract Max Amount			Claim Recei		
8		ation: MAINEPA		6	Grantee Claim Reference			Final Appro	oval Dt:	
			00014GM-1090004			te: 05/18/2023				
		Name: MULTI- PL			Net Days in Revie					
		in Dt: 01/24/202 ire Dt: 01/25/202			MIR Adjustment Dat	te:				
	Bypass eS	ettlement Review	v 🖾							
Bypar	ass Agency	Voucher Approva	Claim :	Status: Agency Rev	,	Voucher ID:	Ap	proval Step: 2		
T Line	e Details								🖓 1 of 1 🤅) Las
Line #	Line Type	Contract Period	Contract Period Amount	Requested Amount	Reviewed Amount	Net Payment Amount	Reviewed	Modified By	Modified On	
1	1 Reimburse	ment 1	\$10,000.00	\$5.85	\$5.85	\$0.00	Yes	Agency_Rvwr_Appr_2C	06/13/2023 8:02:08AM	4
Claim Co										
	nt entered by priment Adde) On : 05/18/2023 -	11:40 Header Com	ments (1)					
AM				Workflow Co	mments (2)					
				6						
Add Com	nment									
				6						
Show	w to Supplie	r Show	in Invoice							
					Attachments	0) Poevá	ew Claim			
	Save					View	Approvals			
ancel									13	
Step	D	Action								
2.56	-									
11.		Click th	e Reviewe	d Amoun	t button.					

Project Name: MULTI- PLATE RE Contract Begin Dt: 01/24/2023 Contract Expire Dt: 01/25/2024	THERM		Net Days i	n Review: 159			
Bypass eSettlement Review:		21		Reviewed: Yes 🗸	Contract Period Period Amount		
Bypass Agency Voucher Approval:					Pendu Amount	. 910,000.00	
Budget Type: EX	PENDITURE Cost	Incurred Date From:	05/08/2023 Cost Incurre bursement Funds	d Date To: 05/09/2023		[四]	1-10 of 1
Grant FIII		Keim	bursement Funus			نی ا	1-10 01 1
Budget Category	Approved Budget	Previous Cumulative Expenditures	In-Process	Expenditures for this Report	Reviewed Amount	Current Cumulative Expenditures	Detai
1 SALARY	\$30,500.00	\$0.00	\$4.00	\$2.00	\$2.00	\$2.00	0
2 FRINGE	\$2,000.00	\$0.00	\$1.00	\$1.00	\$1.00	\$1.00	0
3 CONTRACTUAL	\$1,200.00	\$0.00	\$0.16	\$1.50	\$1.50	\$1.50	0
4 TRAVEL	\$13,000.00	\$0.00	\$0.14	\$1.35	\$1.35	\$1.35	0
5 EQUIPMENT	\$2,500.00	\$0.00	\$2.60	\$0.00	\$0.00	\$0.00	0
6 SPACE/PROPERTY RENT	\$2,300.00	\$0.00	\$0.15	\$0.00	\$0.00	\$0.00	0
7 SPACE/PROPERTY OWN	\$800.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	0
8 UTILITIES	\$275.00	\$0.00	\$2.85	\$0.00	\$0.00	\$0.00	0
9 OPERATING EXPENSES	\$100.00	\$0.00	\$1.10	\$0.00	\$0.00	\$0.00	0
10 OTHER	\$70.00	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	0
Total	\$52,745.00	\$0.00	\$22.10	\$5.85	\$5.85	\$5.85	i
•		Mato	h Funds			☐ 1-5 of 5	
Match Entry Budget Category	Approved Budget	Previous Cumulative Expenditure	In-Process	Expenditures for this Report	Reviewed Amount	Current Cumulativ Expenditure	
1 SALARY	\$3,607.50	\$0.00	\$0.20	\$0.00	\$0.00	\$0.0	0
2 FRINGE	\$0.00	\$0.00	\$0.30	\$0.00	\$0.00	\$0.0	0
3 TRAVEL	\$1,500.00	\$0.00	\$0.30	\$0.00	\$0.00	\$0.0	0
4 EQUIPMENT	\$320.00	\$0.00	\$0.20	\$0.00	\$0.00	\$0.0	0
5 OPERATING EXPENSES	\$12.50	\$0.00	\$0.75	\$0.00	\$0.00	\$0.0	0
Total	\$5,440.00	\$0.00	\$1.75	\$0.00	\$0.00	\$0.00	
				ſī	ine Comments (2)	Attachments (1)	
OK Cancel				- Second			

Step	Action
12.	Click the Line Comments button (the number in parenthesis indicates the number of comments).

Reimburseme	ent Line Co	omments						
Line Comr	ments							Help
Business Unit:	OMH01	Claim Number: 000000167	Line Nbr: 1	Claim Type: Reimbur	sement			
						Add Line		
Line Comme	ent History					Find First	🕢 1-2 of 2 🕑 Las	t
Seq 2	line com	ment by reviewer		Show to Supplier Show In Invoice	Created By: Created On:	05/18/23 11:58	D AM Role A	
Seq 1	line com	ment		Show to Supplier	Created By: Created On:	05/18/23 11:43	AM Role P	
OK	0	Cancel						

Step	Action
13.	Click the OK button when your review of the line comments is complete.

Project Name: MULTI- PLATE RET Contract Begin Dt: 01/24/2023	HERM		Net Days in	Review: 159			
Contract Expire Dt: 01/25/2024							
Bypass eSettlement Review: 💟	Claim Line No: 1	Line Type: Reimb	ursement Re	eviewed: Yes 🗸	Contract Period	: 1	
Bypass Agency Voucher Approval:	Claim Status: Unde	er Agency Review	Vou	icher ID:	Period Amount	\$10,000.00	
Budget Type: EX	PENDITURE Cost	Incurred Date From: 05/08/2	2023 Cost Incurred	Date To: 05/09/2023			
		Reimburser	nent Funds			<u>a</u> 1	-10 of
Grant		Previous Cumulative		Expenditures for		Current Cumulative	
Budget Category	Approved Budget	Expenditures	In-Process	this Report	Reviewed Amount	Expenditures	Detai
1 SALARY	\$30,500.00	\$0.00	\$4.00	\$2.00	\$2.00	\$2.00	0
2 FRINGE	\$2,000.00	\$0.00	\$1.00	\$1.00	\$1.00	\$1.00	0
3 CONTRACTUAL	\$1,200.00	\$0.00	\$0.16	\$1.50	\$1.50	\$1.50	0
4 TRAVEL	\$13,000.00	\$0.00	\$0.14	\$1.35	\$1.35	\$1.35	0
5 EQUIPMENT	\$2,500.00	\$0.00	\$2.60	\$0.00	\$0.00	\$0.00	0
6 SPACE/PROPERTY RENT	\$2,300.00	\$0.00	\$0.15	\$0.00	\$0.00	\$0.00	0
7 SPACE/PROPERTY OWN	\$800.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	0
8 UTILITIES	\$275.00	\$0.00	\$2.85	\$0.00	\$0.00	\$0.00	0
9 OPERATING EXPENSES	\$100.00	\$0.00	\$1.10	\$0.00	\$0.00	\$0.00	0
10 OTHER	\$70.00	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	0
Total	\$52,745.00	\$0.00	\$22.10	\$5.85	\$5.85	\$5.85	
▼		Match Fund	ds			2 1-5 of 5	
Match .	Approved Budget	Previous Cumulative	L D E	expenditures for this	Reviewed Amount	Current Cumulative	
Budget Category		Expenditure		Report		Expenditures	
1 SALARY	\$3,607.50	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	
2 FRINGE	\$0.00	\$0.00	\$0.30	\$0.00	\$0.00	\$0.00	
3 TRAVEL	\$1,500.00	\$0.00	\$0.30	\$0.00	\$0.00	\$0.00	
4 EQUIPMENT	\$320.00	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	
5 OPERATING EXPENSES	\$12.50	\$0.00	\$0.75	\$0.00	\$0.00	\$0.00	1
Total	\$5,440.00	\$0.00	\$1.75	\$0.00	\$0.00	\$0.00	

Step	Action
14.	Click the Attachments button (the number in parenthesis indicates the number of attachments).

Reimbursement Line Attachments							
Line Attachments							
Business Unit: OMH01 Claim Num	per: 000000167	Line Nbr: 1	Clair	m Type: Reimbu	irsement		
Upload Instructions							
Only PDF files can be uploaded.							
Files greater than 20 Mb will not al	lowed for upload.						
Enter File Description before click	ng on Add Attachment						
File Description				Add Attachme	ent		
Show To Supp	lier						
Show In Invoid							
Line Attachments					2	First 🕢 1 of 1 🕟 La	vet.
					التا		151
File Details							
File Name	Description	Show To Supplier	Show In Invoice	Created By	Created On	View Attachment	
1 Prequal_Reqd_Docs_Pg.pdf	Upload Example	1			05/18/23 11:41:39AM	View Attachment	
OK Cancel							

Step	Action
15.	Click the View Attachment button.

Claim Inquiry X Prequal_Reqd_Docs_Pg.pdf X +		~ - 8 ×
\leftrightarrow \circ \circ		🖻 🖈 🗰 🚨 🗄
= Prequal_Reqd_Docs_Pg.pdf	1 / 1 - 100% + 🖸 🕹	± 6 :
	Machinesis Man Man Man Man Weight of the set o	

Step	Action
16.	When you are finished reviewing the attachment, click the Close (X) button.

Reimbursement Line At	tachments							
Line Attachments								H
Line Allaciments								
Business Unit: OMH01	Claim Number: 00000	0167 Line Nbr:	1	Clain	n Type: Reimbu	irsement		
Upload Instructions								
Only PDF files can b	e uploaded.							
Files greater than 20	Mb will not allowed for u	pload.						
Enter File Descriptio	n before clicking on Add	Attachment						
File Description					Add Attachme	ent		
Z	Show To Supplier							
2	Show In Invoice							
Line Attachments						<u>[</u>]	First 🕢 1 of 1 🕑 I	Last
File Details								
File Name	Description		how To upplier	Show In Invoice	Created By	Created On	View Attachment	
1 Prequal_Reqd_Docs_P	g.pdf Upload Exa	ample	1			05/18/23 11:41:39AM	View Attachment	
OK Can	cel							

Ste	Action
17.	Click the OK button to return to the previous page.

Project Name: MULTI- PLATE RETH Contract Begin Dt: 01/24/2023	IERM		Net Days in	n Review: 159			
Contract Expire Dt: 01/25/2024							
Bypass eSettlement Review: 🖉	Claim Line No: 1	Line Type:	Reimbursement F	Reviewed: Yes 🗸	Contract Period	: 1	
Bypass Agency Voucher Approval:	Claim Status: Unde	r Agency Review	Vo	ucher ID:	Period Amount	\$10,000.00	
Budget Type: EXP	ENDITURE Cost	Incurred Date From:	05/08/2023 Cost Incurred	I Date To: 05/09/2023			
		Reim	bursement Funds			2	1-10 of 1
Grant		Previous Cumulative		Expenditures for		Current Cumulative	
Budget Category	Approved Budget	Expenditures	In-Process	this Report	Reviewed Amount	Expenditures	Detai
1 SALARY	\$30,500.00	\$0.00	\$4.00	\$2.00	\$2.00	\$2.00	0
2 FRINGE	\$2,000.00	\$0.00	\$1.00	\$1.00	\$1.00	\$1.00	0
3 CONTRACTUAL	\$1,200.00	\$0.00	\$0.16	\$1.50	\$1.50	\$1.50	0
4 TRAVEL	\$13,000.00	\$0.00	\$0.14	\$1.35	\$1.35	\$1.35	0
5 EQUIPMENT	\$2,500.00	\$0.00	\$2.60	\$0.00	\$0.00	\$0.00	0
6 SPACE/PROPERTY RENT	\$2,300.00	\$0.00	\$0.15	\$0.00	\$0.00	\$0.00	0
7 SPACE/PROPERTY OWN	\$800.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	0
8 UTILITIES	\$275.00	\$0.00	\$2.85	\$0.00	\$0.00	\$0.00	0
9 OPERATING EXPENSES	\$100.00	\$0.00	\$1.10	\$0.00	\$0.00	\$0.00	0
10 OTHER	\$70.00	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	0
Total	\$52,745.00	\$0.00	\$22.10	\$5.85	\$5.85	\$5.85	
V		Matc	h Funds			고 1-5 of 5	
Match							
Budget Category	Approved Budget	Previous Cumulative Expenditure	In-Process	Expenditures for this Report	Reviewed Amount	Current Cumulative Expenditure	e s
1 SALARY	\$3,607.50	\$0.00	\$0.20	\$0.00	\$0.00	\$0.0	D
2 FRINGE	\$0.00	\$0.00	\$0.30	\$0.00	\$0.00	\$0.0	D
3 TRAVEL	\$1,500.00	\$0.00	\$0.30	\$0.00	\$0.00	\$0.0	D
4 EQUIPMENT	\$320.00	\$0.00	\$0.20	\$0.00	\$0.00	\$0.0	D
5 OPERATING EXPENSES	\$12.50	\$0.00	\$0.75	\$0.00	\$0.00	\$0.0	D
Total	\$5,440.00	\$0.00	\$1.75	\$0.00	\$0.00	\$0.00	
					ine Comments (2)	Attachments (1)	

Step	Action
18.	Click the OK button to return to the previous page.

My Homepage							Claim R	eview Summary
Claim Review Sum	mon							
Teader Details	imary							
 Header Details 								
Business Unit:	OMH01			Claim Number	: 000000167			Claim Type: Regular
Supplier Name:				Contract IE	: 00000000000000000	000117523	Cla	im Initiated Dt:
Supplier ID:	100001649)		Contract Max Amoun	t: \$10,000.00		Clair	m Received Dt:
Supplier Location:	MAINEPAY			Grantee Claim Reference	: 051823_TB_inv2		Fin	al Approval Dt:
Description:	OMH01-C0	0014GM-1090004		Claim Date	: 05/18/2023			
Project Name:	MULTI- PLA	TE RETHERM		Net Days in Review	r: 159			
Contract Begin Dt:	01/24/2023			MIR Adjustment Date	: 3			
Contract Expire Dt:	01/25/2024							
Bypass Agency Vouch	ei Approvai	Clair	n Status: Under Agen	·	oucher ID:		oproval Step: 2	🗷 1 of 1 🕦 Last
Line # Line Type	Contract Period	Contract Period Amount	Requested Amount	Reviewed Amount	Net Payment Amount	Reviewed	Modified By	Modified On
1 Reimbursement	1	\$10,000.00	\$5.85	\$5.85	\$5.85	Yes	PeaceInc	10/24/2023 8:13:32AM
Claim Comments Comment entered by proxy			Header Cor	mmonte (1)				
Last Comment Added By :		On : 05/18/2023		linents (1)				
AM			Workflow C	omments (2)				
			//					
Add Comment								
Show to Supplier	Show i							
snow to supplier	Show II	1 IIIvoice						
				Attachments (0	/	ew Claim		
Save					View	Approvals		
Cancel								

Step	Action
19.	Click the Header Comments link to view any header comments for the claim.
20.	Click the Workflow Comments link to view workflow comments for the claim.
21.	Click the Attachments button to view any header attachments for the claim.
22.	Click the Preview Claim link to view the pdf version of the claim.
	Note : Once the claim is approved, the preview claim link will be grayed out and the claim pdf is only accessible as an attachment via the Attachments button.
23.	You have successfully completed the Claim Inquiry topic.

Grantee Reports and Queries

Lesson Description:

This lesson provides the knowledge and skills to process grantee reports and queries.

Lesson Objectives:

In this lesson, you will learn how to:

• Run the Vendor Contract Summary Report

Run the Vendor Contract Summary Report

Topic Description:

This topic provides the knowledge and skills to run the Vendor Contract Summary report. This report provides grant related contract and bid event data at a summary level.

Topic Objectives:

In this topic, you will learn:

• How to run the Vendor Contract Summary report.

SFS role required to perform this task:

• Grants Contract Editor (NY_ES_VNDR_CNTRCT_CHANGE)

Procedure

Scenario: You would like to review grant related contract and bid event data at a summary level so you will run the Vendor Contract Summary report.

Disclaimer: The data used in this scenario provides a realistic example and was selected for instructional purposes only. The actual data used in the SFS will be driven by the real-life transactional requirements.

S	FS		Menu 👻	Search in Menu			Q		:	\otimes
	My Hom	nepage 🔻								
			SFS Noti			SFS Support		SFS Coach		
		Grants Managemen	it Training					-		
		Grants Managemen	it FAQs		<u>(</u> ?)					
				Show Details						
		View Your Information		Invoice and Payment inquiry		PO and Receipt Inquiry		Grants Management - State		
()		2						E		
\heartsuit										
			_							
		Register for POs via Emai		Supplier Change Request		Add/Maint Self-Service Invoice		FAQs Contact Us		
								Get helpful information here.		

Step	Action
1.	From the NavBar navigate to: Menu > Manage Contracts > Vendor Contract Summary Report

NY_ES_CONTRACT_SUMMRY_QRY - Vendor Contract	t Summary Report			
NY_ES_CONTRACT_SUMMRY_QRY - Vendor Contract SetID [SHARE] "Business Unit Bid Even1D Vendor Type Vendor TD Contract ID Contract Status	t Summary Report			
Contract Spep Contract Spec Co				
View Results Row Business Unit Contract ID NYS Contract Number Bid E	vent ID Bid Event Name Organization Type Vendor ID Vendor N	ne Contract Type Contract Status Contract Begin Date Contract	t Expire Date Contract Amount Period Period From	Period To Project ID Project Description

Step	Action
2.	Enter the applicable values in the search criteria fields which consist of the following fields:
	SetID, Business Unit, Bid Event ID, Vendor Type, Vendor ID, Contract ID, NYS Contract Number, Contract Status, Contract Type, Contract Begin Date, Contract Expire Date, Period, Period From Date, and Period To Date.
	 Note: SetID defaults to SHARE and doesn't need to be changed. SetID and Business Unit are required fields. Business Unit is the SFS ID for the NYS Agency.

Step	Action
	Click the View Results button to display the search results based on the entered search criteria.

NY_																
	ES_CO	NTRACT_SUMMRY_QRY - V	/endor Contract S	ummary R	eport											
		SetID SHARE														
	"Busin	ess Unit OMH01 Q														
	Bid	went ID Q														
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Step	Action
4.	Review the search results which consists of the following data elements:
	Business Unit, Contract ID, NYS Contract Number, Bid Event ID, Bid Event Name, Organization Type, Vendor ID, Vendor Name, Contract Type, Contract Status, Contract Begin Date, Contract Expire Date, Contract Amount, Period, Period From Date, Period To Date, Project ID, and Project Description.
5.	Note : The results can be downloaded into an Excel Spreadsheet , a CSV Text File , or an XML File by clicking on the appropriate link.
6.	You have successfully completed the Run the Vendor Contract Summary Report topic.