# Department of Public Safety IGX Grants Management System Training

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### **WELCOME & INTRODUCTION**

#### Project Background:

- Improve partner experience
  - Standardization across divisions and programs
  - Easier to navigate system
- Legislative and other changes in the grant funding environment

#### E-Grants & IGX:

- Existing Grants in E-Grants
- Some currently open and upcoming funding opportunities in E-Grants
- Future funding opportunities and grants will be in IGX



#### TRAINING AGENDA

- Registering Organizations and New Users: Process and roles
- Key Terms Used in Demo
- Key Roles Used in Demo
- IGX Demo: Logging In, Registration, Loggin In, Navigating IGX,
   Application Process, Contracting, IGX Tools
- Organization Information and Contact Information

**Future Training Topics**: Payment requests, monitoring, reporting, contract amendments, and close out



#### **KEY TERMS USED IN DEMO**

- Agency: Prospective applicant or grantee entity
- Document: A funding opportunity
- Form: Each page to be completed within a funding opportunity
- Funding Opportunity: Competitive RFP, legislatively-named or formula opportunity
- Organization: DPS division offering the funding opportunity



## **KEY ROLES USED IN DEMO**

- Administrative User: Staff of prospective applicant or grantee
- Agency Administrator: Staff of prospective applicant or grantee
- Authorized Representative: Staff of prospective applicant or grantee
- DPS System Administrator: FAS staff who are the IGX system administrator
- Authorized Signer: A division director or supervisor



# **IGX** Demo



# ORGANIZATION INFORMATION VS. CONTACT INFORMATION FOR APPLICATION

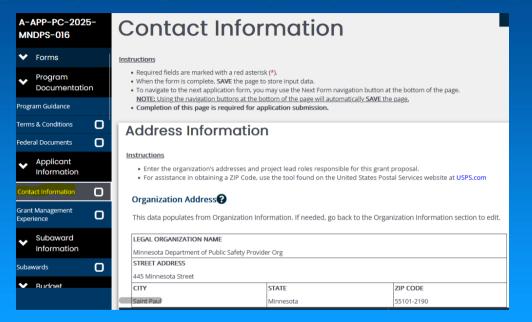
- Organization Information: Applies to the parent organization and all departments or divisions as applicable
  - Includes contact information for the parent organization
  - Includes organizational financial information
- Contact Information for Application: Applies to the specific funding opportunity
  - Includes contact information for the application
  - Remittance address, if different from parent organization
  - Authorized representative information
  - Lead roles
  - Signature options



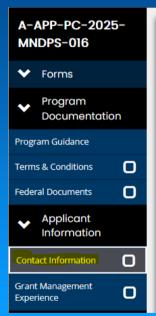
## **ORGANIZATION INFORMATION**

Organization Information	Organization Information				
▶ ✓ ABCD Organization  Organization Information  Organization Members	To view current organization members or	in, Contact Information, and Business Address. add a new organization member, click the optio ed category, click the option for "Organization C		de navigation.	
Organization Categories  Financial Information	Information				
Agency Signer Certification 🕑	General Information Legal Organization Name ABCD Organization Federal Employer Identification Number (FEIN) 56-4654846  Contact Information	Short Name  ABCD Organization  SAM Unique Entity Identifier (UEI)  Search	Business Address  Street Address  372 South Main Street  Address 2  Suite 2300  City  St Paul  ZIP Code	Not Validated   Validate Address  State  Minnesota  ✓ County	
	Primary Phone (651) 706-6526	Email nathan.wilson@state.mn.us	55101	Ramsey County 🔻	









#### **Address Information**

#### Instructions

- · Enter the organization's addresses and project lead roles responsible for this grant proposal.
- For assistance in obtaining a ZIP Code, use the tool found on the United States Postal Services website at USPS.com

#### Organization Address?

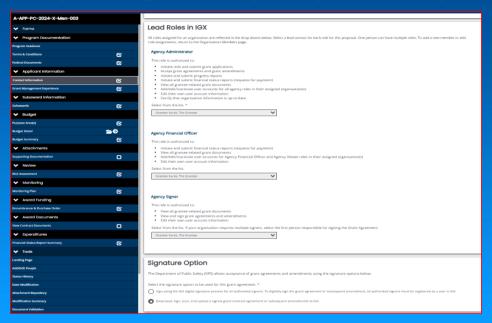
This data populates from Organization Information. If needed, go back to the Organization Information section to edit.

LEGAL ORGANIZATION NAME					
Minnesota Department of Public Safety Provider Org					
STREET ADDRESS					
445 Minnesota Street					
CITY	STATE	ZIP CODE			
Saint Paul	Minnesota	55101-2190			
PHONE	FAX	SUPPLIER ID			
(123) 456-7890		1111111111			



A-APP-PC-2025- MNDPS-017	Grantee Authorized Representative and Location Address?  The Grantee Authorized Representative is legally responsible for managing the grant. For example, responsibilities may include being the				
<b>∨</b> Forms	performance. This information will display on the Grant Agreement. The Grantee Authorized Representative mailing address and SAM UEI				
Program Documentation	NAME*	TITLE*			
Program Guidance	AGENCY NAME	AGENCY DIVISION *			
Terms & Conditions	Minnesota Department of Public Safety Provider Org				
Federal Documents	STREET ADDRESS *	CITY*			
- Applicant					
Information	STATE *	ZIP CODE *			
Contact Information					
Count Management	EMAIL ADDRESS *	PHONE *			
Experience	noreply@agatesoftware.com				
Subaward Information	AGENCY DIVISION SAM UEI				
Subawards					
<b>∨</b> Budget	Payment Remittance Address ?				
Purpose Area(s)	Select this checkbox if a physical check needs to be sent to an address other than the SWIFT default payment remittance address.				







# **Questions?**

Visit <u>IGX Grants Management System Support</u> for information and training on the system.

