

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, Login 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


▼ ABCD Organization

Organization Information

Organization Members

Organization Categories

Financial Information  

Agency Signer Certification 

Organization Information

Instructions:

- Edit the organization's General Information, Contact Information, and Business Address.
- To view current organization members or add a new organization member, click the option for "Organization Members" in the left side navigation.
- To edit a organization's currently designated category, click the option for "Organization Categories" in the left side navigation.

Information

General Information

Legal Organization Name

ABCD Organization

Short Name

ABCD Organization

Federal Employer Identification Number (FEIN)

56-4654846

SAM Unique Entity Identifier (UEI)

Contact Information

Primary Phone

(651) 706-6526

Email

nathan.wilson@state.mn.us

Business Address

Street Address

Not Validated ✖

[Validate Address](#)

372 South Main Street

Address 2

Suite 2300

City

St Paul

State

Minnesota

ZIP Code

55101

County

Ramsey County



CONTACT INFORMATION FOR APPLICATION

A-APP-PC-2025-MNDPS-016

▼ Forms

▼ Program Documentation

Program Guidance

Terms & Conditions ☐

Federal Documents ☐

▼ Applicant Information

Contact Information ☐

Grant Management Experience ☐

▼ Subaward Information

Subawards ☐

▼ Budget

Contact Information

Instructions

- Required fields are marked with a red asterisk (*).
- When the form is complete, **SAVE** the page to store input data.
- To navigate to the next application form, you may use the Next Form navigation button at the bottom of the page.
NOTE: Using the navigation buttons at the bottom of the page will automatically **SAVE** the page.
- Completion of this page is required for application submission.

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](https://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



CONTACT INFORMATION FOR APPLICATION

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MNDPS-016

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Federal Documents ☐

▼ Applicant
Information

Contact Information ☐

Grant Management
Experience ☐

Address Information

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Organization Address?

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LEGAL ORGANIZATION NAME

Minnesota Department of Public Safety Provider Org

STREET ADDRESS

445 Minnesota Street

CITY

Saint Paul

STATE

Minnesota

ZIP CODE

55101-2190

PHONE

(123) 456-7890

FAX

SUPPLIER ID

1111111111



CONTACT INFORMATION FOR APPLICATION

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MNDPS-017

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Information

Contact Information ☐

Grant Management
Experience ☐

▼ Subaward
Information

Subawards ☐

▼ Budget

Purpose Area(s) ☐

Grantee Authorized Representative and Location Address?

Advanced \

The Grantee Authorized Representative is legally responsible for managing the grant. For example, responsibilities may include being the performance. This information will display on the Grant Agreement. The Grantee Authorized Representative mailing address and SAM UEI

NAME *	TITLE *
<input type="text"/>	<input type="text"/>
AGENCY NAME	AGENCY DIVISION *
Minnesota Department of Public Safety Provider Org	<input type="text"/>
STREET ADDRESS *	CITY *
<input type="text"/>	<input type="text"/>
STATE *	ZIP CODE *
<input type="text"/>	<input type="text"/>
EMAIL ADDRESS *	PHONE *
<input type="text" value="noreply@agatesoftware.com"/>	<input type="text"/>
AGENCY DIVISION SAM UEI	
<input type="text"/>	

Payment Remittance Address?

☐

Select this checkbox if a physical check needs to be sent to an address other than the SWIFT default payment remittance address.



CONTACT INFORMATION FOR APPLICATION

A-APP-PC-2024-X-Men-003

Forms

Program Documentation

Program Guidance

Terms & Conditions

Federal Documents

Applicator Information

Contact Information

Grant Management Experience

Subaward Information

Subawards

Budget

Purpose Activity

Budget Detail

Budget Summary

Attachments

Supporting Documentation

Review

Risk Assessment

Monitoring

Monitoring Plan

Award Funding

Disbursement & Purchase Order

Award Documents

View Contract Documents

Expenditures

Financial Status Report Summary

Tools

Landing Page

Add/Edit Profile

Status History

Date Modification

Attachment Repository

Modification Summary

Document Validation

Lead Roles in IGX

All roles assigned for an organization are reflected in the drop downs below. Select a lead contact for each role for this proposal. One person can have multiple roles. To add a new member or edit role assignments, return to the Organization Members page.

Agency Administrator

This role is authorized to:

- Initiate, edit and submit grant applications
- Accept grant agreements and grant amendments
- Initiate and submit progress reports
- Initiate and submit financial status reports (requests for payment)
- View all grantee-related grant documents
- Add/edit/inactivate user accounts for all agency roles in their assigned organization(s)
- Edit their own user account information
- Certify that organization information is up-to-date

Select from the list. *

Grantee Yorks, The Grantee

Agency Financial Officer

This role is authorized to:

- Initiate and submit financial status reports (requests for payment)
- View all grantee-related grant documents
- Add/edit/inactivate user accounts for Agency Financial Officer and Agency Viewer roles in their assigned organization(s)
- Edit their own user account information

Select from the list.

Grantee Yorks, The Grantee

Agency Signer

This role is authorized to:

- View all grantee-related grant documents
- View and sign grant agreements and amendments
- Edit their own user account information

Select from the list. If your organization requires multiple signers, select the first person responsible for signing the Grant Agreement.

Grantee Yorks, The Grantee

Signature Option

The Department of Public Safety (DPS) allows acceptance of grant agreements and amendments using the signature options below.

Select the signature option to be used for this grant agreement. *

☐ Sign using the iGX digital signature process for all authorized signers. To digitally sign the grant agreement or subsequent amendment, all authorized signers must be registered as a user in iGX.

☒ Download, sign, scan, and upload a signed grant contract agreement or subsequent amendments to iGX.

The seal of the Department of Public Safety, State of Minnesota, is located at the bottom center of the page. It features a circular design with a blue outer ring containing the text "DEPARTMENT OF PUBLIC SAFETY" at the top and "STATE OF MINNESOTA" at the bottom. The center of the seal depicts a yellow map of Minnesota with a blue star in the center, all enclosed within a white border.

Questions?

Visit [IGX Grants Management System Support](#) for information and training on the system.

