

# Guide to Submitting Pre-Application in GMS (Due April 30, 2020)

## Section 1—Register a new account in GMS (Already have an account in GMS? SKIP to Section 2)

--Go to the following website: <https://grants.ojp.usdoj.gov/gmsexternal/>

--Click the “**First Time User**” link under the green Sign-In button



### First time user

--Select the option “**I am registering as an applicant for a grant**”, then click the “Submit” button.

<input type="radio"/> I am registering as an applicant for a grant.
<input type="radio"/> I am registering as a Financial Point of Contact to submit Financial Status Reports for existing grants.

--Complete all required fields on the “**Registration Information**” screen. We recommend that you enter your organization’s **Authorized Representative’s** contact information on this screen.

Your password must meet the following requirements:

- Your password must be at least 12 characters long
- Your password must contain at least three of the following four types of characters:
  - English uppercase
  - English lowercase
  - numeric
  - special
- Your password must not contain significant portions of your user ID or full name

Registration Information	
*Mandatory fields	
*Dunn and Bradstreet DUNS Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> <a href="#">DUNS Number Help</a>
*Employer ID Number (EIN):	<input type="text"/> - <input type="text"/>
*Legal Name: (Legal Jurisdiction Name)	<input type="text"/>
*Organizational Unit:	<input type="text"/>
*Address Line 1:	<input type="text"/>

--After completing all required fields, select the “**Yes**” radio-button for the question “**Are you the Signing Authority?**” at the bottom of the screen, then click the “**Create Account**” button.

*Secret Question:	<input type="text" value="-- Not Selected --"/>
*Secret Answer:	<input type="text"/>
*Are you the Signing Authority?	Yes <input checked="" type="radio"/> No <input type="radio"/>

Please make sure that all of the above information is correct before proceeding. Pressing Create Account will establish an account that will allow access to the on-line OJP Grant Management System.

--The **“Point of Contact”** pop-up window (shown below) will be displayed. If you don’t see the pop-up window, hold the **“Ctrl”** button on your keyboard while clicking the **“Yes”** button. *Note, the Point of Contact information may open in a new browser tab instead of in a pop-up window.*

<b>Point of Contact</b> <i>*Mandatory Fields</i>	
*Prefix:	Prefix ▾
Prefix (Other):	<input type="text"/>
*User First Name:	<input type="text"/>
User Middle Initial:	<input type="text"/>
*User Last Name:	<input type="text"/>
Suffix:	Suffix ▾
Suffix (Other):	<input type="text"/>
*Title:	Title ▾
Title (Other):	<input type="text"/>
*Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*E-Mail Address:	<input type="text"/> <a href="#">Email Help</a>
<b>Please make sure all values are correct before proceeding.</b>	

Create

Go Back

--Complete all required fields in the **“Point of Contact”** information, the click the **“Create”** button.

--The **“Your Information has been saved”** message will be displayed. Click the **“Close Window”** button to close the point of contact pop-up window or browser tab.

Your information has been saved.

Go Back

Close Window

--You will be returned to the **Registration Information** screen. Make sure all required fields are complete, then click the **“Create Account”** button on the bottom of the screen.

*Secret Question:	-- Not Selected --
*Secret Answer:	
*Are you the Signing Authority?	Yes <input checked="" type="radio"/> No <input type="radio"/>

Please make sure that all of the above information is correct before proceeding. Pressing Create Account will establish an account that will allow access to the on-line OJP Grant Management System.

Create Account

Cancel

--You will be logged into your new GMS account for the first time and will see the below message that there are no applications in GMS for you. **Proceed to Section 3.**

Currently, there are no applications in GMS for you.

Office of Justice Programs has many other funding opportunities that you may be eligible for. To review these opportunities or to start a new application click on [Funding Opportunities](#).

## Section 2—Login to GMS

--Go to the following website: <https://grants.ojp.usdoj.gov/gmsexternal/>

--Enter your username and password, then click the green **Sign-in** button. If you are unable to login, please contact the GMS Helpdesk at 888-549-9901, option 3.

Username

Password

**SIGN IN**

--You will be logged into to GMS and will see the **GMS Home/Applications** screen. **Proceed to Section 3.**

## Section 3—Register for the OVC FY 2020 Tribal Victim Services Set-Aside Formula Program Solicitation

--On the GMS Home/Applications screen, click the **“Funding Opportunities”** side link

[Awards](#)

[Funding Opportunities](#)

[Grant Adjustments](#)

--On the **“Funding Opportunities”** screen, select **“Office for Victims of Crime”** in the Program Office menu, then click the **“Search”** button

Office of Justice Programs has many other funding opportunities that you may be eligible for. Search for available solicitations multiple selections from the Program Office and Program Name Menu boxes.

Program Office	Office for Victims of Crime Office on Violence Against Women Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking Office
Program Name	All BJA FY 20 Presidential Nominating Conventions BJA FY 20 Residential Substance Abuse Treatment (RSAT) for State Prisoners Program
<input type="text" value="Search"/>	

--Click the **“Apply Online”** link for the **“OVC FY 2020 Tribal Victim Services Set-Aside Formula Program”** solicitation

Office for Victims of Crime	Action
OVC FY 2020 Tribal Victim Services Set-Aside Formula Program	<a href="#">Apply online</a>

--Note: You may click any of the below side links in your application to return to a particular screen in your application. Scroll below to begin working on your application on the **“Overview”** screen.

- [Overview](#)
- [Applicant Information](#)
- [Project Information](#)
- [Budget and Program Attachments](#)
- [Assurances and Certifications](#)
- [Review SF 424](#)
- [Submit Application](#)

[Help/Frequently Asked Questions](#)

[GMS Home](#)

[Log Off](#)

--On the *Overview* screen (shown below), select the applicable radio-button for **“Type of Submission”** (you should select **“Application Non-Construction”** even during the Pre-Application phase of this application), the applicable menu selection for **“Type of Application”** (Select **“New”**), and select the **“No.**

Program is not covered by E.O. 12372” radio-button for “Is this application subject to review by state executive order 12372 process?”

--Then click the “Save and Continue” button.

**Overview**

This handbook allows you to complete the application process for applying to the OVC FY 2020 Tribal Set-Aside Training and Technical Assistance Program Invitation to Apply. At the end of the application process you will have the opportunity to view and print the SF-424 form.

*Type of Submission	<input type="radio"/> Application Construction <input checked="" type="radio"/> Application Non-Construction	<input type="radio"/> Preapplication Construction <input type="radio"/> Preapplication Non-Construction
*Type of Application	If Revision, select appropriate option If Other, specify	New Type of Revision
*Is application subject to review by state executive order 12372 process?	<input type="radio"/> Yes. This preapplication/application was made available to the state executive order 12372 process for review on <input checked="" type="radio"/> No. Program is not covered by E.O. 12372 <input type="radio"/> N/A. Program has not been selected by state for review	

Save and Continue

--On the “Applicant Information” screen (shown below), the organization’s information and the point of contact’s information are populated from your account profile. You should edit this information if any changes are needed.

**Applicant Information**

Verify that the following information filled is correct and fill out any missing information. To save changes, click on the "Save and Continue" button.

**\* - Indicates required field**

*Is the applicant delinquent on any federal debt? (If Yes is selected, please upload an explanation)	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Employer Identification Number (EIN)	99 - 9999999
*Type of Applicant	Indian/Native American Tribal Government (Federally Recognized)
Type of Applicant (Other):	
*Organizational Unit	GDIT Org Unit
*Legal Name (Legal Jurisdiction Name)	GDIT Testers
*Vendor Address 1	123 Main St.
Vendor Address 2	
*Vendor City	Tester
Vendor County/Parish	
*Vendor State	District of Columbia
*Vendor ZIP	12345 - 6789 Zip+4 Lookup
<b>Please provide Point of Contact Information for matters involving this application</b>	
*Contact Prefix:	Mr.
Contact Prefix (Other):	
*Contact First Name:	Point of

--After completing all information on the “Application Information” screen, click the “Save and Continue” button (shown below).

*Contact State:	District of Columbia
*Contact Zip Code:	12345 - 6789 Zip+4 Lookup
*Contact Phone Number:	123 456 7890 Ext:
Contact Fax Number:	
*Contact E-mail Address:	pocstestmail@test.com <a href="#">Email Help</a>

Save and Continue

--On the **Project Information** screen (shown below), enter the required information listed below the screenshot:

### Project Information

[Questions](#)

*Descriptive Title of Applicant's Project Descriptive Title	
*Areas Affected by Project Affected Areas	
Proposed Project	
*Start Date	January 01 2021
*End Date	December 30 2021
*Congressional Districts of	Project Congressional District 00, DC
*Estimated Funding	
Federal	\$ 1 .00
Applicant	\$ 0 .00
State	\$ 0 .00
Local	\$ 0 .00
Other	\$ 0 .00
Program Income	\$ 0 .00
<b>TOTAL</b>	<b>\$ 1 .00</b>

- 1) Enter a brief title into the “**Descriptive Title of Applicant’s Project**” text box
- 2) Enter the affected geographical areas into the “**Areas Affected by Project**” text box”
- 3) Enter a **one-year** project period using the “**Start Date**” and “**End Date**” menus (note: please use January 1, 2021 for the Start Date)
- 4) Select the applicable districts in the “**Congressional Districts of**” menu to the right
- 5) Enter **\$1** into the **Federal** text box in the “**Estimated Funding**” section (note: this amount must be revised when you submit your full application)
- 6) Click the “**Save and Continue**” button to proceed to the next screen

--On the “**Budget and Program Attachments**” screen, you are required to complete and attach an FCQ form (Financial Capability Questionnaire). **Follow Steps 1-6 described below the screenshot.**

This page allows you to upload the Budget Detail Worksheet, Financial Management and System of Internal Controls Questionnaire (FCQ) form, Program Narrative, and other Program attachments. Click the attach button to continue.

#### FCQ Attachment

In accordance with the Part 200 Uniform Requirements as set out at 2 C.F.R. 200.205, Federal agencies must have in place a framework for evaluating the risks posed by applicants before they receive a Federal award. To facilitate part of this risk evaluation, all applicants are to download, complete, and submit the Financial Management and System of Internal Controls Questionnaire.

You can download the current [FCQ form here](#).

Click on the Attach Button to upload FCQ Form

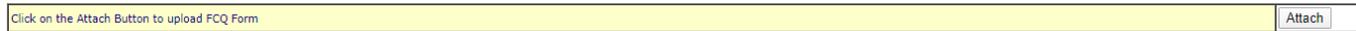
*Note: If your organization has already completed an FCQ form in a prior application, it will already be displayed in the FCQ Attachment section as a link titled “Most Recently Submitted FCQ form” (shown below). If you’ve already completed your FCQ form, proceed to the instructions after Step 6 below.*

[Most Recently Submitted FCQ form](#)

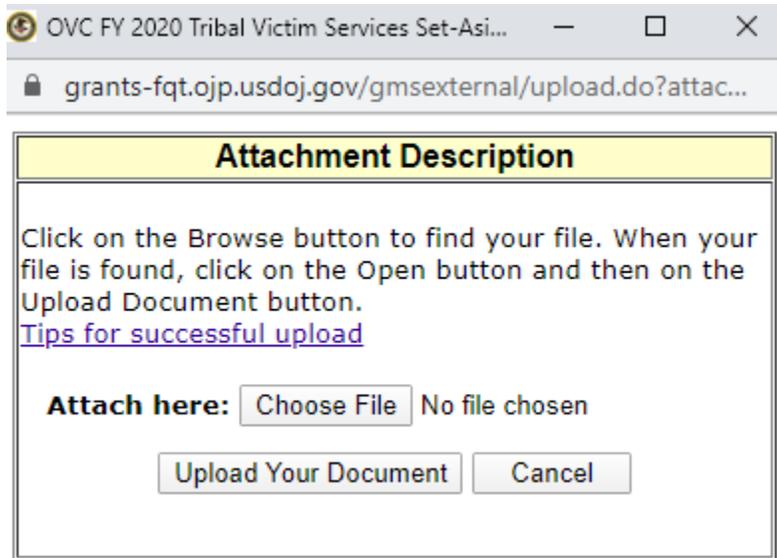
- 1) You may download the FCQ pdf form by clicking the “**FCQ form here**” link and saving the pdf form to your computer

You can download the current [FCQ form here](#).

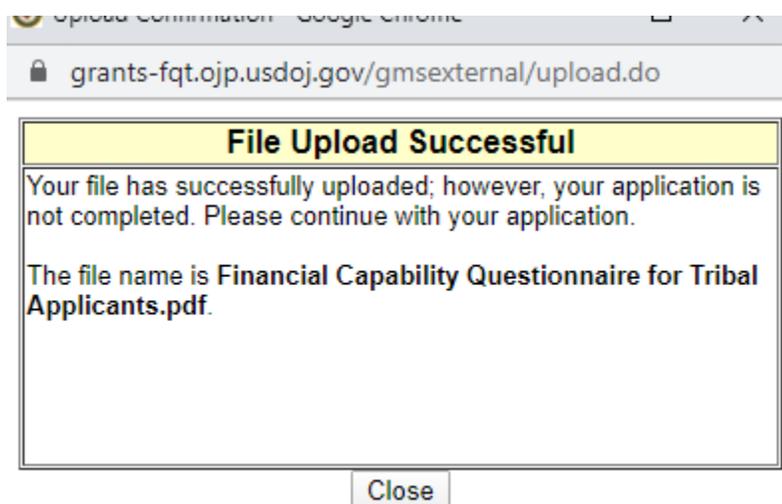
- 2) After completing the FCQ form on your computer, click the **“Attach”** button (shown below) in the **“FCQ Attachment”** section



- 3) Click the **“Choose File”** button in the Attachment Description pop-up window (shown below) and locate the FCQ form on your computer



- 4) Select the FCQ form on your computer, then click the **“Upload Your Document”** button (shown above)



- 5) Click the **“Close”** button in the pop-up window (shown above)

Financial Capability Questionnaire for Tribal Applicants.pdf	Delete
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6) Your FCQ form file name will be displayed (as shown above); you may click the “Delete” button to delete the current FCQ form and re-attach a new one

#### Budget and other Program Attachments

Population Certification (Fillable PDF).pdf	Delete
Tribal Resolution or other Authority Documentation (Consortium and Designees only).docx	Delete
Click on the Attach Button to upload an attachment	Attach

Continue

--Follow steps 1-6 to attach the following required documents into the “Budget and Program Attachments” section: **Population Certification** (click the “Population Certification Fillable PDF” link at the following website: <https://grants.ojp.usdoj.gov/TVSSA/> ) and **Tribal Resolution or other Authority Documentation** (Consortium and Designees only)

--Then click the “Save and Continue” button to proceed to the **Assurances and Certifications** screen.

#### Assurances and Certifications

To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the following:

1. Assurances
2. Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.

If you are an applicant for any Violence Against Women grants, this includes the Certification of Compliance with the Statutory Eligibility Requirements of the Violence Against Women Act.

\* - Indicates required field

* Prefix:	Mr.
Prefix (Other):	

--On the **Assurances and Certifications** screen (shown above), click the “1. Assurances” link.

--After reviewing the assurances statement, you should scroll to the bottom and click the “Accept” link (shown below) to accept the standard assurances, then click the “Close” button to close the pop-up window.

I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution subject me and the Applicant to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729-3730 and 3801-3812). I also acknowledge that the Department’s awards, in Department, including by its Office of the Inspector General.

Accept

--Then click the “2. Certifications Regarding Lobbying” link, and after reviewing the certifications statement, you should scroll to the bottom and accept the standard certifications in the same manner.

* E-mail:	test@test.com	Email Help
<input type="checkbox"/> I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority of official, to provide the information requested throughout this application system on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.		

Save and Continue

--After accepting the standard assurances and certifications, check the “I have examined...” check box, then click the “Save and Continue” button to proceed to the **Review SF-424** screen (shown below).

- [Budget and Program Attachments](#)
- [Assurances and Certifications](#)
- [Review SF 424](#)
- [Submit Application](#)

- [Frequently Asked Questions](#)
- [Home](#)
- [Help](#)

5. APPLICANT INFORMATION	
<b>Legal Name</b> GDIT Testers	<b>Organizational Unit</b> GDIT Org Unit
<b>Address</b> 123 Main St. Tester, District of Columbia 12345-6789	<b>Name and telephone number of the person to be contacted on matters involving this application</b> Contact, Point of (123) 456-7890
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 99-9999999	<b>7. TYPE OF APPLICANT</b> Indian/Native American Tribal Government (Federally Recognized)
<b>8. TYPE OF APPLICATION</b> New	<b>9. NAME OF FEDERAL AGENCY</b> Office for Victims of Crime
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> NUMBER: 16.841 CFDA TITLE: VOCA Tribal Victim Services Set-Aside Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Descriptive Title
<b>12. AREAS AFFECTED BY PROJECT</b> Affected Areas	
<b>13. PROPOSED PROJECT</b> Start Date: January 01, 2021 End Date: December 30, 2021	<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant b. Project DC00
<b>15. ESTIMATED FUNDING</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> Program is not covered by E.O. 12372
Federal \$1	
Applicant \$0	
State \$0	
Local \$0	
Other \$0	
Program Income \$0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>

--The **Review SF-424** screen displays all the information from prior application screens. Changes to the SF-424 information can only be made on prior screens. To make changes to your organization's information, click the **Applicant Information** side link, then return by clicking the "Review SF-424" side link. To make changes to most other information, click the **Project Information** side link, then return by click the "Review SF-424" side link.

--When all information on the **Review SF-424** screen is correct, click the **Continue** button to proceed to the **Submit Application** screen.

Status	Requirement
Complete	Overview
Complete	Applicant Information
Complete	Project Information
Complete	Budget and Program Attachments
Complete	Certified to the Assurances and Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace
Incomplete	<a href="#">Submit Application</a>

--On the **Submit Application** screen (shown above), all prior application steps should show as "Complete". If any show as "Incomplete", click the applicable side link to return to that screen to complete the required information. When all steps are complete, click the **Submit Application** button. The message shown below will be displayed to confirm that your application has been received by the Office for Victims of Crime.

**Submit Application**

Your application for the OVC FY 2020 Tribal Set-Aside Training and Technical Assistance Program Invitation to Apply has been successfully submitted. You will no longer be able to edit any information submitted. However, you can log in any time to view the application information.

You will be contacted by the Program Office when your application is processed or any other action is required by you.