

## Instructions for Online Grant Applications and Application forms in SAGE

The on-line grant application for the New Jersey Autism Center of Excellence (NJACE) will be available late February 2018 through the State of New Jersey System for Administering Grants Electronically (SAGE).

In the meantime, please refer to the attached RFA for the grant requirements and narrative questions.

### **If you are new to the SAGE system, you will need to take the following steps:**

- To access SAGE, go to <https://njsage.intelligrants.com>.
- Log on to SAGE as a new user by entering and then saving your contact information.
- Contact your organization's Authorized Official (AO) or Agency Administrator (AA) and request the Official authorize you as an approved user and assign you to the grant application (CAUT18ACE). If you do not know your organization's AO or AA or if your organization is not in SAGE, please call the Autism Office at 609-943-5405 or 609-633-8740 for assistance.
- Once you have been authorized as an approved user and assigned to the grant application log back on to SAGE. You can now start your application.

### **If you are registered in the SAGE system (current or past applicant):**

- To access SAGE, go to <https://njsage.intelligrants.com>.
- If your role is listed as Authorized Official (AO) or Agency Administrator (AA) under "Welcome" you will see the NJACE application (CAUT18ACE) under "Applications/Grants" and can begin your application.
- If your role is Agency Staff under "Welcome" you will need to contact your organization's AO or AA to access the grant application. If you do not know your organization's AO or AA, please call the Autism Office at 609-943-5405 or 609-633-8740 for assistance.
  - Request the AO or AA authorize you as an approved user and assign you to the grant application (CAUT18ACE).
  - Once you have been authorized as an approved user and assigned to the grant application log back on to the SAGE system. You can now start your application.

If you have any questions, please contact the Autism Office at 609-943-5405 or 609-633-8740 or the SAGE Help Desk at [sagehelp@sos.nj.gov](mailto:sagehelp@sos.nj.gov), or refer to the Applicant User Guide on the SAGE Login Page under "Helpful Links".

## Application forms in SAGE

The following forms are required in the SAGE application. Grant applications that do not include all of the required information will be returned to the applicant without further consideration.

### Organization Information Review Page

**Application Summary:** Select Cost reimbursement for Preferred Payment Plan

### Project Location

### Research Assurance Information

**Written Response to Reviewers' Critiques:** Applicants who are reapplying for a grant are required to complete this section by addressing the critiques of the original application.

### Proposal Abstract

**Narrative:** Projects narrative questions are listed in the RFA

**Biographical Sketch:** For each of the key personnel list: (1) Education/Training (Institution, location, degree, year(s) and field of study); (2) Position and Honors, Awards and Other Professional Activities, (3) Selected Peer-reviewed Publications, (4) Ongoing Research Support and (5) Completed Projects.

**Other Support:** For each of the key personnel list (1) active support, (2) applications and proposals pending review or funding, (3) applications and proposals planned or being prepared for submission. See the SAGE for specific information required for each category.

### Resources and Environment

**Collaborative Arrangements:** If applicable, describe the involvement of collaborators in the proposed project. Attach copies of letters from the collaborators, including time commitments and agreed upon responsibilities.

**Budget Schedules A – C:** Full and part-time personnel costs, personnel costs with no fringe, consultant services cost and other cost categories. For each schedule entered and saved a justification must be completed. Refer to "Related Forms" at the bottom of the pages.

Note: Applicants should prepare for expenditures for five years. The first year budget request should be submitted with the application along with a corresponding narrative justification. The following year's budgets can be submitted without the corresponding narrative justification if

general descriptions of how funding will be used in year two is included in the program plan. Indirect costs cannot exceed 15% annually and are included in the maximum funding. The first year budget request should include, at a minimum, with corresponding narrative justification, (1) salary and justification for the Principal Investigator and other staff needed to meet the first-year responsibilities; (2) information about any sub-awards; (3) expenses related to communications, supplies, equipment; (4) travel funds for key personnel to attend an annual meeting to share research approaches, discuss lessons learned and identify potential areas of collaboration.

## **Cost Summary**

## **Statement of Local Government Public Health Partnership**

**Schedule D:** Officers and Director's List

## **Certification of Human Subjects & the Containment of Recombinant DNA Research**

**Certification of Equipment Needs:** Equipment description and justification (include number and manufacturer)

## **Certifications Regarding Institutional Responsibilities**

## **Schedule G: Certification Regarding Debarment and Suspension**

## **Schedule H: Certification Regarding Lobbying**

**Schedule I: Certification Sheet** indicating that the official (name and title) certifying for the agency agrees with all requirements and conditions of the application.

## **Schedule J: Agency Minority profile**

## **Schedule K- Certification Regarding Environmental Tobacco Smoke**

## **NJDOH Required Attachments**

Note: A Valid Tax Clearance Certificate is due with submission of the application. Failure to include this will make your application non-responsive. For the Business Assistance Tax Clearance Application and Fee (\$75.00 or \$200.00) information please refer to

<http://www.state.nj.us/treasury/taxation/busasst.shtml>

Additionally, a Statement of Gross Revenue or Annual Audit Report is required. Refer to the Cost Controlling Initiatives on your grant application in SAGE under "Terms and Conditions". This is required to maintain compliance with the Commissioner's Cost Controlling Initiatives.

## **Miscellaneous Attachments**

Please include and clearly label:

- 1.** Full proposal (abstract and narrative) as a Word or PDF document with tables, charts and illustrations
- 2.** Organizational chart for applicant's institution
- 3.** Letter of support from a president, dean or other authority, as evidence of institutional support
- 4.** Letters of support from partner organizations including commitments of resources (time, staff, programs) to the NJACE, as described in the application
- 5.** Work plan with a timeline or chart that includes each activity described in the goals, responsible staff and partners, proposed outcomes, intended impact and how the activity's outcome and impact will be evaluated. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.
- 6.** Evaluation plan and logic model
- 7.** Any other figure or chart