SAGE User Guide

For Grant Administration and Reporting

WELCOME

This presentation will guide you through the process of entering your application and budget information into our electronic SAGE system. As an NJBUILD applicant you are required to register in SAGE for applying for NJBUILD (Women and Minority Groups In Construction Trades)

NOTE: IF YOU ARE ALREADY REGISTERED IN SAGE, YOU DO NOT NEED TO REGISTER AGAIN. INSTEAD, PLEASE EMAIL <u>NJBUILDPROGRAMS@DOL.NJ.GOV</u> INDICATING THAT YOU ARE ALREADY REGISTERED. *Slides 3 through 5 can therefore be omitted*.



STEP 1: REGISTER

NOTE: Initial Registration should be completed by the Authorized Official (contract signatory). If additional staff will assist in managing the grant in SAGE, please see slides 29 -40 for instructions on allowing those individuals access.

Start by visiting https://njsage.intelligrants.com/Login2.aspx?APPTHEME=NJSAGE



Back

Enter the required information

For GRANTING DEPARTMENT please use DEPARTMENT OF LABOR



Registration

NOTE: Municipality and County Authorized Official and staff must not make changes here. You should make any necessary changes in NJDCA SAGE.

If you are a municipality or county staff please <u>Click Here.</u> You must first access the DCA SAGE system to gain access to Statewide SAGE

The 'Username' field must consist of all letters and numbers and must be between 5 and 20 characters long.

The 'Password' fields must consist of all letters and numbers and must be between 7 and 20 characters long.

Contact Information



When Finished Click SAVE to submit After you save the registration form, please send an email to <u>NJBUILDPROGRAMS@DOL.NJ.GOV</u> so LWD can

approve your request.

Once LWD approves your request, you will have access to SAGE to enter your application information and can proceed to the next steps.



STEP 2: LOGIN

STATE OF

Portal Home

System Login

stering Grants Electronically

Once your registration has been approved, Return to https://njsage.intelligrants.com/Login2.aspx?APPTHEME=NJSAGE

Welcome to the State of New Jersey System for Administering Grants Electronically (SAGE)

This is the State of New Jersey's grant management system. This system requires authorization for access. If you do not have a username and password please click the





& Login





System for Administering Grants Electronically

Calendar

VIEW OPPORTUNITIES

Home

Hello Brad, please choose an option below.

STATE OF NEW JERSEY

Documents

View Available Opportunities

You have 74 opportunities available. Select the View Opportunities button below to see what is available to your organization. **Training Materials**

Reports



OPPORTUNITIES PAGE

Sort by Provider by selecting **NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT(LWD)** from the drop down menu and clicking FILTER

🕥 <u>Back</u>

Opportunities

Due Date (From - To):

To apply for an item listed below, select the Apply Now button below each description.

Sec.	RESET OPPORTUNITIES	
	Provider:	New Jersey Department of Labor and Workforce De
	Document Instance:	



		<u>.</u>	and the second
	No Martin		

velopment (LWD) 🛊

Seck Opportunities

To apply for an item listed below, select the Apply Now button below each description.

RESET OPPORTUNITIES

Provider: New Jersey Department of Labor and Workforce Development (LWD) V

Document Instance:

Due Date (From - To):

FILTER

Women and Minorities in Construction 2020 for NJSAGE Test Org 12345

Offered By:

New Jersey Department of Labor and Workforce Development (LWD)

Women

Application Availability Dates: 07/22/2019-open ended

Application Period: not set

Application Due Date: not set

Description:

Women and Minority Groups in Construction Trades grant will assist in providing greater employment opportunities for women and minority groups, residing in New Jersey, by providing pre-apprenticeship training, workforce readiness/employability, and a structured work experience which will emphasize vocational-based training for entry-level skills in the construction trades. This funding will only support partnerships with trade unions and private contractors in the development and provision of pre-apprenticeship training and the placement of individuals with labor unions and private contractors to meet their workforce needs.



Locate NJBUILD APPLICATION 2020 and select APPLY NOW



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STEP 3: AGREEMENT

Agreement

Please make a selection below to continue.

You may copy forward data from one of the following items:

Do not copy data forward

You must agree to the terms and conditions outlined by the State of New Jersey Department of Labor and Workforce Development.

Review the Standard Assurances and Certifications and General Provisions.

Additionally, you should review the Notice of Grant Opportunity.

However, if there is a question regarding your eligibility to apply, please select "I Do Not Agree" and contact our office by telephone at 609-633-9827 to discuss the englibility requirements and how they apply to your specific situation.

I AGREE I DO NOT AGREE

Powered by IntelliGrants ®

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Click I AGREE once you are ready to start the application.

STEP 4: APPLICATION

Begin the application process by navigating to FORMS MENU _ and clicking

Menu Discrete Forms Menu Status Changes Management Tools Related Documents and Messages							
	 Back Document Informa Details 	tion: <u>PACE-FY2019-NJS</u>	AGE Test Org 1-032				
	DOCUMENT SNA Organization Information:	PSHOT NJSAGE Test Org 12345 123 Main Street Trenton, NJ 12345 Phone: 9985552038					
	Authorized Official:	Brad Jersey					
	FEIN:	22222222					
	Have a question or ne Your assigned Busine Name: Patricia Jordan Email: donotreply@a Phone: (609) 984-353 Name: Only one Prog Email: Phone:	eed assistance? ss Representative is: n gatesoftware.com 34 ram Staff assigned					
	FY	Contract Term Start	Contract Term End	Grant Funds Requested	Match Amount	Total Funds	
	2019			\$0		\$0	



LWD Standard Application 2019 Menu - Forms

Please complete all required forms below.

Document Information: PACE-FY2019-NJSAGE Test Org 1-032

Details

Forms

Status	Page Name	No	te Created By	Last Modified By
	Employer Account Verification			
Application	on			
	Applicant Information			
	Project Location			
	Consortium Partners			
	Previous Funding			
	Required Documents			
	Schedule A, Part I - Personnel Costs			
	Schedule B - Non-Personnel Expenses			
	Schedule C - Direct Student Services			
	Cost Summary			
	Miscellaneous Attachments			

The Forms Menu outlines the table of contents for the grant application

Begin by clicking APPLICANT INFORMATION



Provide the information requested for each field.

Please note: All sections throughout The application with a RED STAR are Required in order for submission of the application.



APPLICANT INFORMATION
Training Application For: * ® PACE
Company Information
NJSAGE Test Org 12345 123 Main Street Trenton, New Jersey 12345 County: Atlantic County* Legislative District #: ★ FEIN #: 2222222* NAICS #:
Local Address:
Higheet Official at Location
Prefix: T * First Name: Last Name: Suffix: T
Title:
Phone:
Email:
Company Representative Signing Letter of Agreement
Profix: Vite Name: Suffy: S
Trile:
Email:
Derson Managing the Agreement
Period managing use Agreement
Phone:
Email:
Organization Address: Check here if the address is the same as the company information above.
Name
Address:
City:
County:
State: New Jersey
Zip:
Type of Organization: Type of Organization:
Union Affiliation * 🔍 Yes 🔍 No
Name and Local Number:
Address:
City: Xiate: Zip:
Union Representative:
Phone:
Address same as above.
City:
any. and and a second sec

PAGE NAVIGATION

After you enter the requested information, use the radio buttons at the top of the page to procee	Only ed. Save	Save and Move to Next s Page	Next Page without Saving	Checks entire Document for errors
Home Calendar Documents				
	<u>Reports</u> <u>Training Mater</u> ial	<u>s Organizatio</u>	<u>n(s)</u> <u>Profile</u>	<u>e:bjersey</u> <u>Logout</u>
	SAV	E SAVE/NEXT	NEXT C	IECK GLOBAL ERRORS
Menu Forms Menu Status Changes Management Tools	Related Documents and Mess	sages		
S Back				
Document Information: PACE-FY2019-NJSAGE Test Org 1-032 Details				
You are here: > LWD Standard Application 2019 Menu > Forms Menu				

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PROJECT LOCATION

If you select STATEWIDE, there is no need to select individual counties and municipalities.

- When selecting Multiple Counties hold down the CTRL key while clicking.
- Choose all Counties BEFORE selecting Municipalities.

PROJECT LOCATION

Instructions:

- · Please complete this page, then click the SAVE button.
- · First select a County, and then a Municipality.
- · You may select more than one County or Municipality:
- Hold the Ctrl Key while clicking to select more than one.
- Hold the Shift while selecting and you will select everything between where you click.
- If your Project is statewide, check the appropriate box indicating this.
- After completing and saving this page, click on a related page or click NEXT to complete the related pages in the sequence shown below.

Please check this box if the project is statewide



PREVIOUS FUNDING

If applicable, please indicate any prior funding that your organization received from NJ Department of Labor and Workforce Development **within the last three years**.

PREVIOUS FUNDING

Instructions:

- If you did not receive any funding, please CHECK HERE
- · Please enter your information then click SAVE. Fields will populate with information and any errors will be noted at this point.
- Fields with an * next to them are required.
 - . To proceed to the next page you may click the SAVE/NEXT button or use the Form Section on the menu. Selecting Next does not Save page.
 - To return to the Forms menu click the Forms Menu link above.

If the Applicant Organization has received funding from the NJ Department of Labor and Workforce Development within the last three years of submission please enter the information below.

Total:

Check here if your applicant organization has no previous grant funding.

Grant Program	Fiscal Year	Amount of Previous Funding
• Other, please describe:	•	



REQUIRED DOCUMENTS

Instructions:

- Please upload your information then click SAVE.
- Fields with an * next to them are required.
- To proceed to the next page you may click the NEXT button.
- To return to the Forms Menu click the Forms Menu link above.

Please upload your Program Narrative document below. PROGRAM NARRATIVE *

Choose File No file chosen

Please upload your Implementation Plan document below.

Choose File No file chosen

Please upload your Program Sustainability Plan document below. PROGRAM SUSTAINABILITY PLAN * Choose File No file chosen

Please upload your Tax Clearance document below.



Choose File No file chosen

REQUIRED DOCUMENTS

For this page, please upload a Word document or PDF for EACH section of your Proposal.

> To upload, click CHOOSE FILE and navigate to the file location on your computer.

NJ BUILD DELIVERABLES

Expected number of cycles:

	Number of Participants	Number of Weeks of Training Per Cycle	Number of Hours of Training Per Week	Total Hours
•				
•				
•				
T				

	Start Date	End Date	Occupational Area of Training
Cycle One:			
Cycle Two:			
Cycle Three:			
Cycle Four:			
Cycle Five:			
Cycle Six:			

Total Participants expected to complete training:

Number to be placed into USDOL Registered Apprenticeship:



Number of participants in a construction job in an affiliated trade at \$15/hour or greater. (Not USDOL Registered Apprenticeship):

DELIVERABLES

Enter your program details and outcomes in this section

SCHEDULE A, PART I - PERSONNEL COSTS

Enter all the required information for Personnel Costs within your grant.

NOTE: Columns where there is not a fillable field, will automatically calculate once you click SAVE at the top of the page.

SCHEDULE A, PART I - PERSONNEL COSTS

Instructions

1. Enter the requested information. (Review NGO for program-specific instructions and requirements.)

2. Click SAVE above to save changes, and the system will automatically perform the calculations required to complete this form.

3. Once Schedule A, Part I is complete, complete Schedule A, Part II. (Both parts are required for each listed position.)

Page Label Not required.

Salaries/Wages & Fringe Benefits

List employees whose pay is a direct cost for this project (or project component). (To generate additional lines, click SAVE above.)

Chec If In-	Position Title	Legal First Name	Legal Last Name	Annual Salary/Wanea	% of Time on Cost Estin	nual % of Time on /Wages Project	Cost Estimate (Salary/Wages)	on Cost Estimate	of Time on Cost Estimate Project (Salary/Wanes)	Fringe Benefit	Cost Estimate Total Cost	Cost Estimate Total Cost	Cost Estimate	ge Benefit Cost Estimate	ost Estimate Total Cost		s Requested State	Cost Shar	e or Match	Source for Cost- sharing/Matching
Cost				calaryrrageo	riojost	(usis)/ringoo)	1000 (74)	(111180)	Countato	Salary/Wage	Fringe	Salary/Wage	Fringe	Funds						
•					%*		%					\$0	\$0	▼						
•					%*		%					\$0	\$0	▼						
					%*		%					\$0	\$0	▼						
					%*		%					\$0	\$0	▼						



Fringe Benefit Rate(s) If applicable, upload a justification for the fringe benefit rate(s) entered above.

Choose File No file chosen

If fringe benefits are included in your grant request, please make sure to provide an upload (*at bottom of page*) to justify those costs.

SCHEDULE A, PART II - PERSONNEL JUSTIFICATION

Add the required roles, responsibilities, and minimum qualifications for each position.

SCHEDULE A, PART II - PERSONNEL JUSTIFICATION

Instructions:

1. Enter the requested information. (Review RFA for program-specific instructions and requirements.)

Click SAVE above to save changes to this form.

NOTE: Do not enter data until Schedule A, Part I is complete. Changes to the Position Titles on Schedule A, Part I will affect the Position Titles that appear on this form.

Title:

Pe Pro	rsonne ovide a	el Justificat description	tion for each position listed on Schedule A, Part I.				
Po 1	sition litle	Weekly Work Hours	Role & Responsibilities	Minimum Qualifications (education and experience)			
			0 of 500	0 of 500			



SCHEDULE B- NON-PERSONNEL EXPENSES

Add the required information for each expense within Non-Personnel expenses

SCHEDULE B - NON-PERSONNEL EXPENSES

Instructions:

- This page is optional and is not required to be completed.
- Please enter your information then click SAVE. Fields will populate with information and any errors will be noted at this point.
- Fields with an * next to them are required.
- . To proceed to the next page you may click the SAVE/NEXT button or use the Form Section on the menu. Selecting NEXT does not Save page.
- To add additional Non-Personnel Costs after saving this page click the ADD button.
- To return to the Forms Menu click the Forms Menu link above.

In accordance with the budget guidelines contained in the NGO, list non-personnel cost categories applicable to grant proposal.

In addition to the justification, include the cost basis on how you arrived at the Total Funds Needed for each budget category. In most cases, the cost basis includes a calculation (e.g. 50 notebooks @ \$1.00 = \$50.00).

Check if In- Direct Cost	Non-Personnel Cost Categories	Justification for Cost (include cost basis calculation)	Number of Units	Cost Per Unit	Total	Grant Funds Requested From State	Funds From Other Sources	Total Funds Needed	Source for Cost-sharing/Matching Funds
	tf other selected, list below:	0 of 500						\$0	(



SCHEDULE C- DIRECT STUDENT SERVICES

Add the required information for each expense categorized as Direct Student Services. This category includes Curriculum Development, Consultant Fees, and Stipends.

SCHEDULE C - DIRECT STUDENT SERVICES

Instructions:

- This page is optional and is not required to be completed.
- Please enter your information then click SAVE. Fields will populate with information and any errors will be noted at this point.
- Fields with an * next to them are required.
- To proceed to the next page you may click the SAVE/NEXT button or use the Form Section on the menu. Selecting Next does not Save page.
 To add additional Direct Student Services after saving this page click the ADD button.
- To return to the Forms Menu click the Forms Menu link above.

In accordance with the budget guidelines contained in the NGO, list direct student services cost categories applicable to grant proposal.

In addition to the justification, include the cost basis on how you arrived at the Total Funds Needed for each budget category. In most cases, the cost basis includes a calculation (e.g. 50 notebooks @ \$1.00 = \$50.00).

Direct Student Services Cost Categories	Justification for Cost (include cost basis calculation)	Number of Units	Cost Per Unit	Total	Grant Funds Requested From State	Funds From Other Sources	Total Funds Needed	Source for Cost-sharing/Matching Funds	
If other selected, list below:	0 of 500						\$0		



COST SUMMARY

COST SUMMARY

Admin Percentage %

\$0

Admin Total

Cost Category	Grant Funds Requested	Match	Total Funds Needed
A. Personnel Cost			
Salaries/Wages			
Fringe Benefits			
B. Non-Personnel Costs			
C. Direct Student Services			
Total Cost			

Match Percentage %

REVIEW THE COST SUMMARY PAGE: Check that the grant amounts on each line and total cost amounts are correct.

If you encounter a problem that cannot be corrected, please contact your LWD representative.



MISCELLANEOUS ATTACHMENTS

MISCELLANEOUS ATTACHMENTS

This page is OPTIONAL

- Upload any additional Miscellaneous Documents, if needed.
 - To upload, click CHOOSE FILE and navigate to the file location on your computer.

Instructions:

- This page is optional and is not required to be completed.
- Please enter your information then click SAVE. Fields will populate with information and any
- Fields with an * next to them are required.
- · To proceed to the next page you may click the SAVE/NEXT button or use the Forms Section
- . To return to the Forms Menu click the Forms Menu link above.

		Choose Fi	le No file chosen
Local Workfo	rce Development Board I	Letter of Support	
		Choose Fi	le No file chosen
		Choose Fi	le No file chosen
Additional At	achments to Support the	Application	
		Choose Fi	le No file chosen





-

CHECK FOR ERRORS, REVISIT SECTIONS

Before submitting your application, please check your document for any errors by clicking CHECK GLOBAL ERRORS



*****If you need to revisit any particular areas of your application, you can easily do so by clicking the FORMS MENU and selecting the page desired



STEP 5: SUBMIT APPLICATION

PLEASE NOTE: Only the Authorized Official can submit a completed application.

When you are ready to submit your application, navigate to STATUS CHANGES at the top of the page and Click





Back

LWD Standard Application 2019 Menu - Status Options

Select a button below to execute the appropriate status push.

Document Information: GAINS-FY2019-NJSAGE Test Org 1-044

Details

Under APPLICATION SUBMITTED select APPLY STATUS



APPLICATION CANCELLED

APPLY STATUS



Once you have entered and submitted your application, please send an email to <u>NJBUILDPrograms@dol.nj.gov</u> to notify of your status, so it can be reviewed, etc.

Any questions, call Lauren Kremper-DiFilippo, Business Rep at 609.292.1467



ADDITIONAL USERS IN SAGE

The role of the Authorized Official for purposes of SAGE is defined as the person(s) who are permitted to sign off on official documents and contracts.

Often times, the Authorized Official will delegate program staff to assist in entering grant information.

To do this, EACH staff member who will be working in SAGE must individually register for access.

The process is similar to the afore mentioned slides on registration. Begin by visiting: https://njsage.intelligrants.com/Login2.aspx?APPTHEME=NJSAGE





When Finished Click SAVE to submit After a staff member has completed the registration form, the Authorized Official can then add that person to their account for access.

The Authorized Official should start by logging in :

https://njsage.intelligrants.com/Login2.aspx?APPTHEME=NJSAGE



Welcome to the State of New Jersey System for Administering Grants Electronically (SAGE)

This is the State of New Jersey's grant management system. This system requires authorization for access. If you do not have a username and password please click the

Login
Username
Password
LOGIN
New User
Sorgot Username/Password?



Navigate to ORGANIZATION and click



Select Your Company from the list

Organization(s)

Select an Organization to view the information for that Organization.

Organization Information

Organization	Role	Active Dates	Assigned By
NJSAGE Test Org 12345	Authorized Official	05/21/2007 - open ended	Post, Mr. Joel
UNION CITY SCHOOL DISTRICT	Agency Administrator	03/06/2018 - open ended	Lord, Ms. Ann



Once on your Organization's page, select ORGANIZATION MEMBERS





O Back Organization - UNION CITY SCHOOL DISTRICT Follow the instructions listed below to add/remove/modify organization members. A list of all current Organization Information | Organization Members | Organization Documents | Organization Details members of your Organization Members organization will Administrators with the authority to add members to your organization can follow these steps: To add a member to your organization, select the Add Members link below. appear. If a member has already added his/her information in the system, you can search for the member. · If you need to add a member's information into the system, select New Member. To add a new · For more detailed instructions, select the Show Help button above. member, select Current Membr Add Members ADD MEMBERS Sort By: ------ SELECT------ V ------SELECT------ V Results Per Page 20 V GO Active Person Role Active Dates Assigned By Modified By Documents Doureste-Roman, Ms. Dragona, Mr. Agency Administrator 🔻 10/17/2012 Esmaralda 126 Anthony 10/17/2012 Jersey, Mr. Brad Agency Administrator 3/6/2018 Lord, Ms. Ann 12 3/6/2018 Dragona, Mr. Lewis, Mr. Ryan Agency Administrator V 1 9/11/2013 88 Anthony 9/11/2013



O Back Organization - CITY SCHOOL DISTRICT Follow the instructions listed below to add/remove/modify organization members. Organization Information | Organization Members | Organization Documents | Organization Details Organization Members Type the name of Administrators with the authority to add members to your organization can follow these steps: To add a member to your organization, select the Add Members link below. the staff member . If a member has already added his/her information in the system, you can search for the member. · If you need to add a member's information into the system, select New Member. in the PERSON · For more detailed instructions, select the Show Help button above. SEARCH field. Current Members Add Members Person Search SEARCH NEW MEMBER ...and click SEARCH



From the search results, "check" the appropriate person.

People Found Person Organiz

	Person	Organization(s)	Role	Active Dates	Assigned By
(Patricia Zakrzeski	Morris County (Agency Administrator)	Select ▼	6/6/2019] -]
	<u>PATRICIA</u> <u>WOJCIK</u>	Bay Head Borough (Agency Administrator)	Select 🔻	6/6/2019]
2	& assign a	role			

ROLE DESCRIPTIONS:

Authorized Official: Signatory person; full access.
Agency Administrator: Ability to perform all actions in SAGE except signing contracts.
Agency Staff: Ability to data enter information only.

***Remember to click SAVE at the top of the page once you are finished. That staff member now has access. Return to slide 6 to begin working on the application.



ADDING STAFF MEMBERS **AFTER** APPLICATION HAS BEEN STARTED

If the application has already been started or submitted, and you wish to add additional users, there is a second step that must be completed after adding those users to your organization.

From the HOME tab:

Locate MY TASKS and click on LWD STANDARD APPLICATION

Home Clendar Applications/Grants	Expenditure Reports F	Payment Vouchers	Activity Reports	NC Grants	NC Expenditure	NC Vouch
	<u>Reports</u> <u>Administration</u>	<u>Training Material</u>	<u>s</u> <u>Dashboard</u>	<u>Organization(s)</u>) <u>Profile:tnovati</u>	n <u>Logo</u> i
Welcome Tami						
LWD Program Staff						
Change Picture						
Hello Tami, please choose an option be	elow.					
🖳 My Inbox						
You have 0 new messages. Select the Open Inbox button below to open	your system message inbox	c.				
OPEN INBOX						
🗸 My Tasks						
_ ,						
Group By Status Export Resu	Its to Screen V GO	EXPAND ALL CO	LLAPSE ALL			
LWD Standard Application 2019						
A. B.			and the second			



Management Tools

Select the link above to create a printable version of the document.

CREATE FULL BLANK PRINT VERSION Select the link above to create a blank printable version of the document.

ADD/EDIT PEOPLE

Select the link above to manage the organizations associated with this document.

Type the name of the staff member in the PERSON SEARCH field.

LWD Standard Application 2019 Menu - People

The functionality on this page will allow you add, delete or edit people on this document. Use the keyword search function to locate a person you would like to add. Select the check box next to the name in the search results. Or, you can uncheck the box next to the person(s) name under the Current People Assigned area to remove people. After you perform your modifications, remember to select the SAVE button to save your changes.

EARCH

	Document Information:	GAINS-FY2019-NJSAGE Test Org 1-020
11.	Details	

Click ADD/EDIT PEOPLE

Person Search

Enter a name or partial name

...and click SEARCH

From the search results, "check" the appropriate person.

People Found Assigned Organization(s) Active Dates Person Role Bv 6/6/2019 <u>Patricia</u> Morris County (Agency Administrator) -- Select --• Zakrzesi 6/6/2019 PATRICIA WOJCIK Bay Head Borough (Agency Administrator) -- Select --•

& assign a role

ROLE DESCRIPTIONS:

Authorized Official: Signatory person; full access.
Agency Administrator: Ability to perform all actions in SAGE except signing contracts.
Agency Staff: Ability to data enter information only.

***Remember to click SAVE at the top of the page once you are finished. That staff member now has access to that particular grant.