

SAGE WEBINAR



New Jersey Puerto Rico Commission

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 **New User** link to request access to the site.

Effective Jan 31, 2022, established SAGE County and Municipality users will manage all organization and user information separately within each system (DCA SAGE and SAGE).

Please contact your granting department with any questions. Contacts for each department can be found in the *SAGE Help Desk and Support Services* link below.

NOTE: Counties and municipalities are already established SAGE user agencies. New user access is established by your agency's officials. Please contact your Agency's Officials for access to SAGE.

Helpful Links

- [Reset Your Password](#)
- [SAGE Help Desk and Support Services](#)
- [FAQ for County/Municipality Users](#)
- [Search programs available through SAGE](#)
- [Request Access to SAGE](#)

Login

Username

Password

[New User](#)
[Forgot Username/Password?](#)

REGISTER FOR SAGE

Getting Started with the System for Administering Grants Electronically (SAGE)

To access Blue SAGE, new users must first complete the registration process.

- Open your web browser and visit www.sage.nj.gov.
- You will land on the Blue SAGE home page.
- To begin, click on the "New User" link located in the top right corner of the login box.





- ▶ You will see the Registration Screen. Complete all required sections with an asterisk *
- ▶ Please ensure that you use an active email address that you check daily, as this will be the sole method through which SAGE administration will communicate with you.
- ▶ Click on the **SAVE** button on the top right corner.

Complete all required sections with an asterisk *

REGISTRATION SCREEN


Complete the Registration Form

Ensure that all fields marked with an asterisk (*) are filled out accurately. Once all required information is entered, click the **SAVE** button located in the top right corner of the screen.





SAVE

 Registration Complete

Your information has been submitted. When you have been approved you will receive an email. You may now close your browser or visit another website.

[Back](#)

Registration

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

Federal Employer Tax ID Number (FEIN) *

Granting Department/Agency *

Name

Prefix	First	Middle	Last	Suffix
<input type="text" value="Ms."/> ▼	<input type="text" value="Noel"/> *	<input type="text"/>	<input type="text" value="Smith"/> *	<input type="text"/>

Organization *

Title

Address *

City * State * Zipcode *

County *

REGISTRATION COMPLETE

Confirmation of Registration

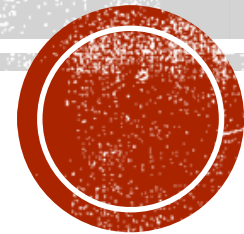
After clicking SAVE, a pop-up notification will appear with the message "Registration Complete." This indicates that you have successfully completed this step. Please note, it may take up to 10 business days to gain access to SAGE. Be sure to monitor your inbox for an email with your approval notice.



INITIATING, COMPLETING AND SUBMITTING AN APPLICATION IN SAGE

Make sure to use compatible browsers such as Firefox, Safari and Microsoft Edge.

DO NOT USE GOOGLE CHROME, it is not compatible with SAGE in any way shape or form!





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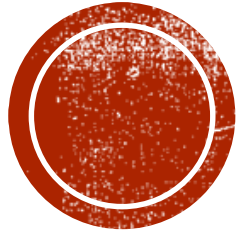
Login

Username

Password

[New User](#)

[Forgot Username/Password?](#)



Logging into SAGE

Begin by entering your Username and Password. Once your credentials are entered, click the Login button to proceed.

Do not use Google Chrome!



Welcome Angela

Authorized Official

[Change Picture](#)

Hello Angela, please choose an option below.

My Tasks


Group By Export Results to

View Available Opportunities

You have **541** opportunities available.
Select the **View Opportunities** button below to see what is available to your organization.

My Inbox

You have **50** new messages.
Select the **Open Inbox** button below to open your system message inbox.

 [Top of the Page](#)

VIEW AVAILABLE OPPORTUNITIES

Accessing Available Opportunities

After logging into SAGE and reaching the welcome page, scroll down to the section titled “View Available Opportunities”. Then, click the “View Opportunities” button to proceed.





[Back](#)

Opportunities

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

RESET OPPORTUNITIES

Provider:

Document Instance:

Due Date (From - To): -

FILTER

OPPORTUNITIES SCREEN

Selecting the Opportunity

- Click the drop-down menu next to **“Provider”** and select **“NJSAGE_DOS”**.
- In the **“Document Instance”** field, enter **“NJ Puerto Rico”**, then click the **Filter** button.
- To apply, click the **“Apply Now”** button beneath the grant title.

You should see the listing
for **“NJ Puerto Rico Commission
Grant 2026”**





Agreement

Please make a selection below to continue.

DOS SAGE

NJ Puerto Rico Commission

DOCUMENTS to open

- [NJ DEPARTMENT OF STATE GENERAL FUNDING GUIDELINES](#). This document identifies requirements for all organizations that are eligible to apply for funding from the Department of State. It briefly describes the review process and provides information on regulations governing grant awards.
- [PRC Application Handbook and Funding Guidelines](#).

Click on "I AGREE" to acknowledge your acceptance and proceed with completing the NJ Puerto Rico Commission Energy Resiliency Grant Application.

AGREEMENT SCREEN

Reviewing Grant Guidelines and Starting the Application

Ensure that your Grant Guidelines are open by clicking on the PRC Application Handbook and Funding Guidelines link.

Click the "I Agree" button to begin creating your grant application.





System for Administering Grants Electronically

Home | Calendar | Documents


Reports | Training Materials | Organization(s) | Profile: Agonzalez1 | Log Out

Menu | Forms Menu | Status Changes | Management Tools | Related Documents and Messages

Back

Document Information: [PRC26-002](#)

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	NJ Puerto Rico Commission Grant 2026	 Ministerio Apostolico Internacional, Jesus es el Senor, Inc.	Agency Administrator	Application in Process	01/01/2027 - 12/31/2027 N/A

DOCUMENT SNAPSHOT

Award Amount: \$0

Organization Name: Ministerio Apostolico Internacional, Jesus es el Senor, Inc.

FEIN: 223367935

DOCUMENT SNAPSHOT

Grant Application Document Snapshot Page

This is the main page of your grant application. You will find the following information:

Document Information: This is your unique grant application number.

Details Box:

Document Type: NJ Puerto Rico Commission Energy Resiliency Grant 2025, indicating the grant category you are applying for.

Organization: Displays your organization's name.

Current Status: This will display "Application in Process" at this stage.





2026 FORMS

STATE OF NEW JERSEY
SAGE
System for Administering Grants Electronically

Home Calendar Documents Reports

Menu Forms Menu Status Changes Management Tools Rel

Forms Menu

Status	Page Name	Note
	PRC Application Guidelines	
	Profile Information	
Application Forms		
	Organization Contact Information	
	Executive Summary	
	Organizational Background	
	Statement of Need	
	Project Description	

Forms

Status	Page Name
	Guidelines
	Profile Information
Application Forms	
	Organization Contact Information
	Executive Summary
	Organizational Background
	Statement of Need
	Project Description
	Personnel Services
	Contractual Services
	Other Direct Costs
	Overall Budget/Organization Budget
	Required Appendices
	Appendices

NAVIGATING THE APPLICATION

Navigating the Application

Hover over **Forms Menu** to begin completing each section of the application.

Start with the first link: “**Profile Information**”.

Important: Avoid using the back buttons, as they will erase any progress made in the sections you've completed.

Always remember to **save your work** after completing each section, as SAGE does not automatically save your progress.

Organization Name:





SAVE SAVE/NEXT NEXT ADD NOTE CHECK GLOBAL ERRORS

PROFILE INFORMATION

Please click the SAVE button to populate the most current information.

Instructions:

- To proceed to the next page you may click the SAVE/NEXT or NEXT button.
- To return to the application menu click the Forms Menu link above.

To populate this area you must roll over "Main Menu" at the top corner of the page, roll over "My Organizations" and click on the name of organization for which you are applying. Once on that page, scroll down below "Organization Information" boxes to "NJDOS Organization Profile Information" and click on it. Fill out that information and click SAVE. Return to Profile Information Review, click on SAVE to populate the new information, review the information for accuracy, check off the box at the bottom, left of the page if you agree and click SAVE again.

Name **Servicios Latinos De Burlington County**
 Federal Tax I.D. Number 223710219
 Address 795 Woodlane Road, Box 10, Second Floor
 City Mount Holly State New Jersey Zipcode 08060
 County Burlington County
 Phone (609) 518-7171 Fax (555) 555-5555
 Email servicioslatinos@hotmail.com
 Website www.selbuc.org

This will populate once you click on the save button after you receive the error message.

Charities Registration # 0000000*

Division of Revenue Registration # 0000000*

Executive Director of applicant Mrs. *Angela *Gonzalez* Executive Director*

Primary Program Contact (for application correspondence)

Prefix	First Name	Last Name	Title
Ms.	*Rosa	*Rojas	*Executive Director*

Board President or Chairman Mr. *Mark *Remsa* Chairman*

Address 10 DEWBERRY COURT

Mount Laurel, *New Jersey *08054*

Phone (856) 802-9522*

Email mremsa@bcbridges.org*

This will populate once you click on the save button after you receive the error message.

Congressional District of Applicant
 State legislative District of Applicant

Date of Incorporation 1/1/1995
 Fiscal Year Ends 12/31*

* By checking this box you confirm that all information shown above is accurate to the best of your knowledge.

PROFILE INFORMATION

Completing the Additional Profile Information Section

Before proceeding, ensure you have reviewed the second webinar on our website, "Step 1: Organization Information", to complete the Additional Profile Information section for your organization. This step must be completed prior to starting your application. If not, the information will not populate in this section, and SAGE will display an error each time you click the Save button.

Assuming you have completed Step 1: Organization Information, let's proceed with the next steps:

Scroll to the "Organization Contact" section and enter the contact information. Refer to the screenshot on the left for guidance.

Scroll down to the bottom left corner and check the box provided.

Click the SAVE button.

Important: If you encounter an error, click the SAVE button again. This will allow SAGE to populate the information entered in Step 1. You should see a pop-up notification confirming that all your information has been saved. For further details, refer to the second slide for Profile Information.






System for Administering Grants Electronically

Home | Calendar | Documents

Reports | Training Materials | Organization(s) | Profile:Agonzalez1 | Logout

SAVE | SAVE/NEXT | NEXT | ADD NOTE | CHECK GLOBAL ERRORS

Menu | Forms Menu | Status Changes | Management Tools | Related Documents and Messages

 Your information has been saved and the following Page Error(s) have been found.

You must check the box at the bottom of the page indicating the profile information is correct.
Please access the organization profile>Additional Profile Information and complete the required information. Then return to this page and click SAVE to populate the latest information.
Please enter the Primary Program Contact information.

 [Back](#)

Document Information: [CHPRD26-008](#)

 [Details](#)

PROFILE INFORMATION CONTINUE...

Handling the Save Error

After clicking SAVE, an error message may appear. This is normal. Simply click the SAVE button again to resolve the issue. SAGE is in the process of populating the sections by gathering the information you entered during Step 1, and it needs a second save to complete the update.

Once the save is successful, you will see a pop-up notification confirming that your work has been saved.



Forms Menu

Status	Page Name	Note
	PRC Application Guidelines	
	Profile Information	
Application Forms		
	Organization Contact Information	
	Executive Summary	
	Organizational Background	
	Statement of Need	
	Project Description	

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A

Create
Modified By: Gonzalez, Mrs. Angela on 5/16/2025 11:02:42 AM

You are here: > [NJ Puerto Rico Commission Energy Resiliency Grant 2025 Menu](#) > [Forms Menu](#)

NAVIGATING YOUR APPLICATION

There are several ways to navigate through your application, depending on your preference:

Option 1: Hover over **Forms Menu** link, complete the section, and click the **SAVE** button. After saving, return to the **Forms Menu** and select the next available section to continue.

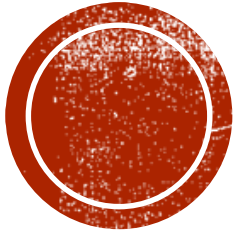
Option 2: Hover over Forms Menu, complete the section, click the SAVE button, and once you see the confirmation that your work is saved, click the "Next" button (indicated by an arrow) to move forward.

Option 3: Hover over Forms Menu, complete the section, then click the "SAVE/NEXT" button. This will both save your work and automatically take you to the next section.

Now that you're familiar with these navigation options, we'll proceed with completing the application. Moving forward, I will be using the Forms Menu and the SAVE button to complete the remaining sections.

Let's begin by hovering over the Forms Menu link and selecting "Selection of Grant Category".





Forms Menu

Forms Menu

Status	Page Name	Note
	PRC Application Guidelines	
	Profile Information	
Application Forms		
	Organization Contact Information	←
	Executive Summary	
	Organizational Background	
	Statement of Need	
	Project Description	

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Create
Modified By: Gonzalez, Mrs. Angela on 5/16/2025 11:02:42 AM

Organization Contact Information

Hover over Forms Menu and click on the “Organization Contact Information” link.



Executive Director of Applicant: Mrs. Angela Gonzalez

Please enter the authorizing official and organization name and address that should be used for all OTHER program documents (not including payments) and correspondence below. (This will not change your name and address in the New Jersey Treasury database. If the above name and address is incorrect, you need to contact the Treasury Department directly. If the above name and address is correct, please copy and paste it below.)

Authorizing Official: * First Name: * Last Name: *

Organization/Individual Name: *

Address: *

City: * **State:** * **Zip:** *

Phone: * **Fax:**

Email: *

Web:

Project Director: * First Name: * Last Name: *

Street Address: *

City: * **State:** * **Zip:** *

Phone: * **Fax:**

Email: *

Chief Financial Officer: * First Name: * Last Name: *

Telephone: * **Fax:**

Email: *

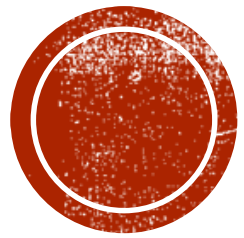
Institution's Annual Budget:

ORGANIZATION CONTACT INFORMATION

Complete all fields marked with an asterisk (*). The following staff members must be currently employed by your organization and must have an active telephone number and email address. These contact details are essential for communication throughout the fiscal year.

Once you've completed the section, click the SAVE button.





Forms Menu

- Application Forms
- [Organization Contact Information](#)
- [Executive Summary](#) ←
- [Organizational Background](#)
- [Statement of Need](#)
- [Project Description](#)
- [Personnel Services](#)
- [Contractual Services](#)
- [Other Direct Costs](#)

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A

Create
Modified By: Gonzalez, Mrs. Angela on 5/16/2025 11:19:28 AM


Executive Summary Section

Hover over the Forms Menu link and click on the Executive Summary link.

Back

Document Information: [PRC26-002](#)

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	NJ Puerto Rico Commission Grant 2026	 Ministerio Apostolico Internacional, Jesus es el Senor, Inc.	Agency Administrator	Application in Process	01/01/2027 - 12/31/2027 N/A

Created By: Gonzalez, Mrs. Angela on 3/19/2026 12:07:50 PM

You are here: > [NJ Puerto Rico Commission Grant 2026 Menu](#) > [Forms Menu](#) > Application Forms

EXECUTIVE SUMMARY

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application menu click the **Forms Menu** link above.

Overall summary of the program proposed by the organization.

test

4 of 7000

*

EXECUTIVE SUMMARY

As you proceed with this section, ensure that your grant guidelines are open and readily available for reference. Each bullet point must be addressed within the provided space.

The maximum character limit for this section is 7,000 characters, so be sure to complete it within the provided space. Once finished, click the SAVE button.



Forms Menu

Application Forms

[Organization Contact Information](#)

[Executive Summary](#)

[Organizational Background](#)

[Statement of Need](#)

[Project Description](#)

[Personnel Services](#)

[Contractual Services](#)

[Other Direct Costs](#)

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A

Organizational Background


Hover over the Forms Menu link and click on the “Organizational Background” link.



[Back](#)

Document Information: [PRC26-002](#)

[Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	NJ Puerto Rico Commission Grant 2026	 Ministerio Apostolico Internacional, Jesus es el Senor, Inc.	Agency Administrator	Application in Process	01/01/2027 - 12/31/2027 N/A

Created By: Gonzalez, Mrs. Angela on 3/19/2026 12:06:58 PM

You are here: > [NJ Puerto Rico Commission Grant 2026 Menu](#) > [Forms Menu](#) > Application Forms

ORGANIZATIONAL BACKGROUND

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application menu click the **Forms Menu** link above.

Indicate a brief history and governing structure of the organization, target population(s), and services provided.

ok

2 of 7000



ORGANIZATIONAL BACKGROUND

Please have your grant guidelines open and available for your review. Each section contains bullet points that need to be answered in the provided space.

The maximum character limit for this section is 7,000 characters. Once you've completed the section, click the **SAVE** button.





Reports | Training Materials | Organization(s) | Profile:Agonzalez1 | Logout

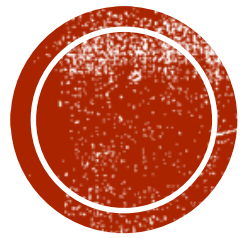
SAVE SAVE/NEXT NEXT DELETE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

Menu Forms Menu Status Changes Management Tools Related Documents and Messages

Forms Menu

- Application Forms
 - Organization Contact Information
 - Executive Summary
 - Organizational Background
 - Statement of Need** ←
 - Project Description
 - Personnel Services
 - Contractual Services
 - Other Direct Costs

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A



Statement of Need

Hover over the **Forms Menu** and click on the "**Statement of Need**" link.



STATEMENT OF NEED

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application menu click the **Forms Menu** link above.

Must indicate why this project is necessary. Utilize facts and statistics that best support the need for the project.

ok

2 of 7000

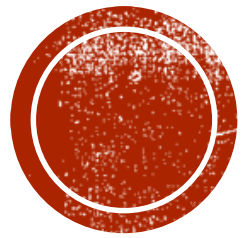


STATEMENT OF NEED

Please have your **grant guidelines** open and available for your review. Each section contains bullet points that need to be answered in the provided space.

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Forms Menu


- Application Forms
 -  [Organization Contact Information](#)
 -  [Executive Summary](#)
 -  [Organizational Background](#)
 -  [Statement of Need](#)
 -  [Project Description](#) ←
 -  [Personnel Services](#)
 -  [Contractual Services](#)
 -  [Other Direct Costs](#)

Role	Current Status	Period Date / Date Due
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Project Description

Hover over Forms Menu and click on the “Project Description” link.



Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	NJ Puerto Rico Commission Grant 2026	 Ministerio Apostolico Internacional, Jesus es el Senor, Inc.	Agency Administrator	Application in Process	01/01/2027 - 12/31/2027 N/A

Created By: Gonzalez, Mrs. Angela on 3/24/2026 10:39:02 AM

You are here: > [NJ Puerto Rico Commission Grant 2026 Menu](#) > [Forms Menu](#) > Application Forms

PROJECT DESCRIPTION

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application menu click the **Forms Menu** link above.

Lead Organization Name: *

Project Title: *

Program Category: *



Must provide key milestones if the agency is applying for the same program that was awarded in FY2025

Project Description:

Summarize the elements of the proposal. Provide the title of the Project and names of those that will be working on the project; provide the projects major goals and objectives; include the projects importance and its purpose; explain how the project is organized, qualifications of those involved in the implementation of the project and the importance of the project in providing the identified service; explain the broader impact of the project (i.e., how will the project results be shared with others or how will the project promote teaching, training, learning or other opportunities, how will the community/society benefit from the project).

test

PROJECT DESCRIPTION

Four available categories:

- Energy
- Empowerment (DV Prevention)
- Food
- Health

Choose only one

- Maximum 2 project submissions





Program Category: Empowerment ▼*

Must provide key milestones if the agency is applying for the same program that was awarded in FY2025

Project Description:

Summarize the elements of the proposal. Provide the title of the Project and names of those that will be working on the project; provide the project's major implementation of the project and the importance of the project in providing the identified service; explain the broader impact of the project (i.e., how will the project results be shared with others or how will the project promote teaching, training, learning or other opportunities, how will the community/society benefit from the project).

SAVE SAVE/NEXT NEXT DELETE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

test

4 of 8000

Project Goals:

Indicate the project goals.

test

4 of 5000

Program Target Population:

Indicate the target population that will receive services, the projected # of unduplicated clients that will receive services during the contract term.

test

4 of 1000

Total number of clients to be served during contract year: 55*

PROJECT DESCRIPTION CONTINUE

Refer to your grant guidelines to answer each bullet point in this section.

The maximum character limit is listed under each space provided. Note, each section has their own limitation for characters, please make sure you review prior to entering data.

Once you have completed all required fields (marked with an asterisk), click the SAVE button.



Forms Menu

Application Forms

- [Organization Contact Information](#)
- [Executive Summary](#)
- [Organizational Background](#)
- [Statement of Need](#)
- [Project Description](#)
- [Personnel Services](#)
- [Contractual Services](#)
- [Other Direct Costs](#)

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A

Modified By: Gonzalez, Mrs. Angela on 5/16/2025 11:44:47 AM

Personnel Services

Hover over "Forms Menu" link and click on the "Personnel Services" link.



Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	NJ Puerto Rico Commission Grant 2026	Ministerio Apostolico Internacional, Jesus es el Senor, Inc.	Agency Administrator	Application in Process	01/01/2027 - 12/31/2027 N/A

[SAVE](#)
[SAVE/NEXT](#)
[NEXT](#)
[ADD](#)
[DELETE](#)
[PRINT VERSION](#)
[ADD NOTE](#)
[CHECK GLOBAL ERRORS](#)

You are here: > [NJ Puerto Rico Commission Grant 2026 Menu](#) > [Forms Menu](#) > Application Forms

PERSONNEL SERVICES

Instructions:

- If you wish to upload an attachment for this schedule, please go directly to the Miscellaneous Attachments page.
- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To add additional personnel with different fringe calculations, click the **ADD** button.
- After clicking the **SAVE** button, the calculations will be done.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application menu click the **Forms Menu** link above.

Fringe Benefit Breakdown

F.I.C.A.	<input type="text"/>	%
Health Insurance	<input type="text"/>	%
Unemployment Insurance	<input type="text"/>	%
Disability Insurance	<input type="text"/>	%
Life Insurance	<input type="text"/>	%
Workers Compensation	<input type="text"/>	%
Pension/Retirement	<input type="text"/>	%
Other (Explain): <input type="text"/>	<input type="text"/>	%
Total		0%

List all full time paid staff, including fringe benefits.

Position Title	Staff Name	Annual Salary	Standard Weekly Hours	Weekly Hours on Project	% of Weekly Work Time On Project	Grant Funds Requested From State	Funds From Other Sources	Total Funds Needed
Executive Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00%	<input type="text"/>	\$0	\$0
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>		
Sub-Totals						\$0	\$0	\$0
0.00% Fringe Benefits						\$0	\$0	\$0
Total personnel costs for this page						\$0	\$0	\$0

PERSONNEL SERVICES

When completing this section, ensure that all staff members with fringe benefits are listed on one page, while those without fringe benefits are placed on a separate page.

It is important that all staff members have unique position titles, even if they share the same job role.

For example, if adding three (3) teachers, their titles should be listed as "Title Name 1," "Title Name 2," and "Title Name 3" to distinguish them.

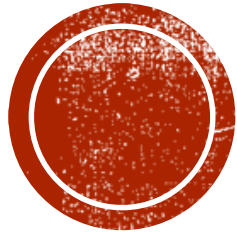




Forms Menu

- [Organizational Background](#)
- [Statement of Need](#)
- [Project Description](#)
- [Personnel Services](#)
- [Contractual Services](#)
- [Other Direct Costs](#)
- [Overall Budget/Organization Budget](#)
- [Required Appendices](#)
- [Appendices](#)

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A



Contractual Services

Hover over "Forms Menu" link and click on "Contractual Services" link



CONTRACTUAL SERVICES

Before entering line items, ensure that you check the appropriate answer for this section that has a Yes/No option.

Refer to your grant guidelines for instructions on how to complete this section.

Once you have finished, click the SAVE button to save your work.

SAVE SAVE/NEXT NEXT CHECK GLOBAL ERRORS

CONTRACTUAL SERVICES

Instructions:

- If you wish to upload an attachment for this schedule, please go directly to the Miscellaneous Attachments page.
- Fields with an * next to them must be completed.
- After entering all information click the SAVE button.
- To add additional Consultant Service click the SAVE button.
- After clicking the SAVE button, the calculations will be done.
- To proceed to the next page you may click the SAVE/NEXT or NEXT button.
- To return to the Application menu click the Forms Menu link above.

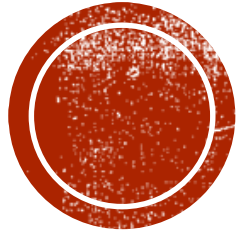
Only services which provide direct program or client benefit and are contracted for on a cost per client, percentage or time, or number of hours basis. Examples of consultant services: accounting, medical, psychological, psychiatric, and other professional services. A copy of individual agreements will be required if an award is made. All consultants are subject to approval by CHPRD.

Do consultant services demonstrate a true employer/non-employee relationship as per IRS regulations? * Yes No

Description of Consultant Service to be Provided	Basis for Cost Estimate	Cost Estimate	Grant Funds Requested From State	Funds From Other Sources	Total Funds Needed
Accounting/Bookkeeping	2025 Audit	1500	1500	0	1500
				0	0

10 of 500





Reports | Training Materials

SAVE SAVE/NEXT NEXT PR

Menu Forms Menu Status Changes Management Tools Related Documents and Messa

Forms Menu

- Application Forms
 - Organization Contact Information
 - Executive Summary
 - Organizational Background
 - Statement of Need
 - Project Description
 - Personnel Services
 - Contractual Services
 - Other Direct Costs**

Role
Authorized Official

You are here: > NJ Puerto Rico Commission Energy Resiliency Grant 2025 Menu > Forms Menu > Ap

Other Direct Costs

Hover over “Forms Menu” link and click on “Other Direct Costs” link

OTHER DIRECT COSTS

OTHER DIRECT COSTS

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the SAVE button.
- After clicking the SAVE button, the calculations will be done.
- To add additional other costs click the SAVE button.
- To proceed to the next page you may click the SAVE/NEXT or NEXT button.
- To return to the Application menu click the Forms Menu link above.

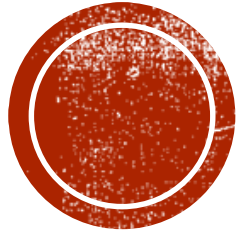
Other Cost Categories (Specify)	Justification for Cost	Cost Estimate	Grant Funds Requested From State	Funds From Other Sources	Total Funds Needed	Attachments
Consumable Supplies If space rental selected, list below: Office Supplies 15 of 250	Office Supplies for operations 30 of 500	1500	1500	0	1500	Choose File No file chosen
Equipment rental If space rental selected, list below: Fax Machine 11 of 250	Fax Machines 12 of 500	700	700	0	700	Choose File No file chosen

Refer to your grant guidelines for guidance on completing this section, including the maximum allowances for each line item.

Ensure that you enter the justification in the justification box.

Once completed, click the SAVE button to save your work.





Home | Calendar | Documents

Reports | Training Materials

SAVE SAVE/NEXT NEXT PR

Menu Forms Menu Status Changes Management Tools Related Documents and Mess

Forms Menu

- Organizational Background
- Statement of Need
- Project Description
- Personnel Services
- Contractual Services
- Other Direct Costs
- Overall Budget/Organization Budget**
- Required Appendices
- Appendices

Role: Authorized Official

You are here: > NJ Puerto Rico Commission Energy Resiliency Grant 2025 Menu > Forms Menu > A

Overall Budget/Organization Budget

Hover over the “Forms Menu” link and click on “Overall Budget/Organizational Budget” link



OVERALL BUDGET/ORGANIZATION BUDGET

Instructions:

- Please complete the the information related to the Indirect Cost if applicable.
- After entering all information click the SAVE button.
- After clicking the SAVE button, the numerical values and calculations will be populated.
- To proceed to the next page you may click the SAVE/NEXT or NEXT button.
- To return to the Application menu click the Forms Menu link above.

NOTE: You must resave this form in order to populate the most current budget information.

Provide your organization total budget No file chosen

Cost Category	Grant Funds Requested from State	Funds fom Other Sources	Total Funds Needed
Personnel Costs	\$650	\$156,850	\$157,500
Fringe Benefits	\$0	\$0	\$0
Consultants/Contractors	\$1,500	\$0	\$1,500
Travel in State	\$0	\$0	\$0
Space Rental	\$0	\$0	\$0
Equipment Rental	\$0	\$0	\$0
Consumable Supplies	\$0	\$0	\$0
Staff Development	\$0	\$0	\$0
Technology Equipment or Upgrade	\$0	\$0	\$0
Utilities/Telephone	\$0	\$0	\$0
Legal Services	\$0	\$0	\$0
Total Direct Cost	\$0	\$0	\$0

OVERALL BUDGET/ORGANIZATION BUDGET

Instructions:

- Please complete the the information related to the Indirect Cost if applicable.
- After entering all information click the SAVE button.
- After clicking the SAVE button, the numerical values and calculations will be populated.
- To proceed to the next page you may click the SAVE/NEXT or NEXT button.
- To return to the Application menu click the Forms Menu link above.

NOTE: You must resave this form in order to populate the most current budget information.

Provide your organization total budget No file chosen

Cost Category	Grant Funds Requested from State	Funds fom Other Sources	Total Funds Needed
Personnel Costs	\$650	\$156,850	\$157,500
Fringe Benefits	\$0	\$0	\$0
Consultants/Contractors	\$1,500	\$0	\$1,500
Travel in State	\$0	\$0	\$0
Space Rental	\$0	\$0	\$0
Equipment Rental	\$700	\$0	\$700
Consumable Supplies	\$1,500	\$0	\$1,500
Staff Development	\$0	\$0	\$0
Technology Equipment or Upgrade	\$0	\$0	\$0
Utilities/Telephone	\$0	\$0	\$0
Legal Services	\$0	\$0	\$0
Total Direct Cost	\$4,350	\$156,850	\$161,200

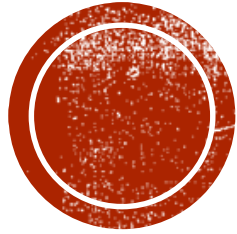
OVERALL BUDGET/ ORGANIZATIONAL BUDGET

In the Overall Budget screen, click the SAVE button to populate all the budget sections in your application.

If your total exceeds the requested budget, adjust the figures in each relevant budget section to reflect your request.

Remember to return to the Overall Budget section and click the SAVE button again after making any revisions, so the changes are reflected in the budget sections.





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Home Calendar Documents Reports Training M

SAVE SAVE/NEXT NE

Menu Forms Menu Status Changes Management Tools Related Documents a

Forms Menu

- Organizational Background
- Statement of Need
- Project Description
- Personnel Services
- Contractual Services
- Other Direct Costs
- Overall Budget/Organization Budget
- Required Appendices**
- Appendices

Role
Authoriz Official

You are here: > NJ Puerto Rico Commission Energy Resiliency Grant 2025 Menu > Forms M

Required Appendices

Hover over “Forms Menu” link and click on “Required Appendices” link



SAVE SAVE/NEXT NEXT CHECK GLOBAL ERRORS

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application menu click the **Forms Menu** link above.

All files must be 13MB or smaller. Required attachment files that exceed 13MBs may be split into multiple files and uploaded on the miscellaneous attachments form.

Attachments may be uploaded in any of the following file types: doc, pdf, jpg, gif, bmp, txt, avi, wmv, psd, vsd, ppt, xls, mov. Documents saved using the default formats for Microsoft Office 2007 and 2010 (docx, xlsx, pptx, etc.) will not upload. If you have a file in this format, please re-save it to one of the accepted formats. For instructions on how to do this please click [here](#).

Please select where the Non Profit organization resides: Puerto Rico *

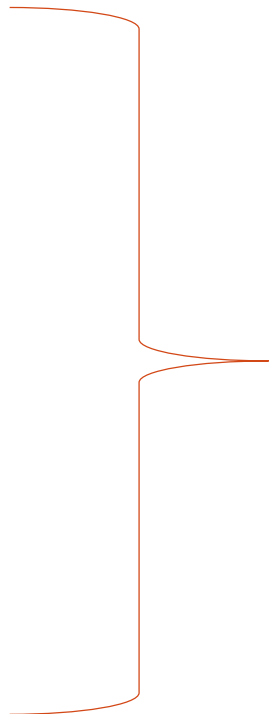
Copy of Certificate of Incorporation Choose File Sample Certificate of Incorporation.pdf *

Copy of IRS 501(c)3 Status Determination Letter Choose File IRS Determination Letter.pdf

PR 1103.03 Certification Choose File IRS Determination Letter.pdf

Board Resolution Choose File Business Registration revised.pdf *

Audit Choose File Charity Letter of Compliance.pdf *



REQUIRED APPENDICES

In this section, you will need to upload the following required documents:

- Select either option for residency
 - New Jersey
 - Puerto Rico
- Certificate of Incorporation
- IRS Determination Letter
- PR 1103.03 Certification
- Audit



Forms Menu

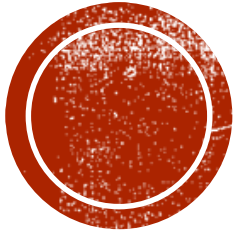
- [Organizational Background](#)
- [Statement of Need](#)
- [Project Description](#)
- [Personnel Services](#)
- [Contractual Services](#)
- [Other Direct Costs](#)
- [Overall Budget/Organization Budget](#)
- [Required Appendices](#)
- [Appendices](#)

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A

You are here: > NJ Puerto Rico Commission Energy Resiliency Grant 2025 Menu > Forms Menu > Application Forms

Appendices

Hover over "Forms Menu" link and click on "Appendices" link





SAVE SAVE/NEXT NEXT CHECK GLOBAL ERRORS

APPENDICES

NOTE: The job descriptions and resumes of key personnel (executive leadership, fiscal management, program staff) should be uploaded on this form.

Instructions:

- To attach documents, upload them individually by clicking the BROWSE button next to the first available blank box.
- After the documents are attached, please save them to the form by clicking the SAVE button. Documents that are not saved will be removed from the form when you leave this page.
- If you want to add more documents than this form will allow, you can add another Miscellaneous Attachments form by clicking the ADD button.

All files must be 13MB or smaller. Required attachment files that exceed 13MBs may be split into multiple files and uploaded on the miscellaneous attachments form.

Attachments may be uploaded in any of the following file types: doc, pdf, jpg, gif, bmp, txt, avi, wmv, psd, vsd, ppt, xls, mov. Documents saved using the default formats for Microsoft Office 2007 and 2010 (docx, xlsx, pptx, etc.) will not upload. If you have a file in this format, please re-save it to one of the accepted formats. For instructions on how to do this please click [here](#).

Description

Choose File No file chosen

Description

Choose File No file chosen

Description

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Choose File No file chosen

Description

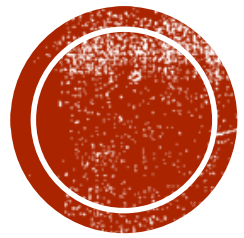
Choose File No file chosen

APPENDICES

In this section, you can upload job descriptions, resumes of key personnel, and any other documents that will strengthen your application.

Once you have uploaded any documents, click on the SAVE button to save your work.





Status Changes

Possible statuses

APPLICATION SUBMITTED

APPLY STATUS

APPLICATION CANCELLED

APPLY STATUS

Role	Current Status	Period Date / Date Due
Authorized Official	Application in Process	01/01/2026 - 12/31/2026 N/A

Created By: Gonzalez

You are here: > NJ Pu

Forms Menu > Application Forms

Status Changes - Application Submitted

Once all sections are complete, hover over "Status Changes" and click on Apply Status under Application Submitted.



System for Administering Grants Electronically

Home Calendar Documents

Reports | Training Materials | Organization(s) | Profile: Agonzalez1 | Logout

PRINT SHOW HELP

Menu Forms Menu Status Changes Management Tools Related Documents and Messages

Agreement

Please make a selection below to continue.

Are you sure you want to submit your application?

If you would like to include notes about this status change, please supply them below.

Application Submitted on this day.

35 of 2000

I AGREE I DO NOT AGREE

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AGREEMENT

Agreeing to Terms

In this screen, you have the option to enter any information or notes in the space provided, should you choose to.

Once completed, click the "I Agree" button to proceed.





Back

Document Information: [PRCE25-015](#)

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	NJ Puerto Rico Commission Energy Resiliency Grant 2025	Servicios Latinos De Burlington County	Authorized Official	Application Submitted	01/01/2026 - 12/31/2026 N/A

DOCUMENT SNAPSHOT

Award Amount: \$0
 Organization Name: Servicios Latinos De Burlington County

DOCUMENT SNAPSHOT

In the Details box, you should see the following:

Document Type – The grant category you have applied for.

Organization – The name of your organization.

Current Status – "Application Submitted."

Once you submit your application, the status should display "**Application Submitted.**"

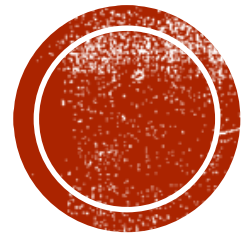
To confirm, you can reach out to a Puerto Rico Commission staff member to verify that your application was successfully submitted.

Please ensure you are using a compatible browser, such as Microsoft Edge, Firefox, or Safari, when using SAGE.

Google Chrome is not compatible with SAGE, so please avoid using this browser while completing your application.

Thank you for taking the time to review this presentation. We hope it was helpful and easy to follow.





QUESTIONS

If you have any questions, please feel free to contact

Awilda Pomales-Diaz

Awilda.Pomales-Diaz@sos.nj.gov