

COPS School Violence Prevention Program (SVPP) Training #1: Federal Grant Portals and Registrations

Spring 2025

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Meet Your Facilitator



- Assistant Director for Assel Grant Services, leading the Federal Division.
- Written over \$39 million in awarded grants since 2018 for nonprofits, school districts, behavioral health centers, institutions of higher education, and more.
- Credentialed Grant Professional (GPC) by the national Grant Professionals Certification Institute.
- Recognized as an Approved Trainer for the Grant Professionals Association (GPA), regularly presenting national and regional grant-related trainings with an emphasis on federal grant preparation.

Learning Objectives

- How to register for the System for Award Management (SAM)
- How to register for Grants.gov
- How to register for the Department of Justice JustGrants System

System for Award Management (SAM)

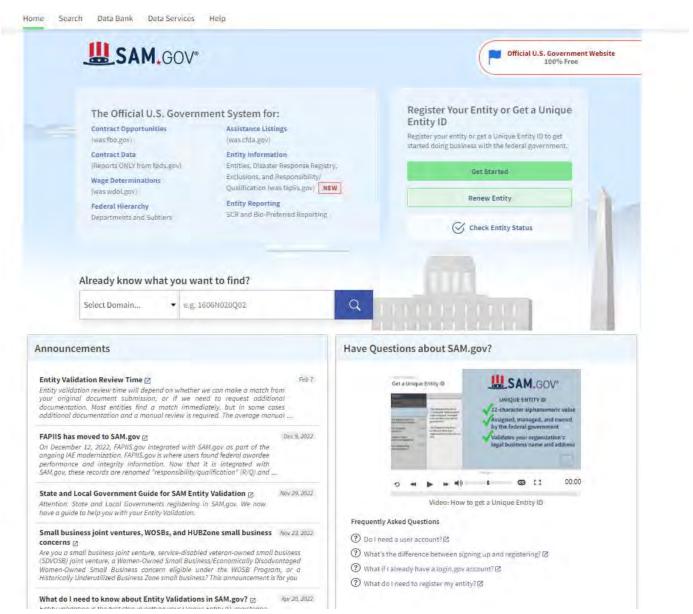


Purpose and History of SAM and Acronyms

- CCR/FedReg Central Contractor Registration/Federal Agency Registration
- CFDA Catalog of Federal Domestic Assistance
- FBO Federal Business Opportunities
- FPDS-NG Federal Procurement Data System Next Generation SRS/FSRS Electronic Subcontracting Reporting System/FFATA Subaward Reporting System
- ORCA Online Representations and Certifications Application
- EPLS Excluded Parties List System of the General Services Administration (GSA)
- PPIRS/CPARS/FAPIIS Past Performance Information Retrieval System/Contractor Performance Assessment Reporting System/Federal Awardee Performance and Integrity Information System
- WDOL Wage Determinations Online Performance Information

Resources on SAM.gov

 FAQ in lower right
 Green "Get Started" button for new entity registration, which we will talk about more in depth in a few minutes

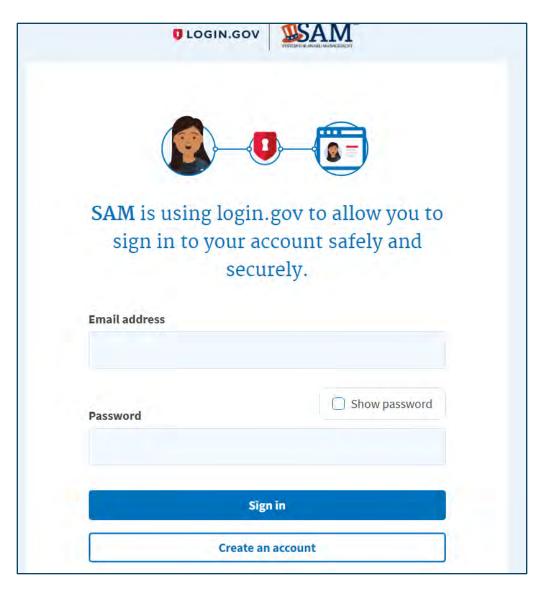


Signing up vs. Registering

- Signing up" means creating an account for a person and setting up a profile on SAM.gov. User account credentials are managed by Login.gov, a service that allows you to sign into many federal government websites with one set of credentials.
- * "Registering" means registering an entity to do business with the government on SAM.gov.
- You must sign up and sign into your account to use many of the features of SAM.gov, such as searching or updating an entity's registration.
- You must register your entity to be able to apply for grants from the federal government.

Signing up: Creating an Account

- Login.gov
 - Provides secure, two-factor authenticated access to multiple federal systems
 - www.sam.gov and click "Sign In" button in upper right
 - Select "Create an account"
 - Use the primary email to be associated with all these accounts
 - Use a cell phone associated with these accounts
 - Consider selecting a second authentication method such as backup codes



Signing up: Creating an Account

- After you create your new Login.gov account, the system will send you back to SAM.gov to complete the remaining steps to set up your profile.
- Once you have created your profile, you will be able to request roles with your entity.
- The Add A New Role section is in the lower right-hand portion of the Workspace screen.

Add A New Role

Select on the options below to request a new role. If you need a role that you do not see below, contact an administrator for your organization directly.

Select a Role	~
🗌 I verify I have a bu	usiness need for this role.
Request Role	

Signing up: Creating an Account: Roles

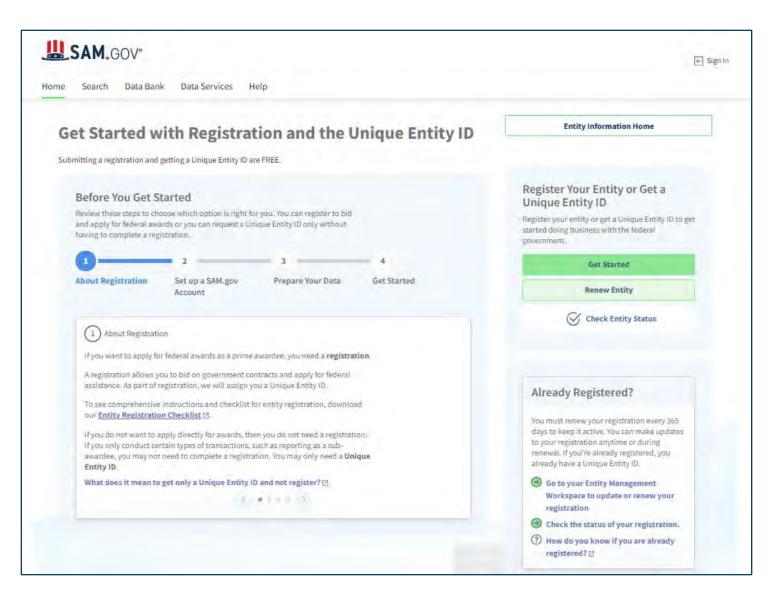
Entity Administrator

- The first user to create an organization's registration will automatically be assigned this role
 - You should assign this role to at least one additional user, so that if someone leaves the organization, the registration and users can still be accessed and maintained
 - It cannot be requested in SAM, only assigned
 - If no current administrator exists, an Entity Administrator Appointment Letter must be submitted to SAM
- Has full access to manage other users and manage/update/delete registration

Data Entry

- Manage/update registration
- Viewer
 - Cannot update organization's registration; view/search only

- From the Home screen, select the green "Get Started" button.
- Before you start, read through the 4 steps.
- Download and read the Entity Registration Checklist.
- Click the green "Get Started" button again.
- Register, don't just get a UEI, if you want to apply for Federal Grants.



What is your goal?

I want to do business(Select the option most relevant to you)		are about to create a new enti t questions to help us recomm	and the second sec
O Directly with the U.S. federal government.			
O With a business or other organization which receives funds directly from the U.S. federal government.		Create New Entity	
O Other.			
	Are you trying to update an existing entity record?	Is your entity based outside of the United States?	Download Your Registration Guide
X CANCEL X CANCEL X CANCEL X CANCEL	Please go to your Workspace and select the "Renew/Update" button for that entity. Go to Workspace	You must get an NCAGE Code before starting a registration. Go to the <u>NCAGE Request</u> <u>Tool</u> ☑ to submit a request.	Download Guide

Welcome

What is your goal?

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I want to do business... (Select the option most relevant to you)

Directly with the U.S. federal government.
 With a business or other organization which receives funds directly from the U.S. federal government.
 Other.

Select the answer that best fits your intentions today:

- O Bid on a federal procurement opportunity as a prime contractor.
- O Apply for federal financial assistance.

(e.g. grants, loans)

- O Follow agency instructions related to a federal credit card transaction made to my entity (not common). ①
- O Just browsing. I don't have anything specific in mind today but might be interested in future business directly with the U.S.
- O Participate in, or apply for, another type of U.S. federal government program. Please tell us the program name.

Please specify

e.g. Program Name	

PREVIOUS

Only select the primary source.	
Federal government	
Federal Hierarchy (Optional)	
Enter Code or Name 🔹	1
U.S. state or territory government or office	1
	1
D Local government office, i.e., of a county or a city	1
Tribal government or office	
A company or business	
O Hospital system or healthcare organization (for profit or non-profit	1)
O Non-profit organization	
University or research facility (for profit or non-profit)	
Industry group, professional association, trade publication, etc.	
APEX Accelerators (formerly known as PTACs)	
O I decided on my own	
None of the above Please specify	
je.g., Program Name	
500 characters allowed	

× CANCEL

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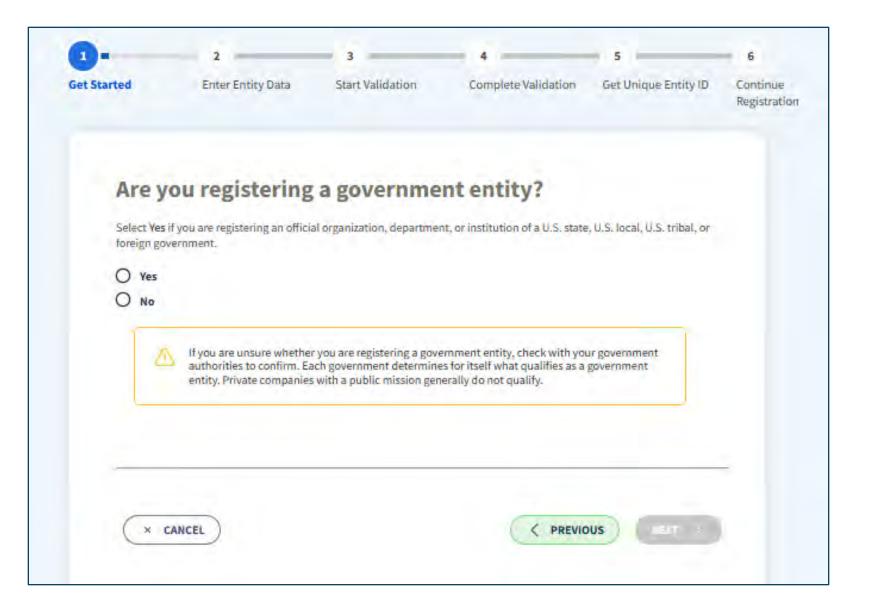
Most nonprofit organizations will choose to register for Financial Assistance only.

Allows an organization to apply for federal grants, but requires less information in the registration process than All Awards

Choose an Option

It looks like you intend to do business with the U.S. federal government by applying directly for a federal grant or loan (but not for contracts). We recommend you choose Financial Assistance Awards Only.

	Recommended	
Unique Entity ID Only	Financial Assistance	All Awards
~	~	~
~	~	~
-	(For some entities)	~
~	~	~
-	~	~
-	-	~
~	~	~
-	~	~
-	(For some entities)	~
Lowest	Medium to High	Highest
-	1 Year	1 Year
Select	Select	Select
	Only V Lowest	Only Assistance Image: Assistance Image: Assistance



Register a Government Entity

Select your entity type

Please select:

U.S. State Government

Any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any agency or instrumentality thereof exclusive of local governments.

O U.S. Local Government

Any unit of government within a state, including a county; borough; municipality; city; town; township; parish; local public authority, including any public housing agency under the United States Housing Act of 1937; special district; school district; intrastate district; council of governments, whether or not incorporated as a nonprofit corporation under State law; and any other agency or instrumentality of a multi-, regional, or intrastate or local government.

O Tribal Government

Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. Chapter 33), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians (25 U.S.C. 450b(e)). See annually published Bureau of Indian Affairs list of Indian Entities Recognized and Eligible to Receive Services.

Soreign Government

(1) A foreign government or foreign governmental entity;

(2) A public international organization, which is an organization entitled to enjoy privileges, exemptions, and immunities as an international organization under the International Organizations Immunities Act (22 U.S.C. 288-288f);

(3) An entity owned (in whole or in part) or controlled by a foreign government; or

(4) Any other entity consisting wholly or partially of one or more foreign governments or foreign governmental entities.

You will be registering the following:



Any unit of government within a state, including a county; borough; municipality; city; town; township; parish; local public authority, including any public housing agency under the United States Housing Act of 1937; special district; school district; intrastate district; council of governments, whether or not incorporated as a nonprofit corporation under State law; and any other agency or instrumentality of a multi-, regional, or intrastate or local government.



Purpose of Registration: Financial Assistance Awards

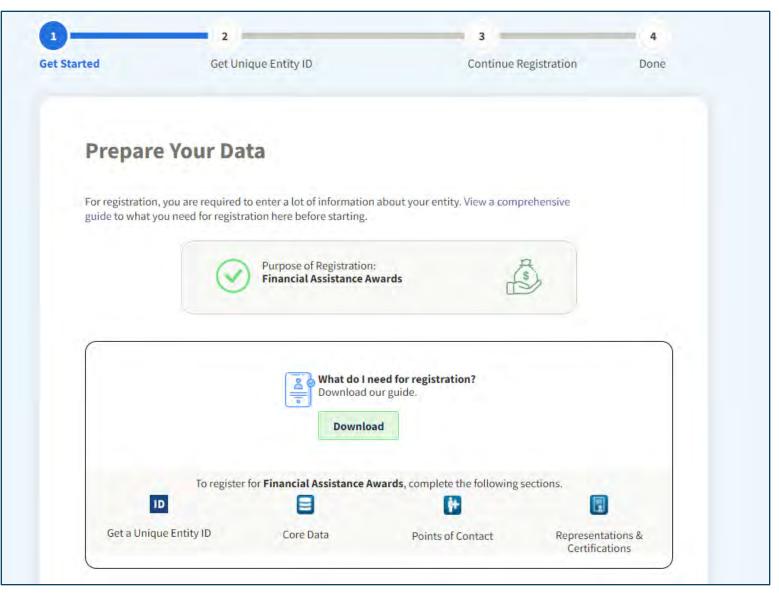


Apply for grants and loans, as described by 2 CFR 200 ☑.



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Started	Enter Entity Data	Start Validation	Complete Validation	Get Unique Entity ID	Start Registrati
- East					
	Entity Informat		er madead as patienal		
		to validate your entity, unle	ss marked as optional.		
If you are	siness Name acting on behalf of a limited par registered with your state filing	tnership, LLC, or corporatio office.	n, your legal business name is th	le	
Doing Bu	siness As (Optional)				
Doing bus	siness as is the commonly used on nk if not applicable.	other name, such as a franch	ise, license name, or acronym.		
			_		
	l Address				
	il address is the street address of the pri as your physical address.	imary office or other building when	eyour entity is located. A post office box	may	
Country					
			1		
			1		
Street Ad	dress 1				
1					
Street Ad	dress 2 (Optional)				
			1		
]		
ZIP Code					
		and an and a second			
City		State / Territory 🔘			
		~ ~ ~			

Validation

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You Are About to Validate Your Entity

What is validation? ()

The information you provide here will be used throughout the federal government. Make sure that your information is current and correct.

Before you get started, make sure you can officially document your entity's

- Legal business name
- **<u>Physical address</u>** (no P.O. boxes or virtual offices)
- Start year
- **<u>National identifier</u>** (non-U.S. entities only)
- Country or state of incorporation, if applicable

Some entities may need to provide documentation to complete validation, which will take additional time to process.

□ I can provide **official documentation**, if necessary, to validate my entity.

PREVIOUS

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Download Your Registration Guide

Download Guide

 Once entity address is validated, you will have the option to include your entity in public SAM searches
 The UEI will be assigned

Then you can continue with the entity registration process

Request Unique Entity ID You have validated the following entity. VALIDATED ENTITY

Include in public search

This means your registration status, legal business name, physical address, and other non-sensitive information can be displayed on SAM.gov to any authenticated user. If you feel the public display of your basic entity information poses a security threat or danger to you or your organization, you can restrict the public viewing of your registration record in SAM.gov by deselecting the checkbox.

If you choose to restrict your information from public view, it will also not be visible to other non-federal entities or state and local governments who may wish to do business with you. Certain programs may require you to be included in public search. Either way, your non-sensitive entity information remains available to federal government users and is available through public data services. Learn more about SAM.gov public search.

Before requesting your Unique Entity ID, please certify under penalty of law that you are authorized to conduct transactions for this entity to reduce the likelihood of unauthorized transactions. Then select **Receive Unique Entity ID**.

I certify that I am authorized to conduct transactions on behalf of the entity.

SAM.GOV Sign Out Requests Data Services Help Search Databank Home Core Data Assal Consulting LLC **Register Entity Business Information** Unique Entity ID (DUNS): Unique Entity ID (SAM): CAGE Code: Core Dala Continue Update / Renewal Page Description Business Information Please respond to questions on this page to better describe your entity. If you are required to provide a Taxpayer Identification IRS Consent Number (TIN), you may provide either an Employer Identification Number (EIN) or Social Security Number (SSN). Do not enter your CAGE or NCAGE Code SSN as your TIN unless you are a Sole Proprietor or a single-member Limited Liability Company (LLC) without an EIN. The TIN General Information entered on this page will be sent to the IRS for validation after you complete the consent information on the next page. Financial Information Executive Compensation Questions Mandatory fields are marked with an asterisk or star symbol. Complete all mandatory fields before continuing to the next page. Proceedings Questions Review Core Data Your Entity's Business Information: Representations and Certifications Entity Start Date (MM/DD/YYY): 12/15/2007 Points of Contact Submit Registration Fiscal Year End Close Date (MM/DD): * 12/31 Entity Division Name: **Back to Workspace** Entity Division Number: Entity URL: MO 06 Congressional District: MPIN: * UPDATE The MPIN will be shared with authorized partner applications (e.g. Grants gov, Past Performance Information Retrieval System (PPIRS) etc.). The MPIN

The MPIN will be shared with authorized partner applications (e.g. Grants.gov, Past Performance Information Retrieval System (PPIRS) etc.). The MPIN acts as your password in these systems and you should guard it as such. The MPIN must be nine characters long and contain at least one letter, one number, and no spaces or special characters.

Physical Address - LEES SUMM	IIT	
Address Type:	Physical 🐱	
Address Line 1:		
Address Line 2:		
City:		
Stale/Province:	MISSOURI	~
ZIP/Postal Code:	64063 5169	
Country:	UNITED STATES	~
' Mailing Address - LEES SUMM		COPY PHYSICAL ADDRESS
Address Type:	Mailing 🗸	
Address Line 1*:		
Address Line 2:	Ē	
City* :		
State/Province	MISSOURI	~
ZIP/Postal Code:	64063 5169	
Country":	UNITED STATES	~

Taxpayer Identification Number (TIN):

Select your TIN Type. Most entities who pay U.S. taxes select Employer Identification Number (EIN). If you don't have one, you can request an EIN online from the IRS for free. If you are a Sole Proprietor or a single-member Limited Liability Company (LLC), you may select Social Security Number

TIN Type:"	EIN	~	Note: If you select SSN as your TIN Type on this page, you must select either Sole Proprietorship or Limited
			Liability Company on the General Information page later during this registration.
EIN:	UPDATE		

TIN Match Instructions:

Provide the Taxpayer Information required for the most current tax year reported for this entity.

Your Taxpayer Name may be different than the entity's Legal Business Name. However, the Taxpayer Name must exactly match the name the IRS has on file for your entity's TIN according to its most recent tax return.

For questions about your EIN, please call the IRS at 1-866-255-0654. For questions about your SSN, please call the Social Security Administration at 1-800-772-1213.

Provide Taxpayer Information:

Taxpayer Name":	Assel Consulting LLC		
Use only letters, numbers, spaces, hyphens Name.	s (-), and ampersands (&). Omit an	y other special characters that	are part of your Taxpayer
Taxpayer Identification Number (TIN):	-		
Taxpayer Address:		COPY MAILING ADDRESS	COPY PHYSICAL ADDRESS
Address Line 1":			
Address Line 2:			
City*:			
State/Province":	MISSOURI	~	
ZIP/Postal Code*:			
Country*:	UNITED STATES		*
Type of Tax:	Applicable Federal Tax		
Tax Year (Y Y Y Y)*: (Insert Most Recent Tax Year)			
Name of Individual Executing Consent*:	Julie A Assel		
Title of the Individual Executing Consent":	President/CEO		
Signature*:	Enter your N	IPIN here	

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☑ Requests |S Notifications | S Workspace | E Sign Out

ne	Search	Databank	Data Services Help	
Register Entity		intity	Core Data	SOUTH CENTRAL MENTAL HEALTH COUNSELING CENTER, INC.
Core	Data Continue Updat Business Info		CAGE Code	Unique Entity ID: CAGE Code:
	IRS Consent			Page Description
+	CAGE or NC	AGE Code		GE) Code is a five-character, alpha-numeric identifier assigned to entities located in the Defense Logistics Agency (DLA) CAGE Program. All registrations in SAM go through
	Ownership De	etail s	CAGE Code assignment or validation after su	ibmission.
	Predecessor	Details	If your entity already has a CAGE Code, prov	ide it on this page. SAM will check to see if you entered a valid CAGE Code. If you want
	General Infor	mation		the DLA CAGE website. If you do not have a CAGE Code, one will be assigned by the
	Financial Information		DLA CAGE Program after you submit your en	
	Executive Co Questions	mpensation	Mandatory fields are marked with an asterisk	or star symbol. Complete all mandatory fields before continuing to the next page.
	Proceedings	Questions	Does your entity already have a CAGE Code?	Yes O No
	Review Core	Data	You may select Search to check the DLA CAG	E database for the Legal Business Name and Physical Address associated with the CAGE
Asser	tions			e page will reload and display any available match. This information is only displayed to help de. If you do not want to use this CAGE Code, select Clear.
	esentations and ications		CAGE Code:	SEARCH CLEAR
Point	s of Contact			Unit BACKED COMMENTS
Subm	it Registration		Details returned from U.S. CAGE database:	
1	Back to Work	space	Legal Business Name Address Line 1 City, State/Province ZIP	
			Country	USA

19	Continue Update / Renewal	I THE REAL PROPERTY AND A REAL	Page Description	n		
14	Business Information	Please describe the entity you are registering. Use the drop-down menus and check boxes to make your selections				
.7	IRS Consent	Mandalory fields are marked with an asl	lensk or star symbol. Complete all	mandatory fields	before continuing to	the next page
\mathcal{T}	CAGE or NCAGE Code	<u></u>				-
	General Information	Country of Incorporation: 1	UNITED STATES			•
	Financial Information	State of Incorporation:	MISSOURI		~	
	Executive Compensation Questions					
1	1000	Entity Security Level:	Not Applicable	*		
0	Proceedings Questions Review Core Data	Highest Employee Security Level:	Not Applicable	*		
	esentations and fications	Entity Type:				
Point	solContact	You categorized your entity as: Busines:	s or Organization. Further descrit	be your entity by a	selecting the relevan	l business lype
Subr	nit Registration	Institution Type:				
		Does your entity qualify as one of the follo	awing institution types? If none of	these apply, sele	ct Not Applicable.	
	Back to Workspace	Not Applicable	•			
		Disadvantaged Business Enterprise:				

Is your entity certified by a state certifying agency as a Department of Transportation Disadvantaged Business Enterprise? No

Native American Entity Type:

If your organization is a Federally Recognized Native American Entity, choose all that apply:

C Alaskan Native Corporation Owned Firm

C American Indian Owned.

Indian Tribe (Federally Recognized)

Native Hawaiian Organization Owned Firm

C Tribally Owned Firm

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Organization Factors:

Do one or more of these organization factors apply to your entity? If none of these apply, select Not Applicable, NOTE: If you are a Manufacturer of Goods, you may also make one other selection. First select Manufacturer of Goods, then another drop down box will display for your next selection.

Limited Liability Company (if applicable) 🔹

Entity Structure:

What is the form of your entity as defined by the IRS?

Corporate Entity, Not Tax Exempt

Profit Structure:

What is your entity's profit structure? * For-Profit Organization

Socio-Economic Categories:

Select any socio-economic categories which reflect the current status of your entity. If applicable, your small business status will automatically be derived from the receipts, number of employees, assets, or megawait hours, and NAICS codes entered in the Assertions portion of the registration and displayed in the Representations and Certifications portion of this registration.

Woman Owned Business

- Women-Owned Small Business
- Economically Disadvantaged Women-Owned Small Business
- Joint Venture Women-Owned Small Business
- Joint Venture Economically Disadvantaged Women-Owned Small Business
- Community Development Corporation Owned Firm
- Minority Owned Business

Core Data

Register an Entity

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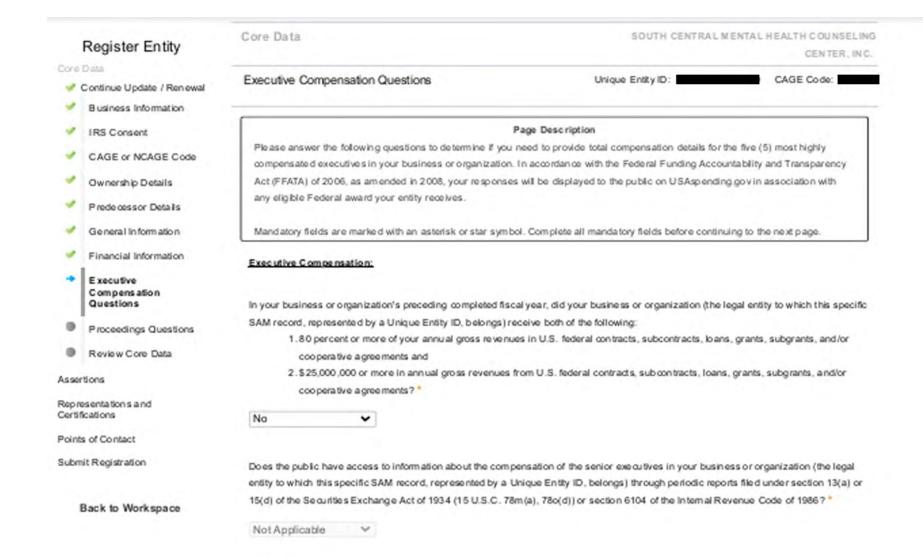
	Financial Information			100000		
ue Data	Uniqu	e Entity ID (DUNS): 08099227	3 Unique Entity ID (SAM): LLKPKR237V5	5 CAGE Code 80H		
Continue Update / Renewal		Page De	scription			
Business Information	Please enter the requested informa	sion about the entity you are re-	pistering. The financial information you provid	e on this page will be		
IRS Consent	used for payment purposes if you n	eceive a Federal award.				
CAGE or NCAGE Code	Mand atory fields are marked with a	n asterlisk or star symbol. Com	plete all mandatory fields before continuing to	the next page.		
General information						
Financial Information	Do you accept credit cards as a met	hod of payment?	O Yes 🙁 No			
Executive Compensation Questions			CA NA - Checking			
Proceedings Questions	BANK OF AMERICA, N.A Checking					
Review Core Data	Electronic Funds Transfer	(EFT):				
presentations and	Account Type: *	Checking	~			
rtifications	Financial Institute:					
ints of Contact	1000 C					
bmit Registration	Update Backing Information					
	ABA Routing Number.					
Back to Workspace	Account Number: *					
	Lockbox Number:					
	Automated Clearing House Please enter at least one method of A.C.H.U.S. Phone: *	A second s	(***)*******			
	A.C.H. Non-U.S. Phone:		********			
	A.C.H.Fax:					
			(***)*******			
	A.C.H Email:	-				
	Remittance Address:					
	Name: *					
	Address Line 1:*					
	Address Line 2:					
	City: *					
	State/Province		*			
	Country: *	UNITED STATE	S	~		

Only add an additional account if you have more than one set of U.S. Add Additional Account banking information for this Unique Entity ID (DUNS).

Note: primary banking information can be changed by witing over the ABA Routing Number and Account Number and saving the page.

Cancel

Assel Consulting LLC



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Core Data SOUTH CENTRAL MENTAL HEALTH COUNSELING Register Entity CENTER, INC. Proceedings Questions Unique Entity ID: CAGE Code: Continue Update / Renewal Business Information Page Description **IRS Consent** Please answer the following questions about the entity you are registering. SAM collects information about proceedings only if you CAGE or NCAGE Code meet the conditions set forth in FAR 52:209-7, FAR 52:209-9, or 2 C.F.R.: 200 Appendix XII. This information is not displayed in SAM. It is sent to FAPIIS. gov for display as applicable. Ownership Details Predecessor Details Mand atory fields are marked with an asterisk or star symbol. Complete all mandatory fields before continuing to the next plage. General information Proceedings: Financial Information Executive Compensation Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement Questions opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII? Proceedings Questions 0 Review Core Data No ~ Assertions Representations and Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current a dive Federal Certifications contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000? Points of Contact Not Applicable v Submit Registration Within the last five years, had the business or organization (represented by the Unique Entity ID on this spedific SAM record) and/or any Back to Workspace of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State 1. Criminal proceeding resulting in a conviction or other acknowledgment of fault; 2. Civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or 3. A dministrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Applicable V

Representations and Certifications

Financial Assistance Response

Page Description

This page provides a common set of certifications and representations required by Federal statutes or regulations in accordance with the grants guidance under Title 2 of the Code of Federal Regulations (2 CFR 200.208 Certifications and Representations). If you intend to apply for, or are already a recipient of a Federal grant or agreement, you must agree to the following grants certifications and representations.

You are required to keep these grants certifications and representations current, accurate, and complete as part of your entity registration in SAM. Note, these may not include all federal requirements that apply to your project or program. Federal assistance awarding agencies will notify you if they require additional certifications. If you have questions, please contact the awarding agency as applicable.

Mandatory fields are marked with an asterisk or star symbol. Complete all mandatory fields before continuing to the next page.

Does [Legal Business Name] wish to apply for a Federal financial assistance project or program, or is [Legal Business Name] currently the recipient of funding under any Federal financial assistance project or program?*

SAVE AND CONTINUE

PREVIOUS

Yes

No

CANCEL

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Financial Assistance General Certifications and Representations
As the duly authorized representative of the [Legal Business Name] , I certify that [Legal Business Name]

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost when applicable) to ensure proper planning, management and completion of any financial assistance project covered by this Certifications and Representations document (See 2 CFR §200.113 Mandatory disclosures, 2 CFR §200.213 Suspension and debarment, OMB Guidance A-129, "Policies for Federal Credit Programs and Non-Tax Receivables").
- 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 CFR §200.302 Financial Management and 2 CFR §200.303 Internal controls).
- 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain (see 2 CFR §200.112 Conflict of interest).
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency and provide financial and performance information consistent with program requirements (See 2 CFR §200.301 Performance measurement). Note: This does not apply to awards that support research that use the Research Performance Progress Report.
- 5. Will comply with Post-Federal Award Requirements related to payments (See 2 CFR §200.305 Payment).
- 6. Will comply with required financial and compliance audit requirements as applicable (See 2 CFR 200 Subpart F-Audit Requirements).
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing financial assistance awards and any financial assistance project covered by this certification document.
- 8. Will comply with U.S. statutory and public policy requirements, as applicable, including but not limited to:
- a. National Defense Authorization Act for Fiscal Year 2014, PL 113-66, Division A, Title VIII, subtitle D, section 831.;
- b. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. 7104(g).
- c. Drug Free Workplace, 41 U.S.C. 8103.
- d. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. 4712.
- e. National Environmental Policy Act of 1969, 42 U.S.C. 4321 et seq
- f. 2 CFR Part 25 Universal Identifier and System for Award Management
- g. 2 CFR Part 170 Reporting Subaward and Executive Compensation
- h. 2 CFR Part 180 OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)
- i. Civil False Claims Act, 31 U.S.C. 3730
- j. Criminal False Claims Act, 31 U.S.C. 3729, 18 U.S.C. 287 and 1001

Points of Contact (POCs)

Mandatory

- Accounts Receivable POC
- Electronic Business POC (Ebiz POC)
- Government Business POC
- Optional but strongly recommended
 - Alternate Ebiz and Government POC
- Tip: Use the "Copy" button for quicker data entry if some POCs are the same person or using the same business address.

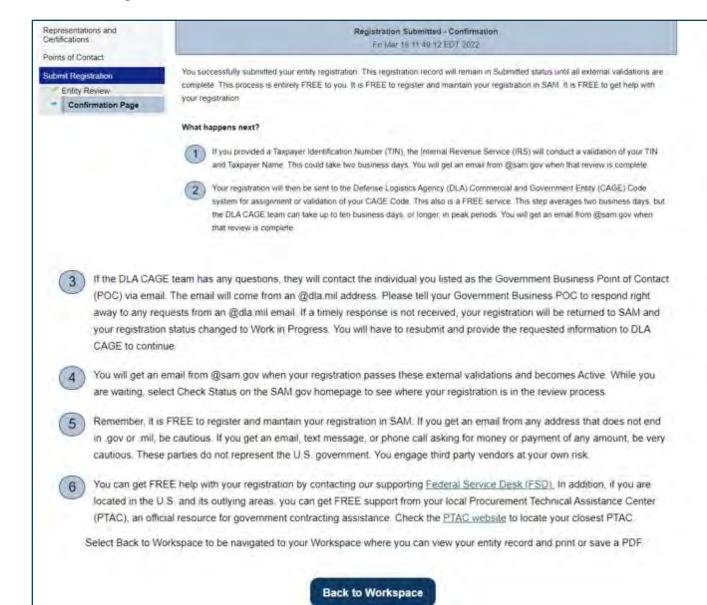
Title:	
First Name:	
Middle Initial	
Last Name: *	
Email: *	
Phone: * US or Non US Pho	one is mandatory
US Phone:	(XXXX)XXXX-XXXXX
Extension:	XXXXXXX
Non US Phone:	XXXX-XXXXXXXXXXXXXXXXXXXXXXXXXX
US Fax:	(XXX)XXX-XXXX
Notes:	
Electronic Business P	100000m
Copy From	Please select a value COPY
Title:	
First Name: *	
Middle Initial:	
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-	XXXXXXXX
Extension:	
	xxxx-xxxxxxxxxxxxxx
Non US Phone:	xxxx-xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Extension: Non US Phone: US Fax: Notes:	
Non US Phone: US Fax:	

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Entity Review

- Print entire registration as pdf and save for your records
- Very useful for comparing next year when you are renewing the registration

Register Entity	Submit Registration
	Entity Review
Core Data	Unit
Representations and Certifications	You have completed all sections of your entity's registration
Points of Contact	Submit
Submit Registration	Unique Entity ID (DUNS)
- Entity Review	Unique Entity ID (DONS)
Back to Workspace	Legal Business Name
Buch to Hornspace	Doing Business As
	Core Data
	Business & TIN Information
	Business Information:
	Entry Start Date



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Status in Workspace
 will read Submitted

ASSEL CONSULTING LLC

Submitted

Unique Entity ID: LLKPKR237V55 Doing Business As: ASSEL GRANT SERVICES

CAGE/NCAGE: 80HD8

Physical Address: 2217 SE KING ST LEES SUMMIT, MO 64063-5169 USA Purpose of Registration: All Awards Expiration Date

Oct 20, 2023

:

Status Tracker Located on Home Page

Check Entity Status This too allows you to check the status of your entity.	More About the Entity Status Tracker
Search by Unique Entity ID/CAGE O Search entities pending Unique Entity ID assignment	+ Getting Started with Registration
Non-federal users: You may only check the status of entities Inited to your SAM gov account.	🛨 Entity Status Guide
The second second	😟 Legend
Unique Entity ID CAGE Code	What if my entity fails TIN validation?
	What if my entity fails CAGE validation?
Reset	🛞 More Help
Active Registration Unique Entity ID	
Your registration was activated on 2022-12-14. It expires on 2023-11-26 which is one year after you submitted it for processing.	

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From the main screen, go to Workspace, and under Entity Information, locate your registration (usually Active or Inactive).

SAM.GOV" Requests A Notifications B Workspace Sign Out Sign Out Home Search Data Bank Data Services Help Account Details Saved Searches Katie Kendle Workspace KK Roles **Followed Records** katie.kendle@asselgrantservices.com Email Settings 2 Notifications Pending Requests Entity Registration was updated - NORTHWEST MEDICAL CENTER ASSOCIATION INC No available requests May 10, 2024 Entity Registration was updated - HEARTLAND REGIONAL MEDICAL CENTER May 10, 2024 See All Notifications **Entity Information Reference Services** request A Role **Entity Information** See All Entities 0 3 0 0 0 0 Active Registration **ID** Assigned Inactive Registration Pending ID Assignment Work in Progress Registration Submitted Registration Next Update Due: 04/02/2025 Due in Next 30 days: 0 Entity Registrations Register Your Entity or Get a Unique Entity ID **Renew/Update Your Entities** What do I need for registration? Select Renew/Update to go to your entity workspace and renew/update your entities. Get Started How to renew or update an entity g

What would you like to update?

O I would like to update my Points of Contact

Points of Contact updates are effective immediately. This update does not replace your required annual entity renewal. If you want to update any other information, you must update/renew your entire entity registration.

I would like to update/renew my entire Entity Registration.



Updates to your entity registration information generally require IRS and CAGE validation, which can take up to ten business days. Once you submit an update, you cannot make changes until the submitted registration is processed.

An entity registration must be updated/renewed every 365 days to remain active and will expire if you do not renew it in time. An expired registration may affect your ability to do business with the federal government.



YOUR ENTITY'S PURPOSE OF REGISTRATION IS:

All Awards	1 Alexandre
uld you like to change the purpose of your entity's	registration?
No No	
⊖ Yes	
What do I need for Download	
	load



You will review and confirm the entity's current registration details.
There will be several screens similar to initial entity registration.
You can make changes if needed, or simply confirm and continue.
You may need your MPIN.

You may be asked multiple times to enter confirmation codes from your email.

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Name.

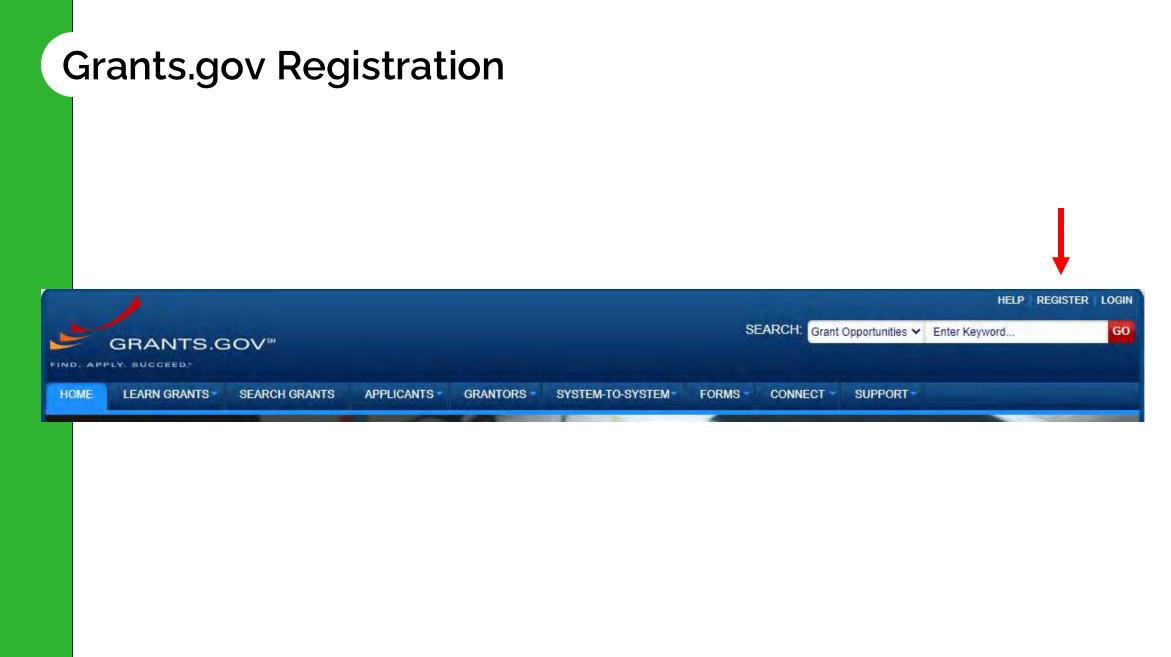
Taxpayer Identification Number (TIN):

Taxpayer Address:		COPY MAILING ADDRESS	COPY PHYSICAL ADDRE
Address Line 1*:	480 S ROGERS RD		
Address Line 2:			
City*;	OLATHE		
State/Province :	KANSAS	1 1	
ZIP/Postal Code*:	66062		
Country*:	UNITED STATES		1.
Type of Tax:	Applicable Federal Tax		
Tax Year (YYYY)*: (Insert Most Recent Tax Year)	2019		
Name of Individual Executing Consent*:	Erin Dugan		
Title of the Individual Executing Consent*:	PRESIDENT/CEO		
Signature*:	Enter you	r MPIN here	
Date:	Date will	populate when you select Save a	and Continue.

Grants.gov



FIND. APPLY. SUCCEED.SM



Grants.gov Registration

REGISTER



Registering with Grants.gov

One account to manage all your profiles, applications, and subscriptions.

Applicants

1. Complete the required form fields.

2. Confirm your email address.

 Add an organization applicant profile or an individual applicant profile after registering.

Learn more on the Applicant Registration page.

Grantors

1. Complete the required form fields.

2. Confirm your email address.

Ask your agency point of contact to associate your email address with the agency.

Learn more on the Grantor Registration page.

Get Registered Now »

Grants.gov Registration

GRANTS.GOV > Register

REGISTER

Please enter your information below to create an Account.

- Required fields are denoted with an asterisk (*).
- The following special characters are allowed: question marks, periods, dashes, underscores, and @ symbol (Password is not subject to these restrictions).
- · Username cannot resemble UEI. 12 character usernames must contain a special character.
- <u>Password requirements</u>: Your password must contain at least eight characters including: at least one uppercase letter (A-Z); at least one lowercase letter (a-z); at least one number (0-9); and at least one special character (e.g. ! @ # \$ % ^ & *). Your password must not contain dictionary words, names, or your Username.

2

If Mobile Phone Number is provided, it must be a US number and it can be used to reset forgotten password.

Contact Information:		
*First Name:		
Middle Initial:		
*Last Name:		
*Email Address:		
*Primary Phone Number:		
Mobile Phone Number (US Only):		
Confirm Mobile Phone Number:	(Can be used to reset forgotten password)	

Account Details:	
*Username:	
*Password:	(Case Sensitive)
*Confirm Decourade	
*Confirm Password:	(Case Sensitive)

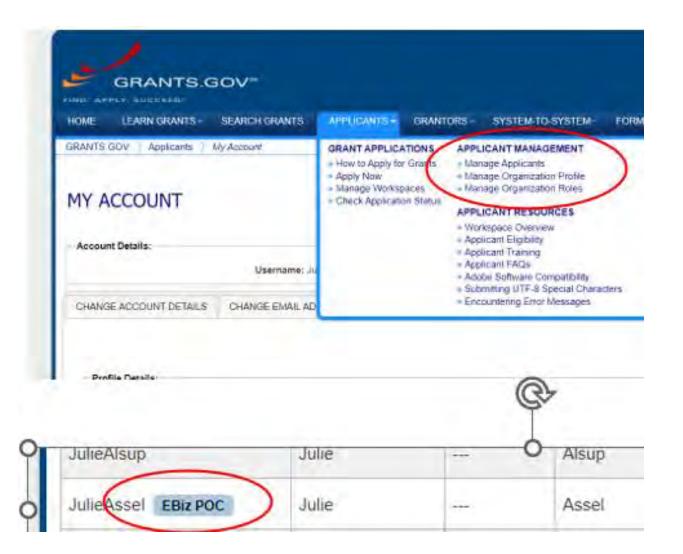
Communications:		
Subscribe:	*	GRANTS.GOV ALERTS Yes, I want to receive email messages containing time-sensitive information about Grants.gov changes that potentially impact users.
	*	GRANTS.GOV NEWSLETTER Yes, I want to receive occasional emails highlighting system enhancements, training resources, and other topics relevant to the federal grant community.

Grants.gov Registration

- Save your Grants.gov password, as other systems will occasionally require it (such as ASSIST in eRA system).
- You will be prompted to link your Grants.gov account to a Login.gov account.
- If you already have a Login.gov used for SAM access, use the same account here.
- If not, you can create a Login.gov account at this point.

Register the Ebiz POC

- Create a user registration in Grants.gov and Login.gov exactly the same way.
- Use the same Login.gov account as for SAM.
- Grants.gov will recognize your email address and UEI as matching SAM and assign you the Ebiz POC role.
- Ebiz POC indicated beside username



Register the Ebiz POC

Existing Account

- ✤If Ebiz POC is unknown
 - Check SAM record
 - In Grants.gov, add the organizational profile to your individual account. The system will send a confirmation email to the Ebiz POC, and you will be copied on that email.



Assign Roles

Manage Roles for Applicant

?

App	plicant Profi	le:				
1	Username:	AllisonKC	Email Address:	allison.mclain@wyandotbhn.org	Name:	Allison M McLain
	Job Title:	Dir of Development	DUNS:	0821325640000		

Applicant Workspace Access:		
Current Access	Number of Workspaces	Number of Active Workspaces
Participant	1	1
Owner	0	0

Applicant Roles:	
Assigned Roles:	Expanded AOR [Details]
	Standard AOR [Details]
	Workspace Manager [Details]



Cancel

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Workspace

SEARCH GRANTS

BASIC SEARCH CRI	TERIA:	
Keyword(s):		
Opportunity Number:		
CFDA:		
		SEARC

OPPORTUNITY STATUS: Forecasted (185)

Posted (2,528)

Closed (3,610)

Archived (53,896)

FUNDING INSTRUMENT TYPE:

All Funding Instruments

Cooperative Agreement (997)

Grant (1,925)

Other (106)

Procurement Contract (43)

▼ ELIGIBILITY:

		~	All	Eliai	bilities	
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SORT BY: Poste Date (Descend	ing) Vpdate Sort	DATE RANGE	All Available		V Update	Date Range
1 - 25 OF 2713 I ATCHING RE	SULTS:			« Previous	1 2 3 4 5 6	. 109 Next
Opportury Number	Opportunity Title		Agency	Opportunity Status	Posted Date \downarrow	Close Date
NNH20ZDA001N-SAGEIII	ROSES 2020: SAGE III/ ISS Science 1	Team	NASA-HQ	Posted	06/16/2020	11/06/202
PAR-20-232	Enabling Technologies to Accelerate D Oral Biodevices (R21 Clinical Trial Not		HHS-NIH11	Posted	06/16/2020	05/07/202
PAR-20-233	Enabling Technologies to Accelerate D Oral Biodevices (R01 Clinical Trial Not		HHS-NIH11	Posted	06/16/2020	05/07/202
F20AS00157	Highlands Conservation Act Grant Pro Funding	gram – Base	DOI-FWS	Posted	06/16/2020	08/03/202
RFA-DD-21-001	Study to Explore Early Development (S up Studies	SEED) Follow-	HHS-CDC- HHSCDCERA	Forecasted	06/16/2020	
CDC-RFA-GH21-2104	Elimination of lymphatic filariasis and e control of other neglected tropical dise an effort to improve the quality and cou programs.	ases (NTDs) in	HHS-CDC- CGH	Forecasted	06/16/2020	
CDC-RFA-DP21-2102	Paul Coverdell National Acute Stroke F	Program	HHS-CDC- NCCDPHP	Forecasted	06/16/2020	

Workspace

VIEW GRANT OPPORTUNITY



DHS-20-USFA-043-00-01 Fiscal Year (FY) 2020 State Fire Training (SFT) Systems Grant Program Department of Homeland Security Department of Homeland Security - FEMA



Frants Notice	Version:	Synopsis 2	
HS-20-USFA-043-00-01	Posted Date:	Jun 08, 2020	
iscal Year (FY) 2020 State Fire Training (SFT)	Last Updated Date:	Jun 08, 2020	
Systems Grant Program	Original Closing Date for Applications:	Jul 17, 2020	
liscretionary	Current Closing Date for Applications:	Jul 17, 2020	
	Archive Date:	Aug 17, 2020	
Grant			
other (see text field entitled "Explanation of Other Category of Funding Activity" for clarification)			
ire Service Training	Award Floor:	\$20,000	
)F is is)is)is	IS-20-USFA-043-00-01 scal Year (FY) 2020 State Fire Training (SFT) stems Grant Program scretionary ant her (see text field entitled "Explanation of Other itegory of Funding Activity" for clarification)	HS-20-USFA-043-00-01 Posted Date: Scal Year (FY) 2020 State Fire Training (SFT) Last Updated Date: stems Grant Program Original Closing Date for Applications: scretionary Current Closing Date for Applications: ant Archive Date: her (see text field entitled "Explanation of Other tegory of Funding Activity" for clarification) Estimated Total Program Funding:	AS-20-USFA-043-00-01 Bical Year (FY) 2020 State Fire Training (SFT) stems Grant Program scretionary ant her (see text field entitled "Explanation of Other tegory of Funding Activity" for clarification) Posted Date: Jun 08, 2020 Original Closing Date for Applications: Jul 17, 2020 Archive Date: Aug 17, 2020 Estimated Total Program Funding: \$1,000,000 Award Ceiling: \$20,000 Award Ceiling: \$20,000

Workspace

APPLY NOW USING WORKSPACE

If you know the Funding Opportunity Number or the Opportunity Package ID for which you would like to create a Workspace, please enter it below. Otherwise, go to Search Grants to search open Opportunities.

-Please enter Opportunity information:-

Funding Opportunity Num	DHS-20-USFA-043-00-01
Opportunity Package	ID:
-Please enter required information for new Workspace:	
*Profile: Asse	I Grant Services (0809922730000)
*Application Filing Name: New	
Cre	eate Workspace Cancel

DOJ JustGrants

- JustGrants The Department of Justice's new Grants Management System
- Part I Submit the SF-424 and SF-LLL via Grants.gov
- Part II Submit the full application via JustGrants





	Forms		1. * Type of Federal Action: a. contract b. grant c. cooperative agreement	2. * Status of Federal Action: a. bid/offer/application b. initial award c. post-award	3. * Report Type:
Application for Federal Assistance S	SF-424		d. Ioan e. Ioan guarantee		
Preapplication	ype of Application: * If Revision, select appropriate le New Continuation * Other (Specify):	etter(s):	t. Ioan Insurance 4. Name and Address of Repor	rting Entity:	
	Revision		* Name		
* 3. Date Received: 4. App Completed by Grants.gov upon submission.	olicant Identifier:		* Street 1	State	Zip
5a. Federal Entity Identifier:	5b, Federal Award Identifier:		Congressional District, if known:	Subawardee, Enter Name and Address	of Debra et
8. APPLICANT INFORMATION: * a. Legal Name:			6. * Federal Department/Agency:	7.* Federal	Program Name/Descriptic
			6. * Federal Department/Agency:	7.* Federal	Program Name/Descriptio
* b. Employer/Taxpayer Identification Number (E	IN/TIN): c. Organizational DUNS:		O Federal Astronomics March 19	Assistance List if applicable:	
* b. Employer/Taxpayer Identification Number (E	IN/TIN): C. Organizational DUNS:		8. Federal Action Number, if know	if applicable.	ing Number, nount, if known:
	IN/TIN):		10. a. Name and Address of Lobo Prefix * First Name * Last Name * Street 1 * City	WIT:	
d. Address: Street1: Street2: City: County/Parish: State:	IN/TIN):	5	10. a. Name and Address of Lobe	WIT:	nount, if known:
d. Address: * Street1: Street2: * City: County/Parish: * State: Province: * Country:		3	10. a. Name and Address of Lobit Prefix * First Name * Last Name * Street 1 * City b. Individual Performing Service Prefix * First Name		nount, if known:
d. Address: * Street1: Street2: County/Parish: State: Province: Country: Zip / Postal Code:		5	10. a. Name and Address of Lobi Prefix * First Name * Last Name * Street 1 * City b. Individual Performing Service Prefix * First Name * Last Name * Street 1 * City b. Individual Performing Service Prefix * First Name * Street 1 * City 1 Information requested through this form is autility	WIT:	nount, if known:
d. Address: Street1: Street2: County/Parish: State: Province: Country: Zip / Postal Code: e. Organizational Unit: Department Name:	USA: UNITED STATES		10. a. Name and Address of Lobi Prefix * First Name * Last Name * Street 1 * City b. Individual Performing Service Prefix * First Name * Last Name * City b. Individual Performing Service Prefix * First Name * Last Name * Street 1 * City 11. Information requested through this form is autilitrelance was placed by the liter above when the strenge of the liter above when the strenge of the liter above when the strenge of the liter above when the lite		nount, if known:

DOJ JustGrants-DIAMD

INVITE MEMBER

Windows 10 - QJP Virtual Desiston	DIAMD Steps take place
DIAMD	in DIAMD
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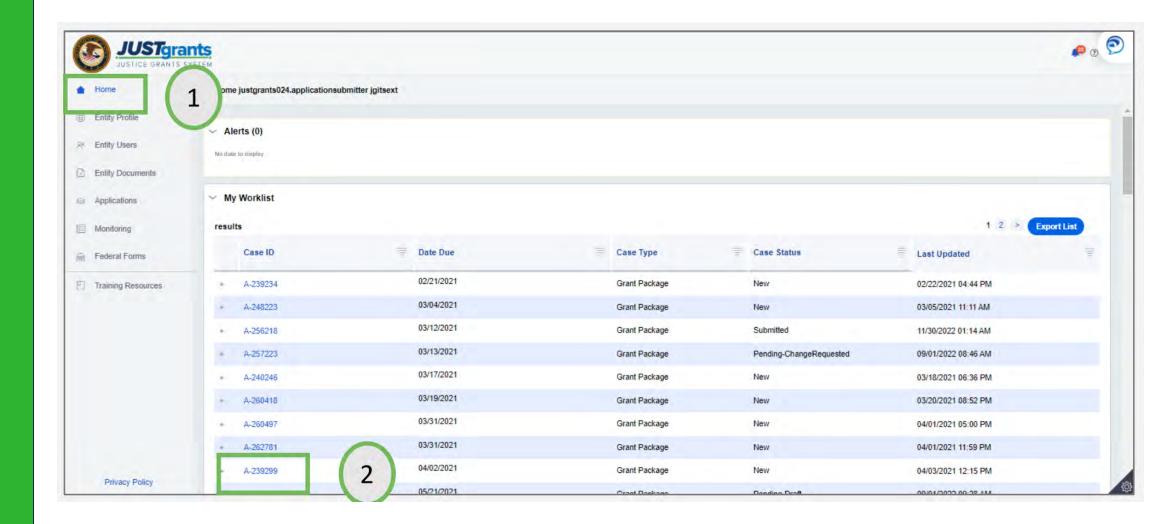
DOJ JustGrants-DIAMD

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INVITE MEMBER

Windows 10 - OJP Virtual Dasatop	DIAMD Steps take place
I Home My Work -	
Home Notifications O Entity Management	
Manage Entry > Invite Momber > Manage Member > Re-Invite Momber >	

DOJ JustGrants-My Worklist or Applications



DOJ JustGrants-Authorized Representatives

JUSTgrant	S.				🤌 🕐
	SAMY MISDARY	(Users			
Profile	age Users				
Jsers	2	Name	Email ID	Roles	
Documents	Details	SAMY MISDARY	justgrants011.applicationsubmitter@gmail.com	ApplicationSubmitter	
ations	Details	JustGrants011 GrantAwardAdmin	justgrants011 grantawardadmin@gmail.com	GrantAwardAdministrator	
3	Details	JustGrants011 AuthorizedRep	justgrants011.authorizedrep@gmail.com	AuthorizedRepresentative	
ring	Details	JustGrants011 FinancialManager	justgrants011.financialmanager@gmail.com	FinancialManager	
l Forms	Details	JustGrants011 MultipleRoles	justgrants011.multipleroles@gmail.com	$\label{eq:alternate} AlternateGrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ ApplicationSubmitter, \\ Authorized \\ Representative, \\ Financial \\ Manager, \\ GrantAwardAdministrator, \\ Applicative, \\ Financial \\ Representative, \\ Financial \\ Financial \\ Representative, \\ Financial $	
	Details	SAMY MISDARY	justgrants011@gmail.com	eq:antalwardAdministrator,ApplicationSubmitter,Authorized Representative,EntityAdministrator,FinancialManager,GrantAwardAdministrator,FinancialManager,FinancialManager,FinancialManager,FinancialManager,FinancialManager,FinancialManager,FinancialManager,FinancialManager,Fina	vardAdministrator
g Resources	SAMY MISDARY	(Contacts			
	Add New Contact		First Name Email	Phone Number	
See all	No Data Found				
nded Award					
ward					
kage					

DOJ JustGrants-Assigning Roles to Applications

Home	Applic	ations										
Entity Profile	197 re								Rows: 1-10	V 00	Export List	
Entity Users									Rows.			
Entity Documents		Select All		Application ID		Application Submitter	10	Authorized Representative	Managing Office	Program Office	Date Due	Urgency
Applications								and the last				
Awards				GRANT00772238		SAMY MISDARY		SAMY MISDARY	OJP	BJA	05/31/2022	O 37 Days Past Due
Monitoring				GRANT00772284		SAMY MISDARY	1	SAMY MISDARY	OJP	OJJDP	05/31/2022	37 Days Past Due
n Federal Forms				GRANT00772294		SAMY MISDARY		SAMY MISDARY	OJP	OJJDP	05/31/2022	37 Days Past Due
				GRANT00772306		SAMY MISDARY	1	SAMY MISDARY	OJP	OJJDP	05/31/2022	
Training Resources				GRANT00772500		SAMY MISDARY		JustGrants011 MultipleRoles	OJP	OJJDP	05/31/2022	38 Days Past Due
	+			GRANT00772313		SAMY MISDARY			OJP	ovc	05/31/2022	
				GRANT00770722		SAMY MISDARY		SAMY MISDARY	OJP	OJJDP	04/30/2022	68 Days Past Due
Privacy Policy				GRANT00770691		SAMY MISDARY	4	SAMY MISDARY	OJP	BJA	04/30/2022	© 69 Days Past Due
Active Funded Award				GRANT3-6201-4546-bf81-3e12647ed50f		SAMY MISDARY	1	SAMY MISDARY	OJP	ovc	04/26/2022	0 73 Days Past Due
FAW-307100				GRANTa-5bce-4125-9659-b092f56777c7		Application Submitter	1	Authorized Representative	OJP	BJA	04/21/2022	77 Days Past Due
Funded Award	Choos	e Role:		Assign to:								
Grant Package A-188219	(Choo	ose Role)	~		-Ass	σπ						
Closeout FAV-188193												

Questions?

Email: Leah.Hyman@AsselGrantServices.com

