IGX Grants Management System
Grant Management Experience Form

Purpose

The Department of Public Safety (DPS) is required by law and state policy to complete a pre-award risk assessment for prospective grantees before awarding a grant. The pre-award risk assessment includes a review of an organization's past performance as a grantee and experience administering grants. The pre-award risk assessment informs funding decisions and grant contract agreement conditions.

The Grant Management Experience form in the IGX Grants Management System provides the Department of Public Safety (DPS) with key information about grant applicants' grant management experience and eligibility. The Grant Management Experience form must be completed for each application.

DPS updated the Grant Management Experience form in IGX to improve how we assess risk. This enables us to better assess how we can support grantees to successfully implement grants. The improvements ensure that grant funds continue to be used for their intended purpose: to build a safer Minnesota.

This process guide will walk grant applicants through the Grant Management Experience form.

While some questions in the form apply to all applicants, other questions are unique to the type of entity. Please use the table of contents to jump to the section for your entity type.

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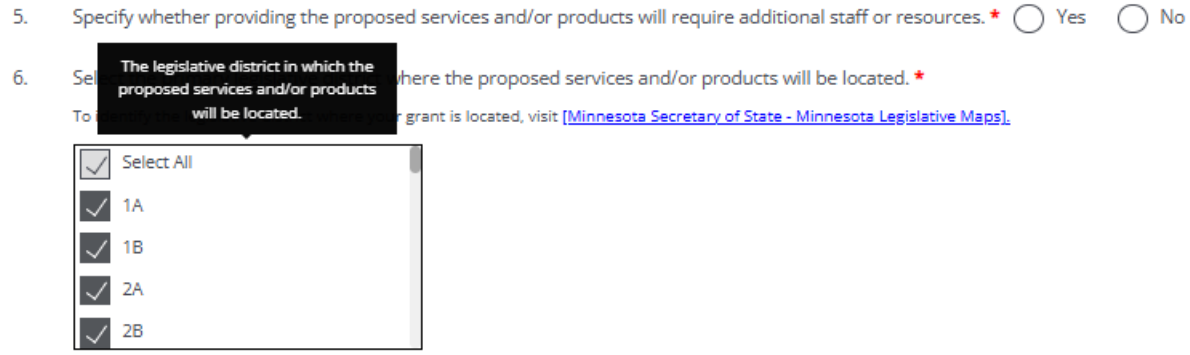
Help Text

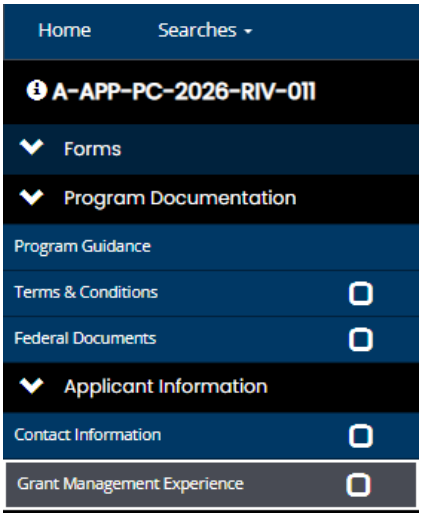
Help text that provides additional information can be found throughout IGX. To see the help text, hover over a question and the help text will appear. Please see below.



Getting Started

The following roles can complete the Grant Management Experience form: Agency Administrator, Agency Financial Officer, Agency Program Administrator, and Agency Writer. You will need to be assigned to one of these roles to complete the Grant Management Experience form on behalf of your organization. If you need a particular role, please reach out to your Agency Administrator to be assigned roles.

1. Login to the IGX Grants Management System.
2. Open the application that is pending submission for your organization.
3. In the left panel, you will see the Grant Management Experience form, click on that form.



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Section I: Grant Management Experience

All Entities

All applicants must complete this section. The information provided in this section will be used to assess applicants' experience administering DPS programs and other similar grant programs.

Section I - Grant Management Experience

Instructions

- Complete this section to help DPS understand the organization's history of performing duties similar to those required by the grant funding opportunity.
- Some sections may be hidden based on other field selections. If there is information saved in fields that are not displayed, the previous selection that allowed the section to show must be re-selected to allow the section to display again, and the associated information must be removed. Once all of the information is removed from the dependent section, the correct and appropriate selection can be entered, as it applies to the organization.

1. Our organization has had more than one administrative turnover of grants and contract management staff in the past twelve months. * ◯ Yes ◯ No

2. Select the option that best applies to your organization. *

   - ◉ Monitored funding and completed reporting for non-federal and/or federal grants.
   - ◯ Monitored funding and completed reporting for only non-federal grants.
   - ◯ Monitored funding and completed reporting for contracts but not grants.
   - ◯ No prior experience monitoring funding and reporting expenditures for contracts and/or grants.

3. Our organization has received a grant from a division of the Minnesota Department of Public Safety (DPS) in the last five years. * ◯ Yes ◯ No

4. Upload the current operating or program budget. *

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5. Specify whether providing the proposed services and/or products will require additional staff or resources. * ◯ Yes ◯ No

6. Select the primary legislative district where the proposed services and/or products will be located. *

   To identify the legislative district where your grant is located, visit [Minnesota Secretary of State - Minnesota Legislative Maps].

   - ☑ Select All
   - ☑ 1A
   - ☑ 1B
   - ☑ 2A
   - ☑ 2B

7. Describe how your organization's work aligns with the requirements of this grant based on the description of services and/or products provided by this funding opportunity. Include the number of years your organization has provided the same or similar services. *

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8. Describe how your organization has successfully provided the proposed services and/or products for this grant funding opportunity. Provide concrete outcomes over the past year. For example, the number of clients served, how equipment has been effectively used, or officers trained and certified, etc. *

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9. Do you, your organization, or any employees have any actual or potential conflicts of interest related to this grant? * ◯ Yes ◯ No

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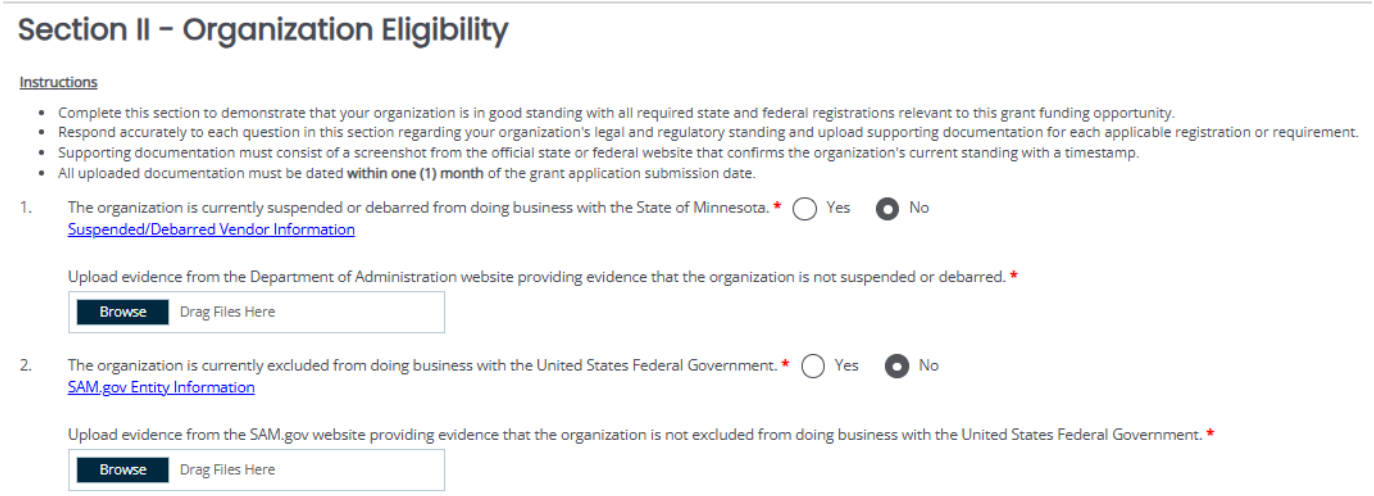
Section II: Organization Eligibility

All applicants must complete Section II: Organization Eligibility. The information provided in this section will assess whether your organization may receive funding from DPS.

Applicants must respond to all applicable questions and upload documentation supporting each response.

All Entities

All applicants must complete questions 1 and 2, including uploading the requested documentation.



Section II – Organization Eligibility

Instructions

- Complete this section to demonstrate that your organization is in good standing with all required state and federal registrations relevant to this grant funding opportunity.
- Respond accurately to each question in this section regarding your organization's legal and regulatory standing and upload supporting documentation for each applicable registration or requirement.
- Supporting documentation must consist of a screenshot from the official state or federal website that confirms the organization's current standing with a timestamp.
- All uploaded documentation must be dated **within one (1) month** of the grant application submission date.

1. The organization is currently suspended or debarred from doing business with the State of Minnesota. * ◯ Yes ◉ No
Suspended/Debarred Vendor Information

Upload evidence from the Department of Administration website providing evidence that the organization is not suspended or debarred. *
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2. The organization is currently excluded from doing business with the United States Federal Government. * ◯ Yes ◉ No
SAM.gov Entity Information

Upload evidence from the SAM.gov website providing evidence that the organization is not excluded from doing business with the United States Federal Government. *
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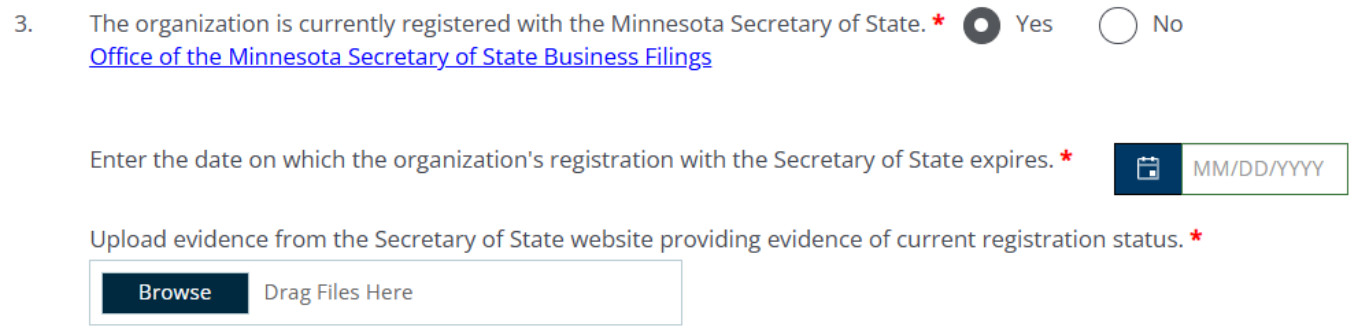
Non-Government For-Profit Entities

In addition to Questions 1 and 2, non-government for-profit entities must complete Question 3 regarding business registration status with the Minnesota Secretary of State.



3. The organization is currently registered with the Minnesota Secretary of State. * ◉ Yes ◯ No
Office of the Minnesota Secretary of State Business Filings

Enter the date on which the organization's registration with the Secretary of State expires. * MM/DD/YYYY

Upload evidence from the Secretary of State website providing evidence of current registration status. *
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Non-Government Non-Profit Entities

In addition to Questions 1 and 2, non-government non-profit entities must complete Questions 3, 4, and 5.

3. The organization is currently registered with the Minnesota Secretary of State. * (●) Yes ( ) No
Office of the Minnesota Secretary of State Business Filings

Enter the date on which the organization's registration with the Secretary of State expires. * MM/DD/YYYY

Upload evidence from the Secretary of State website providing evidence of current registration status. *

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4. If applicable, the organization is currently registered with the Minnesota Attorney General's Office as a charitable organization. * (●) Yes ( ) No ( ) Not Applicable
The Office of Minnesota Attorney General Search for Charities and Fundraisers

Upload evidence from the Attorney General's Office website providing evidence of current registration status. *

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5. If applicable, the organization currently has an active registration with the Internal Revenue Service (IRS) as a tax-exempt organization. * (●) Yes ( ) No ( ) Not Applicable
IRS Tax-Exempt Organizations

Upload evidence from the IRS website providing evidence of current registration status. *

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