

MassGRANTS Portal User Guide: Respite Innovation Grant



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REGISTRATION

You must have a valid Account to register for portal access.

Accounts are created automatically for vendors with a Vendor Code to do business with the Commonwealth. If you do not know or do not have a Vendor Code, contact one of the departments you do business with. Only with a valid Vendor Code, the system allows you to register as a User under the Account.

FIRST USER REGISTRATION

Scenario: A new user is registering to the portal as the first user on an Account. The profile of the first user on the Account will be Grantee Administrator by default.

1. Open MassGRANTS portal URL: <https://maanfgrants.force.com/s/loginpage>
2. Click on **Register for an account**.

Sign In

Welcome to MassGRANTS!

Don't have an account?

No problem! Click the button below to register.

[Register for an account](#)

Welcome back

Please enter your user email and password to sign in.

* means required fields

*User Email

*Username

.portal

[Forgot My Username?](#)

*Password

[Forgot My Password?](#)

Sign In

3. Enter your Vendor Code and the last four digits of your TIN.
4. Check the 'I'm not a robot' box.
5. Click **Next**.



Home Test User 3 UAT

Vendor Code Verification

In order to register in MassGRANTS, your organization must already be registered with VendorWeb. Please be aware that there may be a delay of up to 24-hours after your organization is registered in VendorWeb before it will be available in MassGRANTS.

Note: Only vendor representatives with the authority to act as an administrator for their grantee account should register using this process. Other grantee users should contact their grantee administrator to add them as users.

Please enter your Vendor Code and the last 4 digits of your Tax Identification Number (TIN) below. The Vendor Code is a 12-digit number that begins with "VC". If the vendor code is not known, contact one of the departments you do business with. The TIN is the number provided to the Commonwealth on the W-9 form when you first became a vendor.

* Vendor Code
VC1234567890

* Last 4 Digits of TIN
1212

I'm not a robot  reCAPTCHA
Privacy - Terms

Next

6. Fill in your First Name, Last Name, and Email Address, and create a Password.
7. Click **Next**.

Login

Contact Detail

Please enter your contact information and password below.

* First Name
Test User

* Last Name
UAT

* Email Address
prakruthi.kairamkonda@mtxb2b.com

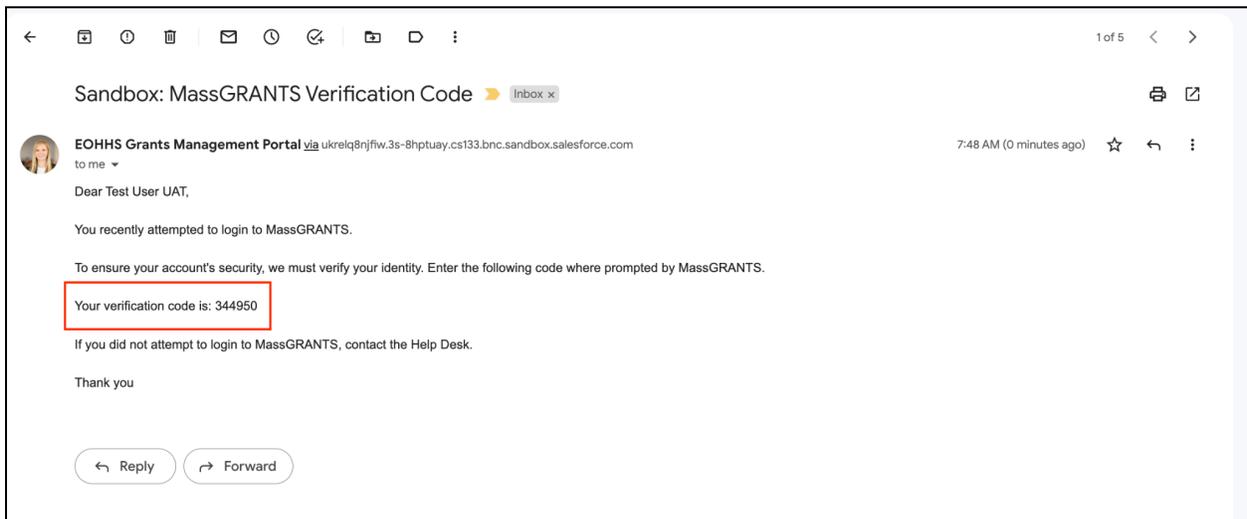
* Password
.....

Next

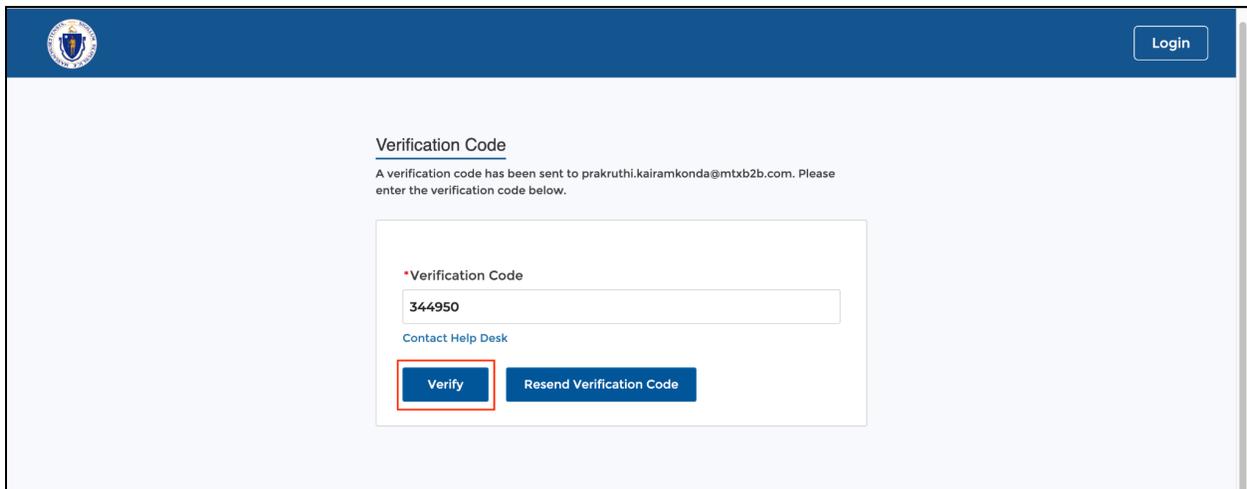


As the first User of the Account, the system will send an email with a Verification Code to the email provided. If another User has already registered with the account, the system will send an email to all existing Grantee Administrator users to approve the new user.

8. Check your inbox for Verification Code.



9. Enter the Verification Code and click **Verify**.



Note: If you want the system to resend the Verification Code, click the Resend Verification Code button.



10. Upon clicking Verify, you will land on the MassGRANTS Portal Homepage.

ADDITIONAL USER REGISTRATION

Scenario: A new user is registering to the portal to an Account that already has users in it.

1. Open MassGRANTS portal URL: <https://maanfgrants.force.com/s/loginpage>.
2. Click on **Register for an account**.

Sign In

Welcome to MassGRANTS!

Don't have an account?

No problem! Click the button below to register.

[Register for an account](#)

Welcome back

Please enter your user email and password to sign in.

* means required fields

*User Email

*Username

.portal

[Forgot My Username?](#)

*Password

[Forgot My Password?](#)

Sign In

3. Enter your Vendor Code and the last four digits of your TIN.
4. Check the 'I'm not a robot' box.
5. Click **Next**.



The screenshot shows the 'Vendor Code Verification' page in the MassGRANTS portal. The page has a blue header with the state seal on the left, 'Home' in the center, and a user profile 'Test User 3 UAT' on the right. The main content area contains instructions for registration, a note about administrator authority, and a form with two input fields: 'Vendor Code' (containing 'VC1234567890') and 'Last 4 Digits of TIN' (containing '1212'). Below the fields is a reCAPTCHA widget with a green checkmark and the text 'I'm not a robot'. A blue 'Next' button is highlighted with a red box at the bottom of the form.

6. Fill in your First Name, Last Name, Email Address, and create a Password.
7. Click **Next**.

The screenshot shows the registration form with a green success message at the top. The message reads: 'Success! A User has already registered with this Account. Your registration request has been sent to the Grantee Administrator for approval. Please check with prakruthi.kairamkonda@mtxb2b.com to approve your registration.' Below the message is the registration form with fields for 'First Name' (Test User 2), 'Last Name' (UAT), 'Email Address' (prakruthi.kairamkonda+2@mtxb2b.com), and 'Password' (masked with dots). A blue 'Next' button is highlighted with a red box at the bottom of the form.

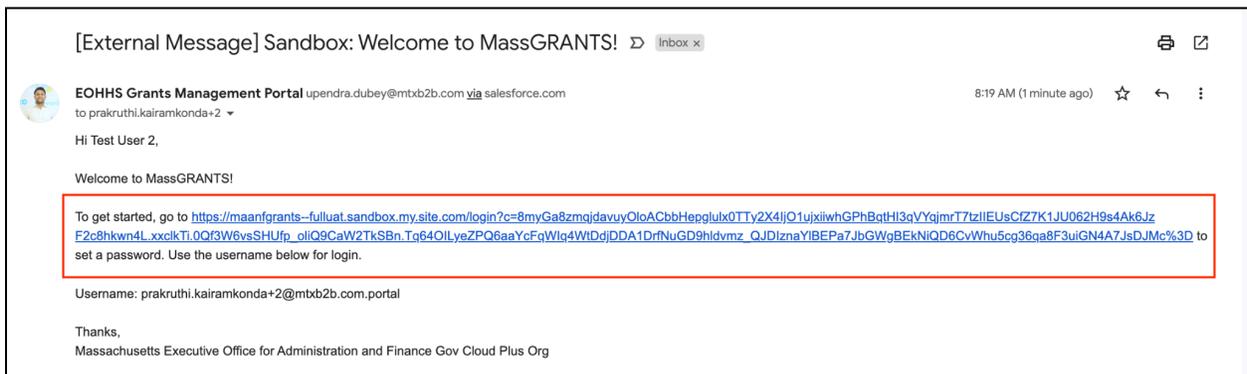


MassGRANTS Portal User Guide

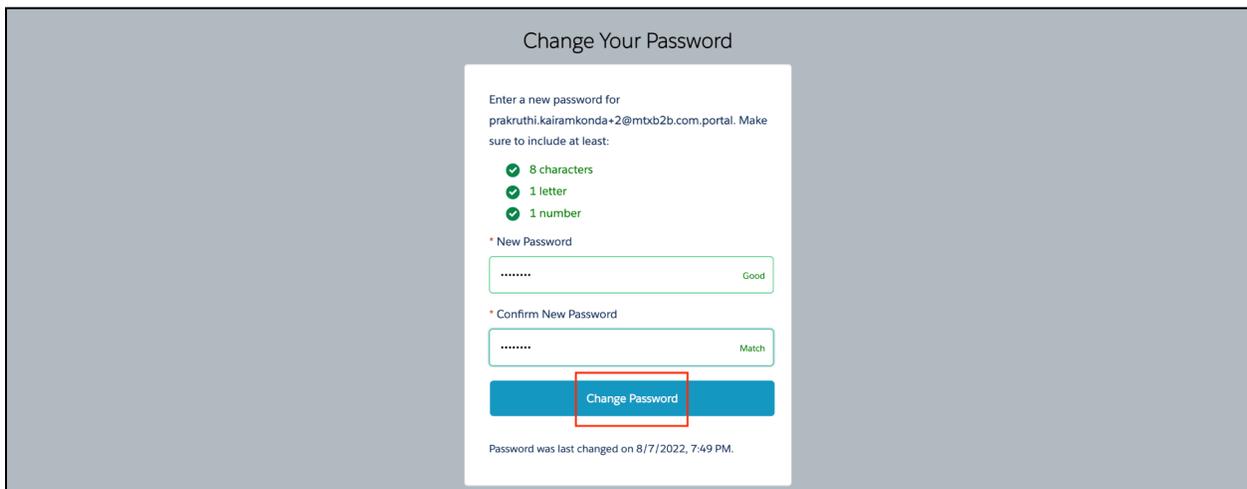
You will see the following success message on the page: “A User has already registered with this Account. Your registration request has been sent to the Grantee Administrator for approval. Please check with ‘Grantee Administrator email id’ to approve your registration.”

Once a Grantee Administrator approves your registration, you will receive a welcome email to set a password and log in to the portal.

8. Go to your Inbox and find the email.
9. Click on the get started link.



10. Create a new password by satisfying the given criteria.
11. Click **Change Password**.



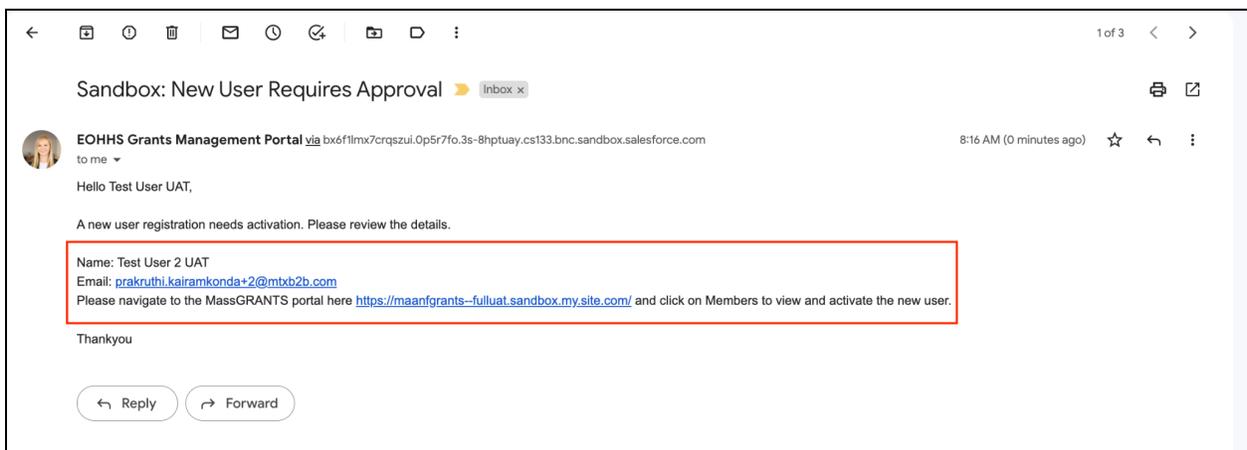


Upon clicking the Change Password button, you will land on the MassGRANTS Portal Homepage.

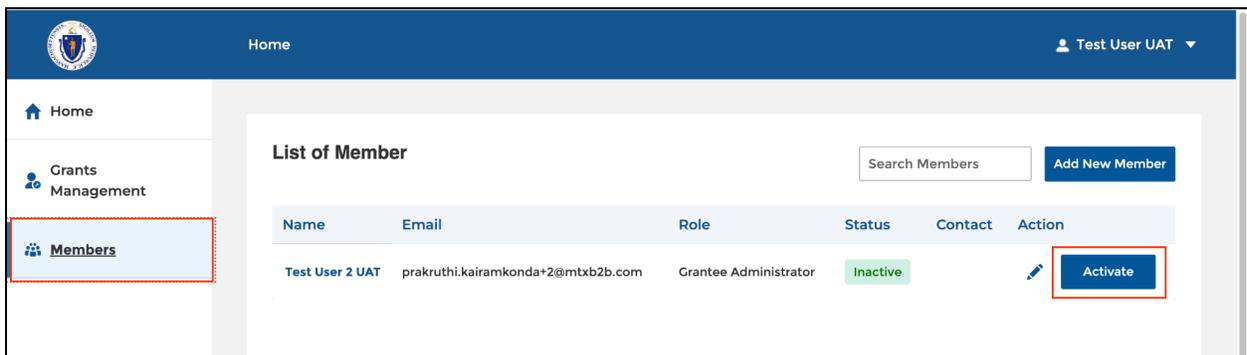
ACTIVATE NEW USERS

When a new user tries registering to the Portal, the existing user(s) in the Account will receive an email notifying that a new user requires approval.

1. Click on the MassGRANTS portal link given in the email and login into the portal. You can skip this step if you are already logged in.



2. Click on the **Members** tab.
3. Click **Activate**.



The user will be activated, and a welcome email will be sent out to the new user.



4. You can edit a user's information by clicking on the 'Edit icon' or deactivate a user by clicking on the 'Deactivate' button. Deactivated users can be reactivated by following step 3 above.

The screenshot shows the MassGRANTS portal interface. At the top, there is a navigation bar with the state seal, 'Home', and a user profile 'Test User UAT'. A green success message box is displayed: 'Success Member Test User 2 UAT Activated Successfully'. Below this is a 'List of Member' section with a search bar and an 'Add New Member' button. A table lists members with columns for Name, Email, Role, Status, Contact, and Action. The first row shows 'Test User 2 UAT' with email 'prakruthi.kairamkonda+2@mtx2b.com', role 'Grantee Administrator', and status 'Active'. The 'Action' column for this user has an edit icon and a red 'Deactivate' button.

Name	Email	Role	Status	Contact	Action
Test User 2 UAT	prakruthi.kairamkonda+2@mtx2b.com	Grantee Administrator	Active		Deactivate

ADD NEW MEMBERS FROM THE PORTAL

1. Log into the portal.
2. Click **Members**.
3. Click **Add New Member**.

This screenshot shows the 'List of Member' section of the portal. The 'Members' link in the left sidebar is highlighted with a red dashed box. The 'Add New Member' button in the top right of the member list is also highlighted with a red dashed box. The table below shows the same member as in the previous screenshot.

Name	Email	Role	Status	Contact	Action
Test User UAT	prakruthi.kairamkonda@mtx2b.com	Grantee Administrator	Active		Deactivate

4. Fill in the Contact Details.
5. Select Role from the drop-down list. Grantee Administrators can manage users and submit grant applications/reports. Grantee Contributors can start and edit grant applications/reports but are not able to submit them.
6. Click **Save**.



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New Contact Details

* Indicates required field

* First Name: Test User 3

* Last Name: UAT (dropdown menu open with options: UAT, Grantee Administrator, Grantee Contributor)

* Email: prakruthi.kairamkonda+3@mtxb2b.com

Buttons: Cancel, Save

The new user will be created and activated successfully. The user will receive a password reset email. Upon resetting their password, the user can log into the MassGRANTS portal.

Home | Test User 2 UAT

Success
Details Updated Successfully

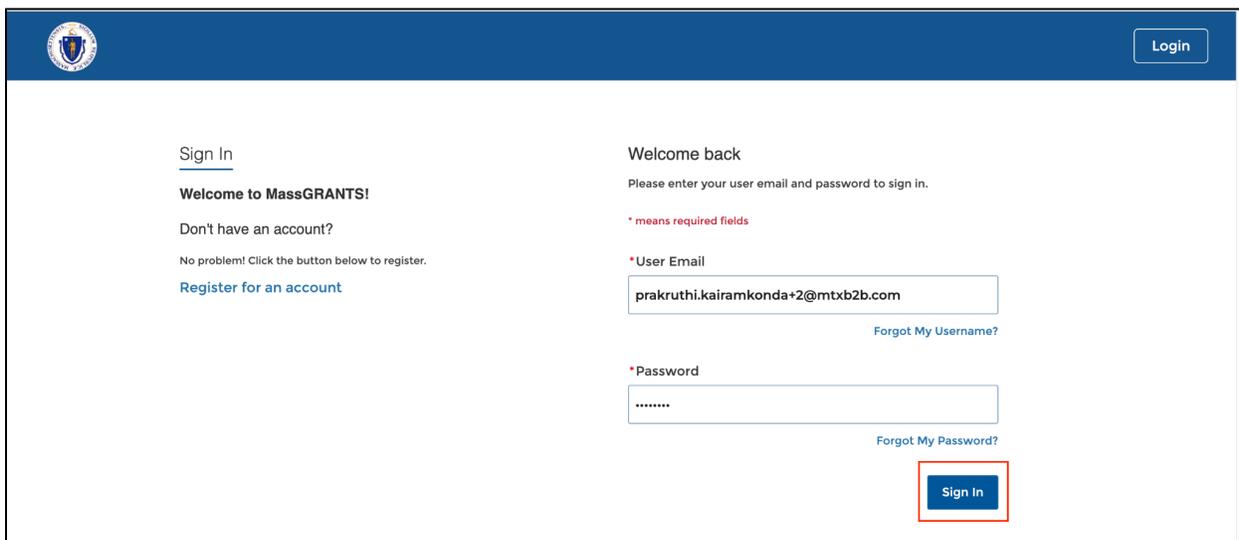
List of Members

Name	Email	Role	Status	Contact	Action
Test User UAT	prakruthi.kairamkonda@mtxb2b.com	Grantee Administrator	Active		Deactivate
Test User 3 UAT	prakruthi.kairamkonda+3@mtxb2b.com	Grantee Contributor	Active		Deactivate

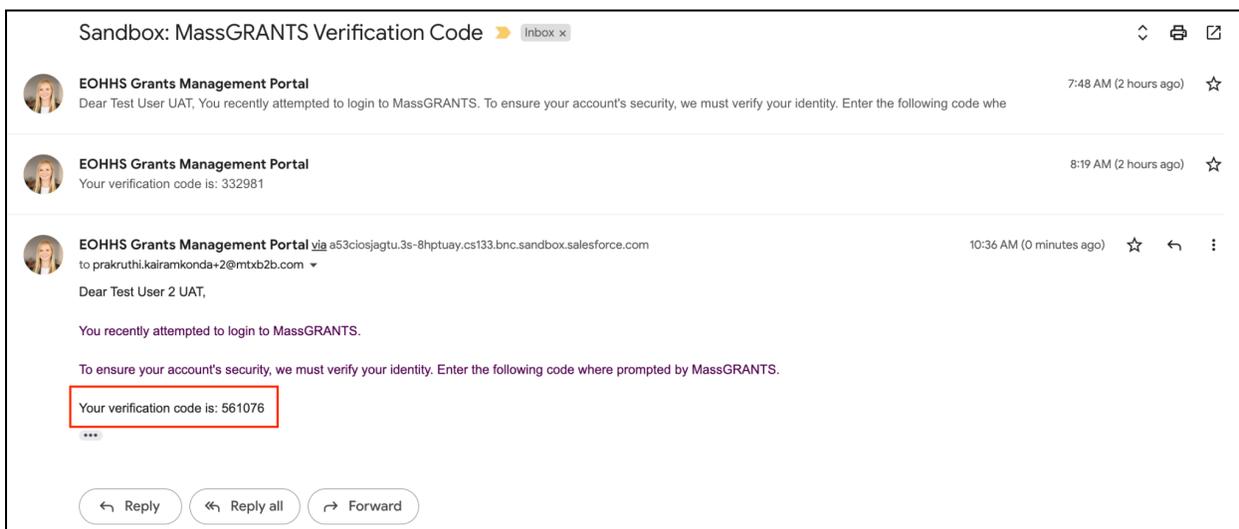


LOG IN TO PORTAL

1. Open the MassGrants portal URL: <https://maanfgrants.force.com/s/loginpage>
2. Enter User Email and Password
3. Click **Sign in**.



4. You will receive a Verification Code to your registered email address.



5. Enter the Verification Code.
6. Click **Confirm**.



MassGRANTS Portal User Guide

Verification Code

A verification code has been sent via email to **prakruthi.kairamkonda+2@mtx2b.com**. Please enter the code below

*Verification Code

Didn't receive the code yet?
Sometimes automated messages get categorized as spam, please check your spam folder Or [Resend Code](#)

Confirm

7. Upon clicking the Confirm button, you will land on the homepage of MassGRANTS portal.



APPLY FOR RESPITE GRANT

1. Go to the **Grants Management** page.
2. In the 'Search Box', search for 'Respite' grant.

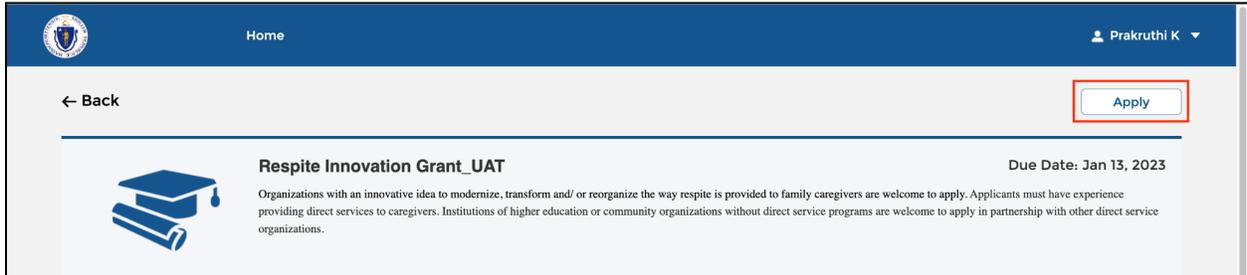
The screenshot shows the MassGRANTS portal interface. The top navigation bar includes the state seal, 'Home', and the user name 'Prakruthi K'. The left sidebar has 'Home', 'Grants Management' (highlighted with a red box), and 'Members'. The main content area is titled 'All Grants' and features a search box containing the text 'respite' (also highlighted with a red box) and a 'Filter' button. Below the search results, two grant cards are visible: 'Test Respite Test' with a 'Due Date:' field, and 'Respite Innovation Grant_UAT' with a 'Due Date: Jan 13, 2023'. Each card includes a 'Purpose' section and a 'Read More' link.

3. Click the **Grant**.

This screenshot is identical to the previous one, but with a red box highlighting the 'Respite Innovation Grant_UAT' grant card. The search box and 'Grants Management' sidebar item remain highlighted from the previous step.



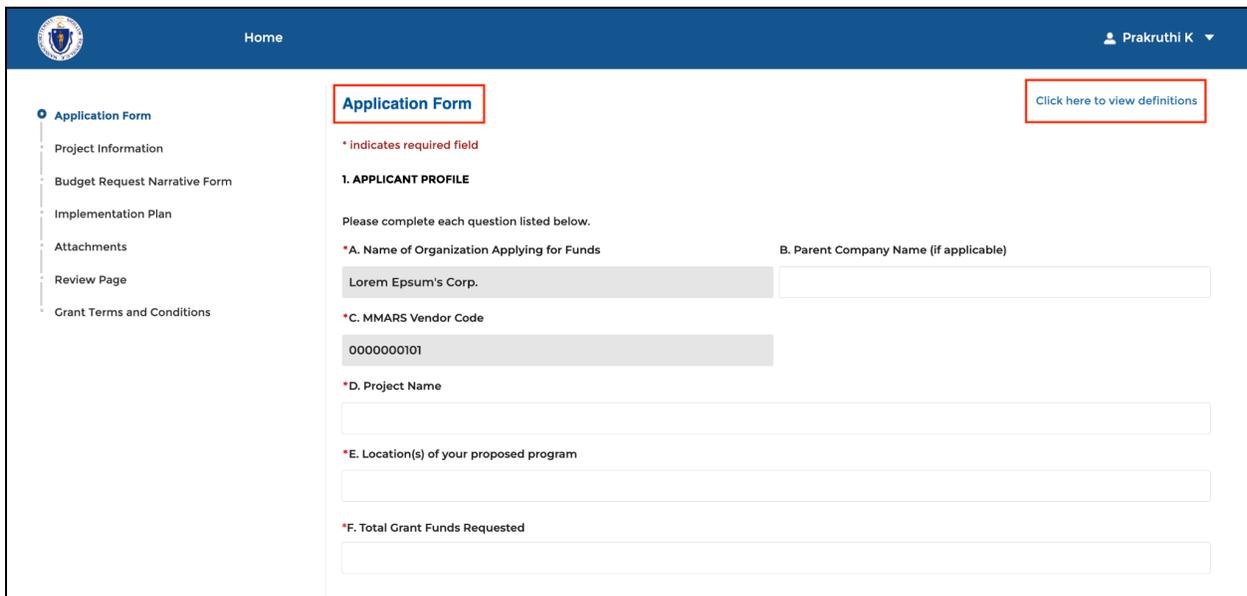
4. Click **Apply**.



Application Form

You will enter the **Application Form** page.

5. Access the definitions by clicking on the **Click here to view definitions** link.



6. Upon clicking 'Click here to view definitions' link, the 'Definitions' pop-up will appear on the screen.

7. Read the definitions and close the pop-up by clicking the **x** symbol to return to the application.



MassGRANTS Portal User Guide

Home Prakruthi K

Definitions:

Aging Services Access Points (ASAPs): Private non-profit agencies, under contract with Elder Affairs to carry out an interagency service agreement between Elder Affairs and the Division of Medical Assistance (DMA) for the management of clinical screening, service authorization activities and case management for Medicaid community based long term care to eligible elderly persons. ASAPs contract with Elder Affairs to: purchase Community-Based Long Term Care Services for certain Clients, provide Protective Services, (and in some cases provide nutrition services), provide Information and Referral Services, provide Case Management Services, coordinate and authorize the delivery of Home Care Program Services, and provide clinical screening for: Nursing Facility, and Community-Based Long Term Care Services. Each agency is organized to plan, develop, and implement the coordination and delivery of Community-Based Long Term Care Services.

Awardee: Any Applicant that submits an application in response to this RFA, is selected for a grant award under this RFA, enters into a Contract with EOHHS, and receives funding as a result of this RFA.

Budget: The total funding needed to implement the program. Each application must detail the cost of each program and associated activities.

Caregiver: A caregiver is "an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation" (RAISE Family Caregivers Act Initial report to Congress, Sept, 2021) For the purposes of this grant, caregivers receiving payment from MassHealth Personal Care Attendant (PCA) Program or Consumer Directed Personal Care Services are excluded from this grant.

Centers for Medicare and Medicaid Services (CMS): CMS is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare Program and works in partnership with state governments to administer Medicaid.

Direct Program Costs: Costs that are directly incurred due to the proposed program.

Executive Office of Health and Human Services (EOHHS): The Massachusetts agency responsible for the administration of the MassHealth program, pursuant to M.C.L. c. 118E and Title XIX and XXI of the Social Security Act and other applicable laws and waivers.

Home and Community Based Services (HCBS): Home & Community Based Services are medical and non-medical services and supports that provide opportunities for individuals to receive services in their own home or community rather than institutions or other isolated settings (e.g., home care, electronic monitoring, home delivered meals, day habilitation services, adult day health and transportation)

Independent Living Centers (ILCs): ILCs are private, nonprofit, consumer controlled organizations providing services and advocacy by and for people with all types of disability.

Implementation Plan: Set of activities that need to be completed for each program along with timeline and applicable resources/level of effort. The program will have one implementation plan with several activities. Implementation plans should include as much detail as

8. Fill in the 'Applicant Profile' details.

Home Prakruthi K

Application Form [Click here to view definitions](#)

* indicates required field

1. APPLICANT PROFILE

Please complete each question listed below.

*A. Name of Organization Applying for Funds B. Parent Company Name (if applicable)

Lorem Ipsum's Corp.

*C. MMARS Vendor Code

000000101

*D. Project Name

Respite Project

*E. Location(s) of your proposed program

MA

*F. Total Grant Funds Requested

\$1,200.00

2. PARENT ORGANIZATION CONTACT INFORMATION

A. Primary Applicant Contact Person:

*Organization



- 9. Scroll down and fill in the 'Parent Organization Contact Information', which includes details about the Primary Applicant Contact Person and Secondary Applicant Contact Person.

Home Prakruthi K

2. PARENT ORGANIZATION CONTACT INFORMATION

A. Primary Applicant Contact Person:

*Organization
Respiteparent.org

*First Name: Jack *Last Name: White

*Title: Clerk *Email: jack@gmail.com

*Phone: (999)-999 9999 Phone Extension: 64

B. Secondary Applicant Contact Person:

*Organization
Respiteparent2.org

- 10. Answer 'Yes', if you would like to add Partner or Subcontractor as part of this application and click **Next**.

Home Prakruthi K

*Title: Clerk *Email: jack@gmail.com

*Phone: (999)-999 9999 Phone Extension: 64

B. Secondary Applicant Contact Person:

*Organization
Respiteparent2.org

*First Name: Jim *Last Name: White

*Title: Consultant *Email: jim@gmail.com

*Phone: (888)-888 8888 Phone Extension: 63

***C. Will any additional organizations also be included as partners or subcontractors as part of this application?**
Yes

Next



Partnership Form

You will land on the 'Partnership Form' page.

11. Click **Add Partnership** button.

The screenshot shows the MassGRANTS Portal interface. The top navigation bar includes the state seal, 'Home', and the user name 'Prakruthi K'. A left sidebar lists menu items: Application Form, Partnership Form (selected), Project Information, Budget Request Narrative Form, Implementation Plan, Attachments, Review Page, and Grant Terms and Conditions. The main content area is titled 'Partnership Form' and includes a legend for required fields. Below this, there is a section for '1. PARTNERSHIP CONTACT INFORMATION' with instructions to list subcontractors. A table with columns for ORGANIZATION, CONTACT FIRST NAME, CONTACT LAST NAME, TITLE, EDIT, and DELETE is present. A red box highlights the 'Add Partnership' button in the top right corner of the form area.

12. Fill in the details of the 'Partnership Form' and click **Submit**.

This screenshot shows the same 'Partnership Form' page but with the form fields filled out. The 'Organization' field contains 'Respitepartner.org'. The 'Description of the responsibilities of this organization related to the proposed program' field contains 'Here is the description of the organization'. The 'Contact First Name' field is filled with 'Jack' and the 'Contact Last Name' field is filled with 'white'. Other fields for Title, Phone, Phone Extension, and Email are empty. A red box highlights the 'Submit' button at the bottom right of the form.

Note: Organization field is mandatory in the Partnership Form and the rest of the fields are optional.



13. Click **edit icon** or **delete icon** to edit or delete the partner details.

The screenshot shows the 'Partnership Form' page. On the left is a navigation menu with items: Application Form, Partnership Form (selected), Project Information, Budget Request Narrative Form, Implementation Plan, Attachments, Review Page, and Grant Terms and Conditions. The main content area is titled 'Partnership Form' and includes a link 'Click here to view definitions'. Below this is a section '1. PARTNERSHIP CONTACT INFORMATION' with instructions to list subcontractors. A table with the following data is shown:

ORGANIZATION	CONTACT FIRST NAME	CONTACT LAST NAME	TITLE	EDIT	DELETE
Respitepartner.org	Jack	white			

The 'EDIT' and 'DELETE' icons in the first row are highlighted with a red box. Below the table is a checkbox labeled 'Please include a letter of support in the attachment section.' which is currently unchecked.

14. Check the “include a letter of support in the attachments section” and click **Next**.

This screenshot shows the same 'Partnership Form' page as above, but with the checkbox 'Please include a letter of support in the attachment section.' now checked. At the bottom right of the page, there are two buttons: 'Previous' and 'Next'. The 'Next' button is highlighted with a red box.

Note: List a maximum of five (5) partners who are not already listed in the application summary form.



Project Form

You will enter the Project Form page. Fill in the question available under the 'Current State' section.

15. If you are currently a provider of Respite service, check all the programs that you currently provide.

Home Prakruthi K

Project Information [Click here to view definitions](#)

* indicates required field

1. CURRENT STATE

*A. Are you or the partnering organization currently a provider of home and community-based respite services?
Yes

*B. Select the program(s) that you currently contract with (select all that apply).

- DMH - Intensive Community Services for Children and Youth
- DMH - Adult Respite Services
- DMH - Community based flexible supports
- DMH (Program of Assertive Community Treatment (PACT))
- DMH - Clubhouses
- DMH - Recovery Learning Communities (RLCs)
- DMH - DMH Case Management

16. Scroll down and fill in the questions available under the 'Project Description' section.

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2. PROJECT DESCRIPTION

*C. Which of the following priority criteria does your program address? Please select all that apply.

- Develops respite options for individuals with complex medical, cognitive and/ or behavioural needs
- Builds or enhances parent to parent or caregiver to caregiver models
- Develops options to address the workforce needs of HBCS respite providers
- Provides culturally responsive, person-centered respite opportunities that serve culturally linguistically or ethnically diverse and gender inclusive family caregivers
- Develops options to provide respite services to older adult caregivers (caregivers over 65)

*D. Please describe the barriers you face in meeting the demand for respite services.

Here is the description.

25/7500

*A. Please provide a detailed summary of the services and activities you are proposing to implement with this grant funding.

Here is the summary

19/7500

*B. Describe how your program addresses the grant requirement of providing an innovative respite solution.



17. Upon completing all the questions, click **Next**.

The screenshot shows a user interface for a grant application. At the top, there is a navigation bar with the state seal, the word "Home", and the user's name "Prakruthi K". The main content area contains three questions, each with a text input field and a character count:

- Question G: "Please list the specific outcomes you hope to achieve through this grant." The input field contains "Here is the outcome" and has a character count of 23/7500.
- Question H: "How will you measure success? Please specify the metrics you will use and provide details on the process to gather, track and report on these metrics." The input field contains "Here is how I measure success" and has a character count of 19/7500.
- Question I: "If applicable, how will your program address the challenge of recruiting and retaining qualified direct care workers to provide respite to family caregivers?" The input field is empty and has a character count of 0/7500.

At the bottom right of the form, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red rectangular box.

Budget Request Narrative Form

18. Click **Add Budget Narrative**.

The screenshot shows the "Budget Request Narrative Form" in the application portal. On the left is a sidebar menu with the following items: Application Form, Partnership Form, Project Information, Budget Request Narrative Form (highlighted), Implementation Plan, Attachments, Review Page, and Grant Terms and Conditions. The main content area has a title "Budget Request Narrative Form" and a link "Click here to view definitions". Below the title, there is a red asterisk indicating a required field. The "Total Grant Funds Requested" is shown as "\$1,200.00". There is a paragraph of instructions: "Please fill in the Budget Request Form for the costs of developing and implementing your program. Additional rows can be added to accommodate additional activities and costs. Proposal submissions must show that the majority of the funds will be used to achieve the grant goals." Below this, there are definitions for "Direct cost" and "Indirect cost". At the bottom, there is a table with columns for "COST CATEGORY", "DETAILS / JUSTIFICATION", "COST", "EDIT", and "DELETE". The first row contains "Lorem Epsum's Corp.". Below the table, it says "Sub Total Organization Budget Request : \$0.00". A red rectangular box highlights the "Add Budget Narrative" button in the top right corner of the table area.

19. Fill in the **Budget Details**, and click **Submit**.



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Budget Details

* indicates required field

*Cost Category
Direct Program Cost

*Details / Justification
Details
7/7500

*Cost
\$1,000.00

Submit

20. Similarly, add budget information of the Partner Organization

Home Prakruthi K

COST CATEGORY	DETAILS / JUSTIFICATION	COST	EDIT	DELETE
Direct Program Cost	Details	\$1,000.00		

Sub Total Organization Budget Request : \$1,000.00

Respitepartner.org Add Budget Narrative

COST CATEGORY	DETAILS / JUSTIFICATION	COST	EDIT	DELETE
Indirect Cost	Details	\$200.00		

Sub Total Organization Budget Request : \$200.00

Total Budget : \$1,200.00

Please provide any additional information that highlights and supports your capability to undertake the proposed project activities.

0/7500

Previous Next



Note: For each organization, you can add up to 10 cost categories.

Note: Make sure that the sum of individual program costs is equal to the Total Budget Requested.

21. Provide any additional information that highlights and supports your capability to undertake the proposed project activities and click **Next**.

The screenshot shows the 'Budget Request' section of the MassGRANTS Portal. It displays two budget categories: 'Direct Program Cost' for \$1,000.00 and 'Indirect Cost' for \$200.00, with a total budget of \$1,200.00. Below the budget details is a text input field with the prompt: 'Please provide any additional information that highlights and supports your capability to undertake the proposed project activities.' The 'Next' button is highlighted with a red box.

Implementation Plan

22. Click **Add Implementation Plan Task**.

The screenshot shows the 'Implementation Plan' section of the MassGRANTS Portal. It includes a sidebar with navigation options, a title 'Implementation Plan' with a link to view definitions, and a table for 'Implementation Plan Timeline'. The 'Add Implementation Plan Task' button is highlighted with a red box.

ACTIVITY/TASK	DESCRIPTION	START DATE	END DATE	RESPONSIBLE PARTY	EDIT	DELETE
---------------	-------------	------------	----------	-------------------	------	--------



23. Fill in the details of the Implementation Plan and click **Submit**.

Note: Add at least four (4) tasks for the implementation plan timeframe inclusive of communication plans to eligible beneficiaries. You may add additional tasks as necessary.

24. Click **edit icon** or **delete icon** to edit or delete the task details.

25. Click **Next**.



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Application Form
Partnership Form
Project Information
Budget Request Narrative Form
Implementation Plan
Attachments
Review Page
Grant Terms and Conditions

Implementation Plan

[Click here to view definitions](#)

Please provide a detailed implementation timeframe inclusive of communication plans to eligible beneficiaries. You must complete at least four rows, and you may add additional rows as necessary.

Implementation Plan Timeline [Add Implementation Plan Task](#)

ACTIVITY/TASK	DESCRIPTION	START DATE	END DATE	RESPONSIBLE PARTY	EDIT	DELETE
Task 1	Description	12/05/2022	12/27/2022	Staff		
Task 2	Description	12/06/2022	12/27/2022	staff		
Task 4	Description	12/08/2022	12/20/2022	Staff		
Task 3	Description	12/07/2022	12/14/2022	Staff		

[Previous](#) [Next](#)

Attachments

Note: Attach documents required prior to issuance of a grant award, if selected.

Home Prakruthi K

Application Form
Partnership Form
Project Information
Budget Request Narrative Form
Implementation Plan
Attachments
Review Page
Grant Terms and Conditions

Attachments

[Click here to view definitions](#)

Please attach documents required prior to issuance of a grant award, if selected.

- Substitute W-9
- Detailed budget
- Authorized Signatory Form
- Other documents that support or bolster the application

Required Documents:

Document Name	Action
1. You may also upload any additional documentation that supports or bolsters your application.	Click Here to Upload/View Documents
2. Letters of support from the director of each partner organization.	Click Here to Upload/View Documents

Please upload the document to proceed

If you have included Partnerships, the Letter of support from the director of each Partner is mandatory.

26. Click on the **Click Here to Upload/View Documents**.



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Application Form
Partnership Form
Project Information
Budget Request Narrative Form
Implementation Plan
Attachments
Review Page
Grant Terms and Conditions

Attachments Click here to view definitions

Please attach documents required prior to issuance of a grant award, if selected.

- Substitute W-9
- Detailed budget
- Authorized Signatory Form
- Other documents that support or bolster the application

Required Documents:

Document Name	Action
1. You may also upload any additional documentation that supports or bolsters your application.	Click Here to Upload/View Documents
2. Letters of support from the director of each partner organization.	Click Here to Upload/View Documents

Please upload the document to proceed

27. Click on the **Upload Files** button. (You can use the drop files option as well to upload the files.)

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Application Form
Partnership Form
Project Information
Budget Request Narrative Form
Implementation Plan
Attachments
Review Page
Grant Terms and Conditions

Attachments Click here to view definitions

Please attach documents required prior to issuance of a grant award, if selected.

- Substitute W-9
- Detailed budget
- Authorized Signatory Form
- Other documents that support or bolster the application

Required Documents:

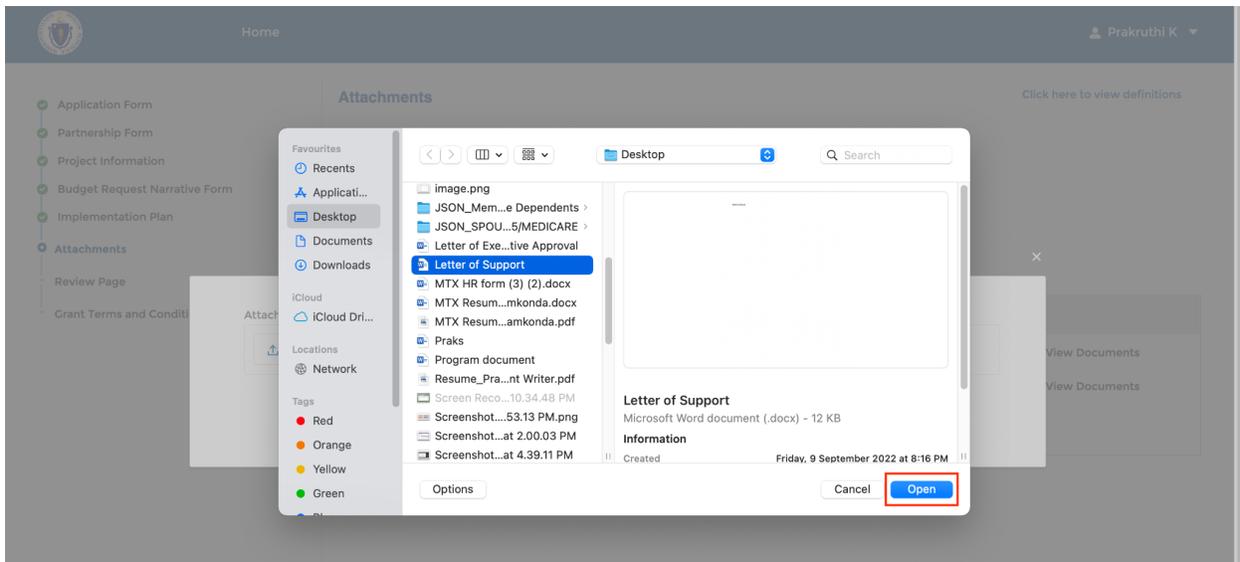
Attach Files

[Upload Files](#) Or drop files

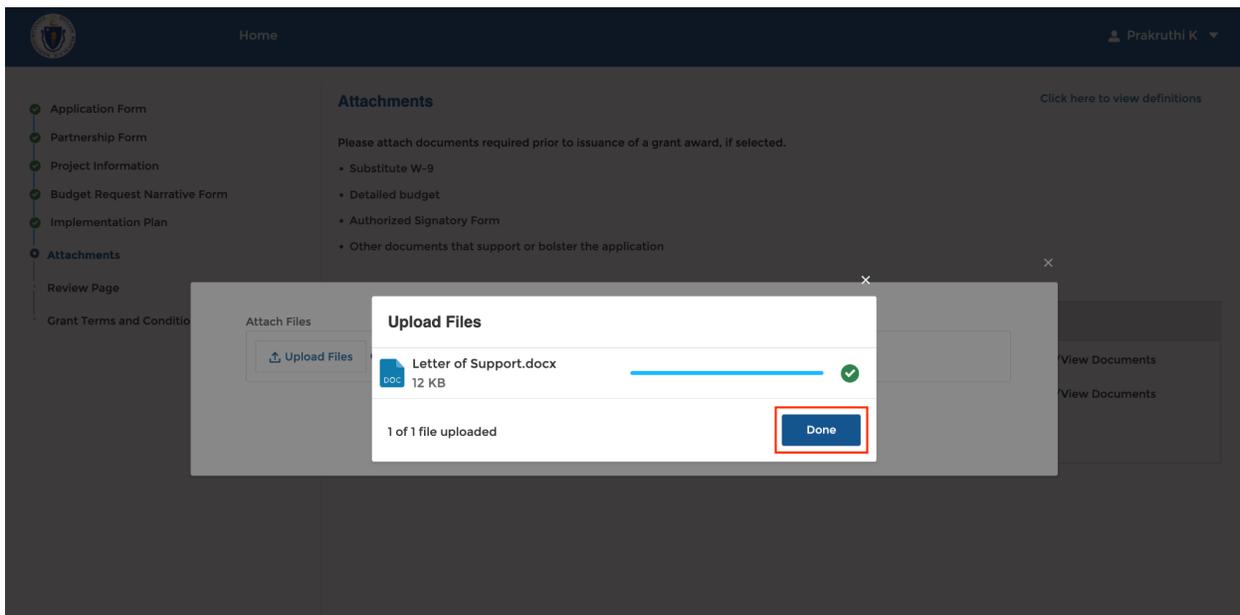
No Files Found

[View Documents](#)
[View Documents](#)

28. Select the file from your local server and click **Open**.



29. Once the file gets uploaded, click **Done**.

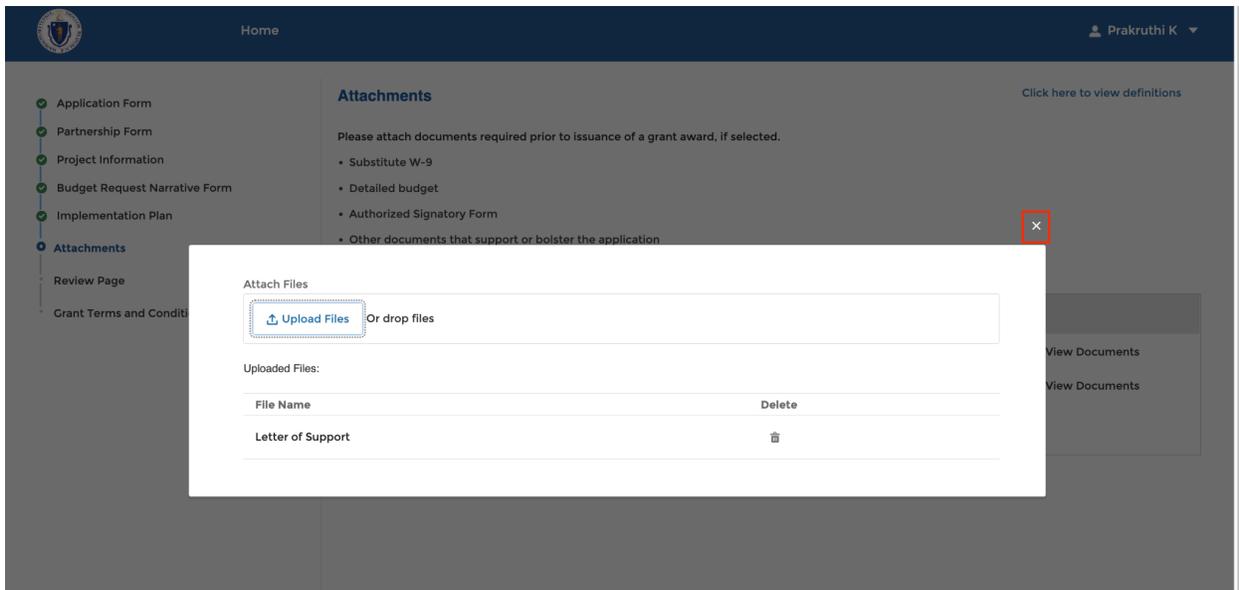


30. If you want to delete an uploaded document, click the **delete icon**.

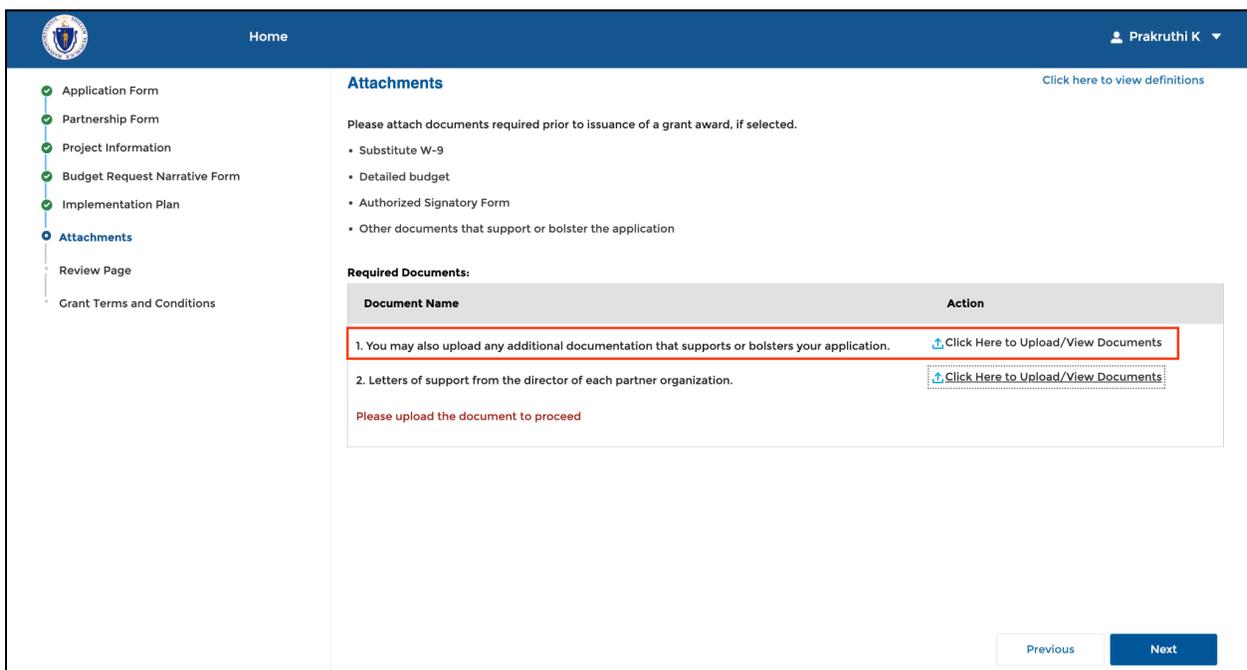
31. Click the **X** symbol to close the popup.



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32. Follow the same process to upload additional documentation and click **Next**.

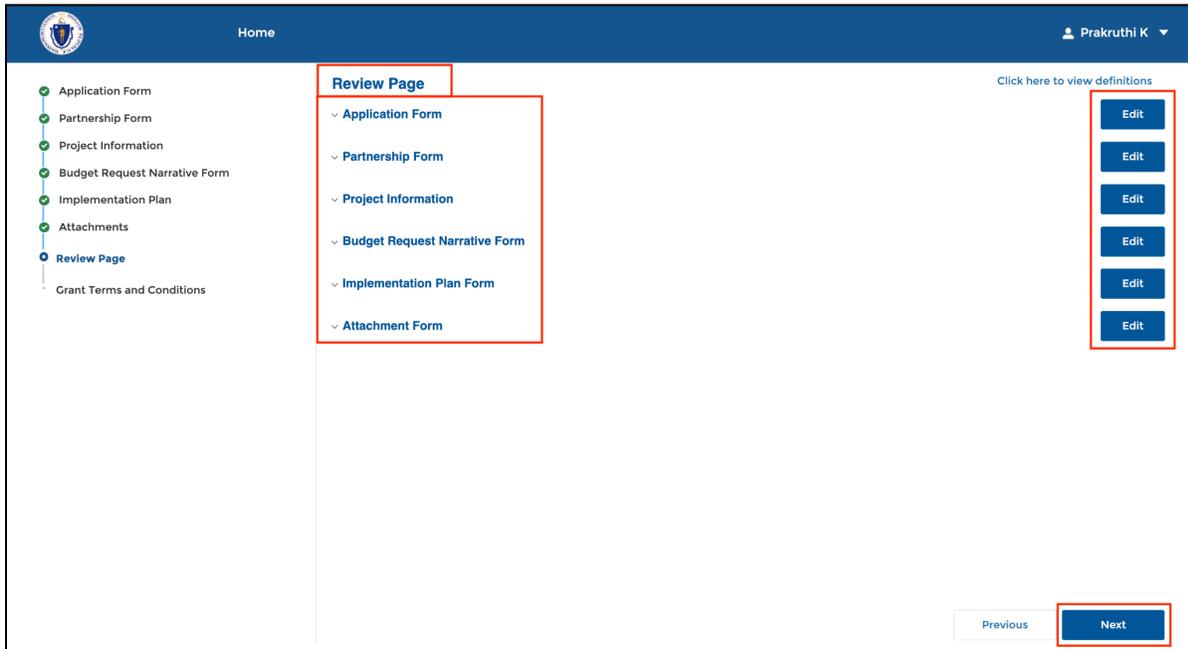


Review Page

33. Review the details by expanding each section. Click **Edit** if you need to edit any section.



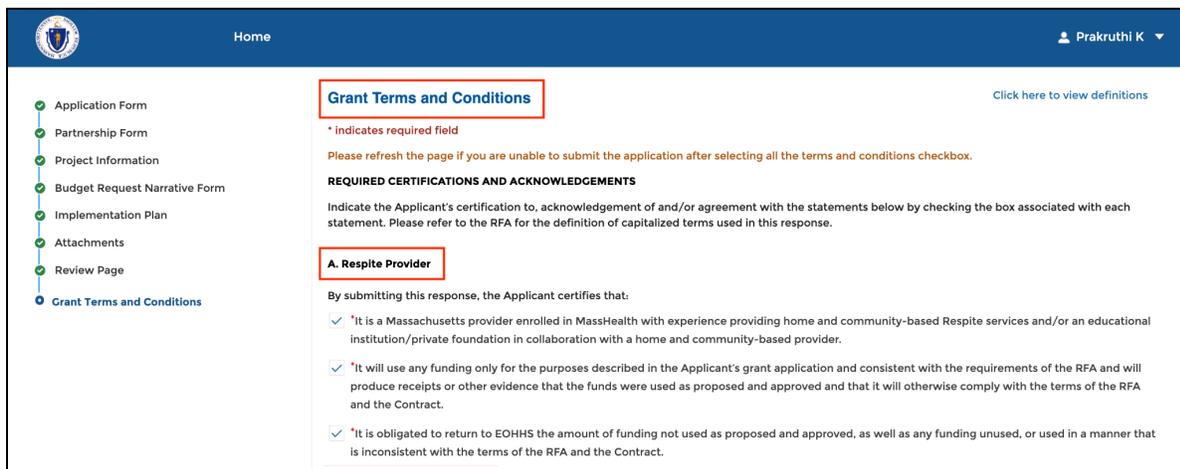
34. Click **Next** once you review all sections.



Grant Terms and Conditions

35. Read the Terms and Conditions, and complete the questions under the below sections:

- A. Respite Provider
- B. Requirement for Awardees
- C. Other Certifications





Home Prakruthi K

B. Requirements for Awardees

If the Applicant receives a payment under the Grant Program, it acknowledges and agrees that:

- *It will execute a Contract with EOHHS, consisting of:
 - The Terms and Conditions set forth in Section 8 of the RFA; and
 - The Commonwealth of Massachusetts Standard Contract Form.
- *It will abide by all terms and conditions set forth or incorporated in the Contract, including, without limitation:
 - Restrictions on the use of funds;
 - Reporting requirements; and
 - Standard Contract Form Instructions, Contractor Certifications, and Commonwealth Terms and Conditions.
- *It will administer the grant to its partners and subcontractors (if any) to require them to participate in the Grant Program only in accordance with the terms of the Grant as set forth herein.

C. Other Certifications

The applicant certifies that:

- *The information in this response is true and complete;
- *The response will remain in effect until a Contract resulting from this response is executed, or EOHHS otherwise notifies the Applicant that it is not eligible under the RFA; and
- *This response is electronically signed by the Applicant's authorized signatory
- *By checking this checkbox, I confirm that I have added all the required details for the grant application and they are accurate to my knowledge.

APPLICANT SIGNATURE

*Organization Legal Name

36. Fill in the 'Applicant Signature' section and click **Submit**.

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terms of the Grant as set forth herein.

C. Other Certifications

The applicant certifies that:

- *The information in this response is true and complete;
- *The response will remain in effect until a Contract resulting from this response is executed, or EOHHS otherwise notifies the Applicant that it is not eligible under the RFA; and
- *This response is electronically signed by the Applicant's authorized signatory
- *By checking this checkbox, I confirm that I have added all the required details for the grant application and they are accurate to my knowledge.

APPLICANT SIGNATURE

*Organization Legal Name

Lorem Ipsum's Corp.

By:

*Name of Signatory

Jack

*Title of Signatory

COO

Date

12/05/2022

[Previous](#) [Submit](#)

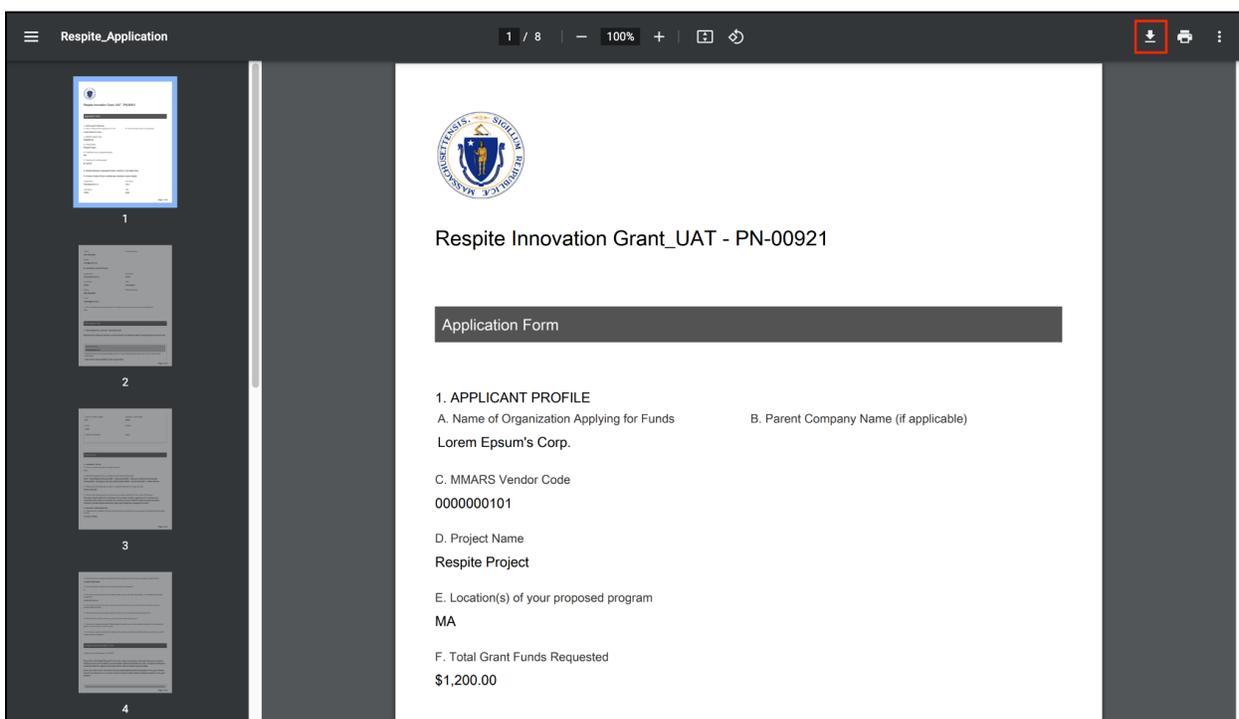
The grant application will be submitted and a reference number will be generated.



37. Click **here**, and a PDF format of your submission will open in a new tab.



38. Click the **download icon** to download a copy of your submission in PDF format.



VIEW GRANT APPLICATIONS

On the homepage, you can view the grant applications available under various categories such as Draft, Submitted, In-review, Information Requested, and Approved.



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The screenshot displays the MassGRANTS Portal Home page. The top navigation bar includes the state seal, the word "Home", and the user name "Prakruthi K". A left sidebar contains navigation links for "Home", "Grants Management", and "Members". The main content area is titled "All applications and reports" and features a search box for "Search Application/Report number". Below this is a status summary bar with the following counts: 34 Draft, 25 Submitted (highlighted with a red box), 6 In-Review, 0 Information Requested, and 8 Decision. The main content area lists two grants with their details and actions:

Grant Detail	Actions
Respite Innovation Grant_UAT PN-00921	View Download PDF
Day Services Community Inclusion Transportation Improvement Grant - QA PN-00905	View Download PDF