Grants Management Module:

Notification of Contractor or Consultant Amendment for Grant Recipients, Non-Research Grants

This job aid is a living document. Check the CDC GrantSolutions internet for the latest version.

Recipients should use this job aid when the details of a contractor or consultant were not provided at the time of application. The action is typically followed by the Release of Restriction amendment. Recipients should log onto Grants Management Module and go to their My Grants List screen. Complete the following steps to create a new amendment action request.

Steps to Submit a New Notification of Contractor or Consultant

Amendment

- 1. Start on the *Grants List* screen. To view existing amendments, select the *Manage Amendments* link, which will direct you to the *Manage Amendments* screen. On the *Manage Amendments* screen, you will find all closed and open amendments pending CDC review and approval. To create a new amendment, select the *New* button at the bottom of the *Manage Amendments* screen.
- 2. After you select the *New* button on the *Manage Amendments* screen, the site will direct you to the *Select Amendment Type* screen. Select the amendment action type that you want to submit. Then select the *Create Amendment* button at the bottom of the screen, which will direct you to the *GrantSolutions Amendment Application Control Checklist* screen.

Grant Number	NU2GGH000479-5
Project Period	09/30/2011 to 09/30/2018
Budget Period	04/01/2015 to 09/30/2018
Amendment Type	 Supplement (Type 6) Budget Revision (Type 6) Carryover of Funds (Type 6) Change Grantee Address (Type 6) Change in Key Personnel (Type 6) Close-out reconciliation (Type 6) Closeout by Budget Period (Type 6) Component/Project funding (Type 6) Grant Closeout (Type 6) No Cost Extension (Type 6)
	Non-Comp Supplements (Type 6)
	Notification of a Contractor or Consultant (Type 6)
	Organization Name Change (Type 6) Other (Type 6)
	PD/PLKey Personnel (Type 6)
	PPHF Budget Period Extension (Type 6)
	Release of Restrictions on NOA (Type 6)
	Successor of Interest (Type 6)
	Summary Statement/Technical Review Response to Weaknesses (Type)
	Terms and Conditions (Type 6)





U.S. Department of Health and Human Services Centers for Disease Control and Prevention Next you will complete the online forms and grant announcement documents according to the GrantSolutions Amendment Application Control Checklist. At a minimum, you must submit the documents listed under the Online Forms and/or Grant Announcement sections of the Amendment Application Control Checklist to the CDC to be considered responsive.

The required document in the Amendment Application Control Checklist for a Notification of Contractor or Consultant Post Award Action is:

• Application Upload (Detailed information for a contractor/consultant including name, scope of work, type of award, period of performance, etc; should be provided in narrative format)

You can submit the files by selecting the *Uploaded Files* link under the *Attachment(s)* column, or by selecting the *Enter Online* link under the *Enclosure(s)* column if applicable. The warning exclamation mark icon in the *Status* column will change to a green checkmark when the required document or online form is completed and attached successfully. \triangle

GrantSolutions Amendment Application Control Checklist

Post Award Action: Notification of a Contractor or Consultant

Work In Progress (Post Award)

This is your GrantSolutions Application Control Checklist (EACC). You will use the EACC to track the status of your application.

To complete your application electronically, enter information by using the online forms and/or adding attachments (upload/mail-in). Required items are noted by the exclamation point image. If an enclosure has not been verified, a red 'X' image is displayed.

Print Application:

Original Submission

Applicant	DeKalb, County of
Grant Number	NU87PS004137
Application Number	(To be assigned)
Action	Notification of a Contractor or Consultant
Project Title	Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance

Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Miscellaneous		0 <u>Uploaded Files</u> 0 Mail-in Items	
Grant Announcement	Enclosure(s)	Attachment(s)	Status
Application Upload		0 <u>Uploaded Files</u> 0 Mail-in Items	1

Verify Submission Close

4. Next is the Verification process. At the bottom of the *GrantSolutions Amendment Application Control Checklist* screen, select the *Verify Submission* button, which will direct you to the *GrantSolutions Amendment Submission Verification* screen. This screen will ask you to verify the submission of the application. Select the *Final Submission* button at the bottom of the screen.

Gr	antSolutions A	Amendment Submission Verification			
	You are abou	It to submit the following application:			
Ap	plicant	The Swivel Chair Center			
Gra	ant Number:	FPHPA026059			
Pro	ject Title:	FY FPS FOA (NYC)			
Act	tion:	Change Grantee Address			
	Online Form	ns			
	Change Gran	tee Information			
	Additional I	nformation to be Submitted			
	***Miscellane	eous Information			
*** It appears from what you have entered that your application is not complete. To correct, press the "Cancel" button to return to the Application Control Checklist.					
* Prior to submitting your application, it is recommended that you complete the Central Contractor Registration validation process. To continue with the application submission process without validating your Organization, click "Final Submission" Otherwise, click "Cancel" and perform the Central Contractor Registration validation process within your Organization record.					
	Fi	nal Submission Cancel			

5. A message will appear asking you to confirm the submission; select *OK* to continue with the submission, and the *Amendment Status Confirmation* screen will appear. Select the *Application Control Checklist* button to return to the *Application Control Checklist* screen, then select the *Close* button to return to the *Manage Amendments* screen.

GrantSolutions Amendment Submission Verification					
You are about to submit the following application:					
Applicant	The Swivel Chair Center				
Grant Number:	FPHPA026059				
Project Title:	FY FPS FOA (NYC)				
Antian	Changa Ciantas Addisas				
Message from webpage					
Are you sure you want to	o submit this application? You may not alter any information once it is submitted.				
	Cancel Cancel				
	•				
*** It appears from what you have entered that your application is not complete. To correct, press the "Cancel" button to return to the Application Control					
	Checklist.				
Prior to submitting your application, it is recommen	ded that you complete the Central Contractor Registration validation				
otherwise click "Cancel" and perform the Central C	n process without validating your Organization, click "Final Submission"				
Gunerwise, cick Cancer and perform the Central Contractor Registration validation process within your Organization record.					
	Final Submission Cancel				
	Verver				