

How to Access NJDOL SAGE/IGX

How to request SAGE/IGX access for the FY 23 CARE grant:

1. Make sure you are registered with NJ START: <http://www.njstart.gov/>. All entities who engage in business in NJ must register to receive reimbursement payments. If already registered, please review your current details in NJStart for accuracy.
2. Send a Letter of Intent to CAREGrant@dol.nj.gov (*details p. 12 of NGO*). Please be sure to read carefully and include the details requested in the sample document.

When your Letter of Intent (LOI) is received: (*details p. 12 of NGO*)

Upon review of LOI, CARE staff will:

1. **New organization to the CARE Grant:** NJDOL staff will confirm your staff contact details for those working on the application, and the level of SAGE access for staff. NJDOL staff will then link your organization and staff to the FY23 CARE grant portal.
2. **Current CARE grant recipients:** Your organization and staff members working on the application will be linked to the FY23 CARE grant with their current access level, unless otherwise requested. Staff will use their existing username and password to access the application.

Three staff roles in SAGE/IGX:

1. **Authorized Official (AO):** Usually an ED/CEO. Can perform all roles. AO is the only role that can submit a grant application, add staff and sign the grant contract, if applicable.
2. **Agency Administrator (AA):** Can view and create expense reports and program reports, can submit reports.
3. **Agency Staff (AS):** Can view and create expense reports and program reports.

Unique SAGE/IGX URL for NJDOL Grants:

There are many variations of SAGE. The link to the NJDOL SAGE/IGX site is <http://njdol.intelligrants.com>

We strongly encourage making a shortcut on your desktop for ease of access.

2023 CARE Grant Application

1. Login into SAGE/IGX. You will be on the Dashboard page.
2. Go to "My Opportunities" section and click on the "Care Grant Application 2023" link.
3. On the far-left side of the "Document Landing Page" is the SAGE/IGX Ribbon. The dark blue "Application" header tab contains the pages you will complete.

HELPFUL TIP: Be sure to save as you go through the application pages. The "Save" button is in the upper right corner.

Home Searches ▾

CARE-2023-Agate Software-0002

Forms

Application

Applicant Information

Project Location

Previous Funding

Schedule A, Part I - Personnel Cost - Direct and Administrative

Schedule B - Admin Cost - Non-personnel

Schedule C - Direct Cost

Cost Summary

Document Landing Page

View document details.

Template CARE Grant Application 2023	Instance CARE Grant Application 2023
Document Name CARE-2023-Agate Software-0002	Document Status Application in Process
Organization Agate Software	Your Role Authorized Official

Organization Information:	Agate Software 2214 University Park Drive Okemos, NJ 48864 Phone: (517) 336-2500 Fax: (517) 492-0452
Authorized Official:	Brad Jersey
FEIN:	21-6000928

Have a question or need assistance?

Applicant information page

1. Please make sure to select either “**Single Applicant Application**” or “**Collaborative Applications**” and then select “Save” in the upper right corner. Selecting Collaborative Applications will unlock required fields.
2. All applicants must complete all contact information fields.

ARE-2023-Agate Software-00042

Applicant Information

Please select one: *

Single Applicant Application OR Collaborative Application

Company Information

Agate Software

2214 University Park Drive

Okemos New Jersey 48864

County: * Atlantic County

EFIN #: * 21-6000028

Project Location tab

Follow directions on page. The New Jersey Legislative District # is a hyperlink so that you can access a list of districts if needed. You can enter multiple districts.

Previous Funding tab

Follow directions on page.

Schedule A: Part I Personnel Cost, Direct & Administrative

1. Page Title (optional - strongly suggest you name the page).
2. Enter the personnel information in the grey boxes along the top budget chart.

- Manually enter the salary and fringe amounts in the appropriate boxes for each applicable funding source- Temporary Disability Insurance, Family Leave Insurance, Earned Sick Leave, and Unemployment Insurance. The total costs will populate automatically in the grey boxes on the left.
- If this person performs an administrative role on the grant, be sure to select the “Administrative” check box.
- Upload your fringe detail at the bottom of the page. The fringe detail should be on letterhead and dated. **You will not be able to submit your grant without the fringe detail.**
- When done, save the page, and click next form at the bottom of the page to proceed to Schedule A, Part II.

HELPFUL TIP: Enter all personnel on Schedule A before proceeding with Schedules B & C.

HELPFUL TIP: The “+” symbol will add additional entries for staff details (see right corner of budget chart).

Schedule A, Part I – Personnel Cost – Direct and Administrative

[New Note](#) | [Print](#) | [Save](#) | [Add](#) | [Delete](#)

Instructions:
 1. Enter the requested information. (Review NGO for program-specific instructions and requirements.)
 2. Once Schedule A, Part I is complete, complete Schedule A, Part II. (Both parts are required for each listed position.)

Page Title Optional:

[New Note](#) | [Print](#) | [Save](#) | [Add](#) | [Delete](#)

Salaries/Wages & Fringe Benefits
 List employees whose pay is a direct cost for this project (or project component).
 (To generate additional lines, click the +/- buttons to the right.)

Check if Admin Cost	Position Title			Legal First Name		Legal Last Name		Annual Salary/Wages		% of Time on Project		Fringe Benefit Rate	
								Salary/Wage	Fringe	Salary/Wages	Fringe	Salary/Wages	Fringe
<input type="checkbox"/>	[Redacted]			[Redacted]		[Redacted]		\$ [Redacted]	[Redacted]	%	[Redacted]	%	
				Temporary Disability Insurance		Family Leave Insurance		Earned Sick Leave		UI Funding			
				Salary/Wage	Fringe	Salary/Wage	Fringe	Salary/Wage	Fringe	Salary/Wages	Fringe		
Total Costs				\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]		
Schedule A				Cost Estimate (Salary/Wages)	Cost Estimate (Fringe)	Cost Estimate (Salary/Wages)	Cost Estimate (Fringe)	Cost Estimate (Salary/Wages)	Cost Estimate (Fringe)	Cost Estimate (Salary/Wages)	Cost Estimate (Fringe)		
Total Cost				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

Administrative Cost: \$ [Redacted]

Direct Cost: \$ [Redacted]

Fringe Benefit Rate(s)
 Fringe benefit rate(s) justification must be on letterhead and or/in excel format, signed and dated by the preparer.

Select Drag Files Here

Schedule A, Part II: Personnel Cost – Direct & Administrative Justification

This page will populate the position title from Schedule A, Part 1. Please provide a description of the role as it applies to the CARE grant.

Schedule A, Part II – Personnel Cost – Direct and Administrative Justification

NEW NOTE | PRINT | SAVE

Instructions:
 1. Enter the requested information. (Review RFA for program-specific instructions and requirements.)
 2. Click **SAVE** above to save changes to this form.
NOTE: Do not enter data until Schedule A, Part I is complete. Changes to Schedule A, Part I will affect the information that appear on this form.

Page Title: Page 1

Personnel Justification		
Provide a description for each position listed on Schedule A, Part I.		
Position Title	Role & Responsibilities	Attachment (Optional)
CEO	test	<input type="button" value="Select"/> <input type="text" value="Drag Files Here"/>

Schedule B – Administrative Cost – Non-Personnel

Enter applicable budget details, if any.

Schedule B – Admin Cost – Non-personnel

New Note | Print | Save | Add | Delete

Instructions:

- This page is optional and is not required to be completed.
- Please enter your information then click **SAVE**. Fields will populate with information and any errors will be noted at this point.
- Fields with an * next to them are required.
- To proceed to the next page you may click the **SAVE/NEXT** button or use the Form Section on the menu. Selecting Next does not Save page.
- To add additional Direct Student Services after saving this page click the **ADD** button.
- To return to the Forms Menu click the **Forms Menu** link above.

Cost Categories	Justification for Cost (include cost basis calculation)				Number of Units	Cost Per Unit
	test					\$
	4 of 500					
If Cost Category "Other" selected, then detail must be included.	Total	Temporary Disability Insurance	Family Leave Insurance	Earned Sick Leave	UI Funding	Total Funds Needed
	\$0	\$	\$	\$	\$	\$0
	0 of 500					

Dropdown box options:

A screenshot of a web form showing a dropdown menu titled "Cost Categories". The menu is open, displaying four options: "Audit Fees", "Office Supplies", "Professional & Consultant Services", and "Other". The "Office Supplies" option is highlighted in blue. To the right of the dropdown, there is a small blue box containing the number "0".

SCHEDULE C – DIRECT COST

Enter applicable budget details.

A screenshot of the "Schedule C - Direct Cost" form header. The title "Schedule C - Direct Cost" is prominently displayed. To the right of the title is a navigation bar with buttons for "New Note", "Print", "Save", "Add", and "Delete". Below the title, there is an "Instructions:" section with a list of five bullet points providing guidance on how to use the form, including instructions on saving, adding costs, and returning to the menu.

Page Title:

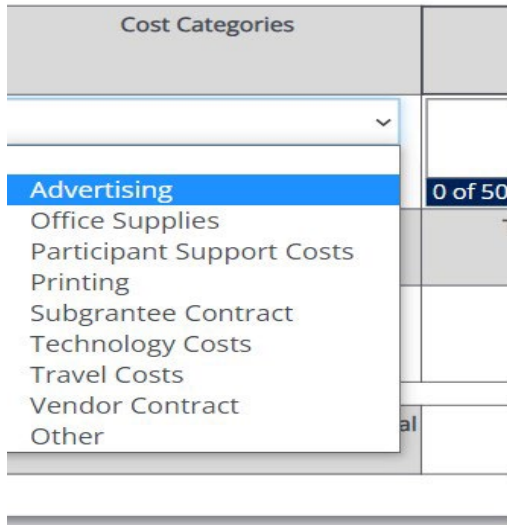
In accordance with the budget guidelines contained in the NGO, list non-personnel cost categories applicable to grant proposal.

In addition to the justification, include the cost basis on how you arrived at the Total Funds Needed for each budget category. In most cases, the cost basis includes a calculation (e.g. 50 notebooks @ \$1.00 = \$50.00).

Cost Categories	Justification for Cost					Number of Units	Cost Per Unit
<input type="text"/>	<input type="text"/>					<input type="text"/>	\$ <input type="text"/>
0 of 500							
If Cost Category "Other" selected, then detail must be included.	Total Cost	Temporary Disability Insurance	Family Leave Insurance	Earned Sick Leave	UI Funding	Total Funds Needed	
<input type="text"/>	\$0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$0	\$0
Schedule C Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0



Dropdown box options:



Cost Summary

This page is a summary of budget Schedules A-C.

Admin cost percentage for the grant cannot exceed 10% for any funding source.

Cost Summary

[New Note](#) | [Print](#) | [Save](#)

Cost Category	Temporary Disability Insurance	Family Leave Insurance	Earned Sick Leave	UI Funding	Total Funds Needed
A. Personnel Cost Total	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
Fringe Benefit	\$0	\$0	\$0	\$0	\$0
B. Admin Cost - Non Personnel Total	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
C. Direct Cost Total	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0
Grand Total	\$0	\$0	\$0	\$0	\$0
Admin Cost Total	0	\$0	\$0	\$0	\$0

Admin Cost Percentage		%		%		%		%		%
-----------------------	--	---	--	---	--	---	--	---	--	---

Direct Cost Percentage %

Personnel Cost Percentage %

Grant Application Attachments Tab

The following uploads are required for all applications:

1. Current Tax Clearance Certificate
2. Grant Application Questions
3. Organizational Commitment and Capacity
4. Work Plan

Collaborative Application Attachments Tab

If this tab does not populate for you, make sure you have selected “Collaborative” on the Applicant Information page and press “Save.”

For each subgrantee, list the name of the organization in the text box, and upload the following

1. Work Plan - one per subgrantee
2. Budget Details (Please use the [FY23 CARE Grant Excel Spreadsheet](#)) one per subgrantee
3. Letter of Commitment – one per subgrantee

To add a section for each subgrantee, select the “+” sign in the top right corner.

Miscellaneous Attachments tab

Upload additional supporting documentation for your budget line items.

Contract tab

Vendor Information

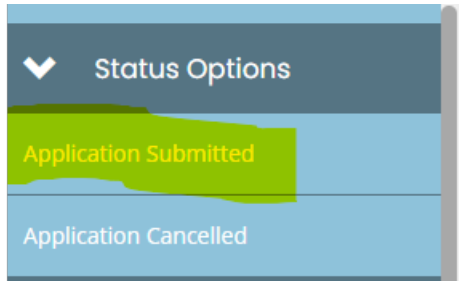
Your vendor information may pre-populate. Otherwise, choose from dropdown and SAVE.

Submit

Once you have completed all the sections of the application, you may submit.

1. Scroll down on the ribbon on the left to “**Status Options**” tab
2. Click “**Application Submitted**” to submit the application

NOTE: “Document Validation” screen may appear, indicating any errors that must be addressed before the application can be submitted. If so, complete the changes needed and resubmit your application.



Miscellaneous SAGE Help

You may have noticed the following symbols to the left of your name on the Dashboard page.



The circle icon: high contrast button, changes the SAGE page colors to black and white

The paper icon: a link to SAGE training manuals

The question mark icon: if not there, click your name: allows you to view/change your profile details.