

# Submit Applications Using CDD ProviderGateway System

Be prepared with all your completed application material (one set per application) which will typically include:

1. **Agency Overview Application:** Includes worksheets for narrative descriptions of Agency Mission, experience, self-correcting agency and program budget pages, personnel schedule, board list and agency staff and volunteer demographics.
2. **Program Application:** Includes narrative description of program design, goals, outcomes and demographics specific to the type of program for which you are applying.

**Caution: Be sure to have completed your application material using the templates provided in the Application Download Section. Below is a guideline on the steps to submit each application.**

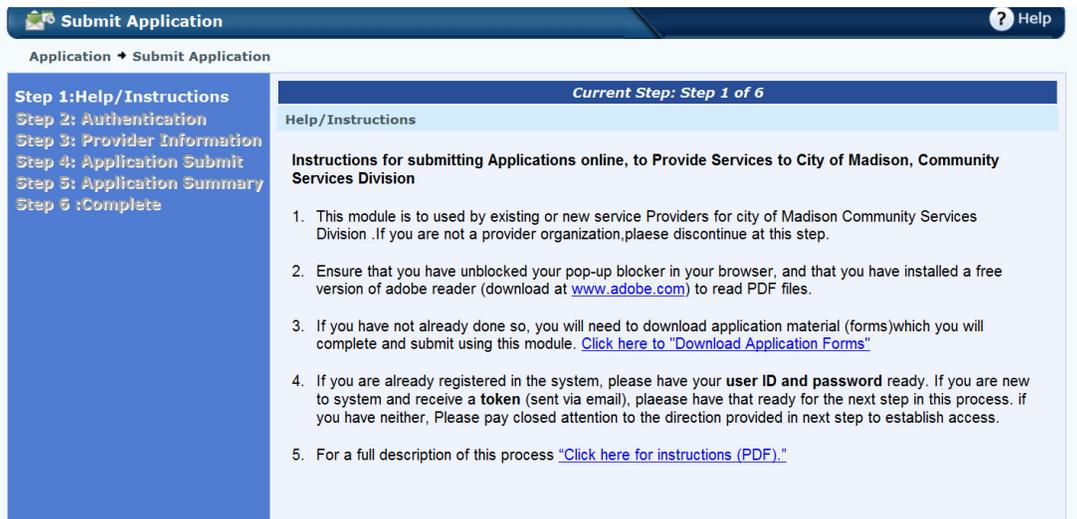
SUBMIT APPLICATIONS (PROCESS SUMMARY)	
<p><b>You need only complete one copy of the Agency Overview; when uploading an application response, that same agency overview can be used (uploaded) each time it is required.</b></p>	
<p>Navigate to the "Applications" Module</p>	<ul style="list-style-type: none"> <li>• Click on the <b>Applications</b> module and select the "Submit Applications" feature</li> <li>• This module is accessible after you log in to the site or from an external link on the site (i.e., prior to login).</li> </ul>
<p>Review Instructions</p>	<ul style="list-style-type: none"> <li>• Review all instructions</li> <li>• {By the time you access this module, you should have completed all your application material}</li> <li>• Scroll to bottom of screen and click continue</li> </ul>
<p>Authentication: Confirm Access</p>	<ul style="list-style-type: none"> <li>• Re-enter your current login id and password to continue on to the submit application function.</li> <li>• Scroll to bottom of screen and click continue</li> </ul>
<p>Review Provider Information</p>	<ul style="list-style-type: none"> <li>• Review your Provider Information. The information displayed is copied from the registered profile for your organization.</li> <li>• If there are significant errors here, STOP now and ask the primary contact in your organization to update the information presented in your provider registration profile.</li> <li>• Where permitted, apply updates to the fields shown.</li> <li>• Click continue at the bottom of the screen to proceed.</li> </ul>
<p>Create A Profile for your Application Upload</p>	<ul style="list-style-type: none"> <li>• Click on "Upload Application" to initiate the upload</li> <li>• Select the Application identifier descriptive of the type of application you will be submitting – the system will display an application "type" based on the application selected</li> <li>• Select the Goal for which you are submitting this application, then select the objective. <b>BE EXTRA CAREFUL TO ENSURE THAT YOUR GOAL AND OBJECTIVE SELECTIONS REFLECT YOUR PROPOSED APPLICATION</b></li> <li>• Enter the amount requested in prior year (enter zero if none)</li> <li>• Enter the total amount of the current application request</li> <li>• Enter the contact name, email and phone number for the person responsible in your organization for this application</li> </ul>
<p>Upload the Application</p>	<ul style="list-style-type: none"> <li>• For file that is "required", you will need to upload a file from your computer</li> </ul>

## SUBMIT APPLICATIONS (PROCESS SUMMARY)

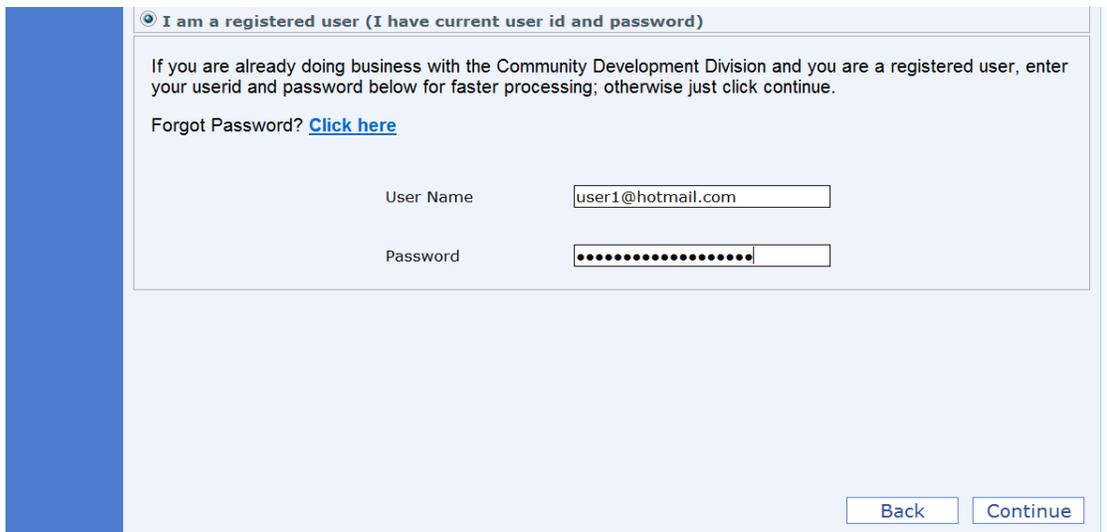
Files	<ul style="list-style-type: none"><li>• Click "Browse" to enable you to find the file on your computer</li><li>• When you have found all applicable files, click upload to upload the files</li><li>• Ensure you see the "data uploaded successfully" message</li></ul>
Confirm Files to Be Submitted	<ul style="list-style-type: none"><li>• Click on the files that you want to submit at this time and hit continue.</li><li>• <b>NOTE: You can stop at this if you are not ready to submit the application and wish to do so later.</b> When you log in next time the uploaded files will still be available for submission.</li></ul>
Sign the Submission	<ul style="list-style-type: none"><li>• In the final submission step, please provide a complete signature (First name, Last name) to sign off on the submission of this application. You may review the terms for submitting an application online.</li></ul>
Continue to submit more Applications?	<ul style="list-style-type: none"><li>• You will be asked if you wish to submit more applications. Click "Yes" to be taken back to the submission screen or Click "no" to exit the submit application sequence.</li></ul>

**SEE ILLUSTRATIONS IN SECTION BELOW**

1. Review all instructions carefully in the Submit Applications Module. Scroll to the bottom of the screen to click on “next” to continue.



2. Provide your login credentials to access the submit module (same as your registered login); click continue.



- Review your provider information carefully. Provide updates to the information. The contact fields cannot be changed here and reflect the contact information for the primary contact for your organization. If these are not correct, notify your primary contact to make these changes in the registration profile (registration module). Click “Continue” at bottom of screen when done.

**Step 1: Help / Instructions**  
**Step 2: Authentication**  
**Step 3: Provider Information**  
 Step 4: Application Submit  
 Step 5: Application Summary  
 Step 6 : Complete

*Current Step: Step 3 of 6*

Please provide your organizational information below.  
 In the tab "Other Information" please submit information for all information categories.

**Provider Information:**

\* Provider Name: ProviderGateway Administration \* EIN: 12 2222222

\* Address 1: 123 main Street Address 2:

\* State: WISCONSIN \* County: Dane

\* City: Madison \* Zip Code: 53711

\* Contact First Name: Administrator \* Contact Last Name: Super

\* E-mailID: garyf@mcgix.com \* Phone: (608) 555-1212

\* Executive Director: Jane Grey

**Other Information:**

Other Information

Enter information for each required information category here. Click on "Add Information"

Add Other Information

No other information.

Back Continue

- Click on “Upload Application Document” to start the upload process.

**Step 1: Help / Instructions**  
**Step 2: Authentication**  
**Step 3: Provider Information**  
**Step 4: Application Submit**  
 Step 5: Application Summary  
 Step 6 : Complete

*Current Step: Step 4 of 6*

Click on "Upload Application Document" button to submit your completed application document.  
 When done, Check the "submit box" for each application that you are ready to submit and click continue.  
 If you are not yet ready to submit an application, you may exit this screen.

Submit Application

Upload Application Document

**Application History**

Applications Submitted: 0  
 Requested total(amount): 0

Back Continue

- Make your selections in this screen carefully. Select the Application, then Goal, then objectives. Enter the program contact name, email and phone number

**PLEASE BE EXTRA CAREFUL TO SELECT THE RIGHT GOAL AND OBJECTIVE COMBINATION THAT REFLECTS YOUR PROPOSED APPLICATION.**

* ApplicationID	2013-2014 Housing For Buyers
* Application Type	CDBG HOUSING FOR BUYERS
* Goal/Program	CDBG Buyers Housing
* Objectives	B1, Housing for Homebuyers, High
* Program Contact Name	Brian Graves
* Email ID	bgraves98332@yahoo.com
* Phone Number	(608) 555-1212
* Prior Year Allocation(\$)	17000
* Amount Applied for This Application (\$)	15000

File Name	Required?	Upload File	Status
2013-14 Application Instructions_050712423220.pdf	No	<input type="text"/> <input type="button" value="Browse..."/>	Pending

- Enter all the information to completely. Enter all the fields completely. Enter the program contact name and their email address and phone number, in case there are questions about this application. Enter the prior year allocation amount in dollars and the amount applied for in this application.

At the bottom of the screen, click ‘browse’ for each file that is required. In the illustration below, the Application form (in this illustration “CDBG Housing for buyers”, and the Agency Overview document are required. Click browse, select the files from your computer and click “Upload Documents”. If a file is NOT required, you do not have to upload that file.

The system will provide you a notification (“Uploaded” – in green) when the files have been uploaded.

* ApplicationID	2013-2014 Housing For Buyers
* Application Type	CDBG HOUSING FOR BUYERS
* Goal/Program	CDBG Buyers Housing
* Objectives	B1, Housing for Homebuyers, High
* Program Contact Name	Brian Graves
* Email ID	bgraves98332@yahoo.com
* Phone Number	(608) 555-1212
* Prior Year Allocation(\$)	17000
* Amount Applied for This Application (\$)	15000

File Name	Required?	Upload File	Status
2013-14 Application Instructions_050712423220.pdf	No	<input type="text"/> Browse...	Pending
CDBGHsingBuyers_050712797000.xls	Yes	<input type="text"/> Browse... CDBGHsingBuyers_050812714294.xls	Uploaded
AgencyOverview_050712255776.xls	Yes	<input type="text"/> Browse... AgencyOverview_05081273163.xls	Uploaded

Data saved successfully!

**ONCE YOU SEE THE DATA SAVED SUCCESSFULLY MESSAGE AT BOTTOM OF SCREEN, CLICK CLOSE TO CONTINUE.**

7. The system will bring you back to this screen. If you wish to delete the upload and start over, you can click on the red button next to the application. If you wish to edit your upload, click on the pencil icon. If you are ready to submit the application, check the submit box and click continue at the bottom of the screen.

**Current Step: Step 4 of 6**

Click on "Upload Application Document" button to submit your completed application document. When done, Check the "submit box" for each application that you are ready to submit and click continue. If you are not yet ready to submit an application, you may exit this screen.

Submit Application

Upload Application Document

Application History

ApplicationID	Type	Program	Priority	Amount	Status	Due Date	Submit?
2013-2014 Housing For Buyers	CDBG HOUSING FOR BUYERS	CDBG Buyers Housing	High	\$15,000.00	Ready To Be Submitted	06/01/2012	<input type="checkbox"/>

Applications Submitted: 0  
Requested total(amount): \$0.00

Back Continue

**IF you wish to upload multiple applications in the same session, click on Upload Applications and repeat the upload process for other applications. When submitting, check the submit box above for all applications to be submitted.**

8. Finally, acknowledge the terms and conditions for online application submission. Sign your full name in the boxes provided, and then click "Finish at the bottom of the screen.

If at this stage you are not satisfied with your entries, you may click previous (instead of finish) to be taken to a prior stage in the application submission process.

[Step 1: Help/Instructions](#)  
[Step 2: Authentication](#)  
[Step 3: Provider Information](#)  
[Step 4: Application Submit](#)  
**Step 5: Application Summary**  
[Step 6: Complete](#)

*Current Step: Step 5 of 6*

ApplicationID	Type	Program	Priority	Amount	Status	Due Date	Updated
2013-2014 Housing For Buyers	CDBG HOUSING FOR BUYERS	CDBG Buyers Housing	High	\$15,000.00	Ready To Be Submitted	06/01/2012	

Please confirm that this submission is on behalf of:

**Provider Name:** ProviderGateway Administration  
**Address1:** 123 main Street  
**Address2:**  
**City/State/Zip:** Madison, WISCONSIN, 12345  
**Primary Contact:** Administrator Super  
**Contact Phone:** (313) 231-1234

Please Sign your full name in the box provided below, indicating your agreement with the [terms and conditions for online application submission](#)

**Full Name:**