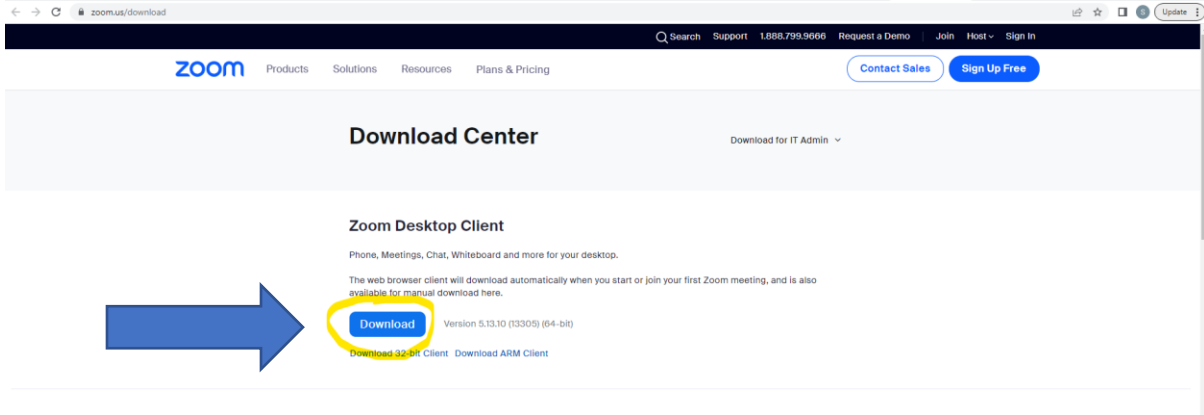


Engage Platform Registration

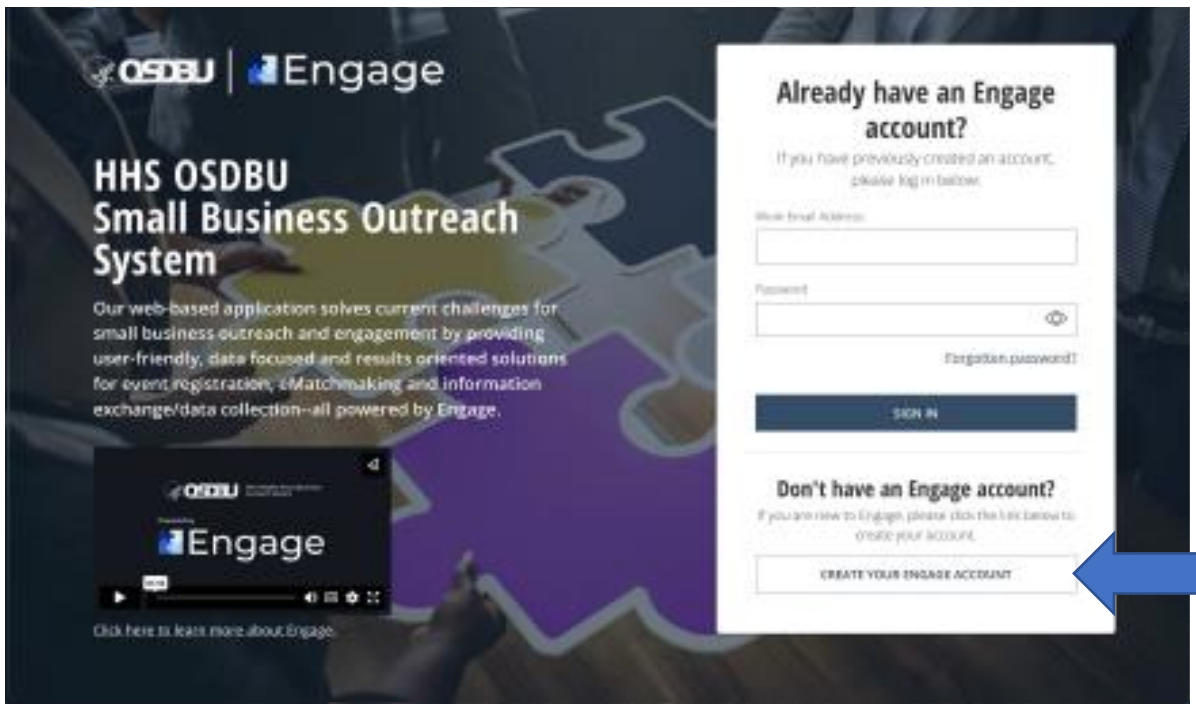
Instructions for Small Business Participants

1. *If not already done: Download and install the **Zoom Host application** from <https://zoom.us/download> for the best experience.



If you have issues with the steps above, please follow the instructions here: <https://support.zoom.us/hc/en-us/sections/200704559-Installation>

2. Create your user account by clicking “Create Your Engage Account” to login into the **Engage dashboard** (<https://engage.hhs.gov/>).





OSDBU



Engage



Already have an Engage account?

SIGN IN

Create Your Engage Account

Create your user account by entering your work email address and creating a password.

Work Email Address

samhsa.otpq@gmail.com

Password

.....



- Password must be between 8-20 characters
- Password must have one uppercase and one lowercase character
- Password can have no spaces
- Password must have at least 2 numbers
- Cannot be a commonly used password

CREATE ACCOUNT

3. Verify your email by entering 6-digit verification code sent to your mailbox. You may need to wait up to five minutes to receive the code. Be sure to check your junk/spam folder.



Verify your email address

We have sent a six-digit code to samhsa.otpq@gmail.com

Please keep this window open while you check your inbox, then enter the code below.

--	--	--	--	--	--	--	--

Be sure to keep this window open while you check your inbox. Please note that it may take a few minutes for the code to be delivered to your email address. If you have not received the code within a few minutes, please check your spam folder. To request a new code, please click Resend Code and a new one will be generated and sent to you.

Resend code

4. Complete the user registration process by following all prompts as outlined below.



Please select what describes you the best.

I'm affiliated with
Federal Government, Large Business Prime
Contractor, Financial Institution or Small Business
Resource Partner 

I'm affiliated with a Small Business 

I'm affiliated with
Another Organization (Non-profit, School, etc) 



DISCLAIMER / CONSENT

By entering an organization's information into this platform, you certify that you agree to abide by any listed policies and regulations. You also agree that you are legally permitted to represent the organization. Users are responsible for accurately entering information. HHS OSDBU does not bear any responsibility for inaccurately entered information or any negative impact from the entering of inaccurate information.

HHS OSDBU is collecting information voluntarily submitted (such as your email address, name, or organization). Submitted information is only used for the express purposes for which it is provided and will not be made available to an unauthorized third party. Electronically submitted information is maintained and destroyed according to the principles of the Federal Records Act and the regulations and records schedules of the National Archives and Records Administration, and in some cases may be covered by the Privacy Act and subject to the Freedom of Information Act.

I AGREE

 **Small Business Account Admin**

Add your account admin details

You are now proceeding on registration of your business. By registering on behalf of your company, you will be designated as the account admin. You will be responsible for registering attendees and managing the matchmaking process if you choose to participate.

First Name <input type="text" value="Jane"/>	Last Name <input type="text" value="Doe"/>
Title <input type="text" value="Ms"/>	Mobile Number <input type="text" value="(123) 322-3222"/>
City <input type="text" value="DC"/>	State <input style="border-bottom: 1px solid #ccc;" type="text" value="District of Columbia"/>

* All fields are required

NEXT

 **Small Business Information**

Let's get your Small Business registered. Please provide the following information about your business.

Upload your company's logo (image only)

HUBZone-Certified.jpg

Business name <input type="text" value="Small Business ABC"/>	SAM Unique Entity Identifier (UEI) <input type="text" value="XND4F4YL85R4"/>
City of your Business <input type="text" value="DC"/>	State <input style="border-bottom: 1px solid #ccc;" type="text" value="District of Columbia"/>
Main Office Number or Business Number <input type="text" value="(123) 444-2222"/>	Website of your business <input type="text" value="www.abc.com"/>

* All fields are required

PREVIOUS

NEXT

 **Small Business Information**

Let's get your Small Business registered. Please provide the following information about your business.

Is Your Business Registered in HHS Vendor Database, Small Business Customer Experience (SBCX)?

Yes No

Is this your first HHS outreach event?

Yes No

Do you utilize social media to market or promote your business? And which one(s)?

Twitter Instagram Facebook LinkedIn

* All fields are required

PREVIOUS
NEXT

 **Small Business Information**

Upload one-page capability document (PDF only)

Length of time in business

What is your average annual revenue?

I have previous or existing contracts/relationship with the following federal government departments or agencies:

U.S. Small Business Administration U.S. Department of State U.S. Department of Justice U.S. Department of Treasury

Select your past performance as Prime with HHS Operating divisions

Administration for Children and Families (ACF) Administration for Community Living (ACL) Agency for Healthcare Research and Quality (AHRQ)

Select your past performance as subcontractor with HHS Operating divisions

Administration for Children and Families (ACF) Administration for Community Living (ACL) Agency for Healthcare Research and Quality (AHRQ)

Professional certifications

Facility Security Clearance (FCL) Confidential Clearance Secret Clearance Top Secret Clearance

What other professional experience do you have?

Local Government Organization State Government Organization Non-Profit organization

* All fields are required

PREVIOUS
NEXT



Small Business Information

Select Your Organization's Capabilities From The NAICS codes below.*

Organization's Capabilities

111110: Soybean Farming X | 111120: Oilseed (except Soybean) Farming X | 111130: Dry Pea and Bean Farming X

* One is mandatory, however, you can select multiple.

PREVIOUS NEXT



Small Business Information

Select all your Small Business Socio-economic Categories

Small Business	Woman Owned Small Business (WOSB)
Small Disadvantaged Business (SDB)	Economically Disadvantaged Woman Owned Small Business (EDWOSB)
8(a) Business Development Program	Service-Disabled Veteran Owned Small Business (SDVOSB)
HUBZone - Historically Underutilized Business Zone	Veteran Owned Small Business
Native American Owned Businesses	

* One is mandatory, however, you can select multiple.

PREVIOUS NEXT


OSDU Engage samhsa.otpq@gmail.com
samhsa.otpq@gmail.com Sign Out

Register For An Event


Choose an event you would like to attend.

You can select only one at the time

March 01 & March 01 2023
Internal testing event #2
internal testing event

Type: **Virtual**  includes Matchmaking

March 01 & March 01 2023
Internal Testing Event
dummy testing event

Type: **Virtual**  includes Matchmaking

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OSDU Engage samhsa.otpq@gmail.com
samhsa.otpq@gmail.com Sign Out

Specify Your Role

Select how you will participate in this event
This registers yourself as an attendee for this event

Exhibitor	General Attendee
Moderator	Panelist
Speaker	

* One is mandatory, however you can select Multiple roles. By selecting one, you are confirming your registration for an event.

PREVIOUS
NEXT

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samhsa.otpq@gmail.com Sign Out

Register Attendees

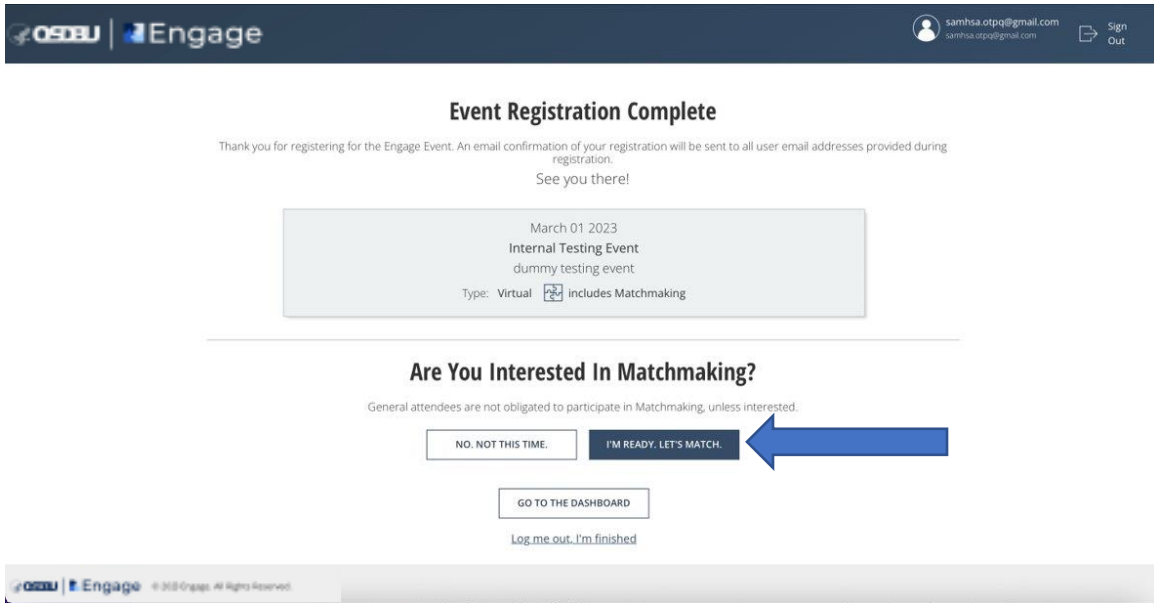
You are already registered as an attendee for an event. Would you like to add one or more attendees? As the account administrator, you are the only one able to register attendees on behalf of your organization.

NO

PREVIOUS
NEXT

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- You will also receive an email confirming that you have successfully registered for the event. Upon completing the user and event registration, you will move on to matchmaking registration by clicking "I'm ready. Let's match" as shown below and following the prompts.



Event Registration Complete

Thank you for registering for the Engage Event. An email confirmation of your registration will be sent to all user email addresses provided during registration.

See you there!

March 01 2023
Internal Testing Event
 dummy testing event
 Type: Virtual  includes Matchmaking

Are You Interested In Matchmaking?

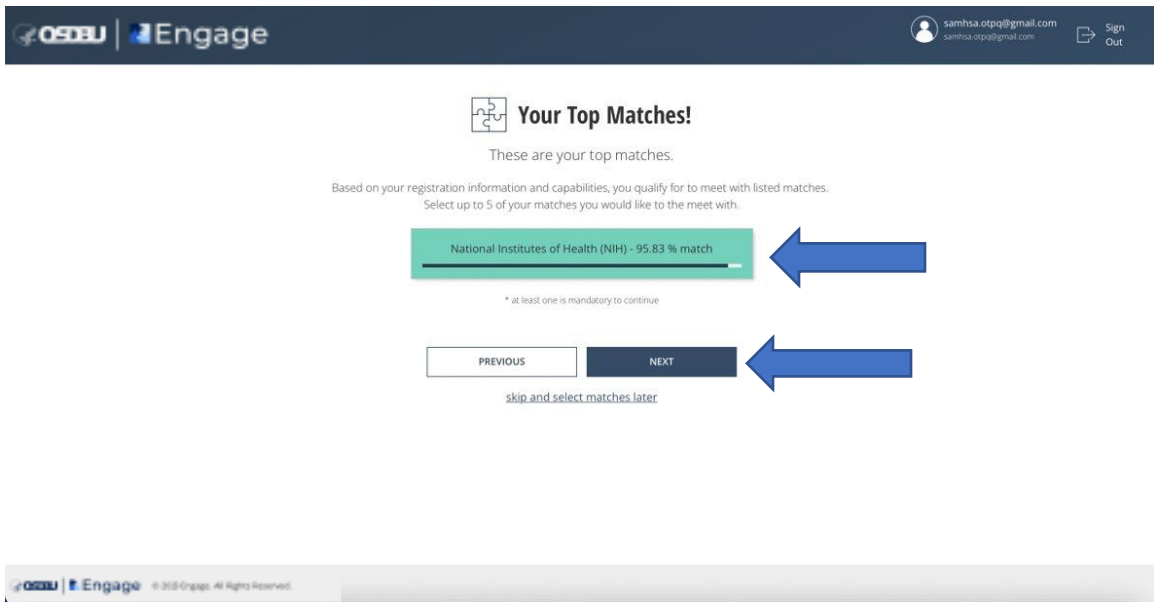
General attendees are not obligated to participate in Matchmaking, unless interested.

NO. NOT THIS TIME.
I'M READY. LET'S MATCH.

GO TO THE DASHBOARD

[Log me out. I'm finished](#)

- You will then be shown a list of your top matches. Click the name to proceed with scheduling an appointment.



Your Top Matches!

These are your top matches.

Based on your registration information and capabilities, you qualify for to meet with listed matches.
 Select up to 5 of your matches you would like to the meet with.

National Institutes of Health (NIH) - 95.83 % match

* at least one is mandatory to continue

PREVIOUS
NEXT

[skip and select matches later](#)

 **Your Appointment Slots**

Select Your Matchmaking Appointment slots.

Matchmaking appointments are listed based upon availability. You may select up to 5 matchmaking appointments.

*Please be aware that all timeslots are displayed in **EASTERN TIME***

National Institutes of Health (NIH) - 95.83 % match

 March 01, 2023

12:00 PM	12:20 PM
12:40 PM	

[PREVIOUS](#) [NEXT](#)

You Have Successfully Registered For Matchmaking!

An email confirmation of your registration will be sent to the email address provided during registration. Have a great Matchmaking session!



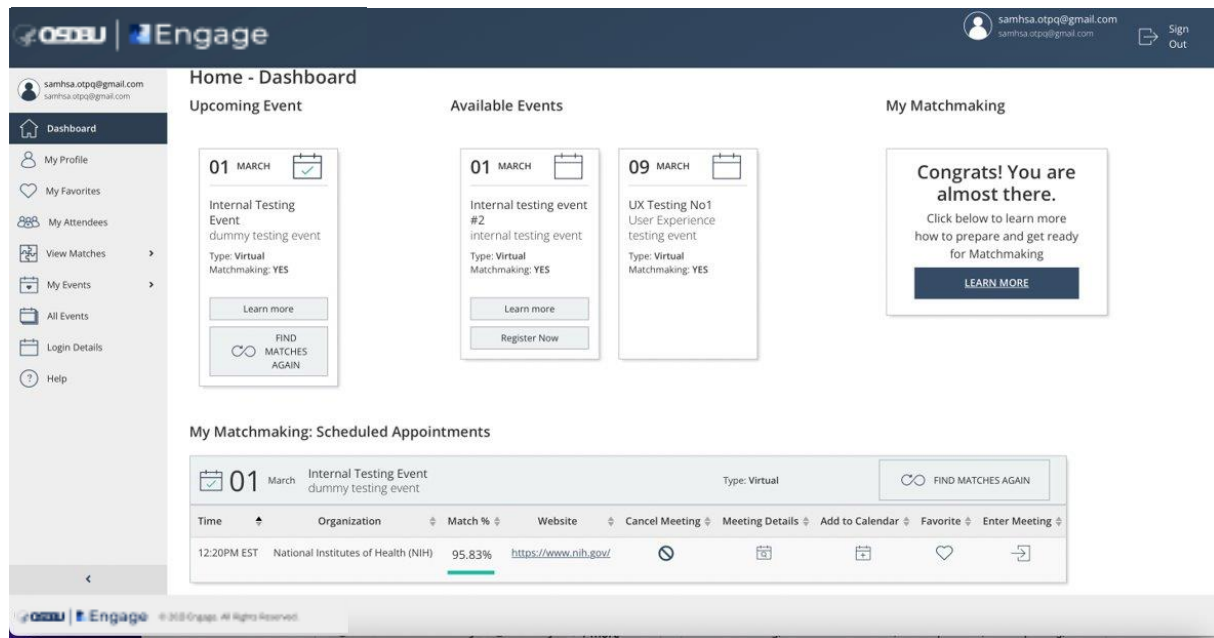
[GET READY FOR MATCHMAKING](#)


[VISIT DASHBOARD](#)

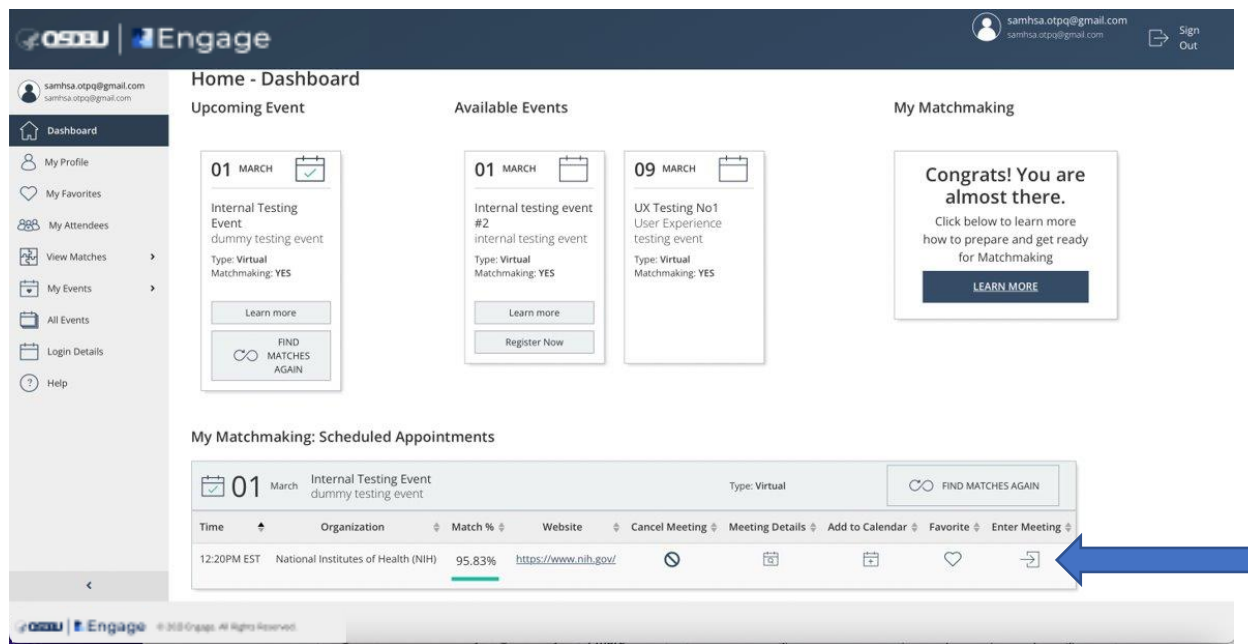
[I'm all set. Log me out.](#)

In addition to the above system notification, you will receive an email confirming that you have successfully registered for Matchmaking.

- At this point, your appointments are scheduled. You can confirm this by navigating to your Dashboard, where you will be able to see all upcoming appointments.



- On the day of the event, scroll down to the **"My Matchmaking: Scheduled Appointments"** section of the testing event and click on the **"Enter the meeting"** icon  when it is time for your scheduled appointment.



9. Wait until the host starts the Zoom meeting and admits you into the room.
10. Repeat **Step 8** for all appointments.
11. [Optional step] – Alternatively you can navigate to “**View Matches**” on the left in your sidebar and view appointments, enter the meetings, view organization profile, and enter and save notes.

If you need assistance, please contact us at engagesupport@strategixmanagement.com

Additional Tip:

Ideally, have Engage opened on another display, or use the split screen view. Your login session is limited, and you will be asked if you are still there. You will have a 60-second window to confirm. If the session ends, you will need to log in again.