



GMIS
Grant
Application

ODH Application Gateway

Training
Build: 20090806
V 2.2

Ohio.gov | Department of Health

ODH Application Gateway

Login:

Welcome to the Ohio Department of Health's (ODH) Application Gateway. This Gateway is provided to allow a single point of access to all ODH applications.

Please enter your identity information on the right and click on the "Login" button to access your applications.

* User name:

* Password:

Login

[I forgot my password](#)

[I forgot my user name](#)

* Indicates required field

- We will be covering the Gateway Module of the Application Submission
- Go to web address <https://odhgateway.odh.ohio.gov>
- Click GMIS
- Enter your User Name and Password

ODH

Application Gateway

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ODH Application Gateway

Login:

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Please enter your identity information on the right and click on the "Login" button to access your applications.

* **User name:**

* **Password:**

[I forgot my password](#)

[I forgot my user name](#)

* Indicates required field

- Once this information has been entered click Login

ODH

Application Gateway

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Ohio.gov | Department of Health

ODH Application Gateway

Applications:

Below is a list of applications that you currently have security access to. Click on a link below to access that application.

Personal Info Log Out

Application Name
GMIS - training

- From this screen you will see all of the Gateway applications you have available to you
- Click GMIS

Bulletin Board



Ohio Department of

HEALTH



Grants Management

Information System

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health

Program Title: TEST GRANT PROGRAM

Project Number: 00110013ZZ0114 Employer Id Number: 316400062

Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Bulletin Board

1 2 3

Max # Rows	Posted Date	Subject
5	4/29/2013	GMIS 2.0 ACCESS & TRAINING REQUEST* and SUBGRANTEE USER DEACTIVATION** FORMS
<input type="button" value="Select"/>	4/23/2013	IMPORTANT - Budget Revision Primary Reason Definition Clarification
<input type="button" value="Select"/>	3/5/2013	Budget Justification Example
<input type="button" value="Select"/>	3/26/2012	GMIS 2.0 USER ACCESS, NO EMAIL REQUESTS & GMIS 2.0 TRAINING FORM
<input type="button" value="Select"/>	3/14/2012	Grants Application Eligibility Matrix (GAEM)

1 2 3

Bulletin Message

Posted	4/29/2013	
Subject	GMIS 2.0 ACCESS & TRAINING REQUEST* and SUBGRANTEE USER DEACTIVATION** FORMS	
Message	*Please use the revised GMIS 2.0 Access & Training Request form for when you have agency employees who need access to GMIS 2.0 and/or GMIS 2.0 training. **Please use the Subgrantee User Deactivation form whenever an agency employee or contractor no long needs access to GMIS 2.0.	
Attachments	Description	File Name
	Uploaded File	GMIS Training Request.pdf
	Uploaded File	Deactivate GMIS User Request form.doc

- The Bulletin Board contains information ODH would like to distribute to Subgrantees related to grants
- Here is also where you would find how to get access to GMIS for new employees and the correct forms to complete
- Click “Continue on to Worklist”

Worklist

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a yellow header with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below the header, there are navigation links: "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner displays the message: "Welcome, ODH Subgrantee. You currently have Subgrantee Access." Below this, a light blue box contains user information: "Agency Name: Adams County Board of Health", "Program Title: TEST GRANT PROGRAM", "Project Number: 00110013ZZ0114", "Employer Id Number: 316400062", "Grant Period Begin: 8/1/2013", and "Grant Period End: 7/31/2014". A "Print This Page" button is located on the right side of this box. The main content area is titled "Worklist" and contains a table with the following data:

Action	Item	Program	Status	Posted date
ALL	00110013ZZ0114	ALL	Initiated	5/30/2013
Submit Application				

- The Worklist is where you find what is due to be completed
- You will find the Expenditure Report, Program Report, Final Report or respond to Special Conditions here
- Click “Submit Application”

Application Information

Ohio.gov So much to Discover!

Ohio Department of **HEALTH** OHH Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section	Status
Application Information	Not Submitted
Project Narrative	Not Submitted
Project Contacts	Not Submitted
Budget	Not Submitted
W-9	Not Submitted
EFT	Not Submitted
Civil Rights Review Questionnaire	Not Submitted
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments [Display All Comments](#)

No Comments

[New](#)

[Approve](#) [View Approval History](#)

- We will be completing the application in the order it is displayed with the exception of completing the Budget section last
- Click “Application Information”

Application Information



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: Application Information Status: Not Submitted [Return to Application](#)

Application Overview

Agency Details	Project Details
Agency Key 0011001	Project Key 00110013ZZ0114
County Adams	Project Status
Agency Type County Agency	Agency Adams County Board of Health
Facility Number 1	Division Quality
Agency Name Adams County Board of Health	Program TEST GRANT PROGRAM
Tax ID 316400062	Program Contact
Address Code 009	Sequence Number 1
	Grant Year 2014
	Start 8/1/2013
	End 7/31/2014
	Application Due Date 7/1/2013
	Applicant Share <input type="checkbox"/>
	Income Alternative Additive Alternative
	ODH Percentage 100

[Next](#)

[Edit](#) [Complete](#)

Application Information

Ohio.gov So much to Discover!

Ohio Department of HEALTH OH

Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health

Program Title: TEST GRANT PROGRAM

Project Number: 00110013ZZ0114 Employer Id Number: 316400062

Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Application Information Status: Not Submitted Return to Application

Application Overview

Agency Address Information		Project Address Information	
Street Address 1	923 Sunrise Avenue	Street Address 1	<input type="text"/>
Street Address 2		Street Address 2	<input type="text"/>
City	West Union	City	<input type="text"/>
State	OH	State	Ohio
Zip Code	45693	Zip Code	<input type="text"/>

Previous Finish

Edit Complete

- Confirm Agency Address Information is correct
- This address should be the address of the agency listed under Agency name
(If information is incorrect notify ODH)
- To enter the Project address information click “Edit”

Application Information



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: Application Information Status: Not Submitted [Return to Application](#)

Application Overview

Agency Details		Project Details		
Overview	Agency Key	0011001	Project Key	00110013ZZ0114
Address Information	County	001-Adams	Project Status	
	Agency Type	1-County Agency	Agency	Adams County Board of Health
	Facility Number	1	Division	Quality
	Agency Name	Adams County Board of Health	Program	TEST GRANT PROGRAM
	Tax ID	316400062	Program Contact	
	Address Code	009.EFT-9 - HEALTH DEPT	Sequence Number	1
			Grant Year	2014
			Start	8/1/2013
			End	7/31/2014
			Application Due Date	7/1/2013
			Applicant Share	<input type="checkbox"/>
			Income Alternative	Additive Alternative
			ODH Percentage	100

[Next](#)

[Update](#) [Cancel](#)

- GMIS will take you back to the Overview screen
- From there click “Address Information”

Application Information

Ohio.gov So much to Discover!

Ohio Department of **HEALTH** **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: Application Information Status: Not Submitted [Return to Application](#)

Application Overview

Agency Address Information		Project Address Information	
Street Address 1	923 Sunrise Avenue	Street Address 1	<input type="text"/>
Street Address 2		Street Address 2	<input type="text"/>
City	West Union	City	<input type="text"/>
State	OH	State	Ohio <input type="text"/>
Zip Code	45693	Zip Code	<input type="text"/>

[Previous](#) [Finish](#)

[Update](#) [Cancel](#)

- You may now enter the project address information

Application Information

The screenshot shows the 'Application Overview' page in the Ohio Department of Health Grants Management Information System. The page header includes the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below the header, there are navigation links for 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A green banner displays a welcome message: 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area shows application details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A 'Print This Page' button is located to the right of these details. Below this is a status bar showing 'Application Section: Application Information', 'Status: Not Submitted', and a 'Return to Application' button. The 'Application Overview' section contains two tables: 'Agency Address Information' and 'Project Address Information'. The 'Agency Address Information' table has fields for Street Address 1 (923 Sunrise Avenue), Street Address 2, City (West Union), State (OH), and Zip Code (45693). The 'Project Address Information' table has fields for Street Address 1 (923 Sunrise Avenue), Street Address 2, City (West Union), State (Ohio), and Zip Code (45693). At the bottom of the form, there are 'Previous', 'Finish', 'Update', and 'Cancel' buttons. The 'Update' button is highlighted with a red box.

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Application Information Status: Not Submitted Return to Application

Application Overview

Agency Address Information	
Street Address 1	923 Sunrise Avenue
Street Address 2	
City	West Union
State	OH
Zip Code	45693

Project Address Information	
Street Address 1	923 Sunrise Avenue
Street Address 2	
City	West Union
State	Ohio
Zip Code	45693

Previous Finish

Update Cancel

- When the information is completely entered click “Update” to save your information

Application Information

Ohio.gov So much to Discover!

Ohio Department of HEALTH OHH Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Application Information Status: Not Submitted Return to Application

Application Overview

Agency Details	
Agency Key	0011001
County	Adams
Agency Type	County Agency
Facility Number	1
Agency Name	Adams County Board of Health
Tax ID	316400062
Address Code	009

Project Details	
Project Key	00110013ZZ0114
Project Status	
Agency	Adams County Board of Health
Division	Quality
Program	TEST GRANT PROGRAM
Program Contact	
Sequence Number	1
Grant Year	2014
Start	8/1/2013
End	7/31/2014
Application Due Date	7/1/2013
Applicant Share	<input type="checkbox"/>
Income Alternative	Additive Alternative
ODH Percentage	100

Next

Edit Complete

- Click “Complete” to show this section of the application has been done

Application Information

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH OH Grants Management Information System". Below this is a menu with "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A status bar indicates "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays application details for "Adams County Board of Health" with a "TEST GRANT PROGRAM". It includes fields for "Project Number", "Employer Id Number", "Grant Period Begin", and "Grant Period End". A "Print This Page" button is located on the right. Below the details is a navigation bar with "Application Section: Application Information", "Status: Subgrantee Completed", and a "Return to Application" button highlighted with a red box. The "Application Overview" section contains two tables: "Agency Details" and "Project Details".

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 31640062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Application Section: Application Information Status: Subgrantee Completed **Return to Application**

Application Overview

Agency Details	
Agency Key	0011001
County	Adams
Agency Type	County Agency
Facility Number	1
Agency Name	Adams County Board of Health
Tax ID	31640062
Address Code	009

Project Details	
Project Key	00110013ZZ0114
Project Status	
Agency	Adams County Board of Health
Division	Quality
Program	TEST GRANT PROGRAM
Program Contact	
Sequence Number	1
Grant Year	2014
Start	8/1/2013
End	7/31/2014
Application Due Date	7/1/2013
Applicant Share	<input type="checkbox"/>
Income Alternative	Additive Alternative
ODH Percentage	100

Next

Edit

- Click “Return to Application” to go to the next section of the application process

Application Information

The screenshot shows the Ohio Department of Health Grants Management Information System. At the top left is the Ohio.gov logo with the tagline "So much to Discover!". To the right is the Ohio Department of Health logo and the text "Grants Management Information System". Below the header is a navigation bar with links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner displays "Welcome, ODH Subgrantee. You currently have Subgrantee Access." Below this is a summary section for the project: Agency Name: Adams County Board of Health; Program Title: TEST GRANT PROGRAM; Project Number: 00110013ZZ0114; Employer Id Number: 316400062; Grant Period Begin: 8/1/2013; Grant Period End: 7/31/2014. A "Print This Page" button is on the right. The main section is titled "Application Section Status" and contains a table with two columns: "Application Section" and "Status". The "Application Information" row is highlighted in yellow and has a red box around the "Subgrantee Completed" status. Other rows include "Project Narrative", "Project Contacts", "Budget", "W-9", "EFT", "Civil Rights Review Questionnaire", "Assurances", "FFATA", and "Health Equity", all with a status of "Not Submitted". Below the table is a "Project Comments" section with a "Display All Comments" link and the text "No Comments". At the bottom are buttons for "New", "Approve", and "View Approval History".

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Not Submitted
Project Contacts	Not Submitted
Budget	Not Submitted
W-9	Not Submitted
EFT	Not Submitted
Civil Rights Review Questionnaire	Not Submitted
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments

Display All Comments

No Comments

New

Approve View Approval History

- Notice that the Application Section now displays the Application Information status as “Subgrantee Completed”
- The next section we will be completing is the Project Narrative
- Click “Project Narrative”

Project Narrative

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH" and "Grants Management Information System". Below this, there are links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner indicates the user is an "ODH Subgrantee" with "Subgrantee Access". The main content area shows details for the "Adams County Board of Health" and the "TEST GRANT PROGRAM". It includes fields for "Project Number", "Employer Id Number", "Grant Period Begin", and "Grant Period End". A "Print This Page" button is located on the right. Below this, the "Application Section" is set to "Project Narrative" and the status is "Not Submitted". A "Return to Application" button is present. The "Narrative Notes" section is empty. The "Narrative Attachments" section shows "No Attachments." and includes "Browse..." and "Upload" buttons. At the bottom, there are "Edit" and "Complete" buttons, with the "Edit" button highlighted by a red box.

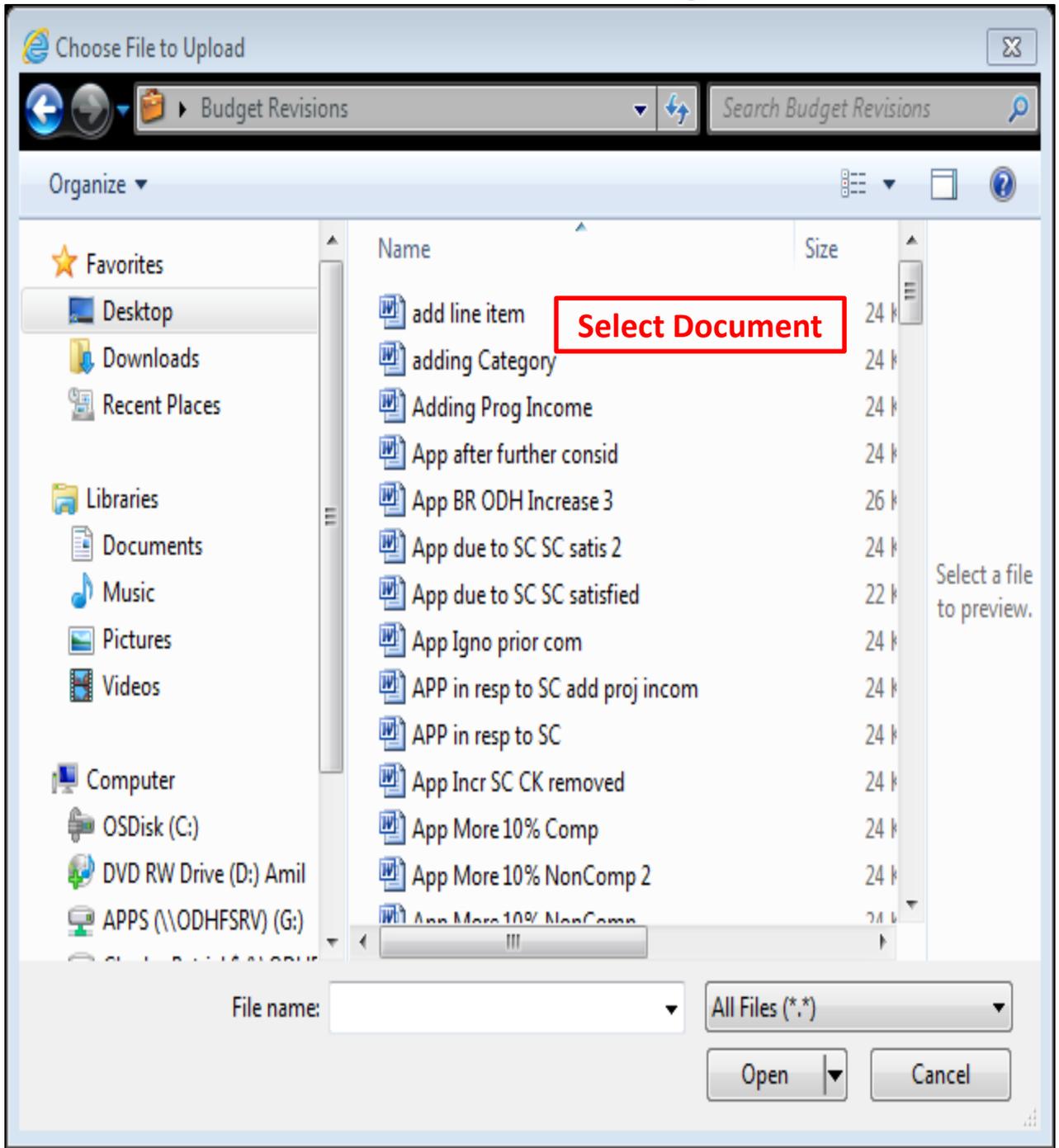
- All attachments are attached in the Narrative
- Click “Edit” to begin the attachment process

Project Narrative

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this is a menu with "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message reads "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays project details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A "Print This Page" button is located to the right. Below the details is a status bar showing "Application Section: Project Narrative", "Status: Not Submitted", and a "Return to Application" button. The "Narrative Notes" section is a large empty text area. The "Narrative Attachments" section shows "No Attachments" and a "Browse..." button (highlighted with a red box) and an "Upload" button. At the bottom, there are "Update" and "Cancel" buttons.

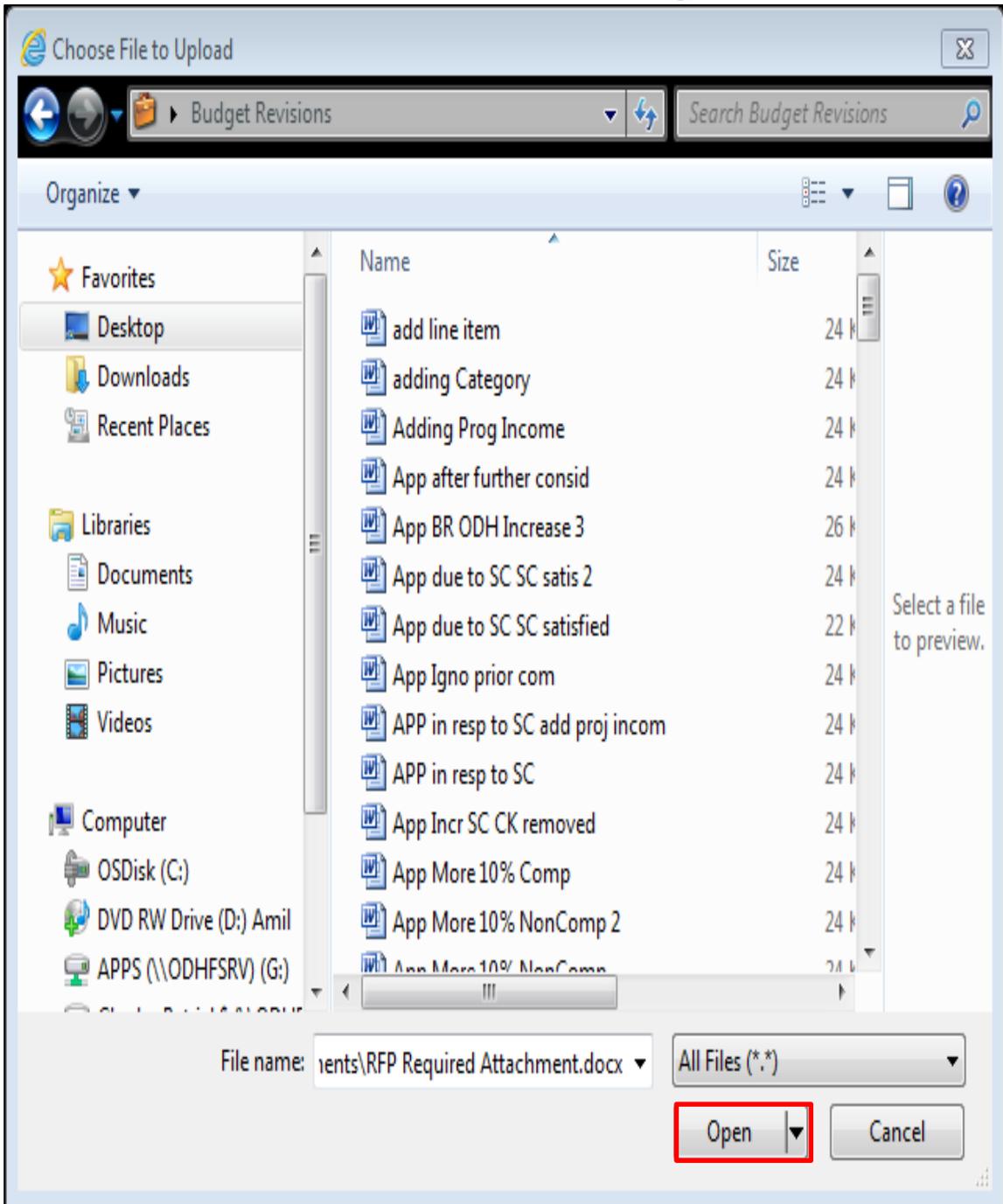
- Click “Browse” to locate document to be uploaded

Attaching



- Select the document to be attached

Attaching



- Once you have selected the document click “Open”

Project Narrative

Ohio.gov
To much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Application Section: Project Narrative Status: Not Submitted Return to Application

Narrative Notes

Enter Comment for Attached Narrative here

Narrative Attachments

	Description	File Name	File Type	Created	User
Edit Delete	Project Narrative File	RFP Required Attachment.docx	DOCX	1/17/2014 12:00:00 AM	ODH Subgrantee

Browse... Upload

Update Cancel

- Enter the comment in the Narrative box per the RFP instructions
- Name all attachments as instructed by the RFP so when the ODH reviews are done your documents are easily identified
- If ODH is unable to find or identify the required attachment you may jeopardize your application being reviewed, which means you will not be considered for funding

Project Narrative



Ohio Department of **HEALTH**  **Grants Management Information System**

[Worklist](#) [Project](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, **ODH Subgrantee**. You currently have **Subgrantee** Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Application Section: Project Narrative Status: Not Submitted  Return to Application

Narrative Notes

Enter Comments

Narrative Attachments

	Description	File Name	File Type	Created	User
<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Project Narrative File	RFP Required Attachment.docx	DOCX	1/17/2014 12:00:00 AM	ODH Subgrantee

- Click “Update” to save your information

Project Narrative

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top left is the Ohio.gov logo with the tagline "So much to Discover!". To the right is the "Ohio Department of HEALTH" logo and the "Grants Management Information System" title. Below the header is a navigation bar with links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A status bar indicates "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays project details: Agency Name: Adams County Board of Health; Program Title: TEST GRANT PROGRAM; Project Number: 00110013ZZ0114; Employer Id Number: 316400062; Grant Period Begin: 8/1/2013; Grant Period End: 7/31/2014. A "Print This Page" button is located to the right of these details. Below the details is a section for "Application Section: Project Narrative" with a status of "Not Submitted" and a "Return to Application" button. The "Narrative Notes" section contains an "Enter Comments" text area. The "Narrative Attachments" section features a table with columns for Description, File Name, File Type, Created, and User. A single attachment is listed: "Project Narrative File" with file name "RFP Required Attachment.docx", file type "DOCX", created on "1/17/2014 12:00:00 AM", and user "ODH Subgrantee". Below the table are "Browse..." and "Upload" buttons. At the bottom of the form, there are "Edit" and "Complete" buttons, with the "Complete" button highlighted by a red rectangle.

Ohio.gov
So much to Discover.

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Project Narrative Status: Not Submitted Return to Application

Narrative Notes

Enter Comments

Narrative Attachments

	Description	File Name	File Type	Created	User
Edit Delete	Project Narrative File	RFP Required Attachment.docx	DOCX	1/17/2014 12:00:00 AM	ODH Subgrantee

Browse... Upload

Edit Complete

- Click "Complete" once this section has been completed

Project Narrative

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below this is a menu with 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A welcome message states 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area displays project details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A 'Print This Page' button is located on the right. Below the details, the 'Application Section' is 'Project Narrative' and the 'Status' is 'Subgrantee Completed'. A red box highlights the 'Return to Application' button. The 'Narrative Notes' section contains an 'Enter Comments' field. The 'Narrative Attachments' section contains a table with one attachment: 'Project Narrative File' with file name 'RFP Required Attachment.docx', file type 'DOCX', and created date '1/17/2014 12:00:00 AM'. Below the table are 'Browse...' and 'Upload' buttons, and an 'Edit' button at the bottom.

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Project Narrative Status: Subgrantee Completed

Return to Application

Narrative Notes

Enter Comments

Narrative Attachments

	Description	File Name	File Type	Created	User
Edit Delete	Project Narrative File	RFP Required Attachment.docx	DOCX	1/17/2014 12:00:00 AM	ODH Subgrantee

Browse... Upload

Edit

- Click “Return to Application” to go to the next step

Application

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH" and "Grants Management Information System". Below this is a menu with "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays application details for the Adams County Board of Health, including the program title "TEST GRANT PROGRAM", project number "00110013ZZ0114", employer ID number "316400062", and grant period from "8/1/2013" to "7/31/2014". A "Print This Page" button is located to the right of these details. Below the application information is a table titled "Application Section Status" with two columns: "Application Section" and "Status". The table lists various sections and their submission status. The "Project Narrative" section is highlighted in yellow and shows a status of "Subgrantee Completed". The "Project Contacts" section is highlighted in yellow and shows a status of "Not Submitted", and it is enclosed in a red rectangular box. Other sections listed include Budget, W-9, EFT, Civil Rights Review Questionnaire, Assurances, FFATA, and Health Equity, all with a status of "Not Submitted". Below the table is a "Project Comments" section with a "Display All Comments" link and a "No Comments" message. At the bottom of the page, there are buttons for "New", "Approve", and "View Approval History".

Ohio.gov
So much to Discover!

Ohio Department of
HEALTH

Grants Management
Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Not Submitted
Budget	Not Submitted
W-9	Not Submitted
EFT	Not Submitted
Civil Rights Review Questionnaire	Not Submitted
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments

[Display All Comments](#)

No Comments

New

Approve View Approval History

- The Application Section now shows the Project Narrative status as “Subgrantee Completed”
- The next section we will process is the Project Contacts
- Click “Project Contacts”

Project Contacts

Ohio.gov So much to Discover!
Ohio Department of HEALTH **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Application Section: Project Contacts Status: Not Submitted Return to Application

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles

No contacts specified

New Complete

- ODH uses this section to contact people at your agency
- Only employees at your agency that have access to GMIS will appear in this pull-down
- In this section you are required to identify your Agency Head, Agency Financial Head, Project Director and Program Fiscal Contact
- Click “New” to begin selecting a Contact Name for each Functional Title

Project Contacts

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this is a menu with "Worklist", "Project Reports", "View Bulletins", and "Logout". A green banner displays "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area shows project details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A "Print This Page" button is located to the right. Below the details is a section for "Application Section: Project Contacts" with a status of "Not Submitted" and a "Return to Application" button. A note states: "A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):" followed by a bulleted list: Agency Financial Head, Agency Head, Program Director, and Program Fiscal Contact. The "Contact Titles" section contains a table with two columns: "Contact Name" and "Functional Title". The "Contact Name" field contains "Bruce Ashley" and the "Functional Title" field contains a dropdown menu with a red box around the downward arrow and the text "<None>". At the bottom of the form are "Save" and "Cancel" buttons.

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Project Contacts Status: Not Submitted Return to Application

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Name	Functional Title
Bruce Ashley	<None>

Save Cancel

- Click the pull down arrow to pull up contact names to select a person that matches the required functional title

Project Contacts



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Evelyn Suarez. You currently have **Subgrantee Access**.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Application Section: Project Contacts Status: Not Submitted  [Return to Application](#)

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles	
Contact Name	Functional Title
<input type="text" value="Bruce Ashley"/>	<input type="text" value="<None>"/>
<input type="text" value="Bruce Ashley"/>	
<input type="text" value="Judy G. Berrington"/>	
<input type="text" value="Jyothi Jallepalli"/>	
<input type="text" value="Latha Iyer"/>	
<input type="text" value="Evelyn Suarez"/>	
<input type="text" value="Chip Allen"/>	
<input type="text" value="Karen Ross"/>	

- Select a name from the pull down list

Project Contacts

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this is a menu with "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner displays "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area shows project details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A "Print This Page" button is located to the right. Below the details is a section for "Application Section: Project Contacts" with a status of "Not Submitted" and a "Return to Application" button. A note states: "A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):" followed by a bulleted list: Agency Financial Head, Agency Head, Program Director, and Program Fiscal Contact. The "Contact Titles" section contains two dropdown menus: "Contact Name" (selected: Karen Ross) and "Functional Title" (selected: <None>). The "Functional Title" dropdown is highlighted with a red border. At the bottom are "Save" and "Cancel" buttons.

Ohio.gov
So much to Discover.

Ohio Department of **HEALTH** Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: Project Contacts Status: Not Submitted [Return to Application](#)

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles

Contact Name	Functional Title
Karen Ross	<None>

[Save](#) [Cancel](#)

- Once you have selected a contact name you will need to select this persons Functional Title
- Click the pull down arrow to pull up the functional titles

Project Contacts



Ohio Department of **HEALTH**  **Grants Management Information System**

[Worklist](#) [Project](#) [Reports](#) [View Bulletins](#) [Logout](#)



Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Application Section: Project Contacts Status: Not Submitted  [Return to Application](#)

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles	
Contact Name	Functional Title
Karen Ross	<None> Agency Financial Head Agency Head Program Director Program Fiscal Contact User

[Save](#) [Cancel](#)

- Select the functional title for the contact name you selected

Project Contacts

Ohio.gov So much to Discover.
Ohio Department of HEALTH **OH** **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: Project Contacts Status: Not Submitted [Return to Application](#)

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles	
Contact Name	Functional Title
Karen Foss	Agency Head

[Save](#) [Cancel](#)

- Click "Save"

Project Contacts





[Worklist](#) [Project](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
 Program Title: TEST GRANT PROGRAM
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014
 Print This Page

Application Section: Project Contacts Status: Not Submitted 
Return to Application

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles		
	Contact Name	Functional Title
<div style="display: flex; gap: 5px;"> Edit Delete </div>	Karen Ross	Agency Head
<div style="display: flex; justify-content: center; gap: 20px;"> New Complete </div>		

- Continue this process until you have entered the contact names and functional titles for the Agency Head, Agency Financial Head, Program Director & Program Fiscal Contact

Project Contacts



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

☑ ☑ ☑ ☑

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Application Section: Project Contacts Status: Not Submitted Return to Application

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles		
	Contact Name	Functional Title
Edit Delete	Karen Ross	Agency Head
Edit Delete	Bruce Ashley	Agency Financial Head
Edit Delete	Bruce Ashley	Program Fiscal Contact
Edit Delete	Judy G. Bennington	Program Director
Edit Delete	Jyothi Jallepalli	User
Edit Delete	Latha Iyer	User

New Complete

- Once you have entered all of the contact names and identified their functional titles click “Complete”

Project Contacts



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End : 7/31/2014

[Print This Page](#)

Application Section: Project Contacts Status: Subgrantee Completed  [Return to Application](#)

A contact must be listed for each of the following positions (NOTE: Once set, agency level contacts cannot be edited or deleted except by ODH):

- Agency Financial Head
- Agency Head
- Program Director
- Program Fiscal Contact

Contact Titles		
	Contact Name	Functional Title
Edit Delete	Karen Ross	Agency Head
Edit Delete	Bruce Ashley	Agency Financial Head
Edit Delete	Bruce Ashley	Program Fiscal Contact
Edit Delete	Judy G. Bennington	Program Director
Edit Delete	Jyothi Jallepalli	User
Edit Delete	Latha Iyer	User

[New](#)

- Click “Return to Application”

Application

Ohio.gov So much to Discover!

Ohio Department of HEALTH OHH Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
 Program Title: TEST GRANT PROGRAM
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Application Section Status	
Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Not Submitted
EFT	Not Submitted
Civil Rights Review Questionnaire	Not Submitted
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments Display All Comments

No Comments

New

Approve View Approval History

- As previously stated, we will skip the Budget section and complete the W-9
- Click “W-9”

W-9

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this, there are links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays agency and program information: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A "Print This Page" button is located to the right. Below this, the application section is identified as "W-9" with a status of "Not Submitted" and a "Return to Application" button. The "W9 Information on File" section contains a table with the following data:

W9 Information on File	
Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

The "W9 Form" section contains instructions: "If information on file is incorrect, Please fill out the [W9 PDF Form](#) and mail to ODH:" followed by the address: "Ohio Department of Health, Grants Administration, Central Master Files, 4th Floor, 246 N. High St, Columbus, OH 43215". It also states: "Click the Complete button to approve information on file or to acknowledge sending the form." Below this, it says: "If Vendor information is not on file or is incorrect, please fill out the [Vendor Change Form](#) and mail to ODH." There is a checkbox for "Updated information has been mailed." and a "Complete" button at the bottom of the form.

- In this section you will only follow the next steps if you are new to ODH or need to resubmit due to changes
- If you are not a new agency or don't need to make changes to your W-9 you may click "Complete" and continue to slide 40 of this presentation
- If you need to complete the W-9 click the W-9 PDF Form link

W-9

Ohio.gov So much to Discover!
Ohio Department of HEALTH **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: W-9 Status: Not Submitted [Return to Application](#)

W9 Information on File	
Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

W9 Form

If information on file is incorrect, Please fill out the [W9 PDF Form](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St.
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

If Vendor information is not on file or is incorrect, please fill out the [Vendor Change Form](#) and mail to ODH.

Updated information has been mailed.

[Complete](#)

- New agencies also need to complete a Vendor Change form
- To retrieve the Vendor Change form click Vendor Change Form



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

NEW (W-9 OR W-8ECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON

ADDITIONAL ADDRESS – (A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)

CHANGE OF ADDRESS – (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED:

CHANGE OF TIN (W-9 & LETTER OF CLARIFICATION OF CHANGE, WHICH INCLUDES NEW & OLD TIN IS REQUIRED)

CHANGE OF NAME (W-9 & LETTER OF CLARIFICATION OF CHANGE, MUST INCLUDES NEW & OLD NAME IS REQUIRED)

CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

W-9



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Application Section: W-9 Status: Not Submitted [Return to Application](#)

W9 Information on File

Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

W9 Form

If information on file is incorrect, Please fill out the [W9 PDF Form](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St.
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

If Vendor information is not on file or is incorrect, please fill out the [Vendor Change Form](#) and mail to ODH.

Updated information has been mailed.

[Complete](#)

- Anytime a form from this section is being submitted or revised a check mark must be placed in the box next to “Updated Information has been mailed”
- Click the box to get the check mark

W-9



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Application Section: W-9 Status: Not Submitted  [Return to Application](#)

W9 Information on File

Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

W9 Form

If information on file is incorrect, Please fill out the [W9 PDF Form](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St.
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

If Vendor information is not on file or is incorrect, please fill out the [Vendor Change Form](#) and mail to ODH.

Updated information has been mailed.

[Complete](#)

- Now that you have your check mark this section is complete
- You may now click “Complete”

W-9

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo and the Department of Health logo are visible. The main header reads "Ohio Department of HEALTH Grants Management Information System". Below the header, there are navigation links: "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A status bar indicates "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area shows application details for "Adams County Board of Health" with a "TEST GRANT PROGRAM". It lists the Project Number (00110013ZZ0114), Employer Id Number (316400062), Grant Period Begin (8/1/2013), and Grant Period End (7/31/2014). A "Print This Page" button is present. The application status is "Subgrantee Completed" with a magnifying glass icon. A red box highlights the "Return to Application" button. Below this, a table titled "W9 Information on File" contains the following data:

W9 Information on File	
Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

Below the table, there is a section for "W9 Form" with instructions: "If information on file is incorrect, Please fill out the [W9 PDF Form](#) and mail to ODH:" followed by the address: "Ohio Department of Health, Grants Administration, Central Master Files, 4th Floor, 246 N. High St, Columbus, OH 43215". It also states: "Click the Complete button to approve information on file or to acknowledge sending the form." Another instruction reads: "If Vendor information is not on file or is incorrect, please fill out the [Vendor Change Form](#) and mail to ODH." A checkbox labeled "Updated information has been mailed." is checked. At the bottom, there is an "UnMark Complete" button.

- The W-9 is now marked complete
- If at anytime you need to make changes before you have submitted the application you can click Unmark Complete and you will get new/edit to make changes to your information
- You may now click "Return to Application"

Application

Ohio.gov So much to Discover!

Ohio Department of HEALTH

Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Not Submitted
Civil Rights Review Questionnaire	Not Submitted
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments

[Display All Comments](#)

No Comments

New

Approve View Approval History

- As you can see we have now completed four of ten section of the application
- Now click “EFT”

EFT



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

ⓧ ⓧ ⓧ ⓧ

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Application Section: EFT Status: Not Submitted  [Return to Application](#)

EFT Information on File	
Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

EFT Form

If information on file is incorrect, Please fill out the [EFT PDF Form for Government Agencies](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St.
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

Updated information has been mailed.

[Complete](#)

- To retrieve the EFT form click “EFT PDF form for Government Agencies”



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

- To sign up for EFT, please **TYPE or PRINT** the information requested in SECTIONS 1-4. Information must be legible.
- **Please note:** If there is no activity on an account for 18 months, the account may be inactivated. Please contact Ohio Shared Services for assistance.
- EFT accounts are tied to an address location within our system. If you receive payments to more than one address location and you would like your payments issued as an EFT, an EFT form must be completed for each address location.
- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date. Payee must keep Ohio Shared Services informed of any name, address, or bank changes in order to receive important information regarding benefits and remain qualified for payments.

SECTION 1

TYPE OF TRANSACTION: ADD CHANGE/UPDATE INACTIVATE

NAME OF COMPANY OR INDIVIDUAL:

ADDRESS:

CITY STATE & ZIP:

PHONE: E-MAIL:

FEDERAL TAX ID/SOCIAL SECURITY:

Please note: This record is subject to public records requests under the laws of the State of Ohio. If you are a business entity that provides a social security number in place of a Federal Tax ID number, you are waiving any expectation to privacy and this record may be subject to disclosure.

SECTION 2 – NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME: PHONE:

TYPE OF ACCOUNT: SAVINGS CHECKING

TRANSIT ROUTING/ABA NUMBER:

ACCOUNT NUMBER AT ABOVE INSTITUTION:

SECTION 3 – OLD/PRIOR FINANCIAL INFORMATION – MUST BE PROVIDED TO UPDATE INFORMATION IN OUR SYSTEM

FINANCIAL INSTITUTION NAME: PHONE:

TRANSIT ROUTING/ABA NUMBER:

ACCOUNT NUMBER AT ABOVE INSTITUTION:

EFT



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Application Section: EFT Status: Not Submitted Return to Application

EFT Information on File	
Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

EFT Form

If information on file is incorrect, Please fill out the [EFT PDF Form for Government Agencies](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St.
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

Updated information has been mailed.

Complete

- Anytime a form from this section is being submitted or revised a check mark must be placed in the box next to “Updated Information has been mailed”
- Click the box to activate the check mark

EFT



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End : 7/31/2014 Print This Page

Application Section: EFT Status: Not Submitted Return to Application

EFT Information on File

Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
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Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

EFT Form

If information on file is incorrect, Please fill out the [EFT PDF Form for Government Agencies](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St.
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

Updated information has been mailed.

Complete

- Click “Complete”

EFT



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Application Section: EFT Status: Subgrantee Completed 

[Return to Application](#)

EFT Information on File

Address Code	009
Address Line 1	HEALTH DEPT
Address Line 2	923 SUNRISE AVE
City	WEST UNION
State	OH
Zip Code	45693
EFT on File	
Dist Account #	EFT-9
Last Updated	9/20/2012 11:22:06 AM

EFT Form

If information on file is incorrect, Please fill out the [EFT PDF Form for Government Agencies](#) and mail to ODH:

Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High St
Columbus, OH 43215

Click the Complete button to approve information on file or to acknowledge sending the form.

Updated information has been mailed.

[UnMark Complete](#)

- Click “Return to Application”

Application

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this is a menu with "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A welcome message states "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays application details for "Adams County Board of Health" with program title "TEST GRANT PROGRAM", project number "00110013ZZ0114", and employer ID number "316400062". The grant period is from 8/1/2013 to 7/31/2014. A "Print This Page" button is located on the right. Below the details is a table titled "Application Section Status" with two columns: "Application Section" and "Status". The table lists various sections and their completion status. The "EFT" section is highlighted with a blue box, and the "Civil Rights Review Questionnaire" section is highlighted with a red box. Below the table is a "Project Comments" section with a "Display All Comments" link and a "No Comments" message. At the bottom, there are buttons for "New", "Approve", and "View Approval History".

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Not Submitted
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments

[Display All Comments](#)

No Comments

New

Approve View Approval History

- The EFT sections now show “Subgrantee Completed”
- Click “Civil Rights Review Questionnaire”

Civil Rights Review

The screenshot shows the Ohio Department of Health Grants Management Information System interface. At the top, there is a navigation bar with the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below this, there are links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner indicates "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area displays the following information:

- Agency Name: Adams County Board of Health
- Program Title: TEST GRANT PROGRAM
- Project Number: 00110013ZZ0114 Employer Id Number: 316400062
- Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

There is a "Print This Page" button. Below the information, the application section is identified as "Civil Rights Review Questionnaire" with a status of "Not Submitted" and a "Return to Application" button. The questionnaire title is "Civil Rights Review Questionnaire" and the agency contact instruction is "Agency Contact: Please fill out the entire form." The survey was submitted on 1/17/2014. The survey status is "Initiated" and there is a "Display All" link. A "Questions" section is visible with a list of question numbers (1 through 10) and a "Complete" button at the bottom right, which is highlighted with a red box.

Question #	Question Text	Answer
1.	Ownership of facility – list below the name(s) of corporations, partners and/or individuals who have a financial or legal interest in the facility.	jhg

- This section is only required once a year so if your agency has completed it already you may go to the bottom and click “Complete”
- To begin answering the questions for the Civil Rights section scroll to bottom of the page

Civil Rights Review

The screenshot displays the Ohio Department of Health (ODH) Grants Management Information System (GMIS) interface. At the top, the ODH logo and "Grants Management Information System" are visible. The user is logged in as "Subgrantee" and has access to various menu items like "Worklist", "Project", "Reports", "View Bulletins", and "Logout".

Key information displayed includes:

- Agency Name: Adams County Board of Health
- Program Title: TEST GRANT PROGRAM
- Project Number: 00110013ZZ0114
- Employer Id Number: 316400062
- Grant Period Begin: 8/1/2013
- Grant Period End: 7/31/2014

The application section is "Civil Rights Review Questionnaire" with a status of "Not Submitted". A "Return to Application" button is present. The survey was submitted on 1/17/2014. The current status is "Initiated".

The questionnaire table shows the following question:

Question #	Question Text	Answer
1.	Ownership of facility – list below the name(s) of corporations, partners and/or individuals who have a financial or legal interest in the facility.	jhg

At the bottom right of the answer field, it indicates "997 characters left".

- All questions must be answered by the agency listed in GMIS that will be applying for the grant
- You may begin answering each question
- Make sure you answer all the questions on each page of this section

Civil Rights Review

72.	Layoff and Separations: Does the agency have an established procedure for terminations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
73.	Layoff and Separations: Does the agency have policies and procedures for suspension?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
74.	Layoff and Separations: Does the agency have policies and procedures for resignations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
75.	Does the agency have a written conduct grid and/or discipline policy?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
76.	Additional Comments	<p>dsa</p> <p>997 characters left</p>

- Once all questions have been answered you may click “Save”

Civil Rights Review

The screenshot displays the Ohio Department of Health Grants Management Information System. At the top, the Ohio.gov logo and the text "So much to Discover!" are on the left, and the Ohio Department of Health logo and "Grants Management Information System" are on the right. Below the header, there are navigation links: "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner reads "Welcome, ODH Subgrantee. You currently have Subgrantee Access." Below this, application details are listed: Agency Name: Adams County Board of Health; Program Title: TEST GRANT PROGRAM; Project Number: 00110013ZZ0114; Employer Id Number: 316400062; Grant Period Begin: 8/1/2013; Grant Period End: 7/31/2014. A "Print This Page" button is on the right. A blue bar shows "Application Section: Civil Rights Review Questionnaire" and "Status: Subgrantee Completed" with a magnifying glass icon. A red box highlights a "Return to Application" button. Below this, the questionnaire title "Civil Rights Review Questionnaire" is shown, followed by instructions: "Agency Contact: Please fill out the entire form." and "Survey submitted: 1/22/2014". The "Survey Status" is "Submitted". A "Questions" link and "Display All" link are present. A pagination bar shows "1 2 3 4 5 6 7 8 9 10 ...". The main content area is a table with two columns: "Question #" and a text input area. The first row contains question 1: "Ownership of facility – list below the name(s) of corporations, partners and/or individuals who have a financial or legal interest in the facility." The input area contains the initials "jhg".

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Application Section: Civil Rights Review Questionnaire Status: Subgrantee Completed

Return to Application

Civil Rights Review Questionnaire

Agency Contact: Please fill out the entire form.

Survey submitted: 1/22/2014
Survey Status:

Submitted

Questions Display All

1 2 3 4 5 6 7 8 9 10 ...

Question #	
1.	Ownership of facility – list below the name(s) of corporations, partners and/or individuals who have a financial or legal interest in the facility. jhg

- Click "Return to Application"

Application

Ohio.gov So much to Discover!
Ohio Department of HEALTH **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Subgrantee Completed
Assurances	Not Submitted
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments [Display All Comments](#)

No Comments

[New](#)

[Approve](#) [View Approval History](#)

- The next section of the application is Assurances
- Click “Assurances”

Assurances

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo is on the left, and the Ohio Department of Health logo is in the center. To the right of the logo is the text "Grants Management Information System". Below the header, there is a navigation bar with links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A row of four small icons with an 'x' is visible below the navigation bar. A green banner contains the text "Welcome, ODH Subgrantee . You currently have Subgrantee Access." Below this, a light blue box displays application details: Agency Name: Adams County Board of Health; Program Title: TEST GRANT PROGRAM; Project Number: 00110013ZZ0114; Employer Id Number: 316400062; Grant Period Begin: 8/1/2013; Grant Period End: 7/31/2014. A "Print This Page" button is on the right. Below the details, a blue bar shows "Application Section: Assurances" and "Status: Not Submitted" with a magnifying glass icon. A "Return to Application" button is on the right. The main content area is titled "Assurances" and contains the text "Please review the [Assurances Form](#)" where the link is highlighted with a red box. Below this is the instruction "Press Complete to acknowledge all assurances." and a "Complete" button.

- Once in the Assurance section click “Assurances Form”

Ohio Department of Health Federal And State Assurances for Subgrantees

Instructions

This form consolidates all assurances required for subgrantees of the Ohio Department of Health.

By acknowledging these assurances, the agency certifies that your agency, if audited, can produce the necessary documentation as outlined in this form.

Note

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Ohio Department of Health, Grants Administration Unit. Further, certain programs may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal or State assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration, applicable to federally funded governmental agencies only (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VII of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin (HHS-4419); (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps (HHS-641); (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the

Assurances

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo and the Ohio Department of Health logo are visible, along with the text "Grants Management Information System". Below the header, there are navigation links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A green banner indicates "Welcome, ODH Subgrantee. You currently have Subgrantee Access." The main content area shows application details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A "Print This Page" button is located to the right of the grant period information. Below this, the "Application Section: Assurances" is displayed, with a status of "Not Submitted" and a "Return to Application" button. The "Assurances" section contains the text: "Please review the [Assurances Form](#)." and "Press Complete to acknowledge all assurances." A "Complete" button is highlighted with a red box at the bottom of the section.

- Once you have read the entire document click “Complete”

Assurances

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top left is the Ohio.gov logo with the tagline "So much to Discover!". To the right is the "Ohio Department of HEALTH" logo and the "Grants Management Information System" title. Below the header is a navigation menu with links for "Worklist", "Project", "Reports", "View Bulletins", and "Logout". A row of four small icons follows. A green banner contains the text "Welcome, ODH Subgrantee . You currently have Subgrantee Access." Below this is a section with the following details: Agency Name: Adams County Board of Health; Program Title: TEST GRANT PROGRAM; Project Number: 00110013ZZ0114; Employer Id Number: 316400062; Grant Period Begin: 8/1/2013; Grant Period End: 7/31/2014. A "Print This Page" button is located to the right of the grant period information. Below the details is a blue bar with "Application Section: Assurances" and "Status: Subgrantee Completed" with a magnifying glass icon. A red box highlights the "Return to Application" button. Below this bar is a section titled "Assurances" with the text "Please review the [Assurances Form](#)." and "Press Complete to acknowledge all assurances." At the bottom of this section is an "UnMark Complete" button.

- Click “Return to Application”

Application



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End : 7/31/2014

Application Section Status	
Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Subgrantee Completed
Assurances	Subgrantee Completed
FFATA	Not Submitted
Health Equity	Not Submitted

Project Comments [Display All Comments](#)

No Comments

- Click “FFATA”

FFATA



Grants Management Information System

[Worklist](#) [Project](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health	Employer Id Number: 316400062	
Program Title: TEST GRANT PROGRAM		
Project Number: 00110013ZZ0114	Grant Period Begin: 8/1/2013	Grant Period End: 7/31/2014

Application Section: FFATA	Status: Not Submitted <input type="button" value="Q"/>	<input type="button" value="Return to Application"/>
----------------------------	--	--

Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

DUNS # (Please enter 9 character long DUNS number assigned to your Agency/Entity.)	<input type="text" value="831324686"/>
DUNS # plus 4 (Leave blank, if no 4 digit extension was assigned)	<input type="text" value="1111"/>
Name (Please enter only characters & should be minimum 5 characters long.)	<input type="text" value="Adams County Board of Health"/>
DBA Name (Please enter only characters & should be minimum 5 characters long.)	<input type="text" value="Adams County Board of Health"/>
Address - Street # 1 (Please enter the street address of your agency & should be minimum 5 characters long.)	<input type="text" value="923 Sunrise Ave."/>
Address - Street # 2 (If no additional information, please Leave blank)	<input type="text"/>
Address - Street # 3 (If no additional information, please Leave blank)	<input type="text"/>
City (Please enter only characters & should be minimum 3 characters long.)	<input type="text" value="West"/>
State	<input type="text" value="Ohio"/>
County (select from list of Ohio counties) (If your county is not an Ohio County, please select 'Other' and enter your county name at the bottom of this form.)	<input type="text" value="001-Adams"/>
Agency ID	<input type="text" value="AFCC0211A2"/>

- All questions must be answered by the agency listed in GMIS that will be applying for the grant
- Enter required information or make necessary changes

FFATA

<i>(Leave Blank if there are no other officials in your agency)</i>	<input type="text" value="1000"/>
4 of 5 highest compensated officials - Name <i>(Leave Blank if there are no other officials in your agency)</i>	<input type="text" value="grdsgrs"/>
4 of 5 highest compensated officials - Amount <i>(Leave Blank if there are no other officials in your agency)</i>	<input type="text" value="1000"/>
5 of 5 highest compensated officials - Name <i>(Leave Blank if there are no other officials in your agency)</i>	<input type="text" value="jhgjh"/>
5 of 5 highest compensated officials - Amount <i>(Leave Blank if there are no other officials in your agency)</i>	<input type="text" value="1000"/>
Project Description <i>(Completed by ODH Users Only)</i>	<div style="background-color: #cccccc; height: 100px; width: 100%;"></div>
Agency Director/President <i>(Please enter only characters & should be minimum 5 characters long.)</i>	<input type="text" value="Director"/>
Agency Program/Project Director <i>(Please enter only characters & should be minimum 5 characters long.)</i>	<input type="text" value="Director"/>
Agency Phone Number <i>(Please enter the phone number for the Agency Program/Project Director without any symbols.)</i>	<input type="text" value="6147779311"/>
Program Source/Treasury Account Symbol <i>(Completed by ODH Users Only)</i> <i>(Please enter only characters.)</i>	<input type="text" value=""/>
Parent Agency CCR # <i>(If your Agency is the Parent Agency, please leave blank)</i> <i>(Please enter only characters.)</i>	<input type="text" value=""/>
Complete section below if Agency is not in the State of Ohio	
If 'Other' County is Selected, name of county outside of Ohio	<input type="text" value=""/>
If 'Out of State' Congressional District is Selected, provide Congressional District	<input type="text" value=""/>
If 'Out of State' PPP - provide County	<input type="text" value=""/>
If 'Out of State' PPP - provide Congressional District	<input type="text" value=""/>
<input type="button" value="Complete"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>	

- Any unanswered questions or errors will appear in blue when you click Complete
- Click “Complete” once all questions have been answered

FFATA

 Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section: FFATA Status: Not Submitted [Return to Application](#)

Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

DUNS # (Please enter 9 character long DUNS number assigned to your Agency/Entity.)	831324686
DUNS # plus 4 (Leave blank, if no 4 digit extension was assigned)	1111
Name (Please enter only characters & should be minimum 5 characters long.)	Adams County Board of Health
DBA Name (Please enter only characters & should be minimum 5 characters long.)	Adams County Board of Health
Address - Street #1 (Please enter the street address of your agency & should be minimum 5 characters long.)	923 Sunrise Ave.
Address - Street #2 (If no additional information, please Leave blank)	
Address - Street #3 (If no additional information, please Leave blank)	
City (Please enter only characters & should be minimum 3 characters long.)	West
State	Ohio
County (select from list of Ohio counties) (If your county is not an Ohio County, please select 'Other' and enter your county name at the bottom of this form.)	001-Adams
	1/EC0211/2

- Click “Return to Application”

Application

Ohio.gov
So much to Discover.

Ohio Department of **HEALTH** **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
 Program Title: TEST GRANT PROGRAM
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Application Section Status	
Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Subgrantee Completed
Assurances	Subgrantee Completed
FFATA	Subgrantee Completed
Health Equity	Not Submitted

Project Comments

[Display All Comments](#)

No Comments

New

Approve View Approval History

- As you can see all sections of the Application page show “Subgrantee Completed” under the Status column with the exception of Budget and Health Equity
- The last section of the Application to mark complete is Health Equity
- Click “Health Equity”

Health Equity

Welcome, Gail Byers. You currently have **Subgrantee** Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted  [Return to Application](#)

Health Equity Goals and Strategies

The Ohio Department of Health is committed to the elimination of health disparities and health inequities in Ohio. Below you will find major goals and strategies of the National Stakeholder Strategy for Achieving Health Equity. It is important to document how the work outlined within your grant proposal reflects the priorities of this plan. Please select those goals and strategies which best reflect how the contents of your proposal function to proactively address health disparities and/or health inequities in your local area or jurisdiction. You can choose more than one if appropriate.

Awareness Increase the awareness of the significance of health disparities, their impact in your local area and the actions necessary to improve health outcomes for racial, ethnic and underserved populations

Leadership

Health System and Life Experience

Cultural and Linguistic Competency

Data, Research, and Evaluation

Awareness

Please check all that apply

Survey Status: Initiated 

[Display All Questions](#)

Question #		
1.	Healthcare Agenda: Ensuring that ending health disparities is a priority within your local healthcare agenda(s).	<input checked="" type="checkbox"/>
2.	Partnerships: Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan in your local area.	<input type="checkbox"/>
3.	Media: Leverage local media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience - including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups and geographically-isolated individuals to encourage action and accountability.	<input type="checkbox"/>
4.	Communication: Create messages and use communication mechanisms tailored for specific audiences across their lifespan and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health in your local area.	<input type="checkbox"/>

[Edit](#)

[Complete](#)

- Click “Edit” and begin answering the questions under the “Awareness” section of Health Equity

Health Equity

[Worklist](#) | [Project](#) | [Reports](#) | [View Bulletins](#) | [Logout](#)

Welcome, **Gail Byers**. You currently have **Subgrantee Access**.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: **Health Equity** Status: **Not Submitted** [Return to Application](#)

Health Equity Goals and Strategies

The Ohio Department of Health is committed to the elimination of health disparities and health inequities in Ohio. Below you will find major goals and strategies of the National Stakeholder Strategy for Achieving Health Equity. It is important to document how the work outlined within your grant proposal reflects the priorities of this plan. Please select those goals and strategies which best reflect how the contents of your proposal function to proactively address health disparities and/or health inequities in your local area or jurisdiction. You can choose more than one if appropriate.

Increase the awareness of the significance of health disparities, their impact in your local area and the actions necessary to improve health outcomes for racial, ethnic and underserved populations

Awareness

Please check all that apply

Survey Status: Initiated

[Display All Questions](#)

Question #		
1.	Healthcare Agenda: Ensuring that ending health disparities is a priority within your local healthcare agenda(s).	<input checked="" type="checkbox"/>
2.	Partnerships: Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan in your local area.	<input type="checkbox"/>
3.	Media: Leverage local media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience - including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups and geographically-isolated individuals to encourage action and accountability.	<input type="checkbox"/>
4.	Communication: Create messages and use communication mechanisms tailored for specific audiences across their lifespan and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health in your local area.	<input type="checkbox"/>

[Save](#)

[Complete](#)

- When you have answered all of the questions under Awareness you may click “Save”

Health Equity

Welcome, **Gail Byers**. You currently have **Subgrantee** Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

Health Equity Goals and Strategies

The Ohio Department of Health is committed to the elimination of health disparities and health inequities in Ohio. Below you will find major goals and strategies of the National Stakeholder Strategy for Achieving Health Equity. It is important to document how the work outlined within your grant proposal reflects the priorities of this plan. Please select those goals and strategies which best reflect how the contents of your proposal function to proactively address health disparities and/or health inequities in your local area or jurisdiction. You can choose more than one if appropriate.

Increase the awareness of the significance of health disparities, their impact in your local area and the actions necessary to improve health outcomes for racial, ethnic and underserved populations

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Awareness

Please check all that apply
Survey submitted: 1/17/2014
Survey Status: Submitted

[Display All Questions](#)

Question #		
1.	Healthcare Agenda: Ensuring that ending health disparities is a priority within your local healthcare agenda(s).	<input checked="" type="checkbox"/>
2.	Partnerships: Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan in your local area.	<input type="checkbox"/>
3.	Media: Leverage local media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience - including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups and geographically-isolated individuals to encourage action and accountability.	<input type="checkbox"/>
4.	Communication: Create messages and use communication mechanisms tailored for specific audiences across their lifespan and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health in your local area.	<input type="checkbox"/>

[Edit](#)

[Complete](#)

- The next section within Health Equity is Leadership
- Click “Leadership”

Health Equity

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

Health Equity Goals and Strategies

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Strengthen and broaden leadership for addressing health disparities at all levels

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Leadership
Please check all that apply
Survey submitted: 1/17/2014
Survey Status: Submitted

[Display All Questions](#)

Question #		
1.	Capacity Building: Build capacity at all levels of decision-making to promote community solutions for ending health disparities.	<input checked="" type="checkbox"/>
2.	Funding Priorities: Improve coordination, collaboration and opportunities for soliciting community input on funding priorities and involvement in research and services.	<input type="checkbox"/>
3.	Youth: Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness and safety initiatives.	<input type="checkbox"/>

[Edit](#)

[Complete](#)

- Click “Edit” to begin answering the questions for this section
- Answer all of the questions in this section

Health Equity

Welcome, Gail Byers . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End : 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

Health Equity Goals and Strategies

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Strengthen and broaden leadership for addressing health disparities at all levels

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Leadership
Please check all that apply
Survey submitted: 1/17/2014
Survey Status: Submitted

[Display All Questions](#)

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[Save](#)

[Complete](#)

- Once all of the questions have been answered click “Save”

Health Equity

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Ohio Department of HEALTH OHH Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

Health Equity Goals and Strategies

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Strengthen and broaden leadership for addressing health disparities at all levels

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Leadership
Please check all that apply
Survey submitted: 1/17/2014
Survey Status: Submitted

[Display All Questions](#)

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[Edit](#)

- The next section is Health System and Life Experience
- Click “Health System and Life Experience”

Health Equity

Agency Name:	Adams County Board of Health		
Program Title:	RYAN WHITE PART B		
Project Number:	00110012RW0115	Employer Id Number:	316400062
Grant Period Begin:	4/1/2014	Grant Period End:	3/31/2015
Print This Page			
Application Section: Health Equity	Status: Not Submitted	Return to Application	
Health Equity Goals and Strategies			
<p>The Ohio Department of Health is committed to the elimination of health disparities and health inequities in Ohio. Below you will find major goals and strategies of the National Stakeholder Strategy for Achieving Health Equity. It is important to document how the work outlined within your grant proposal reflects the priorities of this plan. Please select those goals and strategies which <u>best</u> reflect how the contents of your proposal function to proactively address health disparities and/or health inequities in your local area or jurisdiction. You can choose more than one if appropriate.</p>			
Improve health and healthcare outcomes for racial, ethnic and underserved populations			
Awareness	Health System and Life Experience		
Leadership	Please check all that apply		
Health System and Life Experience	Survey submitted: 1/17/2014		
Cultural and Linguistic Competency	Survey Status:		
Data, Research, and Evaluation	Submitted ▼		
	Display All Questions		
Question #			
1.	Access to Care: Ensure access to quality health care for all.		<input type="checkbox"/>
2.	Older Adults: Enable the provision of needed services and programs to foster healthy aging.		<input checked="" type="checkbox"/>
3.	Health Communication: Enhance and improve health service experience through improved health literacy, communications and interactions.		<input type="checkbox"/>
4.	Education: Substantially increase with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers and businesses to promote the connection between educational attainment and long-term health benefits.		<input type="checkbox"/>
5.	Social and Economic Conditions: Support and implement policies that create the social, environmental and economic conditions required to realize healthy outcomes.		<input type="checkbox"/>
Edit			
Complete			

- Click “Edit”
- You may begin answering all of the questions in this section

Health Equity

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015

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Application Section: Health Equity

Status: Not Submitted

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Health Equity Goals and Strategies

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Improve health and healthcare outcomes for racial, ethnic and underserved populations

Awareness

Leadership

Health System and Life Experience

Cultural and Linguistic Competency

Data, Research, and Evaluation

Health System and Life Experience

Please check all that apply

Survey submitted: 1/17/2014

Survey Status:

Submitted

[Display All Questions](#)

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5.	Social and Economic Conditions: Support and implement policies that create the social, environmental and economic conditions required to realize healthy outcomes.	<input type="checkbox"/>

Save

Complete

- Once all of the questions in this section have been answered click “Save”

Health Equity

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted  [Return to Application](#)

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Improve health and healthcare outcomes for racial, ethnic and underserved populations

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Health System and Life Experience
Please check all that apply
Survey submitted: 1/17/2014
Survey Status: Submitted 

[Display All Questions](#)

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[Edit](#)

[Complete](#)

- Click “Cultural and Linguistic Competency”

Health Equity

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Welcome, Gail Byers. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

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Improve cultural and linguistic competency and the diversity of the health related workforce

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Cultural and Linguistic Competency

Please check all that apply

Survey submitted: 1/17/2014
Survey Status: Submitted

[Display All Questions](#)

Question #		
1.	Workforce: Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities.	<input type="checkbox"/>
2.	Diversity: Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention and training of racially, ethnically and culturally diverse individuals and through leadership action by healthcare organizations and systems.	<input checked="" type="checkbox"/>
3.	Ethics, Standards, Financing for Interpreting and Translation Services: Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation. Encourage financing and reimbursement for health interpreting services.	<input type="checkbox"/>

[Edit](#)

[Complete](#)

- Click “Edit”
- Answer all of the questions in this section

Health Equity



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Welcome, **Gail Byers**. You currently have **Subgrantee Access**.

Agency Name: Adams County Board of Health
 Program Title: RYAN WHITE PART B
 Project Number: 00110012RW0115 Employer Id Number: 316400062
 Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015
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Application Section: **Health Equity** Status: **Not Submitted**  Return to Application

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 Leadership
 Health System and Life Experience
 Cultural and Linguistic Competency
 Data, Research, and Evaluation

Cultural and Linguistic Competency

Please check all that apply
 Survey submitted: 1/17/2014
 Survey Status:

Submitted ▼

[Display All Questions](#)

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Save

Complete

- Once all of the questions in this section have been answered click "Save"

Health Equity

So much to Discover!

HEALTH Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, **Gail Byers**. You currently have **Subgrantee** Access.

Agency Name: Adams County Board of Health
 Program Title: RYAN WHITE PART B
 Project Number: 00110012RW0115 Employer Id Number: 316400062
 Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

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Improve cultural and linguistic competency and the diversity of the health related workforce

Cultural and Linguistic Competency

Please check all that apply

Survey submitted: 1/17/2014
 Survey Status: Submitted

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[Edit](#)

[Complete](#)

- The last section under Health Equity is Data Research and Education
- Click “Data Research and Education”

Health Equity

Welcome, Gail Byers . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

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Improve data availability, coordination, utilization and diffusion of research and evaluation outcomes

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Data, Research and Evaluation

Please check all that apply
Survey submitted: 1/17/2014
Survey Status: Submitted

[Display All Questions](#)

Question #		
1.	Data: Ensure the availability of health data on all racial, ethnic and underserved populations.	<input type="checkbox"/>
2.	Community-Based Research Action, and Community-Originated Intervention Strategies: Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.	<input checked="" type="checkbox"/>
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4.	Knowledge Transfer: Expand and enhance transfer of knowledge generated by research and evaluation for decision-making about policies, programs and grant-making.	<input type="checkbox"/>

[Edit](#)

[Complete](#)

- Click “Edit”
- Answer all of the question in this section

Health Equity

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Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

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[Save](#)

[Complete](#)

- Once all of the questions in this section have been answered click “Save”

Health Equity

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 316400062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Not Submitted [Return to Application](#)

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Health System and Life Experience
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Data, Research and Evaluation
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Survey Status: Submitted

[Display All Questions](#)

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[Edit](#)

[Complete](#)

- Now that each section under Health Equity have been answered and saved you may mark it complete
- Click “Complete”

Health Equity

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: RYAN WHITE PART B
Project Number: 00110012RW0115 Employer Id Number: 31640062
Grant Period Begin: 4/1/2014 Grant Period End: 3/31/2015 [Print This Page](#)

Application Section: Health Equity Status: Subgrantee Completed [Return to Application](#)

Health Equity Goals and Strategies

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Improve data availability, coordination, utilization and diffusion of research and evaluation outcomes

Awareness
Leadership
Health System and Life Experience
Cultural and Linguistic Competency
Data, Research, and Evaluation

Data, Research and Evaluation

Please check all that apply

Survey Status: Initiated

[Display All Questions](#)

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[Edit](#)

[UnMark Complete](#)

- Now let's return to the application page
- Click "Return to Application"

Application

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Worlds | **Project** | Reports | View Bulletins | Logout

Welcome, Evelyn Suarez. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
 Program Title: TEST GRANT PROGRAM
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Subgrantee Completed
Assurances	Subgrantee Completed
FFATA	Subgrantee Completed
Health Equity	Subgrantee Completed

Project Comments Display All Comments

No Comments

[New](#)

Internal Project Comments Display All Comments

No Comments

[New](#)

[Approve](#) [View Approval History](#)

- If you are not a new Subgrantee to ODH and do not need to add personnel to your budget, you may proceed to slide #91
- If you are a new agency to ODH you will need to create a personnel pull down list
- Place your cursor on Project

Budget

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Ohio Department of HEALTH OH

Grants Management Information System

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Welcome: Select Active Project You currently have Subgrantee Access.

Application

Agency No: Expenditure Reports County Board of Health

Program 1: Special Conditions ANT PROGRAM

Project No: CCA ZZ0114 Employer Id Number: 316400062

Grant Per: Budget Personnel Setup Period End: 7/31/2014 [Print This Page](#)

Payments

Core: Program Reports Budget W9 EFT EEO Survey

Pre Approval Requests

Title Reason Justification Personnel Equipment

Contracts Other Costs Funding Cash Compliance Approved

Budget - 00110013ZZ0114 (1) Initial Budget 1/13/2014 9:16:58 AM

Primary Reason

Primary Reason Description: 00110013ZZ0114 (1) Initial Budget 1/13/2014 9:16:58 AM

Funding

Cash

Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Options:

- Initial Budget
- Subgrantee Response
- Reallocation of Grant Funds
- Program Income Modification
- Allotment Migration to Future Period
- Programmatic Scope Modification
- Establishment of New Category
- Subgrantee Addition of new Line
- GAU modification of the Budget to match the NOA
- Director Request

[Edit](#) [Cancel](#) [Complete](#)

[Cancel](#)

- Scroll down to Budget
- Click “Personnel Set-up” next to Budget

Personnel Set-up

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

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Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Personnel Selection

Search

Firstname Lastname

Cancel

New Cancel

- Personnel Set-up is to add employees to the Budget ONLY
- Employees added in this section will only appear under your pull-down in the Personnel category
- This is not the area to add employees to the Contact section of the Application page (Employees can **only** be added by an ODH Administrator via GMIS Training /Access form)
- Please see the GMIS Bulletin Board for further details regarding GMIS Training/Access form
- Click “New” to add new employee(s) to your budget

Personnel Set-up



Ohio Department of **HEALTH**  Grants Management Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

Personnel Selection

<input type="button" value="Search"/>	<input type="text" value="Firstname"/>	<input type="text" value="Lastname"/>
---------------------------------------	--	---------------------------------------

Personnel Details

[Details](#)

FirstName	<input type="text"/>
MiddleInitial	<input type="text"/>
LastName	<input type="text"/>
Suffix	<input type="text"/>
DisplayName	<input type="text"/>
PhoneNumber	<input type="text"/>
FaxNumber	<input type="text"/>
EmailAddress	<input type="text"/>

- Enter first and last name of the new employee

Personnel Set-up

The screenshot shows the 'Personnel Set-up' interface. At the top, there is a header with the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below the header, there are navigation links: 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A green banner displays 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' Below this, a summary section shows: Agency Name: Adams County Board of Health; Program Title: TEST GRANT PROGRAM; Project Number: 00110013ZZ0114; Employer Id Number: 316400062; Grant Period Begin: 8/1/2013; Grant Period End: 7/31/2014. A 'Print This Page' button is on the right. The 'Personnel Selection' section has a search form with 'Firstname' and 'Lastname' fields and a 'Search' button. Below it is a 'Cancel' button. The 'Personnel Details' section is expanded, showing a 'Details' tab and a form with fields for: FirstName (Annie), MiddleInitial, LastName (Paul), Suffix, DisplayName, PhoneNumber, FaxNumber, and EmailAddress. At the bottom of the details form are 'Save' and 'Cancel' buttons, with the 'Save' button highlighted by a red box. A 'Next' button is located at the bottom right of the page.

- Click “Save” to add the employee to the budget

Personnel Set-up



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End : 7/31/2014 Print This Page

Personnel Selection

Personnel Edit

Personnel Details

FirstName	Annie
MiddleInitial	
LastName	Paul
Suffix	
DisplayName	Annie Paul
PhoneNumber	
FaxNumber	
EmailAddress	

Next

- To add another new employee click “New”

Personnel Set-up

The screenshot shows the 'Personnel Set-up' interface. At the top, there is a navigation bar with the Ohio.gov logo and the text 'Ohio Department of HEALTH Grants Management Information System'. Below this is a menu with 'Worklist', 'Project', 'Reports', 'View Bulletins', and 'Logout'. A green banner displays 'Welcome, ODH Subgrantee. You currently have Subgrantee Access.' The main content area shows agency and program details: Agency Name: Adams County Board of Health, Program Title: TEST GRANT PROGRAM, Project Number: 00110013ZZ0114, Employer Id Number: 316400062, Grant Period Begin: 8/1/2013, and Grant Period End: 7/31/2014. A 'Print This Page' button is located on the right. The 'Personnel Selection' section contains a search form with a 'Search' button and input fields for 'Firstname' and 'Lastname'. A 'Cancel' button is below. The 'Personnel Edit' section is active, showing a 'Personnel Details' form with a 'Details' tab. The 'Firstname' and 'LastName' fields are highlighted with red boxes. The form includes fields for MiddleInitial, Suffix, DisplayName, PhoneNumber, FaxNumber, and EmailAddress. 'Save' and 'Cancel' buttons are at the bottom, and a 'Next' button is in the bottom right corner.

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Ohio Department of
HEALTH

Grants Management
Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Personnel Selection

Search

Firstname Lastname

Cancel

Personnel Edit

Personnel Details

Details

Firstname *

MiddleInitial

LastName

Suffix

DisplayName

PhoneNumber

FaxNumber

EmailAddress

Save Cancel

Next

- Enter first and last name of the new employee

Personnel Set-up

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Ohio Department of
HEALTH

Grants Management
Information System

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

Personnel Selection

Search

Firstname Lastname

Cancel

Personnel Edit

Personnel Details

Details

FirstName John
MiddleInitial
LastName Doe
Suffix
DisplayName
PhoneNumber
FaxNumber
EmailAddress

Save Cancel

Next

- Click "Save" to save the information

Personnel Set-up



Ohio Department of **HEALTH**  **Grants Management Information System**

Worklist Project Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End : 7/31/2014 Print This Page

Personnel Selection

Personnel Edit

Personnel Details

FirstName	John
MiddleInitial	
LastName	Doe
Suffix	
DisplayName	John Doe
PhoneNumber	
FaxNumber	
EmailAddress	

- Repeat this process until all new employees have been entered

Personnel Set-up

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Ohio Department of HEALTH OH

Grants Management Information System

Worklist **Project** Reports View Bulletins Logout

Welcome Select Active Project You currently have Subgrantee Access.

Agency County Board of Health

Program Expenditure Reports WNT PROGRAM

Project Number Special Conditions ZZ0114 Employer Id Number: 316400062

Grant Period CCA Grant Period End: 7/31/2014

Budget

Payments

Program Reports

Pre Approval Requests

Personnel Selection

Search

Personnel Edit

Details

Personnel Details

FirstName	John
MiddleInitial	
LastName	Doe
Suffix	
DisplayName	John Doe
PhoneNumber	
FaxNumber	
EmailAddress	

- Place your cursor on Project
- Scroll down and click “Application”

Application

Ohio.gov
So much to Discover!

Ohio Department of HEALTH
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Evelyn Suarez. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health
Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Not Submitted
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Subgrantee Completed
Assurances	Subgrantee Completed
FFATA	Subgrantee Completed
Health Equity	Subgrantee Completed

Project Comments [Display All Comments](#)

No Comments

[New](#)

Internal Project Comments [Display All Comments](#)

No Comments

[New](#)

[Approve](#) [View Approval History](#)

- The last section the Application page to complete is the Budget
- The Budget section is the only section that will not have “Subgrantee Completed” under the status column prior to submitting your application
- The “Subgrantee Completed” will only appear for Budget after the application has been submitted
- Lets begin finalizing the application
- Click “Budget”