

# Budget

**Ohio.gov** So much to Discover!

Ohio Department of **HEALTH** **CDH** 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget**

**Primary Reason**

Primary Reason Description:

**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

New Cancel

- In order to begin entering information for the budget you must first initiate/create the Budget
- Click the “New” button at the bottom of the page

# Budget

The screenshot displays the Ohio Department of Health Grants Management Information System. The header includes 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 | Logout". A welcome message reads "Welcome, Evelyn Suarez. 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 on the right. Below the project details, there are several checkboxes for various categories: Core Staff (checked), Budget (unchecked), W9 (checked), EFT (checked), EEO Survey (checked), Title (unchecked), Reason (unchecked), Justification (unchecked), Personnel (unchecked), Equipment (unchecked), Contracts (unchecked), Other Costs (unchecked), Funding (unchecked), Cash (unchecked), Compliance (unchecked), and Approved (unchecked). A "Budget" section is highlighted in yellow. Below it, a "Primary Reason" dropdown menu is open, showing a list of options. The "Initial Budget" option is selected and highlighted with a red box. The "Save" button is also highlighted with a red box.

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Ohio Department of HEALTH  
Grants Management Information System

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Core Staff  Budget  W9  EFT  EEO Survey

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**Budget**

**Primary Reason**

Primary Reason Description:

Funding

Cash Needs

Justification

Personnel

Other Costs

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Options:

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- Director Request

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

- Anytime you are doing a budget or budget revision you must choose the reason for the budget
- At application time you will always select “Initial Budget”
- Click on the circle next to Initial Budget
- Click “Save” to initiate/create the budget

# Primary Reason Page

Welcome, ODH Subgrantee . You currently have Grant Administrator Access.

Agency Name: Adams County Board of Health  
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Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Primary Reason**

**Primary Reason**  
Description: 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

**Funding**

Options:

- Initial Budget
- Subgrantee Response
- Reallocation of Grant Funds
- Program Income Modification
- Allotment Migration to Future Period
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- Director Request

Edit Cancel Complete

Cancel Delete

- Notice your budget has been created with project number, budget #, date and time
- Now you can begin entering information into the budget
- The first section you will complete is the Funding section
- Click “Funding”

# Funding Section

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Ohio Department of HEALTH OH

Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

Budget Funding Sources				
Primary Reason	Command	Type	Description	Amount
Funding		Total		\$0.00

- Funding is where you list the dollars you wish to receive from ODH
- Here you will also list any Program Income or Applicant Share (Required Match dollars) per your Request for Proposal (RFP)
- Click “New” to enter the budget funding source(s)

# Funding Section

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Ohio Department of HEALTH OH

Grants Management Information System

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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

Budget Funding Sources				
Primary Reason	Command	Type	Description	Amount
Funding		None <input checked="" type="checkbox"/>		

Justification  Save Cancel

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Click the pull down arrow under the “Type” column to select the type of dollars you would like to enter

# Funding Section

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Ohio Department of **HEALTH** OH

Grants Management Information System

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Title  Reason  Justification  Personnel  Equipment  
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Budget - 00110013Z20114 (1) Initial Budget 10/4/2013 9:50:25 AM

Budget Funding Sources			
Command	Type	Description	Amount
	None		
	Grant		
	Program Income		

Save Cancel

Cancel

- Begin by entering the amount of grant funds you are applying for from ODH
- Select “Grant” from the pull-down

# Funding Section

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Ohio Department of HEALTH

Grants Management Information System

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Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

Budget Funding Sources			
Primary Reason	Command	Type	Description
Funding		Grant	ODH
Cash Needs			

Save Cancel

Justification  
 Personnel  
 Other Costs  
 Equipment  
 Contracts  
 Compliance  
 Summary  
 Comments

- The system will automatically show ODH as the Description
- Next we will enter the amount we wish to receive from ODH or the amount listed on the RFP

# Funding Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey

Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
 Other Costs   
 Funding   
 Cash   
 Compliance   
 Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Budget Funding Sources			
Primary Reason	Command	Type	Description
Funding		Grant <input type="text"/>	ODH <input style="width: 80%;" type="text"/>
Cash Needs			100000 <input style="width: 80%;" type="text"/>

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Once you have entered all fields for funding click “Save”

# Funding Section

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

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**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: ▼

Budget Funding Sources			
Command	Type	Description	Amount
<span>Edit</span> <span>Delete</span> Grant		ODH	\$100,000.00
Total			\$100,000.00

New Cancel Complete

- Since we will not be receiving program income and this is not a required match grant this section is done
- Click “Complete”

# Funding Section

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Ohio Department of HEALTH

Grants Management Information System

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Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

Budget Funding Sources			
Command	Type	Description	Amount
	Grant	ODH	\$100,000.00
	Total		\$100,000.00

Justification

Cancel

- Notice you have a check mark in the box next to Funding
- The check marks for the budget section will occur at the top of this section
- Remember the application page will not show “Subgrantee Completed” beside Budget until the application has been submitted to ODH
- If for any reason you need to make changes to any section under the Budget after you have marked a section complete, click the Cancel button
- The check mark at the top will go away until the Complete button is hit again
- By hitting the cancel button you will get an Edit button
- If you hit the edit button it will allow you to edit and/or add information to that section
- From here we will go to the next section of the Budget
- Since Cash Needs is completed by ODH the next section to be completed is Justification
- Click “Justification”

# Justification Section

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**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Prior Approved Budget Justification**

Primary  
Reason  
Funding  
Cash  
Needs  
Justification  
Personnel  
Other Costs  
Equipment  
Contracts  
Compliance  
Summary  
Comments

**Current Budget Justification**

5000 characters left

Edit Cancel Complete

- Your budget justification should be submitted via an attachment
- Complete your justification as a word document using the example from the GMIS Bulletin Board
- In this section you will indicate where you have attached the justification once it has been done
- Click “Edit”

# Justification Section

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**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Prior Approved Budget Justification**

Primary Reason  
Funding  
Cash Needs  
**Justification**  
Personnel  
Other Costs  
Equipment  
Contracts  
Compliance  
Summary  
Comments

**Current Budget Justification**

5000 characters left

Update Cancel Complete

- Type a comment in the box under Current Budget Justification regarding where your budget justification is located
- Comment should read accordingly: “Budget Justification attached to the Project Narrative Section of the Application page”

# Justification Section

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Primary Reason  
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Justification  
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Summary  
Comments

**Current Budget Justification**

Enter Budget Justification

4974 characters left

Update Cancel Complete

- Click “Update” to save the comment

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**Prior Approved Budget Justification**

Primary Reason  
Funding  
Cash Needs  
Justification  
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Other Costs  
Equipment  
Contracts  
Compliance  
Summary  
Comments

**Current Budget Justification**

Enter Budget Justification

4974 characters left

- Click “Complete” to get the check mark at the top of this section

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**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: ▼

**Prior Approved Budget Justification**

Primary  
Reason  
Funding  
Cash  
Needs  
Justification  
**Personnel**  
Other Costs  
Equipment  
Contracts  
Compliance  
Summary  
Comments

**Current Budget Justification**

Enter Budget Justification

4974 characters left

Cancel

- Now we will add employees that work for your agency and will have some type of expense charged to this ODH grant
- Click “Personnel”

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
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**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
								<table border="1"> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													
						Balance: Amount:	\$100,000.00 \$0.00							

Edit New Cancel Complete

- Click "New"

# Personnel Section


Ohio Department of HEALTH

Grants Management Information System

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 Print This Page

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
	Annie Paul	<input type="text" value="v"/> None							
								Balance: Amount:	

Description	Amount
Balance:	\$0.00
Total:	\$0.00

- The pull down list you created prior to starting your budget should appear
- If you need to add an employee you must do so prior to entering information into this section
- Click the employee pull down list

# Personnel Section





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Core Staff   
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  W9   
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  EEO Survey

Title   
  Reason   
  Justification   
  Personnel   
  Equipment

Contracts   
  Other Costs   
  Funding   
  Cash   
  Compliance   
  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Personnel Budget									
	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
<div style="font-size: small;">           Primary Reason            Funding            Cash Needs            Justification  <b>Personnel</b>            Other Costs            Equipment            Contracts            Compliance            Summary            Comments         </div>	Adam West								
	Annie Paul								
	Beverly Mathias								
	Bruce Ashley								
	charles patrick								
	Christ Odot								
	Christopher Oldynski	None							
	Corey Graham								
	Ginger Jackson								
	Jason Work								
	JJ Walker								
	Jo Gables								
	Jodi Stapleton								
	John Bear								
	John Doe								
Juana Smith									
Jud Nelson									
Judy Bennington									

Balance: \$0.00  
Total: \$0.00

- Select an employee name you wish to add to the budget

# Personnel Section



Grants Management Information System

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Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: ▼

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
<div style="background-color: #cccccc; padding: 2px; font-size: 0.8em;">                     Primary Reason Funding Cash Needs Justification Personnel Other Costs Equipment Contracts Compliance Summary Comments                 </div>	<div style="border: 1px solid gray; padding: 2px;">Jason Work ▼</div>	None	<div style="border: 1px solid gray; padding: 2px;">▼</div>						<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount														
Balance:	\$0.00														
Total:	\$0.00														
								Balance: Amount:							

Update
Cancel
Complete

- Click the Function Title pull down

# Personnel Section



Grants Management Information System

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[Print This Page](#)

<input type="checkbox"/> Core Staff	<input type="checkbox"/> Budget	<input checked="" type="checkbox"/> W9	<input checked="" type="checkbox"/> EFT	<input checked="" type="checkbox"/> EEO Survey	
<input type="checkbox"/> Title	<input type="checkbox"/> Reason	<input checked="" type="checkbox"/> Justification	<input type="checkbox"/> Personnel	<input type="checkbox"/> Equipment	
<input type="checkbox"/> Contracts	<input type="checkbox"/> Other Costs	<input type="checkbox"/> Funding	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Compliance	<input type="checkbox"/> Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

**Personnel Budget**

[Display All](#)

	Employee	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
<div style="border: 1px solid black; padding: 2px;">           Adam West         </div>	<div style="border: 1px solid black; padding: 2px;">             None              Clerk              Director              Administrative Assistant              Assistant Director of Accounting              Billing Clerk              Bookkeeper              Case Manager              Case Worker              Chief Financial Officer              Chief Operating Officer              Commissioner              Dentist              Deputy Director              Dietician              Director of Accounting              Executive Director              Finance Director              Finance Manager              Fiscal Officer              Health Commissioner              Hygienist              Manager           </div>													
							<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00	
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Balance:														
Amount:														

Update Cancel Complete

- Select the title for the employee you selected

# Personnel Section





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 Title   
  Reason   
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  Personnel   
  Equipment  
 Contracts   
  Other Costs   
  Funding   
  Cash   
  Compliance   
  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
	Jason Work	Case Manager							
							Balance: Amount:		

Update
Cancel
Complete

- Enter the percentage of time the employee will work on the grant under Program Time

# Personnel Section


HEALTH

Grants Management  
Information System

---

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

---

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

---

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: ▼

---

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
	Jason Work ▼	Case Manager ▼	100						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount														
Balance:	\$0.00														
Total:	\$0.00														
							Balance: Amount:								

Update
Cancel
Complete

- Enter the Annual Salary for the employee named

# Personnel Section





[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
<a href="#">Primary Reason</a> <a href="#">Funding</a> <a href="#">Cash Needs</a> <a href="#">Justification</a> <a href="#">Personnel</a> <a href="#">Other Costs</a> <a href="#">Equipment</a> <a href="#">Contracts</a> <a href="#">Compliance</a> <a href="#">Summary</a> <a href="#">Comments</a>	Jason Work	Case Manager	100	40000					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount														
Balance:	\$0.00														
Total:	\$0.00														
							Balance: Amount:								

- Enter the total fringe amount under the Program Fringe Cost column for the employee

# Personnel Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey

Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
 Other Costs   
 Funding   
 Cash   
 Compliance   
 Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

**Personnel Budget**

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jason Work	Case Manager	100	40000	40000	25	10000	50000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													

Update   
 Cancel   
 Complete

- GMIS will automatically calculate the Program Salary Cost, Fringe Rate and Total Program Cost
- Click “Update” to save the information for this employee

# Personnel Section




Grants Management Information System

[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff       Budget       W9       EFT       EEO Survey  
 Title       Reason       Justification       Personnel       Equipment  
 Contracts       Other Costs       Funding       Cash       Compliance       Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

[Primary Reason](#)  
[Funding](#)  
[Cash Needs](#)  
[Justification](#)  
[Personnel](#)  
[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
							Balance: Amount:	\$50,000.00 \$50,000.00	

[Display All](#)

Edit New Cancel Complete

- Click "New" to add another employee

# Personnel Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

Agency Name: Adams County Board of Health  
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 Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
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Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Annie Paul <span style="border: 2px solid red; padding: 2px;">▼</span>	None <span style="border: 1px solid gray; padding: 2px;">▼</span>							
								Balance: Amount:	

- Select another employee from the pull down

# Personnel Section




Grants Management Information System

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Worklist Project Agency Program Maintenance Reports View Bulletins Logout

---

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

---

Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
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 Grant Period Begin: 8/1/2013      Grant Period End: 7/31/2014

[Print This Page](#)

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Core Staff       Budget       W9       EFT       EEO Survey  
 Title       Reason       Justification       Personnel       Equipment  
 Contracts       Other Costs       Funding       Cash       Compliance       Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

---

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	<input type="text" value="Juana Smith"/>	<input type="text" value="None"/> <input checked="" type="text"/>							
								Balance: Amount:	

- Click the Function Title pull down

# Personnel Section



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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

**Personnel Budget**

[Primary Reason](#)  
[Funding](#)  
[Cash Needs](#)  
[Justification](#)  
[Personnel](#)  
[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

	Employee	None	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Assistant Director of Accounting	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Juana Smith	Bookkeeper							
		Director of Accounting					Balance:		
		Executive Director					Amount:		

- Select the title of the employee selected

# Personnel Section





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Welcome, ODH Subgrantee. You currently have Grant Administrator 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
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Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Juana Smith	Case Worker							
							Balance: Amount:		

Update
Cancel
Complete

- Enter the percentage of time the employee will work on the grant under Program Time

# Personnel Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
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Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Juana Smith	Case Worker	80	[ ]					

Balance:  
Amount:

- Enter Annual Salary for employee selected

# Personnel Section




Grants Management Information System

[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee . You currently have Grant Administrator 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](#)

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

[Primary Reason](#)  
[Funding](#)  
[Cash Needs](#)  
[Justification](#)  
[Personnel](#)  
[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Juana Smith	Case Worker	80	30000			<div style="border: 2px solid red; padding: 2px;"> <input type="text"/> </div>		
							Balance: Amount:		

- Enter the employee Program Fringe Cost

# Personnel Section




Grants Management Information System

[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

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

Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
 Project Number: 00110013ZZ0114    Employer Id Number: 316400062  
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 Print This Page

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Personnel Budget**

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Juana Smith	Case Worker	80	30000	24000	25	6000	30000	
							Balance: Amount:		

Update

- Click "Update"

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
Delete	Juana Smith	Case Worker	80	\$30,000.00	\$24,000.00	25	\$6,000.00	\$30,000.00	No funding sources specified.
							Balance:	\$20,000.00	
							Amount:	\$80,000.00	

Edit New Cancel Complete

- It is required to list other funding sources for any employee working less than 100% on ODH grants
- The funding source being requested here are other sources being used to pay the employee working less than 100% of the time on the ODH grant
- To enter this information click “Edit”

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Agency Name: Adams County Board of Health  
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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source										
Jason Work	Case Manager	100	40,000.00	40,000.00	25	10,000.00	50,000.00											
Juana Smith	Case Worker	80	30,000.00	24,000.00	25	6,000.00	30,000.00	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Insert</td> <td><input type="text"/></td> </tr> <tr> <td>Balance:</td> <td></td> </tr> <tr> <td>Total:</td> <td>(\$6,000.00)</td> </tr> <tr> <td></td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Insert	<input type="text"/>	Balance:		Total:	(\$6,000.00)		\$0.00
Description	Amount																	
Insert	<input type="text"/>																	
Balance:																		
Total:	(\$6,000.00)																	
	\$0.00																	
						Balance:	\$20,000.00											
						Amount:	\$80,000.00											

Update Cancel

- Enter the name of the Fund Source under Description

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
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 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status: ▾

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source										
Jason Work ▾	Case Manager ▾	100	40,000.00	40,000.00	25	10,000.00	50,000.00											
Juana Smith ▾	Case Worker ▾	80	30,000.00	24,000.00	25	6,000.00	30,000.00	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>GRF</td> <td><input type="text"/></td> </tr> <tr> <td>Balance:</td> <td></td> </tr> <tr> <td>Total:</td> <td>(\$6,000.00)</td> </tr> <tr> <td></td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	GRF	<input type="text"/>	Balance:		Total:	(\$6,000.00)		\$0.00
Description	Amount																	
GRF	<input type="text"/>																	
Balance:																		
Total:	(\$6,000.00)																	
	\$0.00																	
						Balance:	\$20,000.00											
						Amount:	\$80,000.00											

Update Cancel

- Enter Amount of Fund Source

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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 Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source										
Jason Work	Case Manager	100	40,000.00	40,000.00	25	10,000.00	50,000.00											
Juana Smith	Case Worker	80	30,000.00	24,000.00	25	6,000.00	30,000.00	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>GRF</td> <td>3000</td> </tr> <tr> <td><b>Balance:</b></td> <td></td> </tr> <tr> <td><b>Total:</b></td> <td><b>(\$6,000.00)</b></td> </tr> <tr> <td></td> <td><b>\$0.00</b></td> </tr> </tbody> </table>	Description	Amount	GRF	3000	<b>Balance:</b>		<b>Total:</b>	<b>(\$6,000.00)</b>		<b>\$0.00</b>
Description	Amount																	
GRF	3000																	
<b>Balance:</b>																		
<b>Total:</b>	<b>(\$6,000.00)</b>																	
	<b>\$0.00</b>																	
							<b>Balance:</b>	<b>\$20,000.00</b>										
							<b>Amount:</b>	<b>\$80,000.00</b>										

Update Cancel

- Click "Insert" to add the funding source

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source												
Jason Work	Case Manager	100	40,000.00	40,000.00	25	10,000.00	50,000.00													
Juana Smith	Case Worker	80	30,000.00	24,000.00	25	6,000.00	30,000.00	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Delete GRF</td> <td>3,000.00</td> </tr> <tr> <td>Insert</td> <td></td> </tr> <tr> <td>Balance:</td> <td></td> </tr> <tr> <td>Total:</td> <td>(\$3,000.00)</td> </tr> <tr> <td></td> <td>\$3,000.00</td> </tr> </tbody> </table>	Description	Amount	Delete GRF	3,000.00	Insert		Balance:		Total:	(\$3,000.00)		\$3,000.00
Description	Amount																			
Delete GRF	3,000.00																			
Insert																				
Balance:																				
Total:	(\$3,000.00)																			
	\$3,000.00																			
							Balance:	\$20,000.00												
							Amount:	\$80,000.00												

Update Cancel

- If there is no other funding source click “Update” and go to slide #134, otherwise proceed
- Enter the name of the next Fund Source under Description for this employee

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
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Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Jason Work	Case Manager	100	40,000.00	40,000.00	25	10,000.00	50,000.00	
Juana Smith	Case Worker	80	30,000.00	24,000.00	25	6,000.00	30,000.00	
							Balance:	\$20,000.00
							Amount:	\$80,000.00

Description	Amount
Delete GRF	3,000.00
Insert Help Me Gr	<input style="border: 2px solid red;" type="text"/>
Balance:	
Total:	(\$3,000.00)
	\$3,000.00

Update Cancel

- Enter the amount

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Jason Work	Case Manager	100	40,000.00	40,000.00	25	10,000.00	50,000.00	
Juana Smith	Case Worker	80	30,000.00	24,000.00	25	6,000.00	30,000.00	
							Balance:	\$20,000.00
							Amount:	\$80,000.00

	Description	Amount
Delete	GRF	3,000.00
Insert	Help Me Grc	3000
Balance:		
Total:		(\$3,000.00)
		\$3,000.00

Update Cancel

- Click "Insert"



# Personnel Section

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

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 Print This Page

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

**Personnel Budget**

[Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
<input type="button" value="Delete"/>	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
<input type="button" value="Delete"/>	Juana Smith	Case Worker	80	\$30,000.00	\$24,000.00	25	\$6,000.00	\$30,000.00	
							Balance:	\$20,000.00	
							Amount:	\$80,000.00	

Description	Amount
GRF	\$3,000.00
Help Me Grow	\$3,000.00
<b>Balance:</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$6,000.00</b>

- Repeat slides #108 - 116 to add an employee that works 100% of the time on this grant
- Repeat slides #117 - 129 to add an employee that works less than 100% of the time on this grant
- Click “Complete” when all personnel have been saved

# Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Personnel Budget** Display All

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source										
<input type="button" value="Delete"/>	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00											
<input type="button" value="Delete"/>	Juana Smith	Case Worker	80	\$30,000.00	\$24,000.00	25	\$6,000.00	\$30,000.00	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>GRF</td> <td>\$3,000.00</td> </tr> <tr> <td>Help Me Grow</td> <td>\$3,000.00</td> </tr> <tr> <td><b>Balance:</b></td> <td><b>\$0.00</b></td> </tr> <tr> <td><b>Total:</b></td> <td><b>\$6,000.00</b></td> </tr> </tbody> </table>	Description	Amount	GRF	\$3,000.00	Help Me Grow	\$3,000.00	<b>Balance:</b>	<b>\$0.00</b>	<b>Total:</b>	<b>\$6,000.00</b>
Description	Amount																		
GRF	\$3,000.00																		
Help Me Grow	\$3,000.00																		
<b>Balance:</b>	<b>\$0.00</b>																		
<b>Total:</b>	<b>\$6,000.00</b>																		
							<b>Balance:</b>	<b>\$20,000.00</b>											
							<b>Amount:</b>	<b>\$80,000.00</b>											

- Click "Other Costs"

# Other Costs





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey  
 Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
  Other Costs   
  Funding   
  Cash   
  Compliance   
  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Other Direct Costs Budget		
Primary Reason	Command	Description
Funding		Balance
Cash		Total
Needs		\$20,000.00
Justification		\$0.00
<input type="button" value="New"/> <input type="button" value="Cancel"/> <input type="button" value="Complete"/>		
Personnel		
Other Costs		
Equipment		
Contracts		
Compliance		
Summary		
Comments		

- Click “New” to add a line item to the Other Direct Cost category

# Other Costs





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Worklist Project Agency Program Maintenance Reports View Bulletins Logout

---

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

---

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

---

Other Direct Costs Budget			
	Command	Description	Amount
Primary Reason			
Funding		Balance	\$20,000.00
Cash Needs		Telephone Service - Landline	<input type="text"/>
Justification			
Personnel			
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

- Click pull down under Description

# Other Costs



**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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

**Other Direct Costs Budget**

	Command	Description	Amount
Primary Reason			
Funding		Telephone Service - Landline	
Cash Needs		Advertising	
Justification		Printing	
Personnel		Travel (includes mileage)	
Other Costs		Fleet	
Equipment		Training	
Contracts		Medical Supplies	
Compliance		Copier Maintenance	
Summary		Utilities	
Comments		Website	
		Client Incentives	
		Leadership Conference	
		Client Stipends	
		Newsletter	
		Community Forums	
		Audit Fees	
		Meeting Expense	
		Equipment Maintenance	
		Lab Fees	
		Liability Insurance	
		Maintenance	
		Postage	

- Select the appropriate line item

# Other Costs





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Worklist Project Agency Program Maintenance Reports View Bulletins Logout

---

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

---

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

---

Other Direct Costs Budget		
Primary Reason	Command	Description
Funding		Balance <span style="float: right;">\$20,000.00</span>
Cash		Office Supplies <input style="width: 100%; border: 2px solid red;" type="text"/>
Needs		
Justification		
Personnel		
Other Costs		
Equipment		
Contracts		
Compliance		
Summary		
Comments		

- Enter Amount for the line item selected

# Other Costs Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey  
 Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
  Other Costs   
  Funding   
  Cash   
  Compliance   
  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Other Direct Costs Budget		
Command	Description	Amount
	Balance	\$20,000.00
	Office Supplies <input type="button" value="v"/>	3000

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Click "Save"

# Other Costs Section




Grants Management Information System

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[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Grant Administrator 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](#)

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Office Supplies	\$3,000.00
Cash Needs		Balance	\$17,000.00
		Total	\$3,000.00

[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

- Click "New" to add another line item

# Other Costs Section

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

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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](#)

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** [Approval Status: ▼](#)

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	<a href="#">Edit</a> <a href="#">Delete</a>	Office Supplies	\$3,000.00
Cash Needs		<b>Balance</b>	<b>\$17,000.00</b>
Justification		Telephone Service - Landline	

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

[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

- Click the pull-down under Description



# Other Costs Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey  
 Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
  Other Costs   
  Funding   
  Cash   
  Compliance   
  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Other Direct Costs Budget		
Primary Reason	Command	Description
Funding	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Office Supplies
Cash Needs		Balance
Justification		Postage

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Enter Amount for the selected line item

# Other Costs Section

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

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey  
 Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Office Supplies	\$3,000.00
Cash Needs		Balance	\$17,000.00
Justification		Postage	1000

- Click "Save"

# Other Costs Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	Edit Delete	Office Supplies	\$3,000.00
Cash Needs	Edit Delete	Postage	\$1,000.00
Justification		<b>Balance</b>	<b>\$16,000.00</b>
Personnel		<b>Total</b>	<b>\$4,000.00</b>
Other Costs		<input type="button" value="New"/> <input type="button" value="Cancel"/> <input style="border: 2px solid red;" type="button" value="Complete"/>	

Equipment

Contracts

Compliance

Summary

Comments

- Repeat slides #135 – 139 until all line items have been entered for this section
- Click “Complete” when all line items have been saved

# Other Costs Section


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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Other Direct Costs Budget			
	Command	Description	Amount
Funding		Office Supplies	\$3,000.00
Cash Needs		Postage	\$1,000.00
Justification		<b>Balance</b>	<b>\$83,000.00</b>
Personnel		<b>Total</b>	<b>\$4,000.00</b>

Cancel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Click "Equipment"

# Equipment Section




Grants Management Information System

---

[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Equipment Budget				
	Command	Description	Quantity	Amount
Funding		Balance		\$16,000.00
Cash		Total		\$0.00
Needs	<input type="button" value="New"/> <input type="button" value="Cancel"/> <input type="button" value="Complete"/>			
Justification				
Personnel				
Other Costs				
Equipment				
Contracts				
Compliance				
Summary				
Comments				

- Click "New"

# Equipment Section



Grants Management Information System

---

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Equipment Budget					
	Command	Description	Quantity	Amount	Total
Funding		Balance			
Cash Needs		AED Units	v		\$16,000.00

Justification  
 Personnel  
 Other Costs  
 Equipment  
 Contracts  
 Compliance  
 Summary  
 Comments

- Click pull down under Description



# Equipment Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Equipment Budget				
Primary Reason	Command	Description	Quantity	Amount
Funding		Balance		
Cash Needs		Laptop Computer		\$16,000.00

      

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Enter how many of this line item you will purchase under Quantity

# Equipment Section




Grants Management Information System

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[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

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Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

Equipment Budget					
	Command	Description	Quantity	Amount	Total
Funding		Balance			
Cash		Laptop Computer	2		\$16,000.00

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Enter the unit cost of the line item

# Equipment Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey  
 Title   
 Reason   
 Justification   
 Personnel   
 Equipment  
 Contracts   
 Other Costs   
 Funding   
 Cash   
 Compliance   
 Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

Equipment Budget				
Primary Reason	Command	Description	Quantity	Amount
Funding		Balance		
Cash Needs		Laptop Computer	2	1500
				<b>\$16,000.00</b>

Save  
 Cancel  
 Complete

Justification  
 Personnel  
 Other Costs  
 Equipment  
 Contracts  
 Compliance  
 Summary  
 Comments

- Click "Save"

# Equipment Section




Grants Management Information System

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✕ ✕ ✕ ✕ ✕ ✕ ✕

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: ▼

Equipment Budget					
Primary Reason	Command	Description	Quantity	Amount	Total
Funding	<span>Edit</span> <span>Delete</span>	Laptop Computer	2	\$1,500.00	\$3,000.00
Cash Needs		Balance Total			\$13,000.00
Justification					\$3,000.00

New Cancel Complete

Other Costs  
Equipment  
Contracts  
Compliance  
Summary  
Comments

- Repeat slides #147 – 152 until all line items have been entered for this category
- Click “Complete” when all line items have been saved

# Equipment Section




Grants Management Information System

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Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Equipment Budget					
	Command	Description	Quantity	Amount	Total
Funding		Laptop Computer	2	\$1,500.00	\$3,000.00
Cash Needs		Balance Total			\$13,000.00 \$3,000.00

- Click "Contracts"

# Contracts Section



Grants Management Information System

---

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

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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

---

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

---

Contracts			
	<a href="#">Command</a>	<a href="#">Contractor</a>	<a href="#">EIN</a>
Cash Needs		Balance Total	\$13,000.00 \$0.00
<input type="button" value="New"/> <input type="button" value="Cancel"/> <input type="button" value="Complete"/>			

Primary Reason [Display All Contracts](#)

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

- Click "New"

# Contracts Section




Grants Management Information System

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[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

---

Welcome, ODH Subgrantee . You currently have Grant Administrator 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

---

Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

---

Contracts			
			<a href="#">Display All Contracts</a>
Command	Contractor	EIN	Amount
			\$13,000.00
	Balance		

Save
Cancel
Complete

[Primary Reason](#)  
[Funding](#)  
[Cash Needs](#)  
[Justification](#)  
[Personnel](#)  
[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

- Enter the name of the Contractor

# Contracts Section




Grants Management Information System

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[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

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

[Print This Page](#)

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

**Contracts**

[Display All Contracts](#)

	Command	Contractor	EIN	Amount
Cash Needs		ACME clinic Balance		\$13,000.00

[Primary](#)  
[Reason](#)  
[Funding](#)  
[Cash Needs](#)  
[Justification](#)  
[Personnel](#)  
[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

- Enter the Tax ID or Social Security number under EIN if known, otherwise leave blank

# Contracts Section


Ohio Department of HEALTH
Grants Management Information System

[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee . You currently have Grant Administrator 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
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Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Contracts**

	Command	Contractor	EIN	Amount
<a href="#">Primary Reason</a> <a href="#">Funding</a> <a href="#">Cash</a> <a href="#">Needs</a> <a href="#">Justification</a> <a href="#">Personnel</a> <a href="#">Other Costs</a> <a href="#">Equipment</a> <a href="#">Contracts</a> <a href="#">Compliance</a> <a href="#">Summary</a> <a href="#">Comments</a>		ACME clinic Balance	123456789	\$13,000.00

- Enter amount to be paid to the Contractor

# Contracts Section




Grants Management Information System

---

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have **Grant Administrator** 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](#)

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Contracts**

[Display All Contracts](#)

	Command	Contractor	EIN	Amount
Cash Needs		ACME clinic	123456789	10000
Justification		Balance		\$13,000.00

Personnel  
 Other Costs  
 Equipment  
 Contracts  
 Compliance  
 Summary  
 Comments

- Click "Save"

# Contracts Section

Ohio.gov  
So much to Discover!

Ohio Department of HEALTH  
Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Contracts				
<a href="#">Display All Contracts</a>				
	Command	Contractor	EIN	Amount
<input type="button" value="Edit"/> <input type="button" value="Delete"/>		ACME Clinic	123456789	\$10,000.00
		Balance		\$3,000.00
		Total		\$10,000.00

- Click “New” to add another Contractor

# Contracts Section




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

Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

**Contracts**

[Display All Contracts](#)

	Command	Contractor	EIN	Amount
Cash Needs	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	ACME Clinic	123456789	\$10,000.00
Justification		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Personnel		balance		\$86,000.00

[Primary Reason](#)

[Funding](#)

[Cash Needs](#)

[Justification](#)

[Personnel](#)

[Other Costs](#)

[Equipment](#)

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[Summary](#)

[Comments](#)

- Enter name of Contractor

# Contracts Section





Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
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Core Staff     Budget     W9     EFT     EEO Survey  
 Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Contracts			
	Command	Contractor	EIN
Funding			Amount
Cash Needs	Edit Delete	ACME Clinic	123456789 \$10,000.00
Justification		Interpreter 1	\$3,000.00
Personnel		Balance	
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

Save Cancel Complete

- Enter the Tax ID or Social Security number under EIN if known, otherwise leave blank

# Contracts Section





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Welcome, ODH Subgrantee. You currently have Subgrantee Access.

Agency Name: Adams County Board of Health  
 Program Title: TEST GRANT PROGRAM  
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Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Contracts			
	Command	Contractor	Amount
<div style="font-size: small;"> <a href="#">Primary Reason</a>  <a href="#">Funding</a>  <a href="#">Cash Needs</a>  <a href="#">Justification</a>  <a href="#">Personnel</a>  <a href="#">Other Costs</a>  <a href="#">Equipment</a>  <a href="#">Contracts</a>  <a href="#">Compliance</a>  <a href="#">Summary</a>  <a href="#">Comments</a> </div>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	ACME Clinic  Interpreter 1 Balance	123456789  \$10,000.00  <span style="border: 2px solid red; padding: 2px;">\$86,000.00</span>
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Complete"/>			

- Enter amount to be paid to the Contractor

# Contracts Section



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

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM** Approval Status:

**Contracts** [Display All Contracts](#)

Command	Contractor	EIN	Amount
<input type="button" value="Edit"/> <input type="button" value="Delete"/>	ACME Clinic	123456789	\$10,000.00
	Interpreter 1		1500
	Balance		\$3,000.00

[Primary Reason](#)  
[Funding](#)  
[Cash Needs](#)  
[Justification](#)  
[Personnel](#)  
[Other Costs](#)  
[Equipment](#)  
[Contracts](#)  
[Compliance](#)  
[Summary](#)  
[Comments](#)

- Click "Save"

# Contracts Section





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Welcome, ODH Subgrantee . You currently have **Grant Administrator** 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
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Core Staff     Budget     W9     EFT     EEO Survey

Title     Reason     Justification     Personnel     Equipment  
 Contracts     Other Costs     Funding     Cash     Compliance     Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

Contracts				
	Command	Contractor	EIN	Amount
Cash Needs	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	ACME Clinic	123456789	\$10,000.00
Justification	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Interpreter 1		\$1,500.00
Other Costs		Balance		\$1,500.00
Equipment		Total		\$11,500.00

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

[Display All Contracts](#)

- Repeat slides #155 – 159 until all line items have been entered for this category

# Contracts Section


Ohio Department of **HEALTH**

**Grants Management Information System**

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Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

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Agency Name: Adams County Board of Health  
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 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 Print This Page

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Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey  
 Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
  Other Costs   
  Funding   
  Cash   
 Compliance   
 Approved

---

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

---

Contracts				
<a href="#">Primary Reason</a>	<a href="#">Display All Contracts</a>			
<a href="#">Funding</a>	<b>Command</b>	<b>Contractor</b>	<b>EIN</b>	<b>Amount</b>
<a href="#">Cash Needs</a>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	ACME Clinic	123456789	\$10,000.00
<a href="#">Justification</a>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Interpreter 1		\$1,500.00
<a href="#">Personnel</a>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Interpreter 2		\$1,500.00
<a href="#">Other Costs</a>				
<a href="#">Equipment</a>		<b>Balance</b>		<b>\$0.00</b>
<a href="#">Contracts</a>		<b>Total</b>		<b>\$13,000.00</b>
<a href="#">Compliance</a>	<input type="button" value="New"/> <input type="button" value="Cancel"/> <input style="border: 2px solid red;" type="button" value="Complete"/>			
<a href="#">Summary</a>				
<a href="#">Comments</a>				

- Click "Complete" when all line items have been saved

# Contracts Section



Grants Management Information System

[Worklist](#) [Project](#) [Agency](#) [Program](#) [Maintenance](#) [Reports](#) [View Bulletins](#) [Logout](#)

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff       Budget       W9       EFT       EEO Survey  
 Title       Reason       Justification       Personnel       Equipment  
 Contracts       Other Costs       Funding       Cash       Compliance       Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status:

**Contracts**
[Display All Contracts](#)

	Command	Contractor	EIN	Amount
Cash	ACME Clinic		123456789	\$10,000.00
Needs	Interpreter 1			\$1,500.00
Justification	Interpreter 2			\$1,500.00
Other Costs	Balance			\$0.00
Equipment	Total			\$13,000.00

Cancel

Contracts

Compliance

Summary

Comments

- Click "Compliance"

# Compliance Section

Ohio.gov So much to Discover!

Ohio Department of HEALTH OHIO Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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Project Number: 00110013ZZ0114 Employer Id Number: 316400062  
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014 [Print This Page](#)

Core Staff  Budget  W9  EFT  EEO Survey  
 Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM [Approval Status:](#)

Primary Reason Compliance  
Funding Please answer all questions. [Display All](#)  
Cash Needs [Questions](#)  
Justification [1 2 3 4 5 6 7 8 9 10](#)

Question #	Question	Answer
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)	<input type="text"/>

- All questions must be answered by the agency listed in GMIS that will be applying for the grant
- Scroll to the bottom

# Compliance Section

		1 2 3 4 5 6 7 8 9 10	
Question #			
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No	
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)		<div style="border: 1px solid gray; height: 150px; width: 100%;"></div> <p>500 characters left</p>
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No	
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)		<div style="border: 1px solid gray; height: 150px; width: 100%;"></div> <p>500 characters left</p>
5.	Is project income maintained in a separate account?	<input type="radio"/> Yes <input type="radio"/> No	

1 2 3 4 5 6 7 8 9 10

Edit Cancel

Cancel Complete

- Click “Edit”

# Compliance Section

		1 2 3 4 5 6 7 8 9 10
Question #		
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)	<div style="border: 1px solid gray; height: 150px; width: 100%;"></div> <div style="background-color: #ffffcc; padding: 2px; text-align: right;">500 characters left</div>
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)	<div style="border: 1px solid gray; height: 150px; width: 100%;"></div> <div style="background-color: #ffffcc; padding: 2px; text-align: right;">500 characters left</div>
5.	Is project income maintained in a separate account?	<input type="radio"/> Yes <input type="radio"/> No
		1 2 3 4 5 6 7 8 9 10
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		
<input type="button" value="Cancel"/> <input type="button" value="Complete"/>		

- Answer each question using the information of the agency applying for this grant

# Compliance Section

		1 2 3 4 5 6 7 8 9 10
Question #		
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)	<input type="text" value="N/A"/> 497 characters left
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)	<input type="text" value="N/A"/> 497 characters left
5.	Is project income maintained in a separate account?	<input checked="" type="radio"/> Yes <input type="radio"/> No

1 2 3 4 5 6 7 8 9 10

- Click "Save" once all questions have been answered

# Compliance Section

		1 2 3 4 5 6 7 8 9 10	
Question #			
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)	<div>N/A</div> <div>497 characters left</div>	
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)	<div>N/A</div> <div>497 characters left</div>	
5.	Is project income maintained in a separate account?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

1 2 3 4 5 6 7 8 9 10

Edit Cancel

Cancel **Complete**

- Click "Complete"

# Compliance Section

Questions	
Question #	
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)? <input type="radio"/> Yes <input checked="" type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.) N/A 497 characters left
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)? <input type="radio"/> Yes <input checked="" type="radio"/> No
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5) N/A 497 characters left
5.	Is project income maintained in a separate account? <input checked="" type="radio"/> Yes <input type="radio"/> No

1 2 3 4 5 6 7 8 9 10

Cancel

- Scroll to the top

# Compliance Section



Ohio Department of

## HEALTH



**Grants Management  
Information System**

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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

Core Staff   
  Budget   
  W9   
  EFT   
  EEO Survey  
 Title   
  Reason   
  Justification   
  Personnel   
  Equipment  
 Contracts   
  Other Costs   
  Funding   
  Cash   
  Compliance   
 Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

Primary Reason	Compliance
Funding	Please answer all questions.
Cash Needs	<a href="#">Questions</a> <span style="float: right;"><a href="#">Display All</a></span>
Justification	<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a> <a href="#">7</a> <a href="#">8</a> <a href="#">9</a> <a href="#">10</a>
Personnel	
Other Costs	
Equipment	
Contracts	
Compliance	
<b>Summary</b>	
Comments	

Question #	Question	Answer
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)	<div style="border: 1px solid gray; min-height: 100px; padding: 5px;">N/A</div>

- Click Summary

# Summary Page

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

Core Staff   
  Budget   
 W9   
 EFT   
 EEO Survey  
 Title   
 Reason   
 Justification   
 Personnel   
 Equipment  
 Contracts   
 Other Costs   
 Funding   
 Cash   
 Compliance   
 Approved

**Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM**

Approval Status: v

**Summary**

**Budget Funding Sources**

	Type	Amount
Grant	Grant	\$100,000.00
<b>Total</b>		<b>\$100,000.00</b>

**Budget Categories**

	Budget	Budget Title	Personnel	Other Costs	Equipment	Contracts	Total
Current		00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM	\$80,000.00	\$4,000.00	\$3,000.00	\$13,000.00	\$100,000.00

**Allotments**

[Display All Allotments](#)

		Period	Scheduled	Start	End	Grant Amount	Requested Amount	Actual Amount	Program Income	Applicant Share	Status	Revision	Total
Edit	Delete	1		8/1/2013	10/31/2013	\$20,000.00	\$20,000.00	\$0.00			Prerelease	1	\$20,000.00
Edit	Delete	2		11/1/2013	1/31/2014	\$20,000.00	\$20,000.00	\$0.00			Prerelease	1	\$20,000.00
Edit	Delete	3		2/1/2014	4/30/2014	\$20,000.00	\$20,000.00	\$0.00			Prerelease	1	\$20,000.00
Edit	Delete	4		5/1/2014	7/31/2014	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$0.00	Prerelease	1	\$20,000.00
		Balance				\$20,000.00	\$80,000.00	\$0.00	\$0.00	\$0.00			\$80,000.00
		Total				\$80,000.00	\$80,000.00	\$0.00	\$0.00	\$0.00			\$80,000.00

- Verify that Budget Funding Sources and Budget Categories are the same amount
- Allotments should not be entered (ODH will enter allotments if funding is awarded)
- Click "Primary Reason" when verifications have been completed

# Primary Reason Page

The screenshot shows the 'Primary Reason' page in the Ohio Department of Health Grants Management Information System. The page header includes the Ohio.gov logo and the system name. A navigation bar contains links for Worklist, Project, Agency, Program, Maintenance, Reports, View Bulletins, and Logout. A welcome message states 'Welcome, ODH Subgrantee. You currently have Grant Administrator Access.' The main content area displays 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, Grant Period End: 7/31/2014. A 'Print This Page' button is located on the right. Below this, a series of checkboxes are organized into two rows. The first row includes Core Staff (checked), Budget (unchecked), W9 (checked), EFT (checked), and EEO Survey (checked). The second row includes Title (unchecked), Reason (unchecked), Justification (checked), Personnel (checked), Equipment (checked), Contracts (checked), Other Costs (checked), Funding (checked), Cash (checked), Compliance (checked), and Approved (unchecked). A section titled 'Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM' is shown with an 'Approval Status' dropdown menu. The 'Primary Reason' section features a 'Description' dropdown menu with the selected value '00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM'. To the left of the options list is a vertical navigation menu with buttons for Primary Reason, Funding, Cash Needs, Justification, Personnel, Other Costs, Equipment, Contracts, Compliance, Summary, and Comments. The 'Options' list includes: Initial Budget (selected), 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, and Director Request. At the bottom of the options list are 'Edit', 'Cancel', and 'Complete' buttons, with 'Complete' highlighted by a red box. A 'Delete' button is located below the options list.

- Click "Complete"

# Primary Reason Page

Ohio.gov So much to Discover.

Ohio Department of HEALTH Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

Welcome, ODH Subgrantee. You currently have Grant Administrator 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](#)

Core Staff  Budget  W9  EFT  EEO Survey

Title  Reason  Justification  Personnel  Equipment  
 Contracts  Other Costs  Funding  Cash  Compliance  Approved

Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

**Primary Reason**

Primary Reason Description: 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

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

[Cancel](#)

[Delete](#)

- Now you will see that you have check marks in every box with the exception of the “Cash” & “Approved” boxes
- This is your indication that you have completed everything needed in the Budget section of your grant application

# Primary Reason Page

The screenshot displays the Ohio Department of Health Grants Management Information System interface. At the top, the Ohio.gov logo and the text 'Ohio Department of HEALTH' and 'Grants Management Information System' are visible. The navigation menu includes 'Project', 'Agency', 'Program', 'Maintenance', 'Reports', 'View Bulletins', and 'Logout'. The 'Project' menu is open, showing options like 'Select Active Project', 'Voucher Cash Draw', 'Application', 'Expenditure Reports', 'Special Conditions', and 'CCA'. The 'Application' option is highlighted. Below the navigation, the user is logged in as 'Grant Administrator'. The main content area shows details for a project: 'County Board of Health', 'MNT PROGRAM', 'ZZ0114', and 'Employer Id Number: 316400062'. The 'Grant Period End' is '7/31/2014'. There are checkboxes for 'Budget', 'W9', 'EFT', and 'EEO Survey'. A section titled 'Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM' is shown. Below this, there is a 'Primary Reason' section with a dropdown menu showing the selected budget line item. A list of options is displayed, including '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', and 'Director Request'. The 'Initial Budget' option is selected. There are 'Cancel' and 'Delete' buttons at the bottom of the form.

- Place your cursor over Project
- Select Application from the dropdown list

# Application

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

Worklist | Project | Reports | View Bulletins | Logout

Welcome, **Evelyn.Suarez1**. 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
<a href="#">Application Information</a>	Subgrantee Completed
<a href="#">Project Narrative</a>	Subgrantee Completed
<a href="#">Project Contacts</a>	Subgrantee Completed
<a href="#">Budget</a>	Not Submitted
<a href="#">W-9</a>	Subgrantee Completed
<a href="#">EFT</a>	Subgrantee Completed
<a href="#">Civil Rights Review Questionnaire</a>	Subgrantee Completed
<a href="#">Assurances</a>	Subgrantee Completed
<a href="#">FFATA</a>	Subgrantee Completed
<a href="#">Health Equity</a>	Subgrantee Completed

**Project Comments** [Display All Comments](#)

No Comments

[New](#)

**Internal Project Comments** [Display All Comments](#)

No Comments

[New](#)

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

- Once everything has been attached and you are satisfied with your application you are ready to submit it to ODH
- Click “Approve” to submit the application

# Application

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So much to Discover!

Ohio Department of HEALTH  
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers. You currently have Subgrantee Access.

Agency Name: Cuyahoga County Health Department  
Program Title: REPRODUCTIVE HEALTH & WELLNESS (ACGLL ONLY)  
Project Number: 01810011HW0215 Employer Id Number: 346000817  
Grant Period Begin: 3/1/2014 Grant Period End: 2/28/2015 [Print This Page](#)

Application Section	Status
<a href="#">Application Information</a>	Subgrantee Completed
<a href="#">Project Narrative</a>	Subgrantee Completed
<a href="#">Project Contacts</a>	Subgrantee Completed
<a href="#">Budget</a>	Subgrantee Completed
<a href="#">W-9</a>	Subgrantee Completed
<a href="#">EFT</a>	Subgrantee Completed
<a href="#">Civil Rights Review Questionnaire</a>	Subgrantee Completed
<a href="#">Assurances</a>	Subgrantee Completed
<a href="#">FFATA</a>	Subgrantee Completed
<a href="#">Health Equity</a>	Subgrantee Completed

Project Comments [Display All Comments](#)

No Comments

[New](#)

Internal Project Comments [Display All Comments](#)

No Comments

[New](#)

[View Approval History](#)

- You will notice that you now have “Subgrantee Completed” under the Status column beside Budget
- Click View Approval History

# Approval History

The screenshot displays the Ohio Department of Health Grants Management Information System interface. The header includes the Ohio.gov logo and the system title. A navigation menu is visible below the header. A welcome message for Gail Byers is shown, indicating Subgrantee Access. The main content area displays application details for Cuyahoga County Health Department, including the program title 'REPRODUCTIVE HEALTH & WELLNESS (ACGLL ONLY)', project number, employer ID, and grant period. A 'Print This Page' button is located to the right of the details. Below the details is an 'Approval History' section with a table showing the submission and approval process. A 'Return' button is highlighted with a red box below the table.

Ohio.gov  
So much to Discover!

Ohio Department of HEALTH ODH  
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers. You currently have Subgrantee Access.

Agency Name: Cuyahoga County Health Department  
Program Title: REPRODUCTIVE HEALTH & WELLNESS (ACGLL ONLY)  
Project Number: 01810011HW0215 Employer Id Number: 346000817  
Grant Period Begin: 3/1/2014 Grant Period End: 2/28/2015 [Print This Page](#)

Approval History

Arrived	Completed	Status	Action	Reason	Role	User
12/10/2013 3:00 PM	1/10/2014 2:11 PM	Submit Application	Approved		Subgrantee	Romona.Brazile

[Return](#)

- View this section to verify the application was submitted
- This shows the date, time and user who submitted the application
- Congratulations, you have successfully submitted an ODH grant application!

