
APPLICANT USER GUIDE
GETTING STARTED WITH
GRANTS AND FUNDING
MANAGEMENT SYSTEM



USER GUIDE

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Overview

The Grants and Funding Management System (GFMS) will be utilized by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), ADAMHS/ADAS/CMHS Boards and all Prevention, Treatment and Recovery Support Providers for all OhioMHAS funds (federal and state) to support proposal, submission, management, and all required (federal and state) data collection. The system provides a mean for an organization to apply for funding, report progress on identified outcomes, report expenditures, and to draw-down funds into request reimbursement for the services. This guide describes how to utilize the functionality of the Grant and Funding Management System for all the users.

Who is this document for?

This document is intended for an **Applicant** which provides their entire view and functionality of Grant and Funding Management System (GFMS).

Regarding page permissions and access roles, a section is added called “Page Permissions and Access Roles” for each page which lists what permission each role has.

User Registration

Get Started as a New External User (First Time Accessing OhioMHAS Application)

This section will be applicable to the “**New**” External users only. For GFMS, External User “**Roles**” are Applicant, Applicant after awarded, Board Manager and External Reviewer. External User Registration process consist of following steps:

Step 1: Navigate to GFMS link

- I. Open your browser and Go to <https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html> >>Welcome Page will be displayed.

Step 2: “Welcome Screen”- Link to Register

- I. This is the landing page where an external user navigates from www.mha.ohio.gov under the funding opportunities to page.
- II. When the user navigates to the “**Welcome**” screen, they will be provided two options Register (New User “Has never logged into an OhioMHAS Applications before”) or Login (Existing User “Has logged into previous OhioMHAS Applications before” –OLGA and POPS) for GFMS.

***Note: All user accounts have been brought over from other applications. No need to register for the application.**

- III. For Registration, **Click** on [Here](#) button for a “**New User**”, displayed on the “**Welcome**” Screen as highlighted below in the snapshot:



Step 3: “External User Registration”- Find New Organization

- I. **Select** and **Enter** the information as indicated per each field as displayed on the “External User Registration” screen.
- II. Fields with red asterisks * are required fields.
- III. If you find your organization under the “Organization Name” dropdown, **select** your organization and **click** on the **Submit** button as highlighted below in the snapshot (Continue to Step 5). At this point, **Create Organization** button is grayed out.

Step 3a: “External User Registration”- Create Your Organization

- I. If you don’t find your organization name under “Organization Name” dropdown, **select** the checkbox next to the **Create Organization** button.
- II. **Select** the **Create Organization** button.

MHAS IPortal
Ohio MHAS

External User Registration » Mental Health and Addiction Services Portal

Salutation:

Title:

First Name: *

Last Name: *

Middle Name:

Email: *

Phone (Office): *

Phone (Office) Ext:

Phone (Mobile):

Organization Name:

If your Organization is not in the list please check the box and Add your Organization.
Please select an Organization.

[Create Organization](#)

Step 3b: Enter Organization Information on “Create New Organization” Screen:

- I. **Select** and **Enter** the information as indicated per each field displayed on the “Create New Organization” screen.
- II. Fields with red asterisks * are required fields.
- III. **Click** on Submit button.

Create new organization » Mental Health and Addiction Services Portal

Enter the following information

Name*

Legal Name*

Organization Type

PTSD

Is Domestic Violence Shelter?

Comments

Organization Status*

Organization's phone*

Organization's Fax

Enter the Address

Address Line1

Address Line2

City

County

Zip Code

Define Optional Addresses

Enter the Mailing Address

Address Line1

Address Line2

City

County

State

Zip Code

Enter the Billing Address

Address Line1

Address Line2

City

County

State

Zip Code



The organization information entered on this page will be used to prepopulate the “Organization Information” Page under Application Tab in GFMS. In order to update the information on this page the GFMS Application Admin or I-Portal Admin will need to make the update via the I Portal registration screen.

Step 4: Navigated back to “External User Registration” Screen

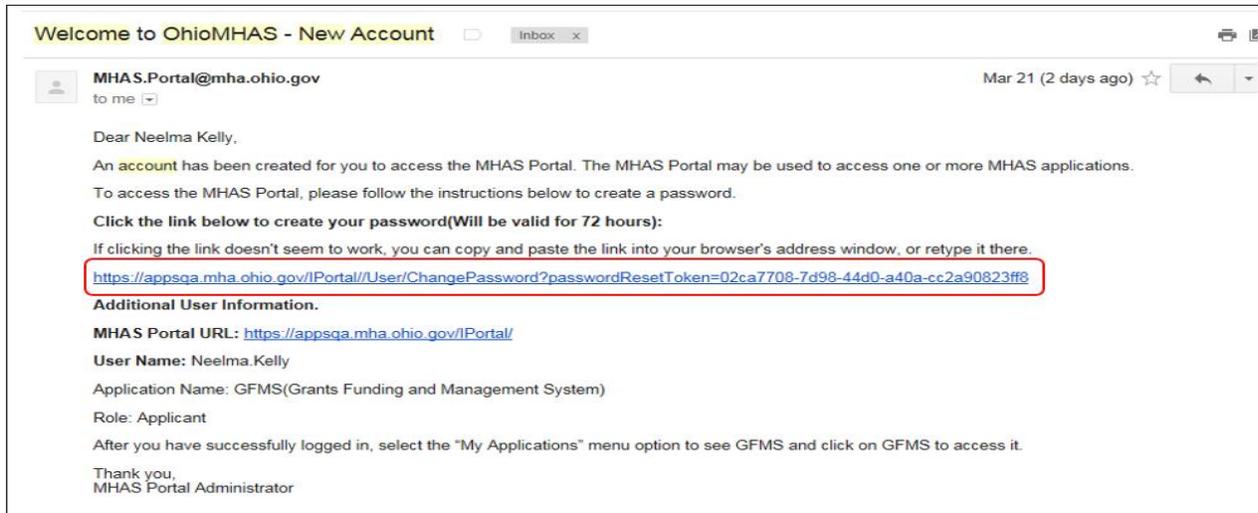
- I. Now user can **view** added organization name under the “Organization Name” dropdown on the “External User Registration” screen.
- II. **Select** your organization name from the “Organization Name” dropdown.
- III. **Click** on Submit button

Step 5: “Successfully Registered” Screen.

- I. Clicking on the **Submit** button displayed on “External User Registration” screen, navigates you to “Successfully Registered” screen where you can view a message “Successfully Completed Registration” and inform you that you will be receiving a Welcome email from OhioMHAS, providing a link to create your password as highlighted below in the snapshot:

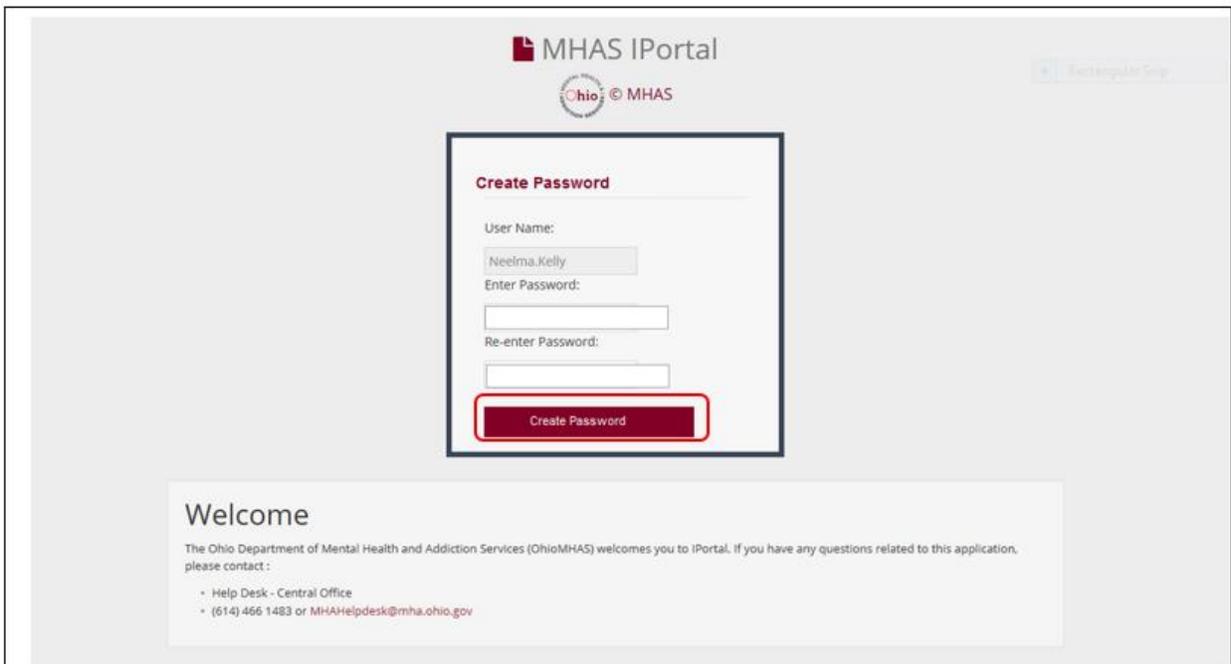
Step 6: Welcome to OhioMHAS New Account Email Notification- Navigate to Create a Password.

- I. External User will be receiving a Welcome email notification from IPortal Administrator that account has been created to access IPortal. A link will be provided in the email to create a password. There would be another link for login to IPortal.
- II. To Create a Password, **Click** on the link highlighted below in the snapshot:



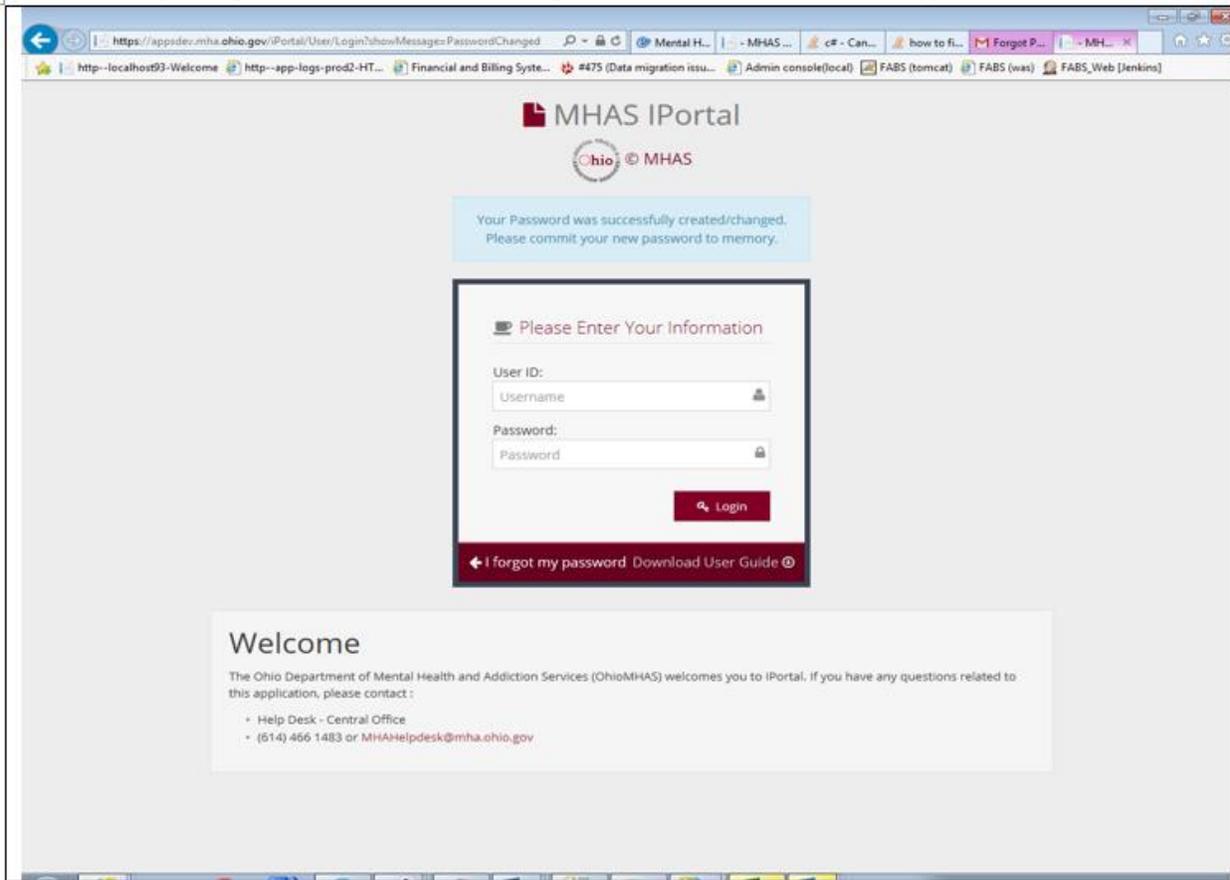
Step 7: Create Your Password

- i. **Enter** your password on the basis of following defined Standard Password Requirements:
 - Password must be 8-20 characters long.
 - Password must contain at least one character from each of the following categories:
 - English letter (Aa-Zz)
 - Digits (0-9)
 - Special symbols (!#\$%_).
- ii. **Click** on Create Password button. (Continue to Step 8)



- iii. An information message "Your password is successfully created" will be displayed and providing user an option to login to the application

IV. Enter your login credentials and click on Login button to move forward in the application.



Existing External User (Having Access to OhioMHAS Application)

This section will be applicable to the “Existing” External users only.

Step 1: Navigate to GFMS link

- I. Open your browser and Go to <https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html> >>Welcome Page will be displayed.

Step 2: “Welcome Screen”- Link to Login

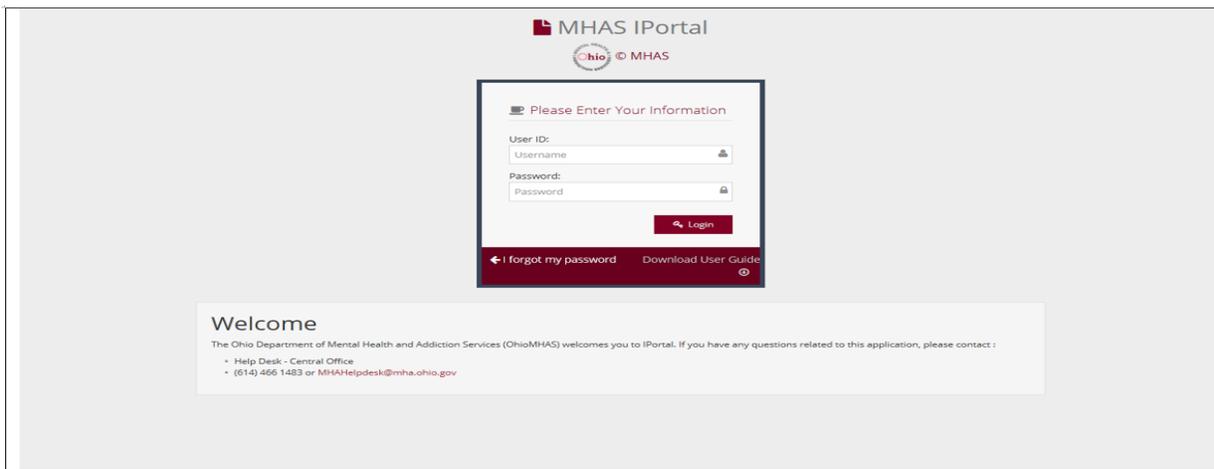
- I. This is the landing page where an external user navigates from www.mha.ohio.gov under the funding opportunities to page.
- II. When the user navigates to the “Welcome” screen, they will be provided two options Register (New User “Has never logged into an OhioMHAS Applications before”) or Login (Existing User “Has logged into previous OhioMHAS Applications before” –OLGA and POPS) for GFMS
- III. For Login, **Click on Here** button for a “Existing User” (Has logged into previous OhioMHAS Applications before-OLGA and POPS), displayed on the “Welcome” Screen as highlighted below in the snapshot:

***Note: All user accounts have been brought over from other applications. No need to register for the application.**



Step 3: IPortal Login Screen:

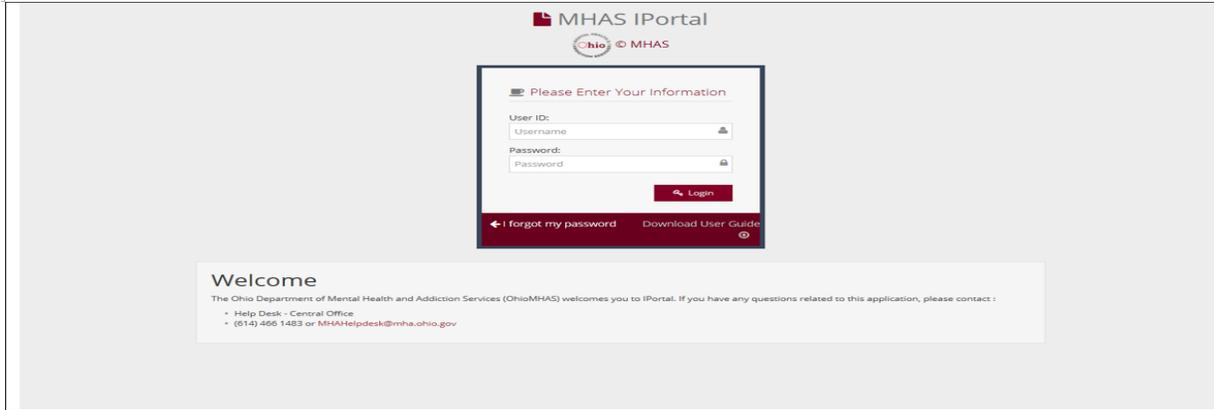
- I. Enter your login credentials and click on Login button, the user will be navigating to the I-Portal Dashboard.



External User- Forgot Password

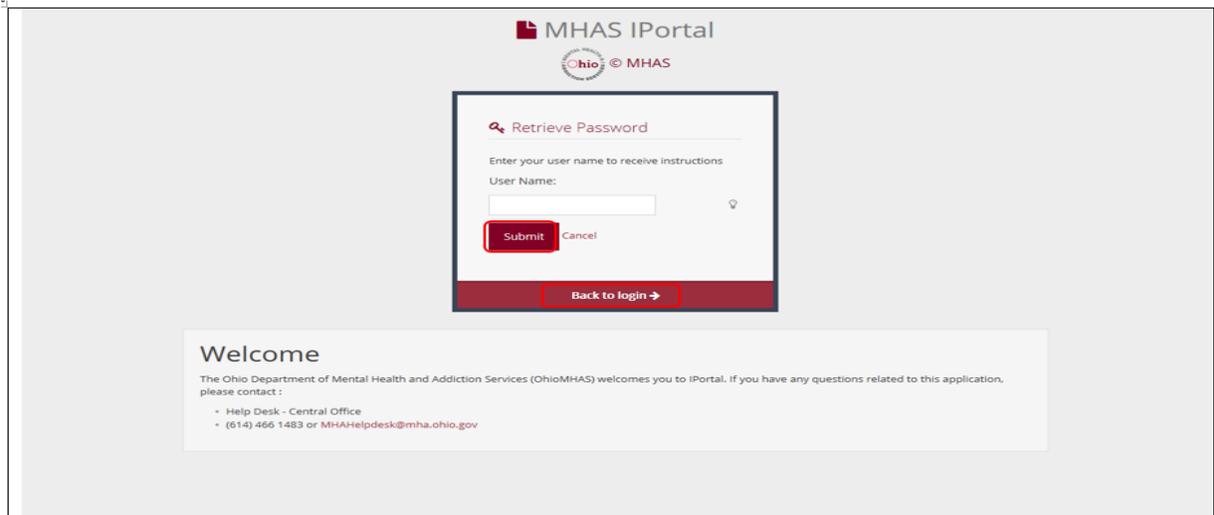
Step 1: From IPortal Login Screen- Click Forgot Password Link

- I. Click on the link "I forgot my password" as displayed on the following snapshot:

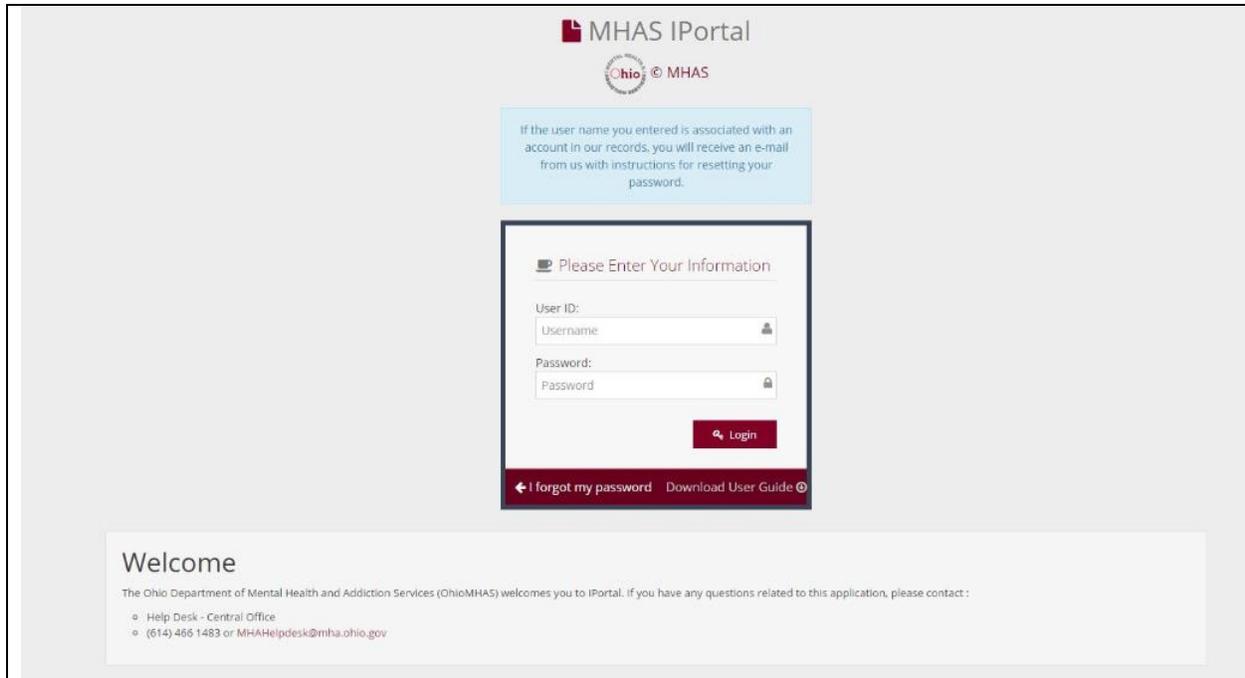


Step 2: Enter User Name on Retrieve Password Screen:

- I. **Enter** your user name and **click** on **Submit** button as highlighted below in the snapshot below
- II. If you change your mind and want to go back to I-Portal Login screen, **click** on “Back to Login” link displayed on “Retrieve Password” screen.

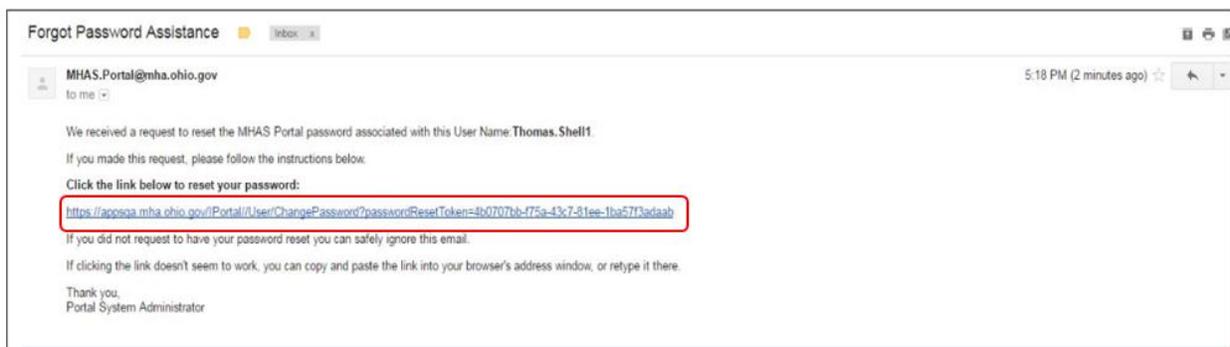


- III An information message “If the user name you entered is associated with an account in our records, you will receive an email from us with instructions to resetting your password” will be displayed on the IPortal Login Screen.



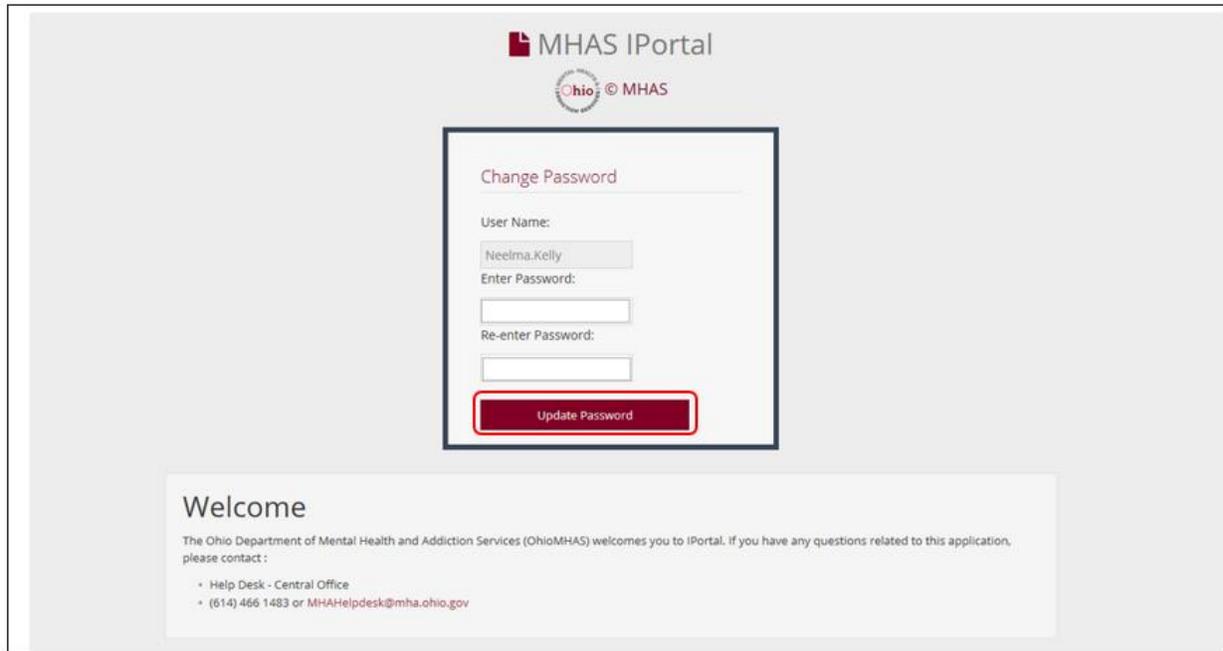
Step 3: Forgot Password Assistance Email Notification- Click on Rest Password Link

- I. You will be receiving a “Forgot Password Email Notification” from IPortal Administrator, providing a link to reset a password.
- II. **Click** on the link to reset your password as highlighted below in the snapshot:



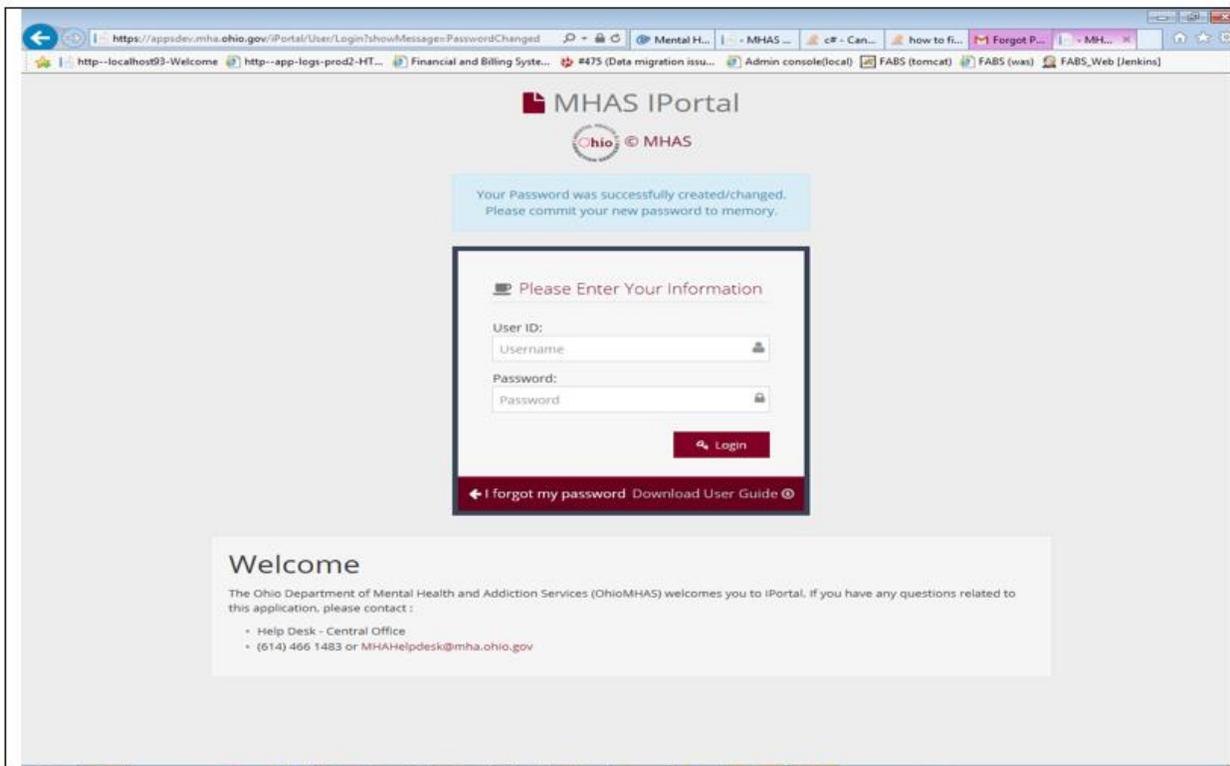
Step 4: Change Password

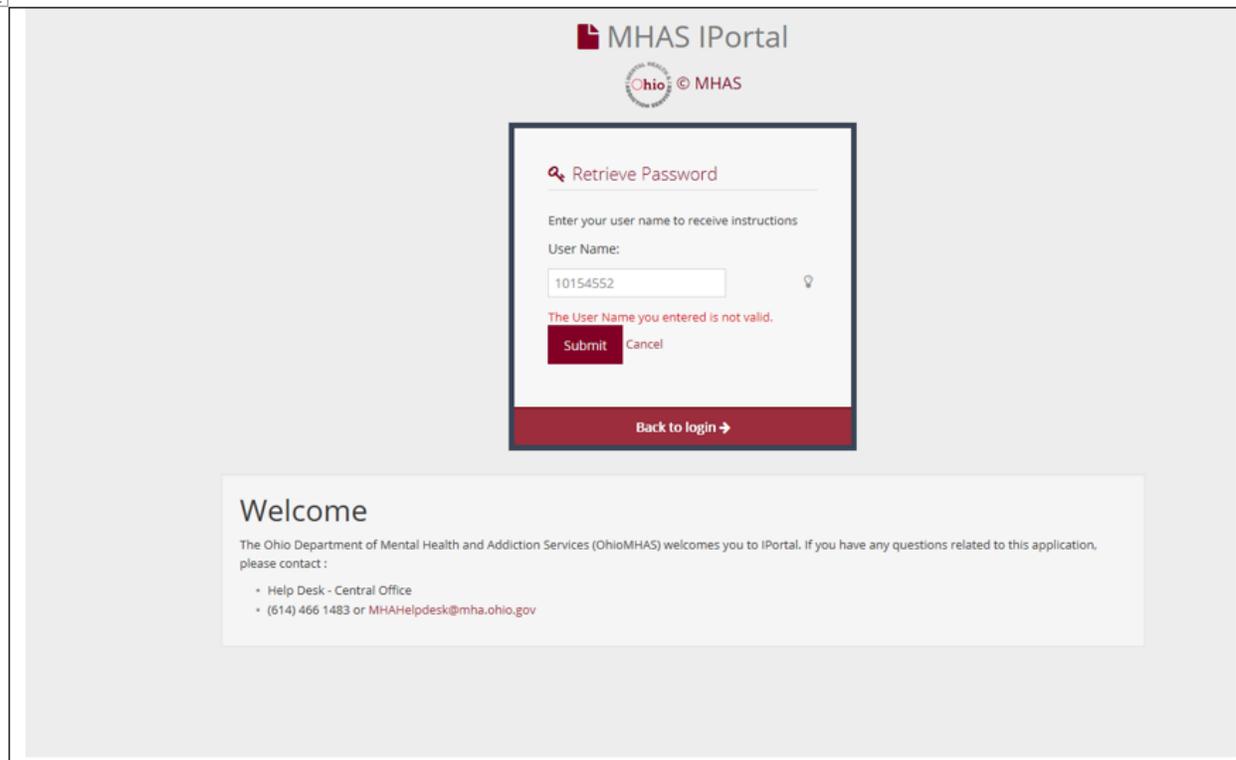
- iii. **Change** your password on the basis of following defined Standard Password Requirements:
 - Password must be 8-20 characters long.
 - Password must contain at least one character from each of the following categories:
 - English letter (Aa-Zz)
 - Digits (0-9)
 - Special symbols (!#\$%_).
- iv. **Click** on Update Password button. (Continue to Step 8)



Step 5: Login With Your Updated Password:

- I. An information message “Your password is successfully updated” will be displayed and providing the user an option to login.
- II. Enter your login credentials and click on Login button to move forward in the IPortal.





Login to GFMS Application

This section consist of 3 steps:

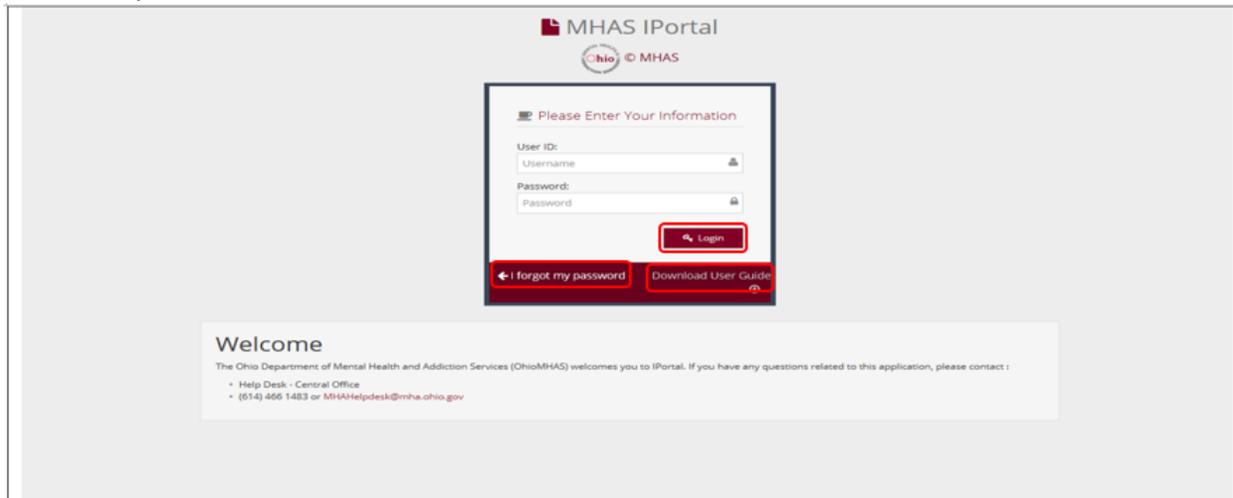
- Navigate to I- Portal and login successfully
- Display I-Portal Dashboard- Navigate to GFMS Application.
- Display GFMS Dashboard

Step 1: Navigate to MHAS Portal and Login Successfully

External User Navigation Path to MHAS Portal Login Screen

<https://apps.mha.ohio.gov/GFMSWelcome/Welcome.html>

- Open** to your browser and go to your navigation path.
- You will be navigated to the “MHAS Portal” Login Screen, contains two links:
 - I forgot my password:
 - Download User Guide: If you want to download User Guide, **click** on this link and you can download IPortal user guide.
- Enter** your User ID and Password and **click** on Login button. Will be navigated to an IPortal Dashboard.



Download IPortal User Guide

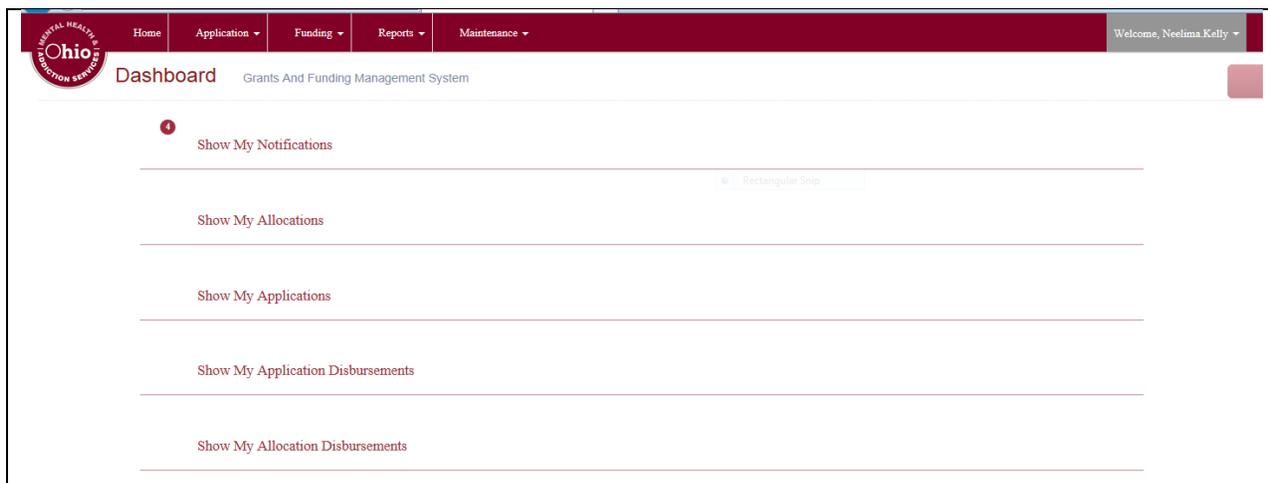
1. Open your browser and Go to (<https://apps.mha.ohio.gov/iPortal>)
2. Click on Download User Guide link, a pdf version of the IPortal user guide will be downloaded.

Step 2: Display MHAS IPortal Dashboard-Navigate to GFMS

- I. After logging in, the user is navigated to the MHAS IPortal Dashboard.
- II. Click on My Applications Tab displayed on I-Portal Dashboard and Select GFMS (Applicant) as displayed in the snapshot below:



Step 3: Display GFMS Dashboard



External User Navigations From GFMS Dashboard

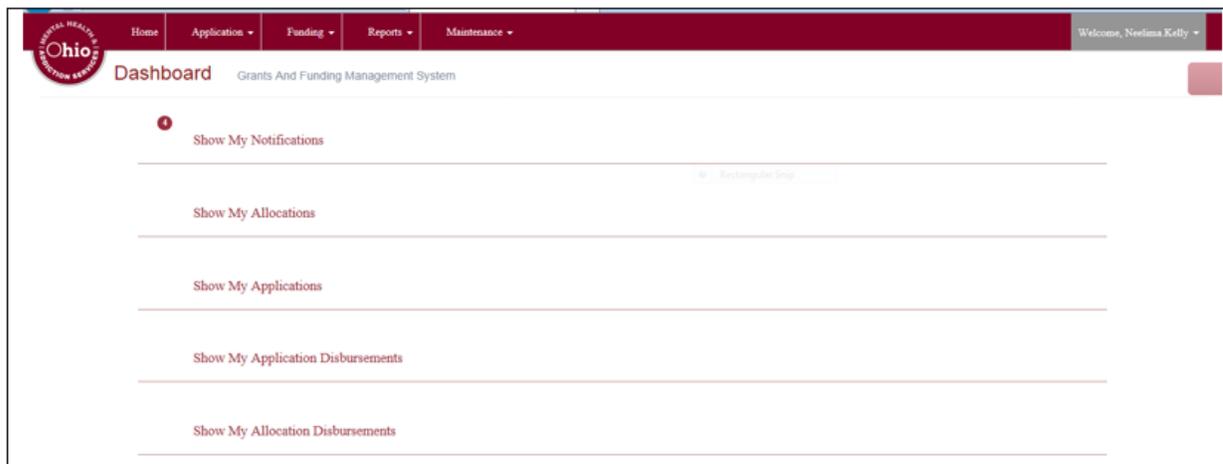
The External Users are following:

- I. Applicant

Applicant Dashboard View and Navigations

The Applicant dashboard consist of following navigation paths:

1. OhioMHAS Logo
2. Home Tab
3. Application Tab
4. Funding Tab
5. Maintenance Tab
6. Report Tab
7. Show My Notifications
8. Show My Allocations
9. Show My Applications
10. Show My Application Disbursements
11. Show My Allocation Disbursements
12. My Account Information/ User Management/Logout
13. Gear Icon



OhioMHAS Logo

Clicking “Ohio MHAS Logo” will navigate the user to the GFMS dashboard.

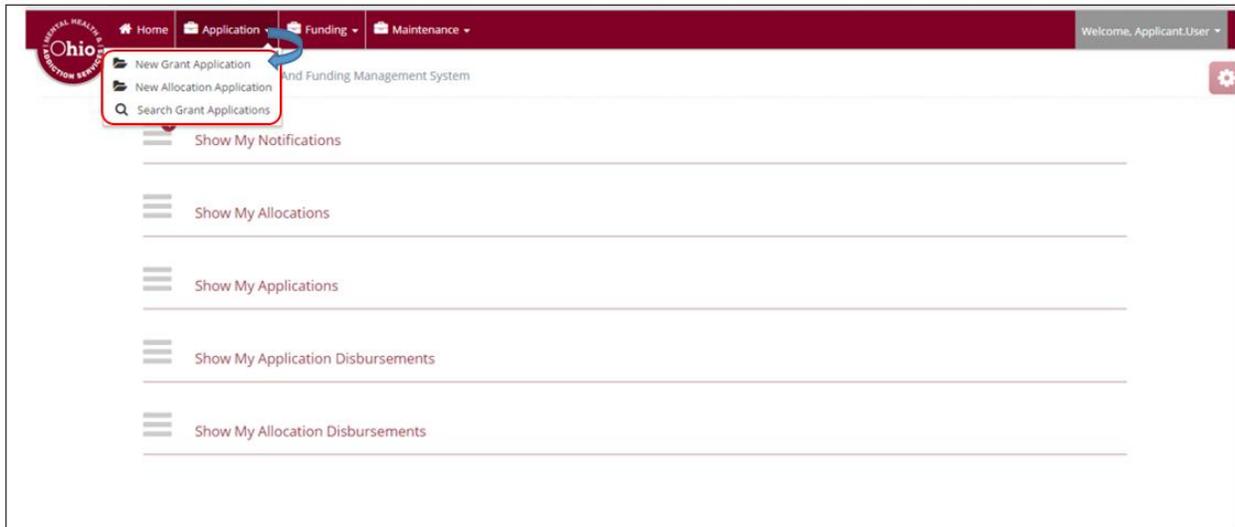
Home Tab

Clicking “Home” Tab will return the user to the GFMS dashboard.

Application Tab

The applications tab provides an applicant the ability to create a new grant application, create new allocation application and search grant applications as displayed in the snapshot below:

- **New Grant Application** – Click this link to start a new grant application.
- **New Allocation Application** – Click this link to start a new allocation application.
- **Search Grant Application** – Click this link to search a grant application.



Funding Tab

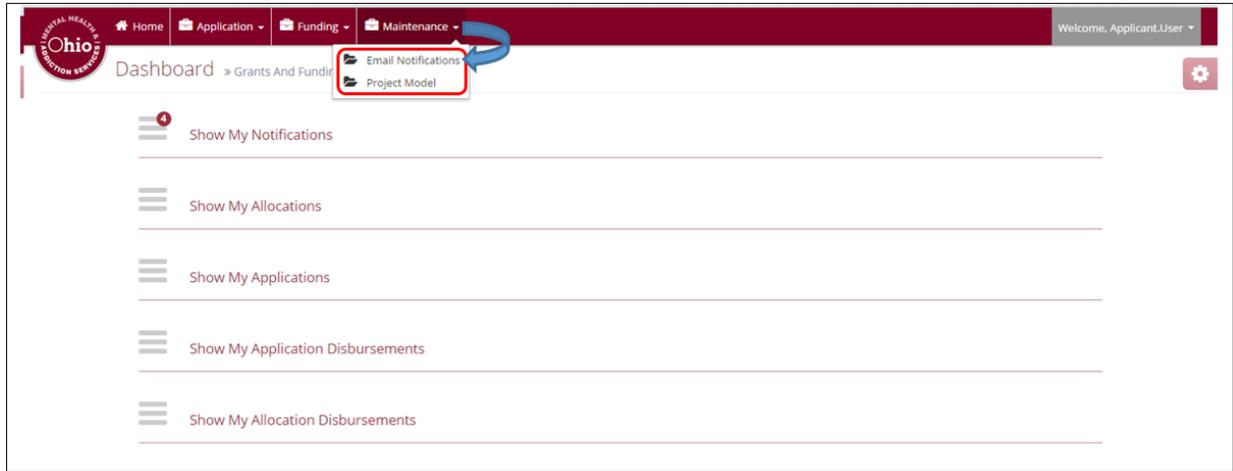
The Funding tab provides an applicant to manage disbursement request. Click on funding tab as displayed in the snapshot below:



Maintenance Tab

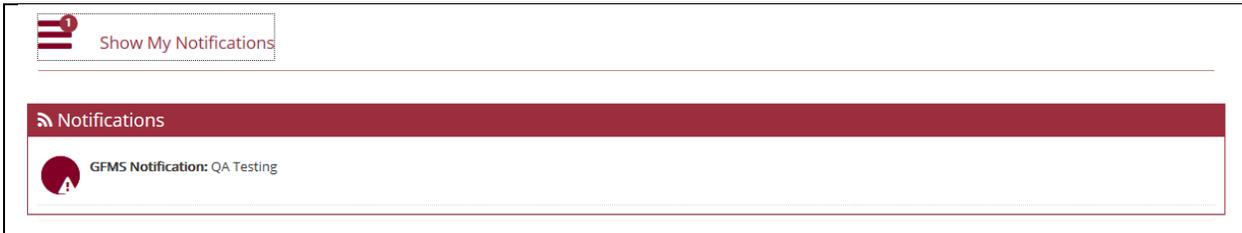
The Maintenance tab provides an applicant the ability to manage data values and various controls that manifest on the grant application or other areas of the system.

- **Email Notifications** – Click this link to set email notification preferences.
- **Project Model** – Click this link to manage project model.



Show My Notifications

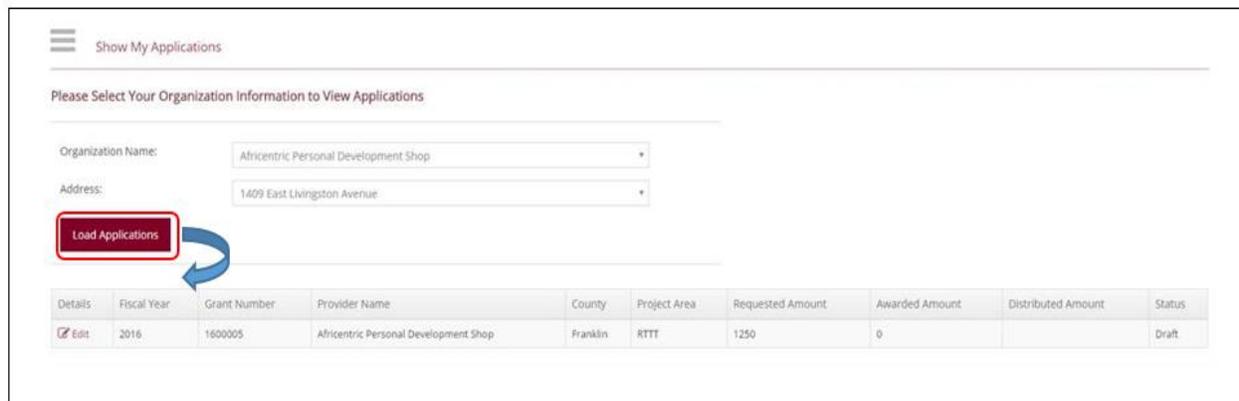
- Click on this link, the 'Show My Notifications' section will be displayed. The notification option provides user the ability to view notifications received as displayed below in the snapshot:



- Notifications displayed on this page are **created** in the **IPortal** Application. The roles permitted to create notifications are I-Portal Admin, Application Admin, Project Lead and Fiscal Lead.

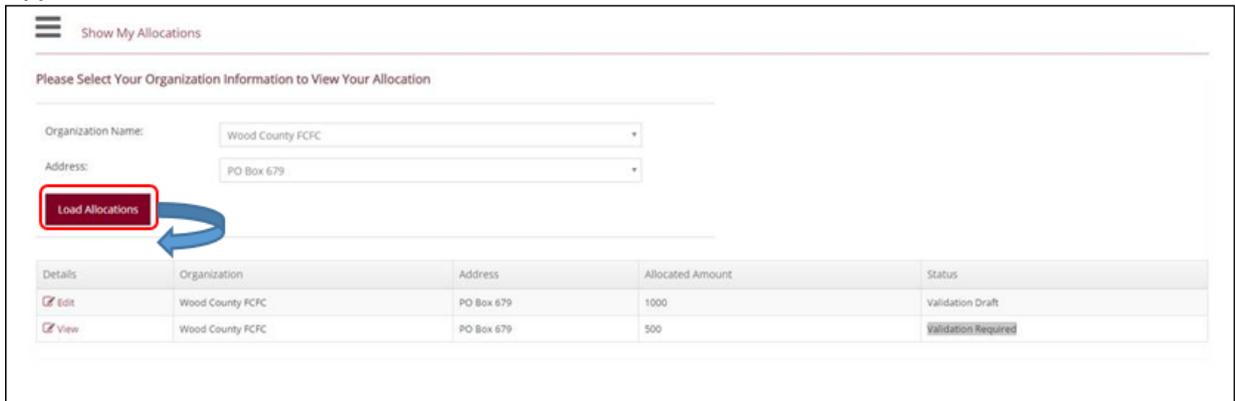
Show My Applications

- Click on this link, the 'Show My Applications' section will be displayed.
- Select dropdown fields and click on Load Application button. You will then see applications captured in the table. An application will be editable or viewable depending upon its status.



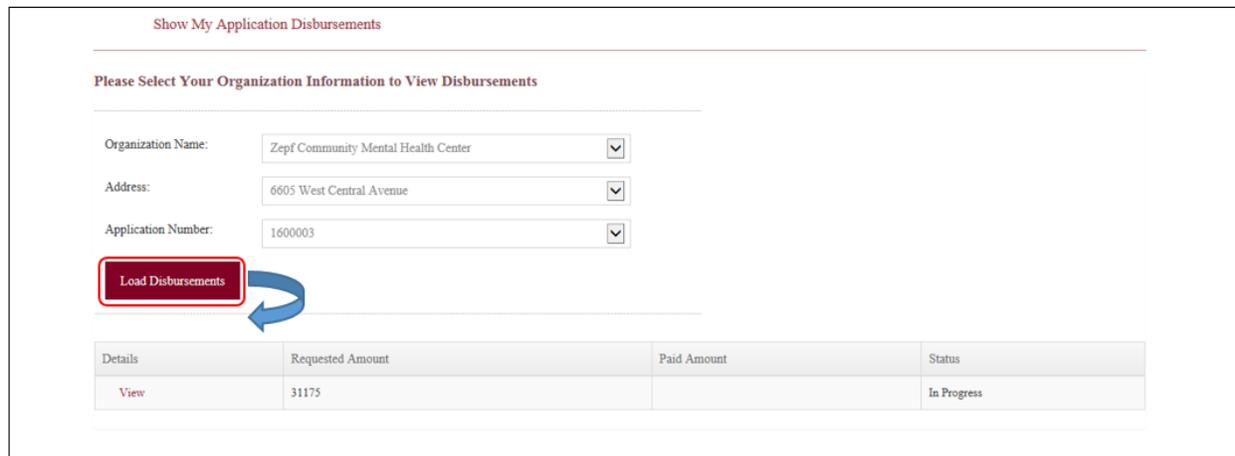
Show My Allocations:

- I. **Click** on this link, the ‘Show My Allocation’ section will be displayed.
- II. **Select** dropdown fields and **click** on Load Allocations button. You will then see allocations captured in the table. The application will be editable or viewable depending upon its status.



Show My Application Disbursements:

- I. **Click** on this link, the ‘Show My Application Disbursements’ section will be displayed.
- II. **Select** dropdown fields and **click** on Load Disbursements button. You will then see disbursement captured in the table. An application disbursement will be viewable.



Show My Allocation Disbursements:

- I. **Click** on this link, the ‘Show My Allocation Disbursements’ section will be displayed.
- II. **Select** dropdown fields and **click** on Load Disbursements button. You will then see disbursement captured in the table. An allocation disbursement will be viewable.

Show My Allocation Disbursements

Please Select Your Organization Information to View Disbursements

Organization Name: 

Address: 

Load Disbursements 

Details	Requested Amount	Paid Amount	Status
	31175		In Progress

My Account Information/Logout

Clicking “Welcome, User Name” provides following option for the user:

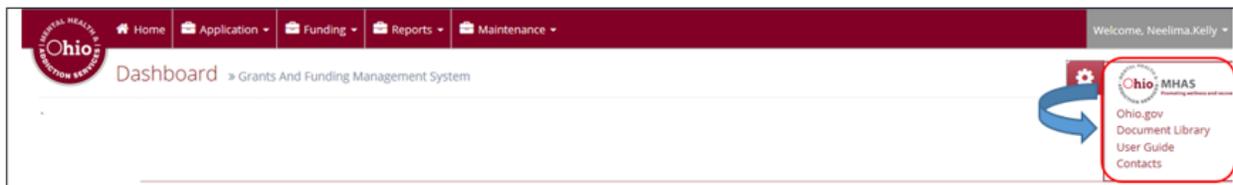
- My Account- Clicking this link provide user the ability to manage account information.
- User Management – Clicking this link, navigate user to the I-Portal Dashboard.
- Logout: To exit the system, select the arrow by the user name and click the ‘logout’ link



Gear Icon

Clicking this icon provides a window dropdown of useful links for the user. Clicking the gear icon again closes the window.

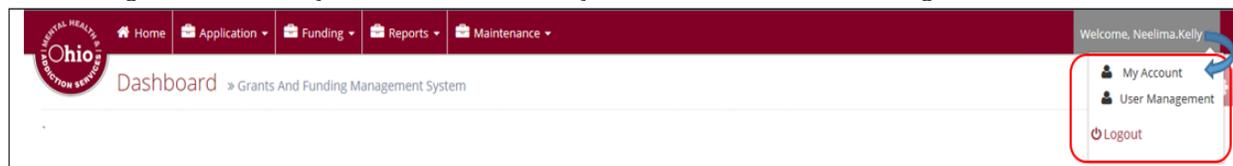
- **Ohio.gov** – Clicking on this link, navigate you to ohio.gov (Ohio government) information website.
- **Documentary Library**- Clicking on this link, navigate you to mha.ohio.gov website.
- **User Guide** – Clicking on this link, navigate you to GFMS User Guide (Not Available)
- **Contacts**- Clicking on this link, navigate you to OhioMHAS Lead (Project Lead) contact list.



My Account Information/Logout

Clicking “Welcome, User Name” provides following option for the user:

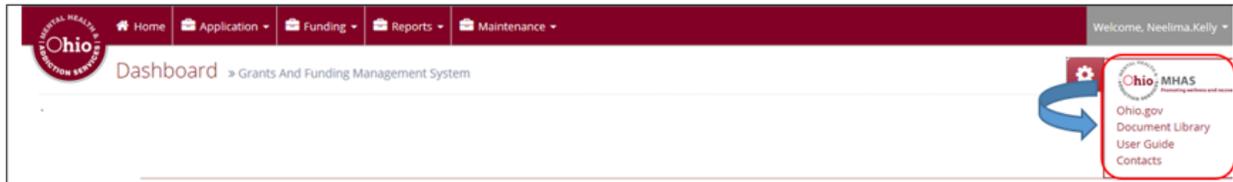
- My Account- Clicking this link provide user the ability to manage account information.
- User Management – Clicking this link, navigate user to the I-Portal Dashboard.
- Logout: To exit the system, select the arrow by the user name and click the ‘logout’ link



Gear Icon

Clicking this icon provides a window dropdown of useful links for the user. Clicking the gear icon again closes the window.

- **Ohio.gov** – Clicking on this link, navigate you to ohio.gov (Ohio government) information website.
- **Documentary Library**- Clicking on this link, navigate you to mha.ohio.gov website.
- **User Guide** – Clicking on this link, navigate you to GFMS User Guide (Not Available)
- **Contacts**- Clicking on this link, navigate you to OhioMHAS Lead (Project Lead) contact list.



Application Tab

This section covers the use of features related to New Grant Application, New Allocation Application and Search Grant Applications.

New Grant Application

An Applicant is provisioned to access the MHAS Grant and Funding Management System to start (create) an application for a grant. An Applicant logs into the I Portal and has the option to select GFMS to apply for a grant. Under the “Application” tab, **selects** the “New Grant Application” option as displayed in the snapshot below:



Face Sheet

You are on the first page, “Face Sheet” of the grant application. This page provides the initial information for the grant application.

The Face Sheet provides the initial information for the grant application.

1. **Enter** the information as indicated per each field.
2. Fields with red asterisks * are required fields.
3. Some fields are grayed out and the system will pull in information from other areas. These fields are read only and cannot be edited.
4. After all of the required information has been added, **select** the Next button (Data saved successfully) to be taken to the next screen.



1. Organizations needs to be added to the applicant role in IPortal, to view under the organization dropdown on face sheet.

When an Applicant (Provider) selects Board for “Who are you applying for this grant” field. The following fields will be disappeared from the face sheet:

- Project Area dropdown
- OhioMHAS Lead First Name
- OhioMHAS Lead Last Name
- OhioMHAS Lead Email Address

Kindly view the snapshot below:

Home

Application ▾
Funding ▾
Reports ▾
Maintenance ▾

Welcome, Neelima Kelly ▾

GFMS

APPLICATION

Face Sheet

Face Sheet

Grants And Funding Management System

Organization: *

Organization Address: *

Who are you applying to for this grant: *

Service Type: *

Application Number:

State Fiscal Year: *

Requested Amount: * \$

How many years has the service provider been in Existence? *

Program Title: *
51 characters remaining

Primary Program Contact First Name: *

Primary Program Contact Last Name: *

Primary Program Contact Phone Number: *

Primary Program Contact Email Address: *

Secondary Program Contact First Name:

Secondary Program Contact Last Name:

Secondary Program Contact Phone Number:

Secondary Program Contact Email Address:

Should the Secondary Program Contact receive emails about this grant?:

Fiscal Officer First Name: *

Fiscal Officer Last Name: *

Fiscal Officer Email: *

Fiscal Officer Telephone Number: *

5. Once the Face Sheet has been completed and saved, the Navigation bar on the left of the screen will appear displaying the remaining pages to be completed as displayed in the snapshot below:

The screenshot shows the 'Face Sheet' form in the Ohio GFMS system. The left navigation bar is highlighted with a red box, and a blue arrow points to the 'Organization Information' link. The form contains the following fields:

- Organization: Premier Care of Ohio, Inc.
- Organization Address: 1300 Dublin Road, Suite 100
- Who are you applying to for this grant?: Select...
- Service Type: Prevention
- Project Area: AA Testing Project
- Application Number: 100001
- State Fiscal Year: 2016
- Requested Amount: \$ 3500.00
- How many years has the service provider been in existence?: 5 to 10 years
- Program Title: Test
- Primary Program Contact First Name: T1
- Primary Program Contact Last Name: T1
- Primary Program Contact Phone Number: (614) 702-3421
- Primary Program Contact Email Address: test123@gmail.com
- Secondary Program Contact First Name:
- Secondary Program Contact Last Name:
- Secondary Program Contact Phone Number:
- Secondary Program Contact Email Address:
- Should the Secondary Program Contact receive emails about this grant?: Select...
- Fiscal Officer First Name:
- Fiscal Officer Last Name:
- Fiscal Officer Email:
- Fiscal Officer Telephone Number:
- OhioMMS Lead First Name: Nedima
- OhioMMS Lead Last Name: Duda
- OhioMMS Lead Email Address: Nedima.Duda@prios.ohio.gov

**For Board, the user will not view assurance and signature pages on the left navigation bar.*

Organization Information

The Organization Information page is read only and provides information captured from the initial registration process of the applicant organization required to provide access to the GFMS.

Organization Information » Grants And Funding Management System

The information on this page is view only and cannot be changed. In order to update any organization information please login to **IPortal**, use the search organization screen to search, edit and update information

Implementing Organization:	A Renewed Mind	Implementing Organization's Phone Number:	(216) 255-8036
Implementing Organization's Mailing Address:	1822 Cherry Street	City:	Toledo
State:	OK	Zip:	
Fiscal Officer:		Fiscal Officer Email:	
Fiscal Officer Telephone Number:		ADAMHS/ADAS Board:	
Certification Number:		Certification End Date:	
Federal Tax ID:	341896193	UPID:	12982,12679

Next



1. The information on this page is **view only** and cannot be changed. In order to **update** the information on this page, an Application Admin will need to make the update via the **IPortal** registration screen. Certification information must be updated through Licensure & Certification.

Federal Requirements

The Federal Requirement page gathers additional information that may be needed for federal reporting.

1. **Select** and **Enter** the information as indicated per each field on “Federal Requirement” screen.
2. Fields with red asterisks * are required fields.

Federal Requirements » Grants And Funding Management System

Executive Director's First Name: *	Executive Director's First Name	Executive Director's Last Name: *	Executive Director's Last Name
Executive Director's Mailing Address: *	Executive Director's Mailing Address	Executive Director's Email: *	Executive Director's Email
City: *	City	State: *	State
Zip: *	Zip		
Executive Director's Phone Number: *	Executive Director's Phone Number	Executive Director's Office Number: *	Executive Director's Office Number
President of Board of Directors: *	President of Board of Directors	President of Board of Director's Email: *	President of Board of Director's Email
DUNS Number: *	DUNS Number <small>To obtain a DUNS Number, call 1-866-705-5711 or to access the website, CLICK HERE</small>	I-BHS Number (Requested for behavioral health treatment providers)	I-BHS Number <small>Providers can apply for a number or verify the location associated with the number (formerly I-SATS) by calling 1-888-301-1143 or CLICK HERE</small>
Congressional District: *	Congressional District		

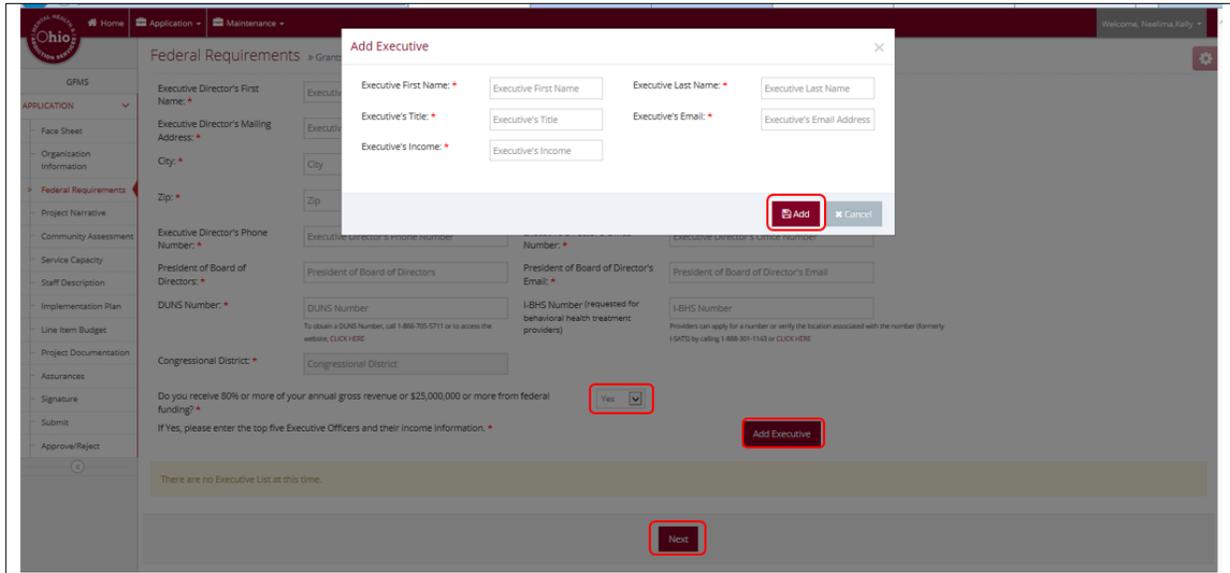
Do you receive 80% or more of your annual gross revenue or \$25,000,000 or more from federal funding? *

If Yes, please enter the top five Executive Officers and their income information. *

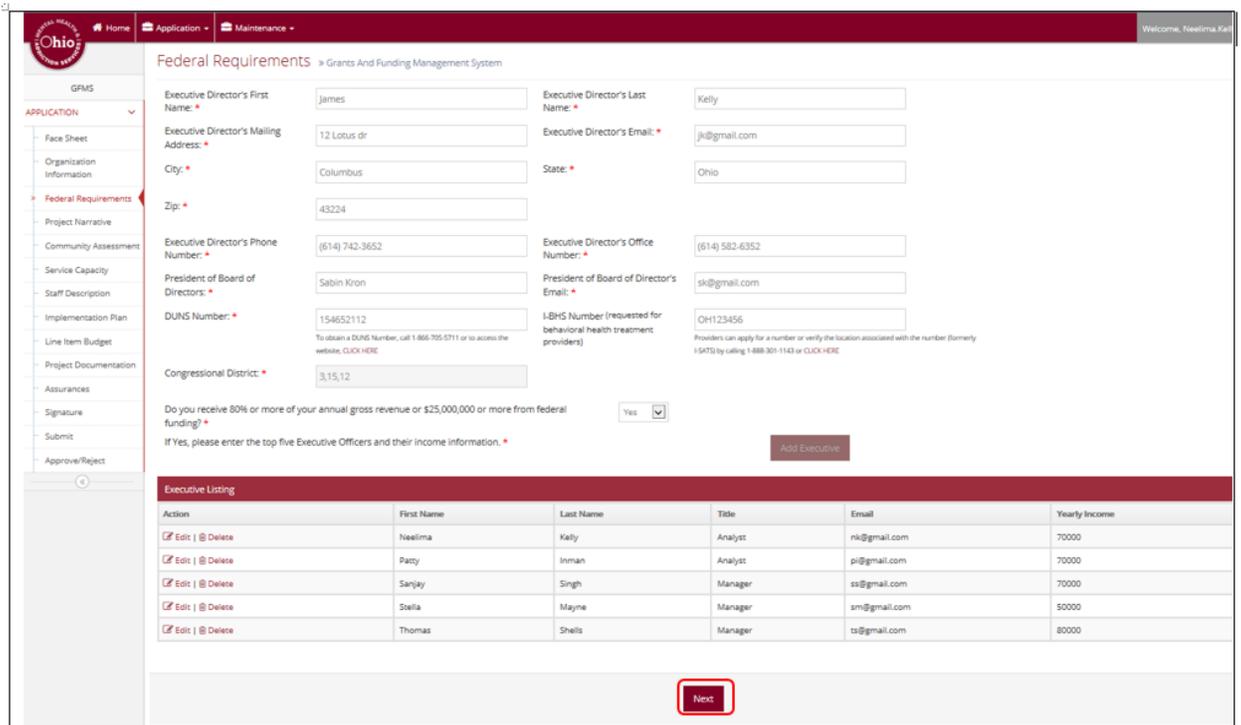
There are no Executive List at this time.

Next

3. To add Executives Mailing Director, **select** the Add Executive button.



4. In the “Add Executive” pop-up window, **enter** the required information and **select** the Add button. Repeat steps #3 and #4 up to 5 of the Executives have been added. The maximum limit to add executives are up to 5. Executive information will be displayed under “Executive Listing” table.
5. After all of the required information has been added, **select** the Next (Data is saved) button to be taken to the next screen.



6. After all of the required information has been added , **select** the Next (Data is saved) button to be taken to the next screen.

Ohio HEALTH SERVICES DELIVERY SYSTEMS

Home Application Maintenance Welcome, Neelima.Kati

Federal Requirements > Grants And Funding Management System

GFMS

APPLICATION

- Face Sheet
- Organization Information
- Federal Requirements**
- Project Narrative
- Community Assessment
- Service Capacity
- Staff Description
- Implementation Plan
- Line Item Budget
- Project Documentation
- Assurances
- Signature
- Submit
- Approve/Reject

Executive Director's First Name: James

Executive Director's Last Name: Kelly

Executive Director's Mailing Address: 12 Lotus dr

Executive Director's Email: jk@gmail.com

City: Columbus

State: Ohio

Zip: 43224

Executive Director's Phone Number: (614) 742-3652

Executive Director's Office Number: (614) 582-6352

President of Board of Directors: Sabin Kron

President of Board of Director's Email: sk@gmail.com

DUNS Number: 154652112

I-BHS Number (requested for behavioral health treatment providers): OH123456

Congressional District: 3,15,12

Do you receive 80% or more of your annual gross revenue or \$25,000,000 or more from federal funding? Yes

If Yes, please enter the top five Executive Officers and their income information.

Add Executive

Action	First Name	Last Name	Title	Email	Yearly Income
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Neelima	Kelly	Analyst	nk@gmail.com	70000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Patty	Inman	Analyst	pi@gmail.com	70000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Sanjay	Singh	Manager	ss@gmail.com	70000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Stella	Mayne	Manager	sm@gmail.com	50000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Thomas	Shells	Manager	ts@gmail.com	80000

Next

Project Narrative

The Project Narrative page provides more detailed information about the project.

1. **Enter** the information as indicated assuring that you have addressed all of the requested information.
2. As the narrative is being entered into the text area, the character counter will assist in keeping track of the space available for the narrative.
3. Fields with red asterisks * are required fields.
4. After all of the required information has been added, select the Next button (Data is saved) to be taken to the next screen.

Ohio MENTAL HEALTH & ADDICTION SERVICES

Home Application Funding Reports Maintenance

GFMS

APPLICATION

- FaceSheet
- Organization Information
- Federal Requirements
- Project Narrative
- Community Assessment
- Service Capacity
- Staff Description
- Implementation Plan
- Line Item Budget
- Project Documentation
- Assurances
- Signature
- Submit

Project Narrative » Grants And Funding Management System

Include a brief project narrative, including problem statement or issue being addressed, target population, number planning to serve and costs.*

Next

Community Assessment

The Community Assessment Page captures which assessment tool(s) were used and provide a brief summary of findings from the assessment strategy.

Ohio MENTAL HEALTH & ADDICTION SERVICES

Home Application Funding Reports Maintenance

GFMS

APPLICATION

- FaceSheet
- Organization Information
- Federal Requirements
- Project Narrative
- Community Assessment
- Service Capacity
- Staff Description
- Implementation Plan
- Line Item Budget
- Project Documentation
- Assurances
- Signature
- Submit

Community Assessment » Grants And Funding Management System

Which community assessment tool was used? [Select Community Assessment Tools](#)

Provide a brief summary of findings from the assessment strategy:

Next

1. To add the community assessment tools, select the [Select Community Assessment Tools](#) button.
2. A pop-up window will appear titled; 'Select Community Assessment Tools'.
3. **Choose** Your Community Assessment tool from the drop down.
4. Enter the information as indicated per each field and select the [Add](#) button. Repeat until all of the community assessment tools have been added.

Select Community Assessment Tools ✕

Community Assessment Tool: *
 ▼

Description: *

Assessment Readiness Date: *

Add
✕ Cancel

5. **Enter** the information as indicated per each field and **select** the Add button. Repeat until all of the community assessment tools have been added.
6. All community assessment tools that are added will appear on the 'Community Assessment' screen in the table titled Community Assessment Tools Used.
7. The entries in the "Community Assessment Tools Used" table, may be edited or deleted by clicking on the Edit or Delete link.
8. To move to the next screen select the Next button (Data is saved).

OHIO
DIGITAL HEALTH &
PRODUCTION SERVICES
Welcome, Patty.Inm

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Application ▾
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Community Assessment > Grants And Funding Management System

Which community assessment tool was used? Select Community Assessment Tools

Provide a brief summary of findings from the assessment strategy:

Community Assessment Tools Used			
	Tool Used	Description	Date
Edit Delete	Community Forums	This is my community assessment tool for community forums.	03/24/2016
Edit Delete	SAMHSA	This is another community assessment tool.	04/21/2016

Next

Service Capacity

The Service Capacity screen addresses some demographics, elements of sustainability and behavioral health disparities.

1. **Select** and **Enter** the information as indicated per each field displayed on the “Service Capacity” screen.
2. Fields with red asterisks * are required fields.
3. As the narratives are being entered into the text areas, the character counter will assist in keeping track of the space available for the narrative.
4. To add the elements of sustainability, **select** the Select Elements of Sustainability button as highlighted below in the snapshot:

The screenshot displays the 'Service Capacity' page within the 'Grants And Funding Management System'. The page is divided into several sections:

- Behavioral Health Areas Addressed (Check all that apply):** A list of checkboxes including Advocacy, Best/Promising Practices Dissemination, Alcohol, Bullying, Employment, Gambling, Illicit Drugs, Peer Services, Reentry, SMI Symptomology, and Tobacco.
- Target Populations (Check all that apply):** A list of checkboxes including Adults, Hispanic/Latino, and Males.
- Age Groups (Check all that apply):** A list of checkboxes for age ranges: 0-4 years, 5-11 years, 12-14 years, 15-17 years, 18-20 years, 21-24 years, 25-44 years, and 45-64 years, plus 65+ years.
- Text Fields:** Several text areas with red asterisks indicating they are required: 'Explain the service provider's capacity to provide services to the target population: *', 'How are behavioral health disparities manifested in the problem? *', and 'How will proposed program interventions address those behavioral health disparities? *'.
- Sustainability Section:** A text field for 'What elements of sustainability does your agency address? (Check all that apply and provide a description for each element checked):' and a text field for 'What is the program/project's comparative advantage?'. A red box highlights the 'Select Elements of Sustainability' button.
- Navigation:** A 'Next' button is located at the bottom right of the page.

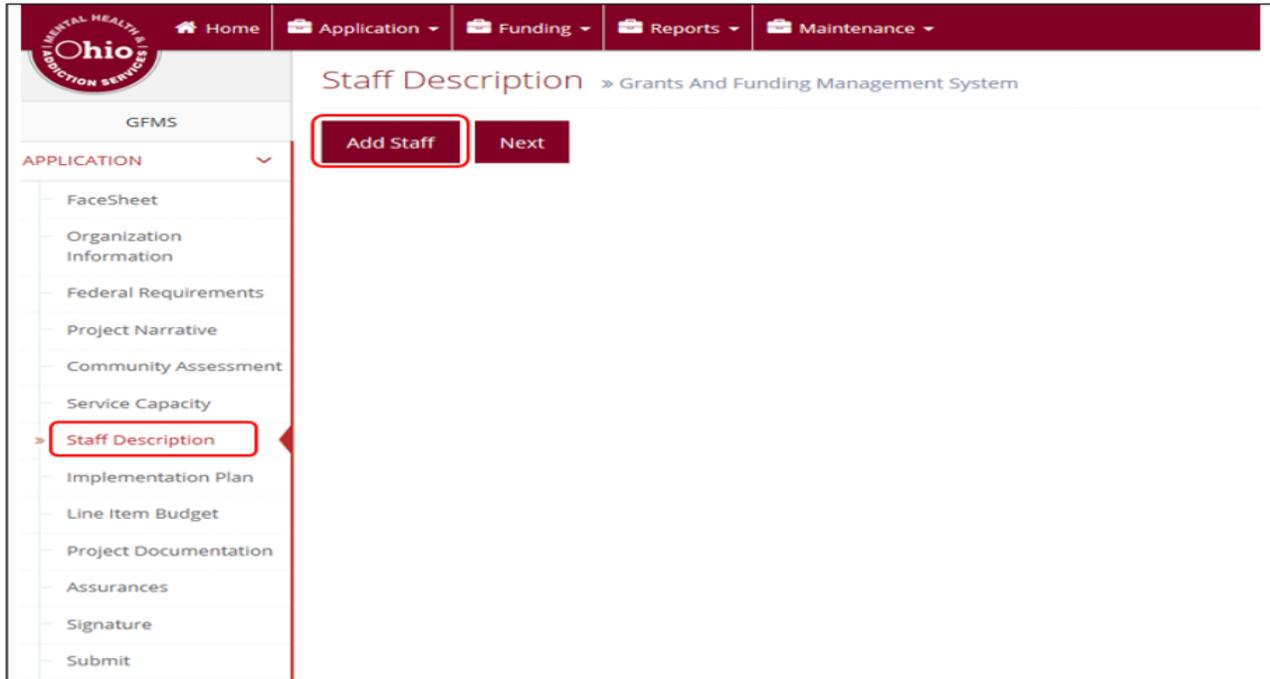
5. A pop-up window will appear titled; ‘Select Elements of Sustainability’.
6. **Choose** the elements of sustainability and complete the description.
7. **Enter** the information as indicated per each field and select the Add button. Repeat until all of the sustainability elements have been added.

8. All sustainability elements that are added will appear on the “Service Capacity” screen in the table titled “Elements of Sustainability Addressed”.
9. The entries in the “Elements of Sustainability Addressed” table, may be edited or deleted by clicking on the [Edit](#) or [Delete](#) link.
10. To move to the next screen **select** the [Next](#) button (Data is saved).

Staff Description

The Staff Description screen will display a listing of the staff and their qualifications.

1. To add staff, **select** the [Add Staff](#) button as highlighted below in the snapshot.



2. An 'Add' Staff pop-up window will appear.
3. Fields with red asterisks * are required fields.
4. **Enter** the information as indicated per each field and **select** the Save button. Repeat until all of the staff and credentials have been added. If you change your mind, select the Cancel button, navigated back to staff description screen.

The 'Add Staff' pop-up window contains the following fields and options:

- First Name: * [Input Field]
- Last Name: * [Input Field]
- Title: [Input Field]
- Email: [Input Field]
- Staff Qualification:

<input type="checkbox"/> Other [Input Field]	<input type="checkbox"/> Aide
<input type="checkbox"/> Assistant	<input type="checkbox"/> Art Therapist
<input type="checkbox"/> Certified Nurse Practitioners	<input type="checkbox"/> Certified Health Education Specialist
<input type="checkbox"/> Clinical nurse specialist	<input type="checkbox"/> Certified Therapeutic Recreation Specialist
<input type="checkbox"/> Doctor of osteopathic medicine	<input type="checkbox"/> D.A.R.E. Officer
<input type="checkbox"/> Licensed occupational therapist	<input type="checkbox"/> Licensed Independent social worker
<input type="checkbox"/> Licensed school psychologist	<input type="checkbox"/> Licensed occupational therapy assistant
<input type="checkbox"/> Ohio Certified Prevention Specialist	<input type="checkbox"/> Master Certified Health Education Specialist
<input type="checkbox"/> Ohio Certified Prevention Specialist Assistant	<input type="checkbox"/> Ohio Certified Prevention Specialist II
<input type="checkbox"/> Physician assistant	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Professional clinical counselor	<input type="checkbox"/> Prevention Specialist Registered Applicant or Registered Applicant
<input type="checkbox"/> Provisional professional clinical counselor	<input type="checkbox"/> Professional counselor
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Provisional professional Counselor
<input type="checkbox"/> Psychology assistant	<input type="checkbox"/> Psychology aide
<input type="checkbox"/> Psychology intern	<input type="checkbox"/> Psychology fellow
<input type="checkbox"/> Psychology resident	<input type="checkbox"/> Psychology postdoctoral trainee
<input type="checkbox"/> Registered nurse	<input type="checkbox"/> Psychology trainee
<input type="checkbox"/> School Resource Officer	<input type="checkbox"/> School psychology assistant

At the bottom right, there are 'Save' and 'Cancel' buttons.



The Staff Qualifications that are listed in the 'Add Staff' pop-up window are **dependent** on the Service Type of the application. For example; Prevention may not see the same qualifications that are shown for Community Support.

Only Staff working on the **particular grant** will be **included** in the "List of Staff" not the entire staff list for the agency.

If user **selects** "Other" displayed under Staff Qualifications list, the text box field becomes the **required** field and user needs to **enter** the value in it.

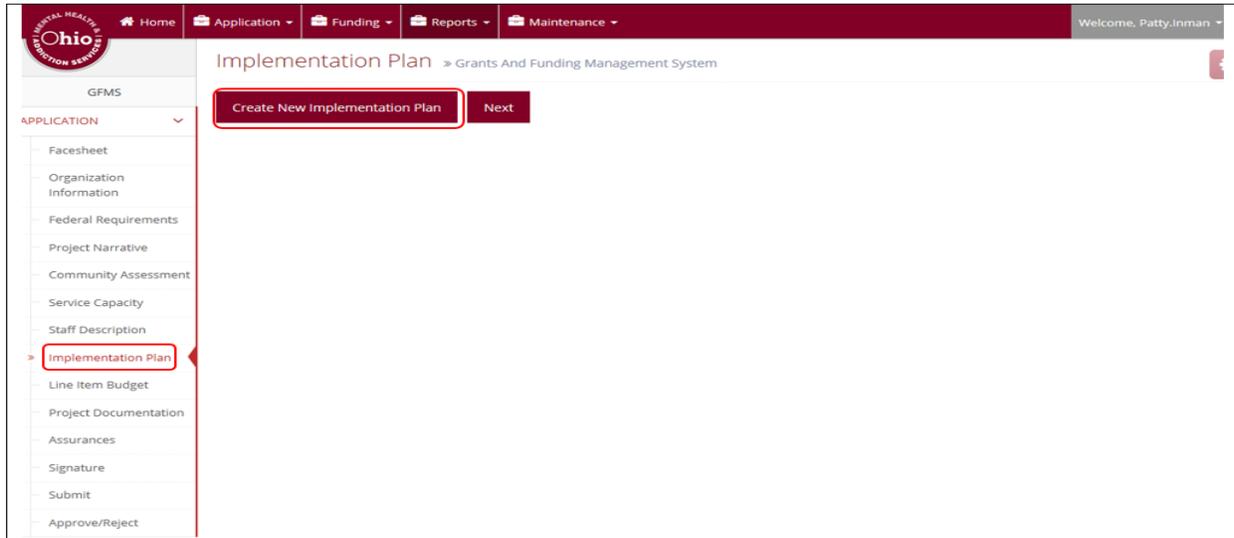
5. All staff that are added will appear on the "Staff Description" screen in the table titled "List of Staff".
6. The entries in the "List of Staff" table, may be edited or deleted by clicking on the Edit or Delete link.
7. To move to the next screen **select** the Next button (Data is saved).

List of Staff		First Name	Last Name	Title	Email	Staff Qualification
Edit	Delete	Mary	Smith	Phd	Mary@aol.com	Professional clinical counselor , Professional counselor , Psychologist
Edit	Delete	Sam	Jones	Consultant	Sam@aol.com	Licensed occupational therapy assistant , Ohio Certified Prevention Specialist Assistant , Professional counselor

Implementation Plan

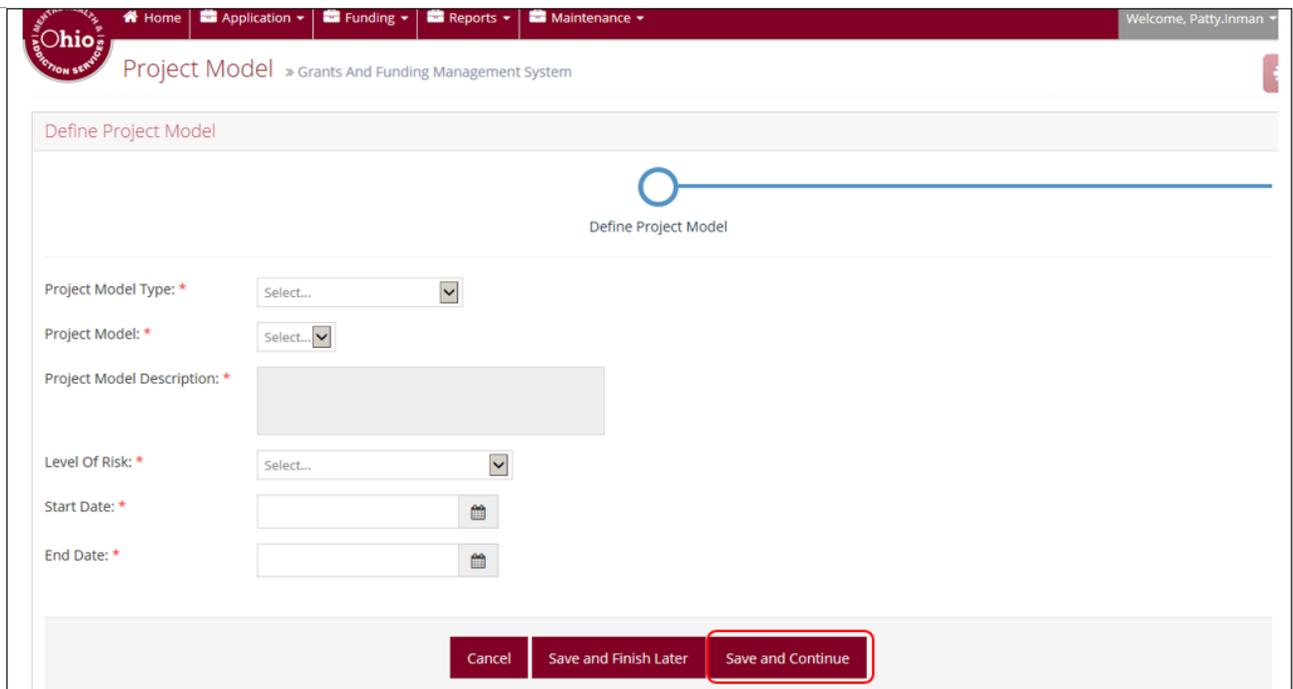
The Implementation Plan is made up of several screens. The plan is where the Applicant will describe how they intend to implement and manage the project outlined in this application.

1. To create the Implementation Plan, select the Create New Implementation Plan button as displayed in the snapshot below:



Define Project Model

1. The 'Define Project Model' screen will appear.
2. Fields with red asterisks * are required fields.
3. **Select** and **Enter** the information as indicated per each field. Depending on what is selected in the "Project Model" dropdown, the description will be automatically populate into the 'Project Model Description' field.
4. **Select** the Save and Continue button. Repeat until all of the staff and credentials have been added.





1. The Project Model Type, Project Model and Project Model Description must have been **created** by the OhioMHAS Lead in the **Project Model section** of the **Maintenance Tab**.

2. If user **selects Adaptive Evidence Based Programs or Locally Developed Programs** under Project Model Type, the project model description **needs** to be entered.

Define NOMs

1. All of the NOMs associated with the selected Project Model will automatically show on the screen.
2. **Select** at least one NOM and then **select** the Choose Objectives button as highlighted below in the snapshot:

OHIO MENTAL HEALTH & ADDICTION SERVICES

Home Application Funding Reports Maintenance

NOM > Grants And Funding Management System

Define NOMs

Define Project Model

Choose desired NOM(s) for this Project Model (at least 1): *

Gainfully Employed

Previous Page Cancel Save and Finish Later Choose Objectives

Define Objectives

1. All of the Objectives associated with the selected NOMs will automatically show on the “Define Objectives” screen.
2. **Select** at least one Objective and then select the Next Section button. Data is saved.

OHIO MENTAL HEALTH & ADDICTION SERVICES

Home Application Funding Reports Maintenance Welcome, Patty.Inm

Objective Selection » Grants And Funding Management System

Define Objectives

Define NOMs Define Objectives

Your current NOM is **Gainfully Employed**. Choose your objectives for this NOM below:

Clients will participate in job preparation/education programming

Previous Section Next Section

3. A second "Define Objectives" screen will appear.
4. **Select** and **Enter** the information as indicated per each field and select the Next Section button.

OHIO MENTAL HEALTH & ADDICTION SERVICES

Home Application Funding Reports Maintenance

Objective Summary » Grants And Funding Management System

Define Objectives

Define Objectives

Your current objective is **Clients will participate in job preparation/education programming**. The NOM for the current objective is **Gainfully Employed**

Fill in the information below for the objective below:

In this grant fiscal year, of the people served by this intervention, will achieve this objective.

Choose your level of change:

Previous Section Next Section



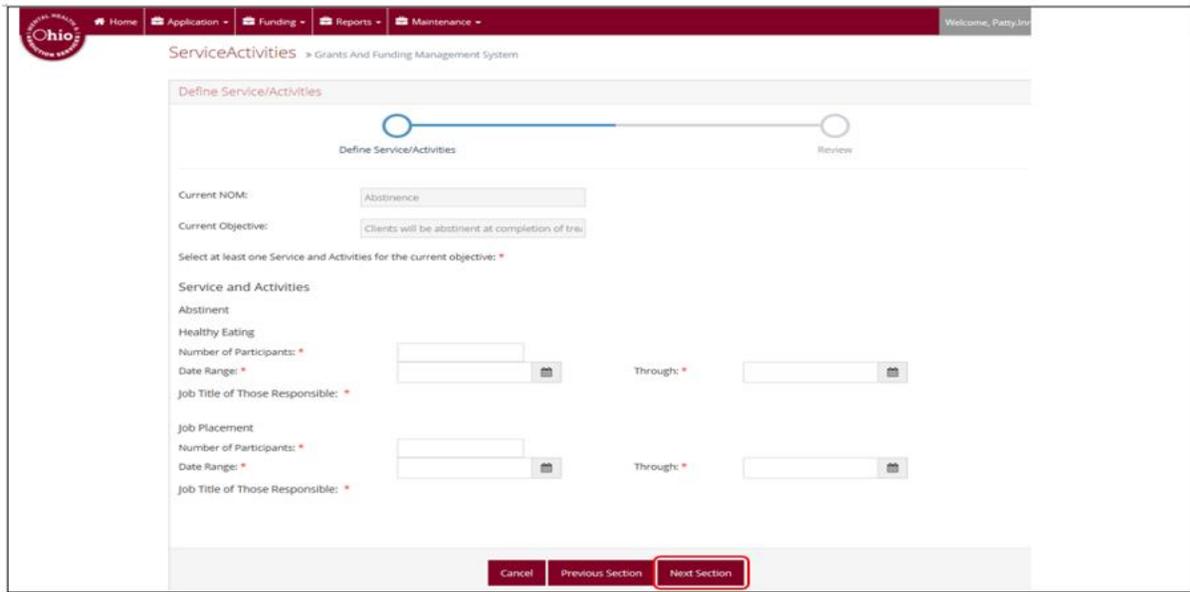
1. Depending on the **Service Type** of the application, the user will view screens for **Strategy/Services**, **Service/Activities**, or will have completed the Implementation Plan section of the application.
2. If Service Type is **“Prevention”** or **“Community Support”**, the **“Strategy/Services”** screen will be **displayed**.
3. If Service Type is **“Treatment and Recovery”**, **“Services/ Activities”** screen will be **displayed**.
4. If Service Type is **“Research and Evaluation”**, Services/ Activities or Strategy/Services screen **will not** be displayed and user will be **directly** navigated to **“Review Implementation Plan”** screen.

Strategy/Services

1. All of the Strategy/Services associated with the selected NOMs and Objectives will automatically show on the screen.
2. Select the appropriate Strategy & Services for the Strategy and enter an amount in 'Enter Est. Served' field to be served.
3. Select the Next Section button. (Data is saved)

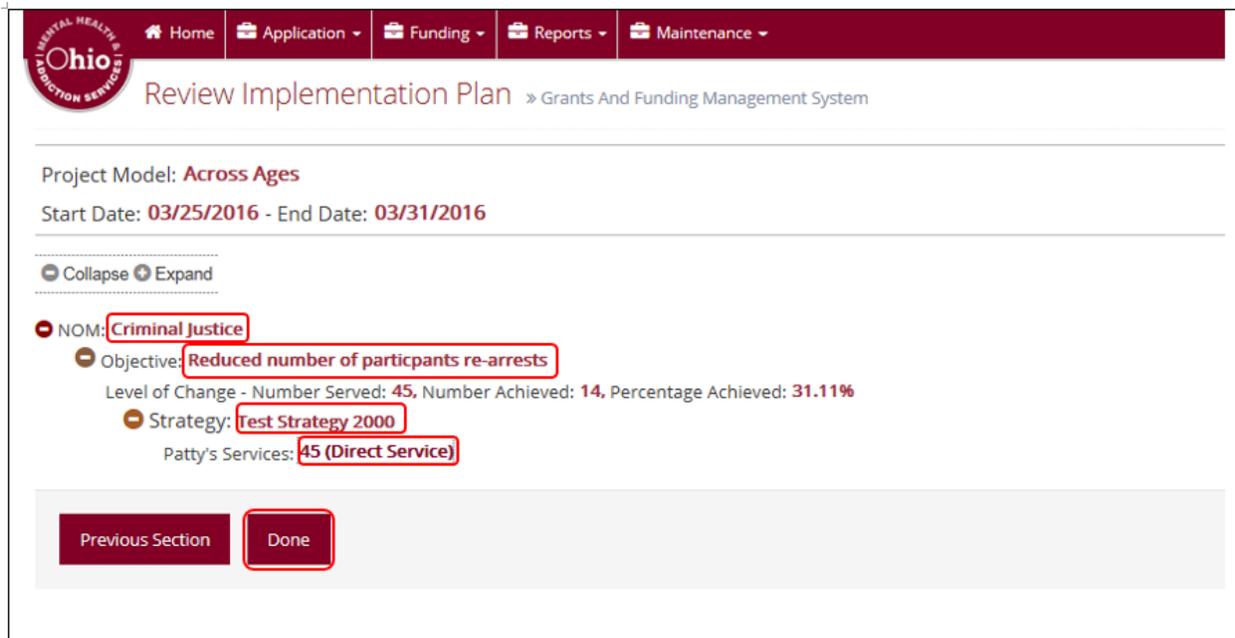
Service/Activities

1. All of the Service/Activities associated with the selected NOMs and Objectives will automatically show on the screen.
2. For each Service/Activities complete the required information and **select** the Next Section button. Data is saved.



Review Implementation Plan

1. The Review screen allows the user to review the implementation plan and make any changes. To make changes in a section, **select** the link in red text to be taken back to that specific screen as highlighted below in the snapshot:
2. **Select** the Done button to be taken back to the Implementation Plan screen. When user **clicks** on Done button, the data will be saved successfully.



3. All Implementation Plans that are created will be listed in the 'List of Implementation Plans' table.
4. The entries in the 'List of Implementation Plans' table, may be edited or reviewed by clicking on the Edit or Review link, displayed in the snapshot below:

Implementation Plan » Grants And Funding Management System

Create New Implementation Plan Next

Action	Project Model	Type	Modified By	Last Modified
<input checked="" type="checkbox"/> Review <input type="checkbox"/> Edit	All Stars	Coalition	1/25/2016 1:16:12 PM	Patty.Inman
<input checked="" type="checkbox"/> Review <input type="checkbox"/> Edit	Across Ages	Evidence Based Practice	3/23/2016 3:10:28 PM	Patty.Inman

5. Select the Next button (Data is saved) to move to the next section of the application.

Line Item Budget:

The Line Item Budget screen allows the user to enter how the funds will be budgeted for the project.

1. There are two sections to the Line Item Budget; 'Direct Costs' and 'Indirect Costs'.
2. Input the budget amounts into the appropriate line item.
3. A Narrative must be provided for each line item that shows an amount.
4. When an amount is entered into the column titled 'Budget Revision' for a line item, the calculation for the columns titled 'Difference between Original & Revision' and 'Percentage Difference' will be automatically calculated.





1. For the **initial grant application**, the following columns **should not be shown**; MHAS Budget Revision, Narrative, Difference between Original & Budget Revisions, and Percentage Difference.

2. Once the application is in the **Awarded status**, the MHAS Funding and Narrative columns are **grayed out** and **cannot be edited**.



3. If application status is **Revision**, the MHAS Funding, Narrative, Other Funding, Narrative, and Total columns will be **grayed out** and **cannot be edited**.

4. If application status is **Renewed**, the initial grant application rules will be applied to the renewed application.



1. Grand Total is the **total** of the costs listed in **Total Direct Costs** and **Total Indirect Costs**. The Grand Total of the MHAS Funding column must **match** what is in the 'Amount Requested' field on the Face Sheet.

**For Board, the column name "MHAS" will be changed to "Board" as displayed in the snapshot below:*

Project Documentation:

The Project Documentation screen is where the Insurance Policy, Annual Financial Reporting Audit, MOU, Project Documentation, and any additional documents will be attached (upload) as highlighted in the snapshot below:

The screenshot shows the 'Project Documentation' screen in the Grants and Funding Management System. The page is titled 'Project Documentation' and shows various sections for document upload. Red boxes highlight specific links: 'Click Here to Upload the Proof of Liability page of the Insurance Policy to this section', 'Click Here to Upload the Findings page of the Annual Financial Reporting Audit or Auditable Financial Statements', 'Click Here to Upload the Required Documentation for the Project Area RTTT (Please Upload all documentation required for this project)', 'Click Here to Upload the MOU - Memorandum of Understanding (if required)', and 'Click Here to Upload Additional Attachments'. The page also includes a sidebar with navigation options and a 'New' button at the bottom right.

**For Board, NOSA Section will not be displayed, Proof and Annual Financial Reporting Audit sections are not the required sections to fill in.*

How to Attach Documents

1. All documents on the "Project Documentation" screen will be attached in the same manner.
2. To attach the "Proof of Liability" page, **click** on the Click Here to upload link, which is designated by the pointing hand icon.



3. A pop-up window will appear to allow for the uploading of the document.
4. Fields with red asterisks * are required fields.
5. To attach a document, **select** the Browse button.
6. **Select** the file from your computer that is to be attached and then **select** the Upload Attachment button as displayed in the snapshot below:

Project Documentation >> Upload Proof of Liability > Grants And Funding Management System

⚠ Project Documents may be added with the following restrictions:

- File size is limited to 2 MB.
- File types are limited to:
 - Word (.doc, .docx)
 - Excel (.xls, .xlsx)
 - Adobe Acrobat (.pdf)
 - PowerPoint (.ppt, .pptx)
 - images (.jpg)
 - Text (.txt)
 - Rich Text Format (.rtf)

Items that do not meet these restrictions cannot be attached.

Document Name: *

Document Description:

File: *

Please be aware of the restrictions on the document attachments.



⚠ Project Documents may be added with the following restrictions:

- File size is limited to 2 MB.
- File types are limited to:
 - Word (.doc, .docx)
 - Excel (.xls, .xlsx)
 - Adobe Acrobat (.pdf)
 - PowerPoint (.ppt, .pptx)
 - images (.jpg)
 - Text (.txt)
 - Rich Text Format (.rtf)

Items that do not meet these restrictions cannot be attached.

Uploaded Proof of Liability

1. **Enter** the information as indicated for each field.
2. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
3. Once the document has been uploaded, it will appear in the table titled, "Uploaded Proof of Liability" as highlighted in the snapshot below:

Uploaded Proof of Liability					
	Document Name	Description	Uploaded Date	Uploaded By	
View	Delete	Liability Document	Standard Template	4/8/2016	Neelima.Kelly

a. Insurance Carrier:

b. Policy #:

c. Insurance Amount: \$

d. Date of Expiration:

4. If this is the only section in the 'Project Documentation' screen that needs completed, select the **Next** button.
5. If there are other sections in the 'Project Documentation' screen that needs to be completed, then proceed to the next section on the screen.

Uploaded Annual Financial Reporting Audit

1. **Enter** the information as indicated for each field.
2. If you **select** the answer **Yes** to question a, then you will be **required** to provide a 'Date the Audit was Completed'.
3. If you **select** the answer **Yes** to question c, then you will be **required** to provide an explanation.
4. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
5. Once the document has been uploaded, it will appear in the table titled, "Uploaded Annual Financial Reporting Audit" as highlighted in the snapshot below:

Uploaded Annual Financial Reporting Audit					
	Document Name	Description	Uploaded Date	Uploaded By	
View	Delete	Annual Financial Report	standard template for the report	4/8/2016	Neelima.Kelly

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months?

b. If Yes; Date the Audit was completed:

Time Period the Audit From:

Time Period the Audit To:

c. Any Findings?

If Findings, please explain:

6. If this is the only section in the "Project Documentation" screen that needs completed, select the **Next** button.
7. If there are other sections in the "Project Documentation" screen that needs to be completed, then proceed to the next section on the screen.

Uploaded Project Documentation

1. The 'Project Name' will appear automatically as the table header depending on the Project that was selected on the Face Sheet.
2. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.

- Once the document has been uploaded, it will appear in the table titled, 'Uploaded *project name* Documentation'.

[Click here to Upload the Required Documentation for the Project Area: RTTT \(Please upload all documentation required for this project\)](#)

Uploaded RTTT Documentation					
		Document Name	Description	Uploaded Date	Uploaded By
		RTT Doc	RTT Doc	4/8/2016	Neelima.Kelly

- If this is the only section in the 'Project Documentation' screen that needs completed, select the Next button.
- If there are other sections in the 'Project Documentation' screen that needs to be completed, then proceed to the next section on the screen.

Uploaded MOU

- See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
- Once the document has been uploaded, it will appear in the table titled, 'Uploaded MOU'.

[Click Here to Upload the MOU - Memorandum of Understanding \(if required\)](#)

Uploaded MOU					
		Document Name	Description	Uploaded Date	Uploaded By
		Memorandum	Standard Template	4/8/2016	Neelima.Kelly

- If this is the only section in the 'Project Documentation' screen that needs completed, **select** the Next button.
- If there are other sections in the 'Project Documentation' screen that needs to be completed, then proceed to the next section on the screen.

Uploaded Additional Attachments

- This section is to be used for any other additional attachments that may be needed to submit the application.
- See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
- Once the document has been uploaded, it will appear in the table titled, 'Uploaded Additional Attachments'.

[Click Here to Upload Additional Attachments](#)

Uploaded Additional Attachments					
		Document Name	Description	Uploaded Date	Uploaded By
		Secondary Insurance Doc	Secondary Insurance Doc	4/8/2016	Neelima.Kelly

- If this is the only section in the 'Project Documentation' screen that needs completed, select the Next button.
- If there are other sections in the 'Project Documentation' screen that needs to be completed, then proceed to the next section on the screen.



- When Grant Application Status is tagged as an "**Awarded**" **then only**, the NOSA section will be **populated** on the Project Documentation screen.

Assurances

The Assurances screen is where the user will read and digitally sign the Assurances document.

1. **Select** the View link in the “Assurance” table to read the assurance document.
2. **Click** in the ‘I Agree’ box to digitally sign that the assurance has been reviewed and agreed to.
3. **Click** on Next button (Data is saved) to be taken to the next screen.

The screenshot shows the 'Assurances' page in the Grants And Funding Management System. The page title is 'Assurances > Grants And Funding Management System'. Below the title, there is a message: 'Please read the Assurances carefully by clicking on its title. Then select the checkbox next to the Assurances to indicate that you agree.' Below this, there is a warning: 'Checking the box below is the equivalent of a digital signature. By checking these box, you indicate that you agree in full to the specified Assurances as it is presented and that you are the CEO of the agency applying for the funds specified on this grant application or a delegate acting on their behalf.' The main content is a table with the following columns: Action, Assurances, Fiscal Year, Signatory, Date of Signature, and I Agree. The table has one row: 'View' (with a red box around the link), 'Grant Assurance', '2016', an empty cell, an empty cell, and a checked checkbox (with a red box around it). Below the table is a 'Next' button (with a red box around it).

4. A Signatory Name and Date of Signature will be displayed in the Assurance table as highlighted below in the snapshot:

This screenshot is similar to the previous one, but the 'Signatory' and 'Date of Signature' columns in the table are now populated. The 'Signatory' column contains 'Neelima.Kelly' and the 'Date of Signature' column contains '3/28/2016 6:04:03 PM'. Both of these cells are highlighted with red boxes. The 'I Agree' checkbox remains checked and is also highlighted with a red box. The 'Next' button is still present below the table.

**For Board Applicant, this page will be removed.*

Signature

The Signature screen is where the unsigned copy of the signature sheet can be downloaded, signed, and the uploaded back into the application.

1. **Select** the Click Here link to download the signature sheet.

[Click here to download a blank unsigned copy of the signature sheet.](#)

2. The signature sheet will be opened in a PDF format. **Print** the document, get it signed by the appropriate people, then **scan** and **save** the document to your computer.
3. To attach the signed Signature sheet to the application, **select** the Upload Signature link.

Upload Signature

Signature > Grants And Funding Management System

Please upload a signature sheet bearing the signatures of both your agency's Chief Executive Officer and President of the Board of Directors.

Note that you will not be able to submit the grant application without first uploading a signature page. If the signature page is incorrect, your grant application will be returned upon review by OhioMHAS. This could delay or potentially stop the processing of your application.

[Click here to download a blank unsigned copy of the signature sheet.](#)

⚠ The file size for signature documents is limited to 2 MB per signature sheet.
File type is limited to Adobe Acrobat (.pdf).

[Upload Signature](#)

Uploaded Signatures			
	Document Name	Uploaded Date	Uploaded By
View	Prevention Signature	2/11/2016	Joseph.Bell
View	Prevention Signature	3/28/2016	Neelima.Kelly

[Next](#)

4. The Upload Signature pop-up window will appear.
5. **Input** the Document Name and Upload the signature document. **Click** on Upload Signature button. See the section in the user guide titled: 'How to Attach Documents' for detailed instructions.

Signatures >> Upload Signature > Grants And Funding Management System

Document Name: *

File: * [Browse...](#)

[Upload Signature](#)

6. The Signature Document will be listed in the "Uploaded Signatures" table as highlighted below in the snapshot:

Signature > Grants And Funding Management System

Please upload a signature sheet bearing the signatures of both your agency's Chief Executive Officer and President of the Board of Directors.

Note that you will not be able to submit the grant application without first uploading a signature page. If the signature page is incorrect, your grant application will be returned upon review by OhioMHAS. This could delay or potentially stop the processing of your application.

Click here to download a blank unsigned copy of the signature sheet.

⚠ The file size for signature documents is limited to 2 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

Upload Signature

Uploaded Signatures			
	Document Name	Uploaded Date	Uploaded By
	Prevention Signature	2/11/2016	Joseph.Bell
	Prevention Signature	3/28/2016	Neelima.Kelly
	Prevention Signature	3/28/2016	Neelima.Kelly

Next

Please note the restrictions for uploading this signature document.



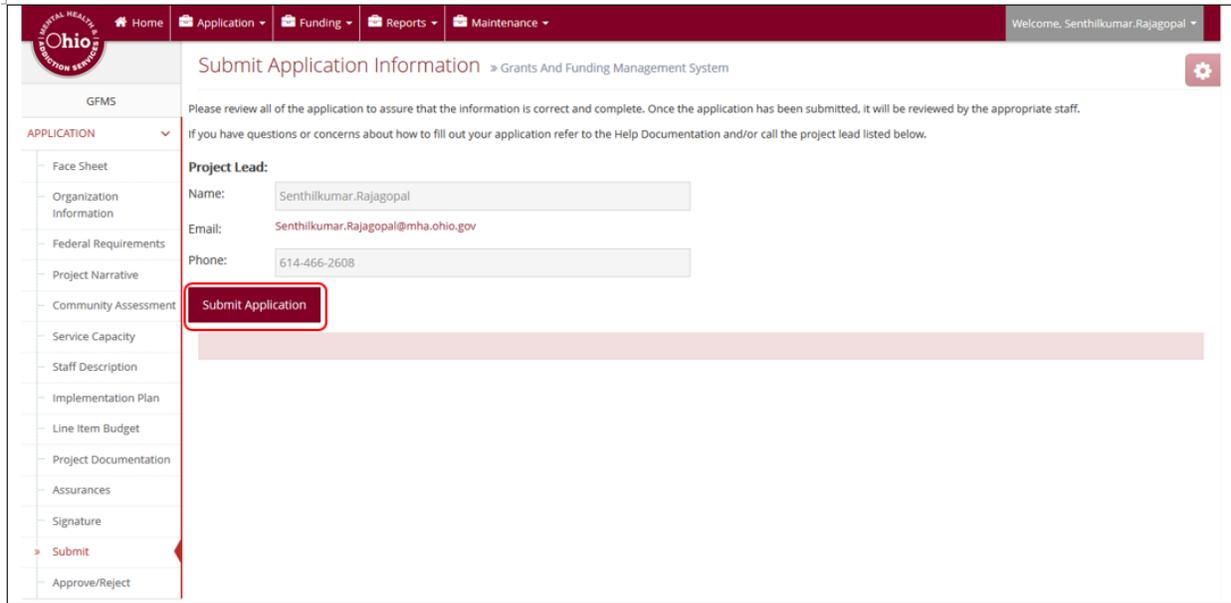
⚠ The file size for signature documents is limited to 2 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

**For Board Applicant, this page will be removed.*

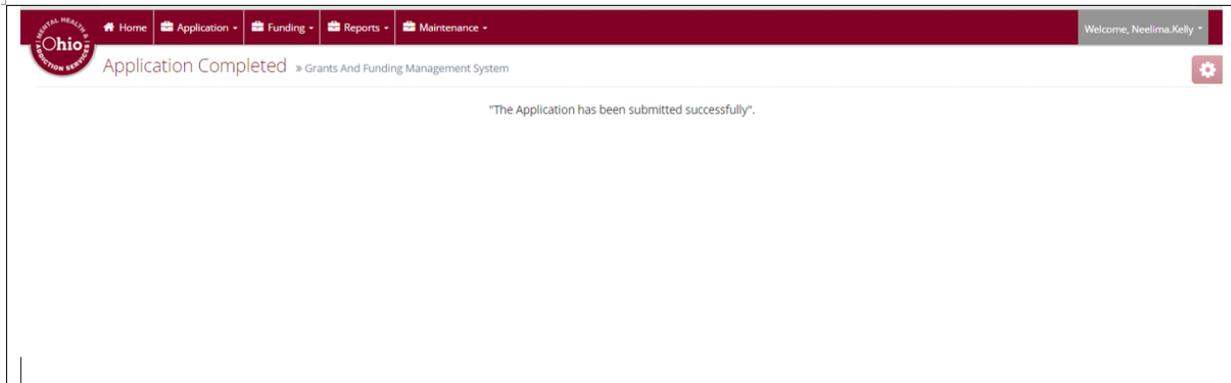
Submit

The Submit screen is where the application will be checked to assure all required fields are complete and the application will be submitted to OhioMHAS for review.

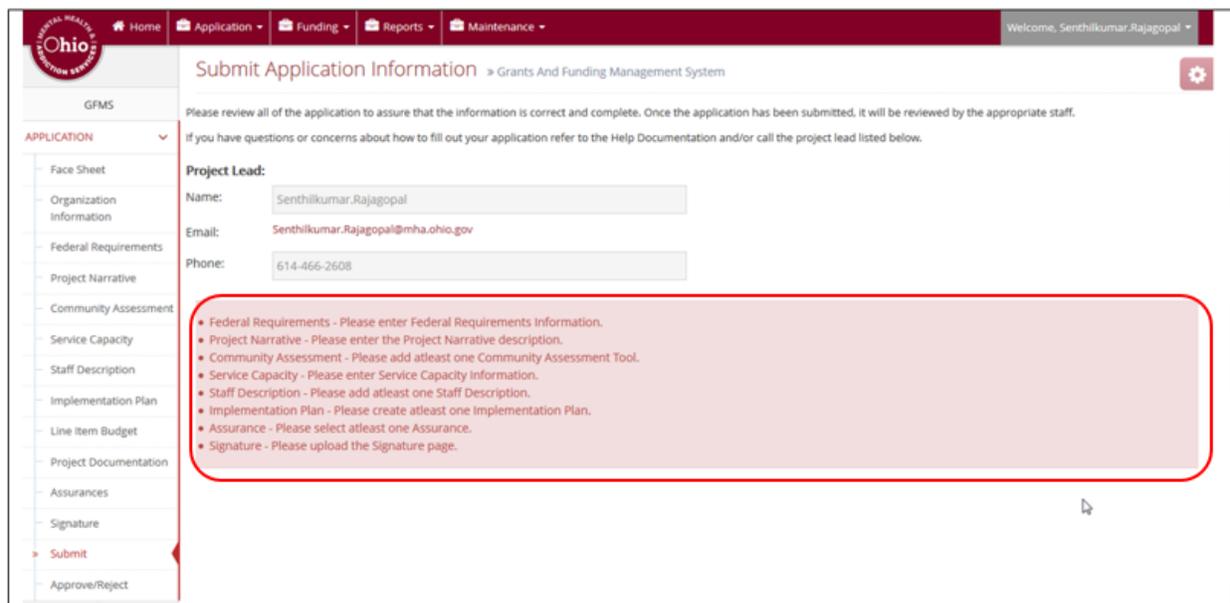
1. Select the Submit Application button.



2. The system will display “Application Completed” screen where you can view a message “The Application has been submitted successfully”



3. If the required information is not entered on the application pages and user **clicks** on Submit button, the system will ask user to enter the information, Example highlighted in the snapshot below:



**For Board Applicant, the instructions will be "If you have questions or concerns about how to fill out your application, please refer to the Help Documentation and/or call the project lead listed below. The Project Lead information will be removed.*

New Allocations Application:

An Applicant is provisioned to access the MHAS Funding and Grants and Funding Management System to create an allocation application for the allocations. Here, the user logs into IPortal and has the option to select GFMS to apply for an allocation. Under the "Application" tab, selects the "New Allocation Application" option as displayed in the snapshot below:



Allocation Face Sheet

You are on the first page, "Allocation Face Sheet" of the allocation application. This page provides the initial information for the allocation application.

1. **Select** the information as indicated per each field on "Allocation Face Sheet" screen. Fields with red asterisks * are required fields.
2. **Click on Search** button. The fields will be displayed on the basis of selected input.
3. **Select and Enter** the information as indicated per each field. Fields with red asterisks * are required fields.
4. After all of the required information has been added, **click on Next** button (Data is saved) to be taken to the next screen.

Ohio
Grants And Funding Management System

Organization: Murtis Taylor Human Services System
 Location Address: 11410 Buckeye Road
 State Fiscal Year: 2016
 Mailing Address: 13422 Kinsman Road test
 Primary Contact First Name: Pety
 Primary Contact Last Name: Inman
 Primary Contact Phone Number: (614) 528-9632
 Primary Contact Email Address: pl@gmail.com
 Secondary Contact First Name: Dianna
 Secondary Contact Last Name: Hill
 Secondary Contact Phone Number: (614) 852-9654
 Secondary Contact Email Address: 111222@12.com
 Fiscal Officer First Name: James
 Fiscal Officer Last Name: Hill
 Fiscal Officer Phone Number: (614) 254-8525
 Fiscal Officer Email Address: jameshill@ohio.mha.gov

Search

Next

Allocation Organization Information

The Organization Information page is read only and provides information captured from the initial registration process of the applicant organization required to provide access to the GFMS.



1. The information on this page is **view only** and cannot be changed. In order to **update** the information on this page, an Application Admin will need to make the update via the **IPortal** registration screen. Certification information must be updated through Licensure & Certification.

1. Click on the Next button to be taken to the next screen.

Ohio
Grants And Funding Management System

Allocation Organization Information

The information on this page is view only and cannot be changed. In order to update any organization information please login to IPortal, use the search organization screen to search, edit and update information

Implementing Organization: Murtis Taylor Human Services System
 Implementing Organization's Phone Number: (216) 663-5338
 Implementing Organization's Mailing Address: 13422 Kinsman Road test
 City: Cleveland
 State: OH
 Zip: 44120
 ADAMHS/ADAS Board: Murtis Taylor Human Services System
 Federal Tax ID: 237158458

Next

Allocation Allocated Funding

This page captures the funding that has been allocated to the organization.



1. The Allocation Allocated Funding information is populated from the allocation funding page located in the funding tab.

1. Click on the Next button to be taken to the next screen.

Program Area	Funding Source	Amount
AB Program Area	Test 9	\$4,000.00
Community Investments	Test 8	(\$474.45)
Total Amount Allocated:		\$3,525.55

Allocation Federal Requirements

The Allocation Federal Requirement page gathers additional information that may be needed for federal reporting.

1. **Select** and **Enter** the information as indicated per each field on “Allocation Federal Requirement” screen.
2. Fields with red asterisks * are required fields.

- To add Executives Director, **select** the Add Executive button on the Allocation Federal Requirements screen, an “Add Executive” pop-up window will be displayed.

- In the “Add Executive” pop-up window, **enter** the required information and **select** the Add button. Repeat steps #3 and #4 up to 5 of the Executives have been added. The maximum limit to add executives are up to 5. Executive information will be displayed under “Executive Listing” table.
- After all of the required information has been added, **select** the Next (Data is saved) button to be taken to the next screen.

Ohio ALLOCATION DOCUMENTATION SYSTEMS

Home Application Funding Reports Maintenance Welcome, Neelima Kelly

ALLOCATION

- Allocation Face sheet
- Allocation Organization Information
- Allocation Funding
- Allocation Federal Requirements
- Allocation Documentation
- Allocation Assurance
- Allocation Signature
- Allocation Submit
- Allocation Approve/Reject

Executive Director's First Name: Stephen

Executive Director's Last Name: Kron

Executive Director's Mailing Address: 54 northglen rd

Executive Director's Email: sk@gmail.com

City: Columbus

State: Ohio

Zip: 43224

Executive Director's Phone Number: (614) 787-9876

Executive Director's Office Number: (234) 343-4324

President of Board of Directors: Sabin Hill

President of Board of Director's Email: sh@gmail.com

DUNS Number: 654646459

I-BHS Number (requested for behavioral health treatment providers):

I-BHS Number:

Congressional District: 9,11,14,16

Do you receive 80% or more of your annual gross revenue or \$25,000,000 or more from federal funding? Yes No

If Yes, please enter the top five Executive Officers and their income information.

Add Executive

Action	First Name	Last Name	Title	Email	Yearly Income
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Alan	Rogers	Manager	ar@gmail.com	75000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Neelima	Kelly	Manager	nn@gmail.com	60000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Neelima	Dutta	Manager	nd@gmail.com	60000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Patty	Inman	Manager	pi@gmail.com	80000
<input checked="" type="checkbox"/> Edit <input type="checkbox"/> Delete	Zareen	Syed	Manager	zs@gmail.com	70000

Next

Allocation Documentation

The Allocation Documentation screen is where the Insurance Policy, Annual Financial Reporting Audit, Title XX reports, program documentation, MOU and any additional documents will be attached (uploaded). There is an additional section for Title XX Reports where user can view and download the reports.

Non-Board View

In the non-board view, Allocation Documentation contains following sections as mentioned in the snapshot below:

1. Uploaded Proof of Liability
2. Uploaded Annual Financial Report Audit
3. Upload Program Documentation
4. Upload MOU
5. Upload Additional Attachments.

Board View

In the board view, Allocation Documentation contains following sections as mentioned in the snapshot below:

1. Uploaded Proof of Liability
2. Uploaded Annual Financial Report Audit
3. Title XX (Social Services Block Grant) Documents
4. Uploaded Title XX (Social Services Block Grant) Documents
5. Upload Program Documentation
6. Upload MOU
7. Upload Additional Attachments.

- GFMS
- ALLOCATION
- Allocation Face Sheet
- Allocation Organization Information
- Allocation Allocated Funding
- Allocation Federal Requirements
- Allocation Documentation
- Allocation Assurance
- Allocation Signature
- Allocation Submit
- Allocation Approval

Allocation Documentation > Grants And Funding Management System

[Click Here to Upload the Proof of Liability page of the Insurance Policy to this section.](#)

Uploaded Proof of Liability				
	Document Name	Description	Uploaded Date	Uploaded By
	Allocation Compliance 1		4/13/2016	Maria.Foster
	Compliance 1		4/13/2016	Maria.Foster
	Test2		4/13/2016	Maria.Foster

a. Insurance Carrier:

b. Policy #:

c. Insurance Amount: \$

d. Date of Expiration:

[Click Here to Upload the Findings page of the Annual Financial Reporting audit or Auditable financial statements.](#)

Uploaded Annual Financial Reporting Audit				
	Document Name	Description	Uploaded Date	Uploaded By
	Prevention Signature		4/8/2016	Maria.Foster
	Prevention Signature		4/11/2016	Maria.Foster
	Test		4/13/2016	Maria.Foster
	Test 2		4/13/2016	Maria.Foster
	test test		4/27/2016	Maria.Foster
	Test zip test		4/27/2016	Maria.Foster
	Treatment & Recovery Signature		4/8/2016	Maria.Foster
	Treatment & Recovery Signature		4/13/2016	Zareen.Syed

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months? Yes

b. If Yes: Date the Audit was completed:

Time Period the Audit From:

Time Period the Audit To:

c. Any Findings? Yes

If Findings, please explain:

Title XX (Social Services Block Grant) Documents			
Title XX Invoice	View	Download	Instructions
Title XX Services Plan	View	Download	Instructions
Title XX Annual Expenditure Report	View	Download	Instructions

- [Click Here to Upload the Title XX Invoice.](#)
- [Click Here to Upload the Title XX Services Plan.](#)
- [Click Here to Upload the Title XX Annual Expenditure Report.](#)

Uploaded Title XX (Social Services Block Grant) Documents				
	Document Name	Description	Uploaded Date	Uploaded By
	Quarter 1 Invoice	Testing	4/27/2016	Zareen.Syed
	Quarter 2 Invoice	one more	4/21/2016	Maria.Foster
	Quarter 3 Invoice	gfhghf	4/21/2016	Maria.Foster
	Quarter 3 Invoice	An invoice for quarter 3	4/22/2016	Maria.Foster
	Quarter 4 Invoice	Quarter 4	4/21/2016	Maria.Foster
	Title XX Services Plan 1		4/21/2016	Maria.Foster
	fff	dfff	4/27/2016	Zareen.Syed
	Title XX AER		4/20/2016	Maria.Foster
	Title XX AER 2		4/20/2016	Maria.Foster

[Click Here to Upload Program Documentation](#)

Uploaded Program Documentation				
	Document Name	Description	Uploaded Date	Uploaded By
	Annual Financial Report	Annual Financial Report	4/27/2016	Neelima.Kelly

[Click Here to Upload the MOU – Memorandum of Understanding \(if required\)](#)

Uploaded MOU				
	Document Name	Description	Uploaded Date	Uploaded By
	MOU1		4/13/2016	Maria.Foster
	MOU2		4/13/2016	Maria.Foster
	MOU3	Description	4/13/2016	Maria.Foster
	MOU4	Some description	4/13/2016	Maria.Foster
	MOU5	Description	4/13/2016	Maria.Foster

[Click Here to Upload Additional Attachments](#)

Uploaded Additional Attachments				
	Document Name	Description	Uploaded Date	Uploaded By
	Attachment1	Attachment description	4/13/2016	Maria.Foster
	Attachment2	Two	4/13/2016	Maria.Foster

Next

How to Attach Documents

1. All documents on the “Allocation Documentation” screen will be attached in the same manner.
2. To attach the “Proof of Liability” page, **click** on the Click Here to Upload link, which is designated by the pointing hand icon.



[Click Here to Upload the f](#)

3. A pop-up window will appear to allow for the uploading of the document.
4. Fields with red asterisks * are required fields.
5. To attach a document, **select** the Browse button.
6. **Select** the file from your computer that is to be attached and then **select** the Upload Attachment button:

Home
Application
Funding
Reports
Maintenance

Welcome, Neelima.Kelly

Allocation Documentation >> Upload Proof of Liability > Grants And Funding Management System

⚠ Documents may be added with the following restrictions:

- File size is limited to 2 MB.
- File types are limited to:
 - Word (.doc, .docx)
 - Excel (.xls, .xlsx)
 - Adobe Acrobat (.pdf)
 - PowerPoint (.ppt, .pptx)
 - Images (.jpg)
 - Text (.txt)
 - Rich Text Format (.rtf)

Items that do not meet these restrictions cannot be attached.

Document Name: *

Document Description:

File: *



Please be aware of the restriction on the documents attachments.

⚠ Documents may be added with the following restrictions:

- File size is limited to 2 MB.
- File types are limited to:
 - Word (.doc, .docx)
 - Excel (.xls, .xlsx)
 - Adobe Acrobat (.pdf)
 - PowerPoint (.ppt, .pptx)
 - images (.jpg)
 - Text (.txt)
 - Rich Text Format (.rtf)

Items that do not meet these restrictions cannot be attached.

Uploaded Proof of Liability

1. **Enter** the information as indicated for each field.
2. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
3. Once the document has been uploaded, it will appear in the table titled, "Uploaded Proof of Liability" as highlighted in the snapshot below:

[Click Here to Upload the Proof of Liability page of the Insurance Policy to this section.](#)

Uploaded Proof of Liability

	Document Name	Description	Uploaded Date	Uploaded By
View	Insurance Doc	Insurance Doc	4/29/2016	Neelima.Kelly

a. Insurance Carrier:

b. Policy #:

c. Insurance Amount: \$

d. Date of Expiration:

4. If this is the only section in the 'Allocation Documentation' screen that needs completed, select the Next button.
5. If there are other sections in the 'Allocation Documentation' screen that needs to be completed, then proceed to the next section on the screen.

Uploaded Annual Financial Reporting Audit

1. **Enter** the information as indicated for each field.
2. If you **select** the answer Yes to question a, then you will be required to provide a 'Date the Audit was Completed'.
3. If you **select** the answer Yes to question c, then you will be required to provide an explanation.
4. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
5. Once the document has been uploaded, it will appear in the table titled, "Uploaded Annual Financial Reporting Audit".

[Click Here to Upload the Findings page of the Annual Financial Reporting audit or Auditable financial statements.](#)

Uploaded Annual Financial Reporting Audit

		Document Name	Description	Uploaded Date	Uploaded By
		Audit Report	Audit Report	4/29/2016	Neelima.Kelly

a. Has the agency had a current Annual Financial Reporting Audit within the past 12 months?

b. If Yes: Date the Audit was completed: *

Time Period the Audit From:

Time Period the Audit To:

c. Any Findings?

If Findings, please explain: *

- If this is the only section in the "Allocation Documentation" screen that needs completed, select the Next button.
- If there are other sections in the "Allocation Documentation" screen that needs to be completed, then proceed to the next section on the screen.

Download the Uploaded Title XX Reports/Documents

- Click** on View link to read the documents.
- Click** on Download link to download the document.
- Click** on Delete link to delete the document.

***Note:**This section will be appeared for boards only.

Title XX (Social Services Block Grant) Documents			
Title XX Invoice	View	Download	Instructions
Title XX Services Plan	View	Download	Instructions
Title XX Annual Expenditure Report	View	Download	Instructions

Uploaded Title XX Reports/Documents

- See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
- Once the document has been uploaded, it will appear in the table titled, 'Uploaded Title XX Documentation'. You can view the document.
- If this is the only section in the 'Allocation Documentation' screen that needs completed, select the Next button.
- If there are other sections in the 'Allocation Documentation' screen that needs to be completed, then proceed to the next section on the screen.

***Note:**This section will be appeared for boards only and the delete option will be available until the allocation application is submitted.

[Click Here to Upload the Title XX Invoice.](#)

[Click Here to Upload the Title XX Services Plan.](#)

[Click Here to Upload the Title XX Annual Expenditure Report.](#)

Uploaded Title XX (Social Services Block Grant) Documents

	Document Name	Description	Uploaded Date	Uploaded By
	Quarter 1 Invoice	Testing	4/27/2016	Zareen.Syed

Uploaded Program Documentation

1. The 'Program Name' will appear automatically as the table header depending on the Project that was selected on the Face Sheet.
2. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
3. Once the document has been uploaded, it will appear in the table titled, 'Uploaded *program name* Documentation'.

[Click Here to Upload Program Documentation](#)

Uploaded Program Documentation					
		Document Name	Description	Uploaded Date	Uploaded By
View	Delete	Program Document	Program Document	4/29/2016	Neelima.Kelly

4. If this is the only section in the 'Allocation Documentation' screen that needs completed, select the Next button.
5. If there are other sections in the 'Allocation Documentation' screen that needs to be completed, then proceed to the next section on the screen.

Uploaded MOU

1. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
2. Once the document has been uploaded, it will appear in the table titled, 'Uploaded MOU'.

[Click Here to Upload the MOU - Memorandum of Understanding \(if required\)](#)

Uploaded MOU					
		Document Name	Description	Uploaded Date	Uploaded By
View	Delete	MOU 1	MOU 1	4/29/2016	Neelima.Kelly

3. If this is the only section in the 'Allocation Documentation' screen that needs completed, **select** the Next button.
4. If there are other sections in the 'Allocation Documentation' screen that needs to be completed, then proceed to the next section on the screen.

Uploaded Additional Attachments

1. This section is to be used for any other additional attachments that may be needed to submit the application.
2. See the section titled; 'How to Attach Documents' for instructions on how to attach the required documents.
3. Once the document has been uploaded, it will appear in the table titled, 'Uploaded Additional Attachments'.

[Click Here to Upload Additional Attachments](#)

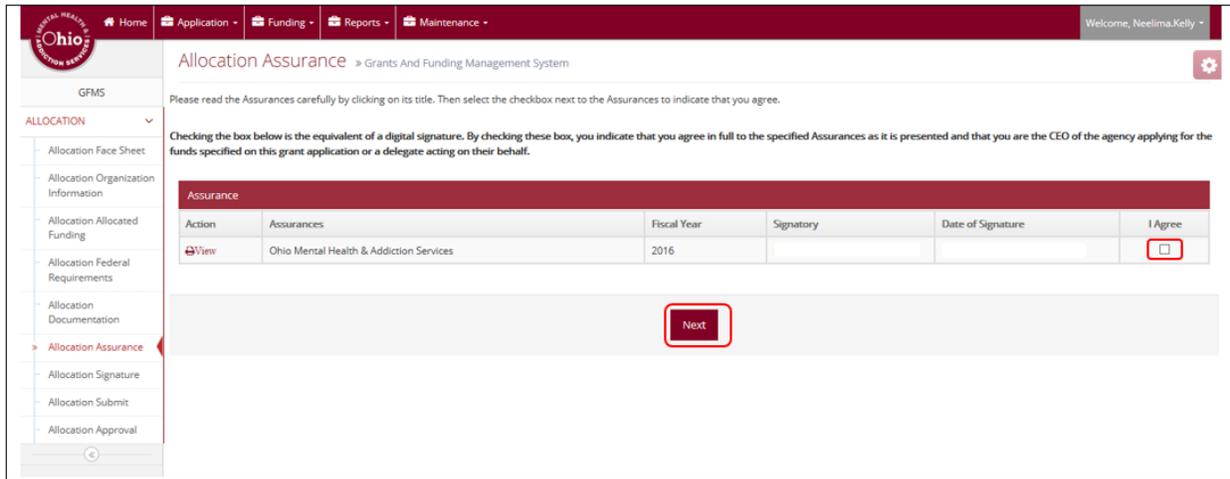
Uploaded Additional Attachments					
		Document Name	Description	Uploaded Date	Uploaded By
View	Delete	Financial Document	Financial Document	4/29/2016	Neelima.Kelly

4. If this is the only section in the 'Allocation Documentation' screen that needs completed, select the Next button.
5. If there are other sections in the 'Allocation Documentation' screen that needs to be completed, then proceed to the next section on the screen.

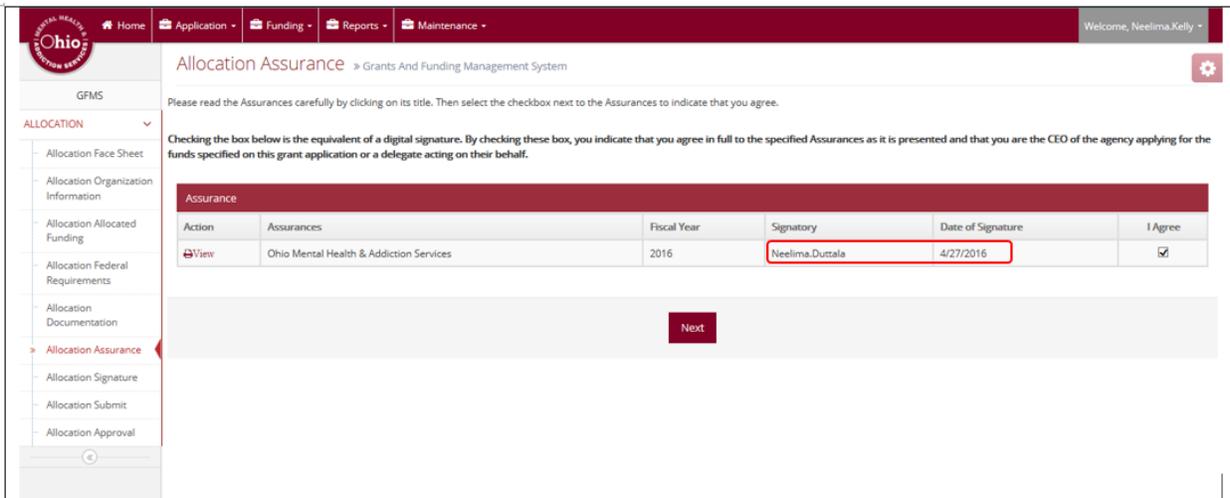
Allocation Assurance

The Allocation Assurances screen is where the user will read and digitally sign the Assurances document.

1. **Select** the View link in the “Assurance” table to read the assurance document.
2. **Mark** the checkbox for “**I Agree**” to digitally sign that the assurance has been reviewed and agreed to.
3. **Click** on Next button (Data is saved) to be taken to the next screen.



4. A Signatory Name and Date of Signature will be displayed in the Assurance table as highlighted below in the snapshot:

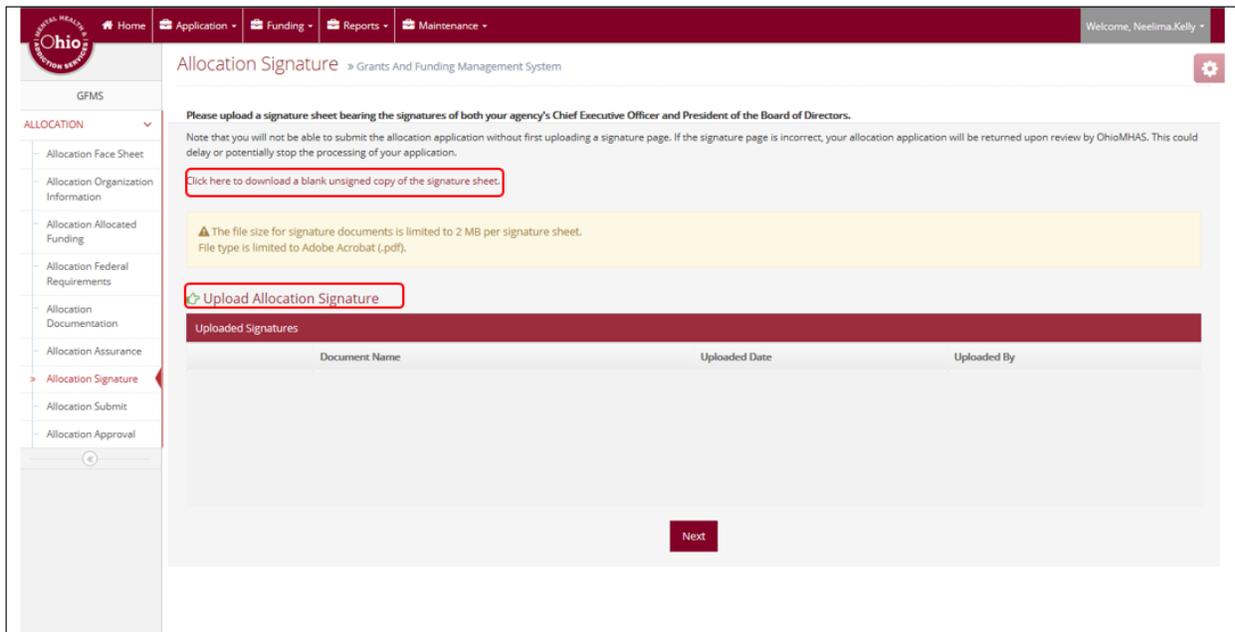


Allocation Signature

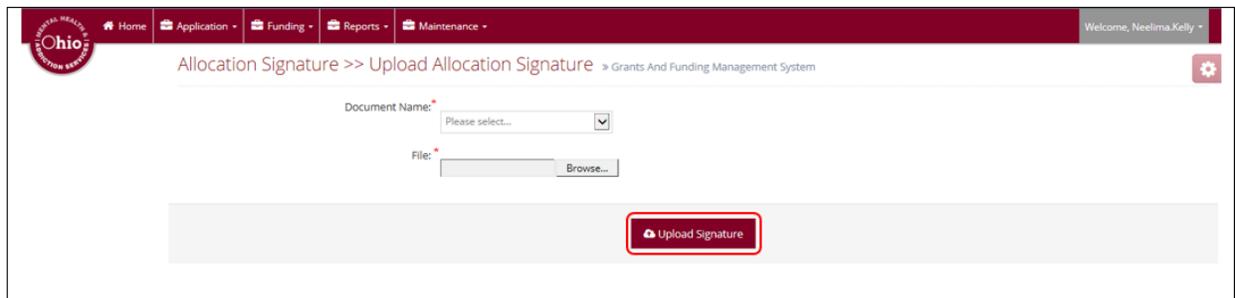
The Allocation Signature screen is where the unsigned copy of the signature sheet can be downloaded, signed, and the uploaded back into the application.

1. **Select** the Click Here link to download the signature sheet.
2. The signature sheet will be opened in a PDF format. **Print** the document, get it signed by the appropriate people, then **scan** and **save** the document to your computer.
3. To attach the signed Signature sheet to the application, **select** the Upload Allocation Signature link.

[Upload Allocation Signature](#)



4. The Upload Allocation Signature pop-up window will appear.
5. **Input** the Document Name and Upload the signature document. **Click** on Upload Signature button. See the section in the user guide titled: 'How to Attach Documents' for detailed instructions.



6. The Signature Document will be listed in the "Uploaded Signatures" table as highlighted below in the snapshot:

Allocation Signature > Grants And Funding Management System

Please upload a signature sheet bearing the signatures of both your agency's Chief Executive Officer and President of the Board of Directors.

Note that you will not be able to submit the allocation application without first uploading a signature page. If the signature page is incorrect, your allocation application will be returned upon review by OhioMHAS. This could delay or potentially stop the processing of your application.

Click here to download a blank unsigned copy of the signature sheet.

Warning: The file size for signature documents is limited to 2 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

Upload Allocation Signature

Uploaded Signatures			
	Document Name	Uploaded Date	Uploaded By
	Prevention Signature	4/23/2016	Senthikumar.Rajagopal

Next

Please note the restrictions for uploading this signature document.

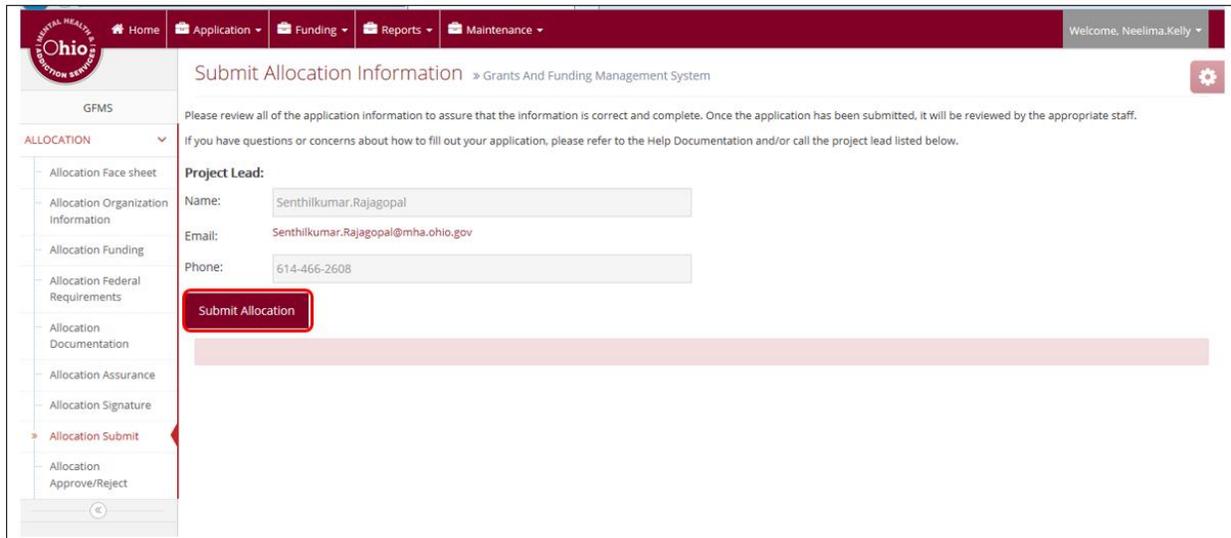


Warning: The file size for signature documents is limited to 2 MB per signature sheet. File type is limited to Adobe Acrobat (.pdf).

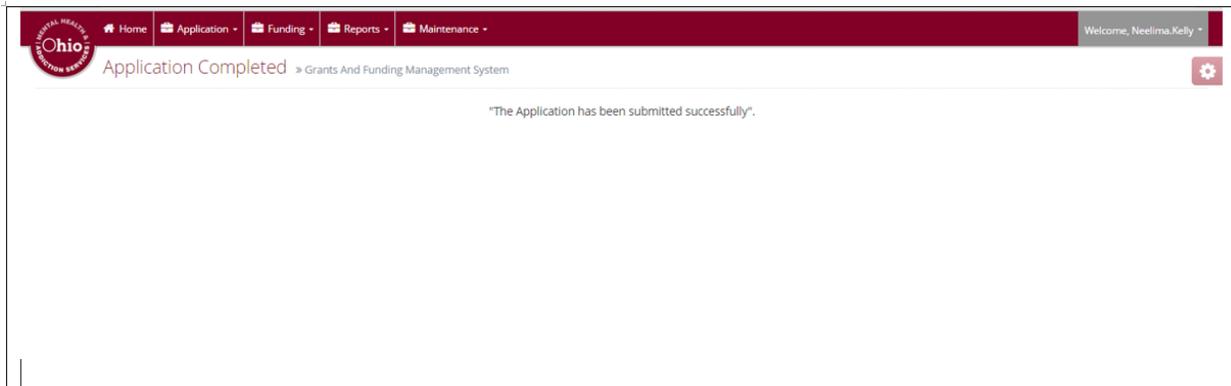
Allocation Submit

The Allocation Submit screen is where the application will be checked to assure all required fields are complete and the application will be submitted to OhioMHAS for review.

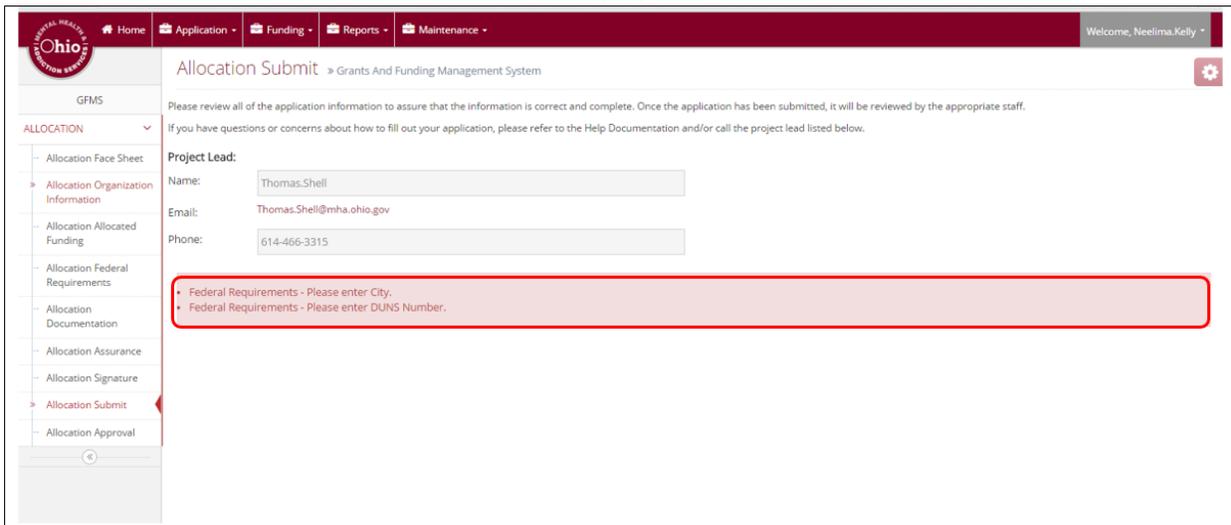
1. Select the Submit Application button.



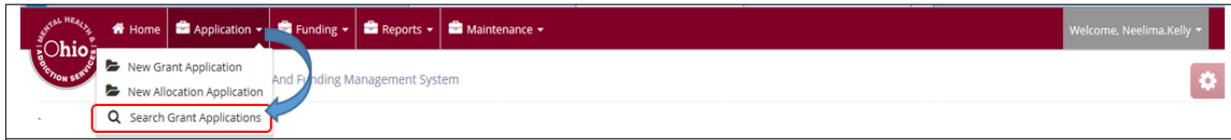
2. The system will display "Application Completed" screen where you can view a message "The Application has been submitted successfully"



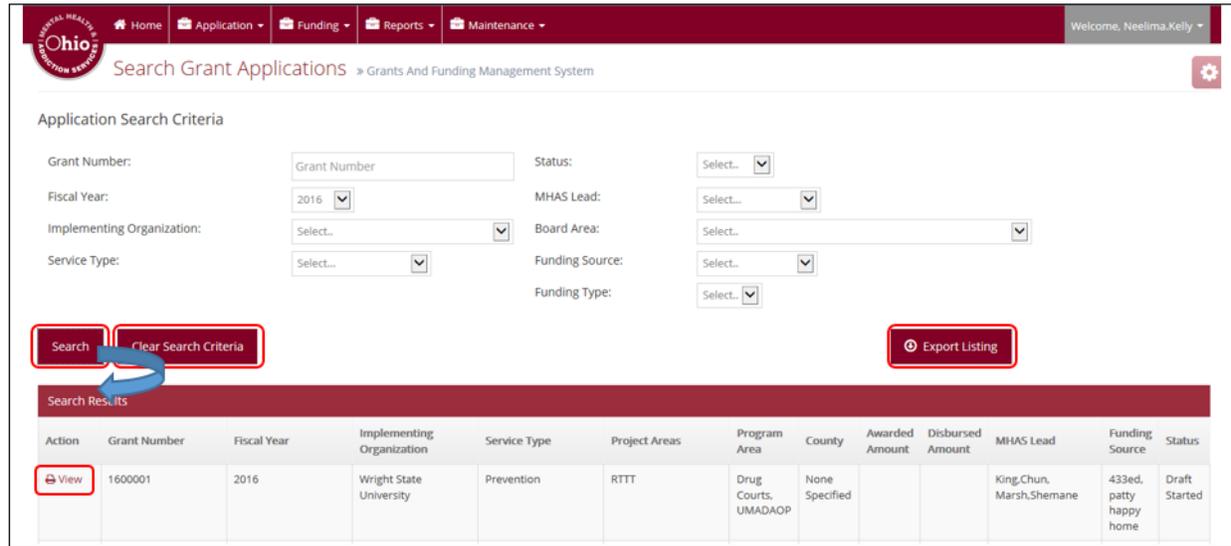
3. If the required information is not entered on the application pages and user **clicks** on Submit Allocation button, the system will ask user to enter the information, Example highlighted in the snapshot below:



1. Click on "Application" tab and select "Search Grant Applications" from the list.



2. The Search Grant Applications page will be displayed, consist of Search, Clear Search, Export Listing and View Functions as highlighted below in the snapshot:



3. **Select** the search criteria displayed on "Search Grant Applications" screen. All the search criteria's (filters) are optional. If you change your mind, **click** on Clear Search Criteria button to clear search criteria's.
4. **Click** on Search button displayed on the "Search Grant Applications" Screen. The search results grid will be displayed on the basis of selected search criteria's.
5. If desired, you can **click** on Export Listing button to export search results to an excel spreadsheet.
6. If you want to view an application, **click** on View link displayed under Search Results grid as highlighted in the snapshot.

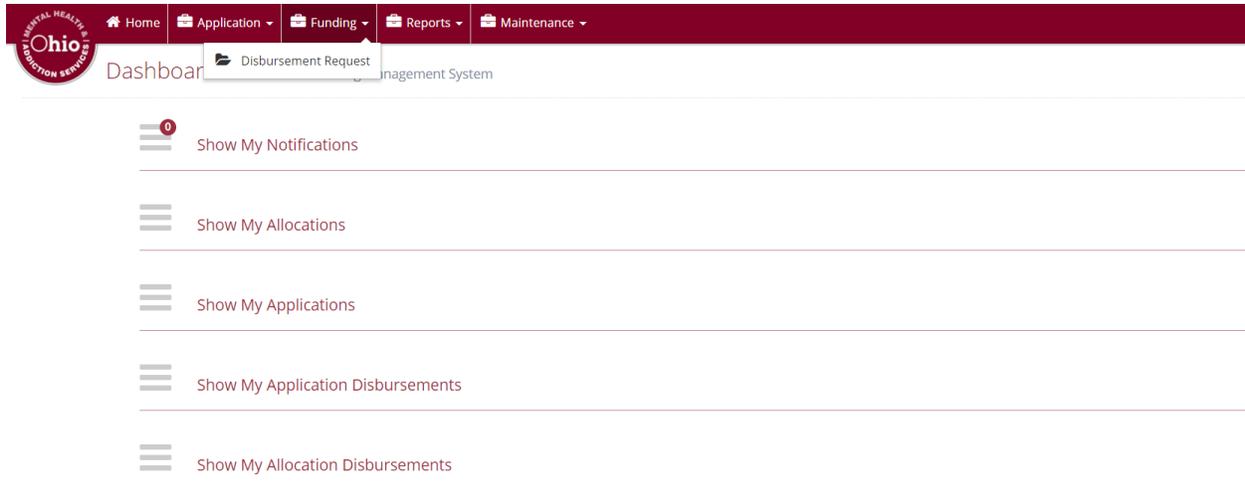
Funding Tab

Disbursement Request

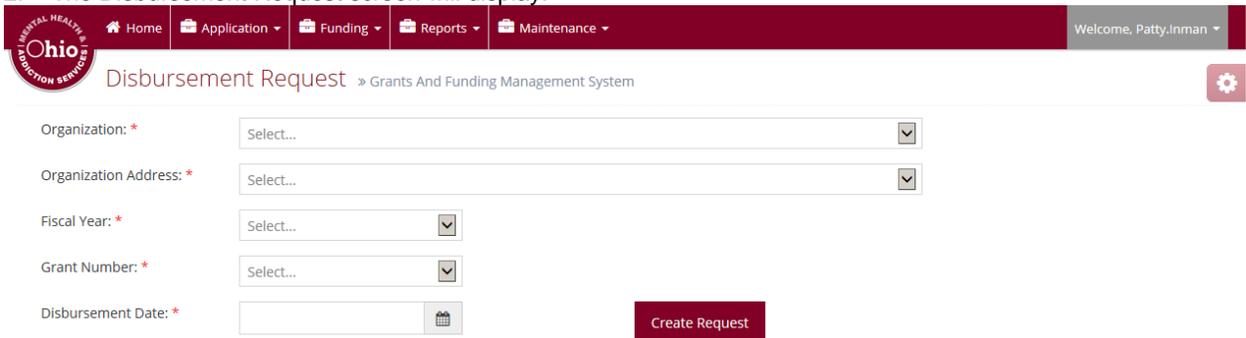
The Disbursement Request screen is where a user will request a disbursement for his grant funds.

Requesting a Disbursement

1. **Click** on Funding Tab and **select** "Disbursement Request" option from the list as highlighted below in the snapshot:



2. The Disbursement Request screen will display.



3. The Applicant will complete the information on the screen and select the Create Request button. In order to request a disbursement, a NOSA must have been awarded.
4. On the Disbursement Request screen, input the 'Requested Amount' next to the budget item.
5. Select the Submit Disbursement Request button. A message will appear on the screen indicating that the request was successfully submitted.
6. A notification will be sent to the OhioMHAS Lead who will review the request.

Ohio Disbursement Request » Grants And Funding Management System

Organization: Center for Effective Living Inc
 Organization Address: 20800 Westgate Professional Center
 Fiscal Year: 2016
 Grant Number: 1600013
 Disbursement Date: 05/17/2016 Create Request

Total Award	Available Award	Advance Funding	Total Received to Date	Balance Available for Request	Current Period Request	Available Balance
2000.00	500.00	0.00	0.00	500.00	0.00	500.00

Line Item Budget	MHAG Approved Budget	Requested Amount
Direct Costs		
Personnel	500.00	
Fringe Benefits		
Travel		
Mileage		
Airfare		
Lodging		
Meal Per Diem		
Equipment		
Computer/Equipment		
Furniture		
Supplies		
Printing/Copying		
Subscription/Publications		
Contractual		
Personal Service Contracts		
Honorarium		
Construction		
Other		
Conference/Training		
Registration		
Food		
Indirect Costs		
Rent/Lease		
Fleet	500.00	
Maintenance/Repair		
Insurance		
Phone Bills/Utilities		

Submit Disbursement Request

Reports Tab

Grant Report

Under Construction

Expenditure Report

Under Construction

Maintenance Tab

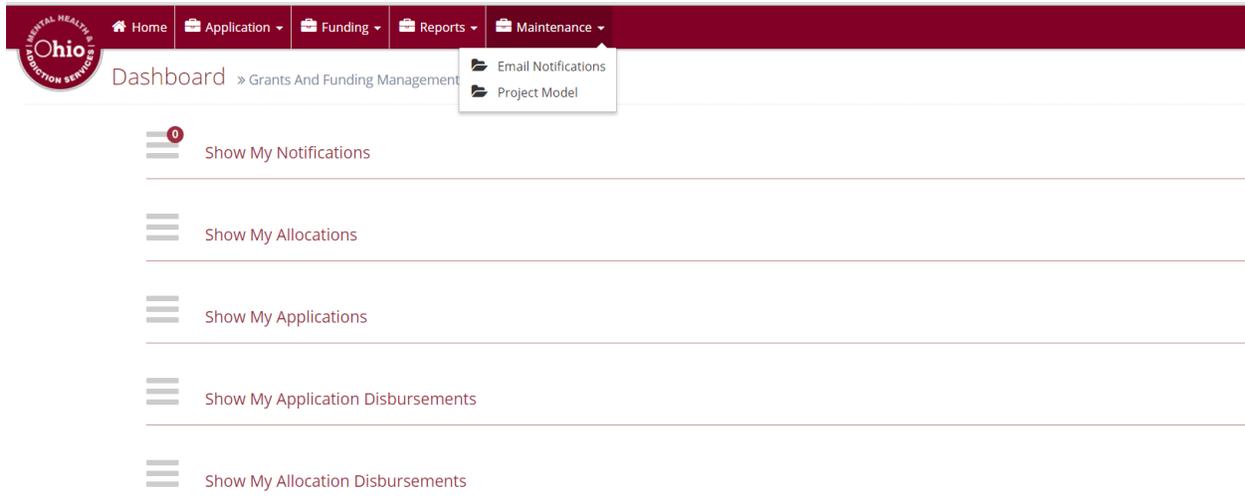
This section covers the maintenance items needed for an applicant to set email notifications and create project models.

Email Notification:

This is the section where user can select email notification in order to begin receiving emails whenever an item progresses through the workflow process.

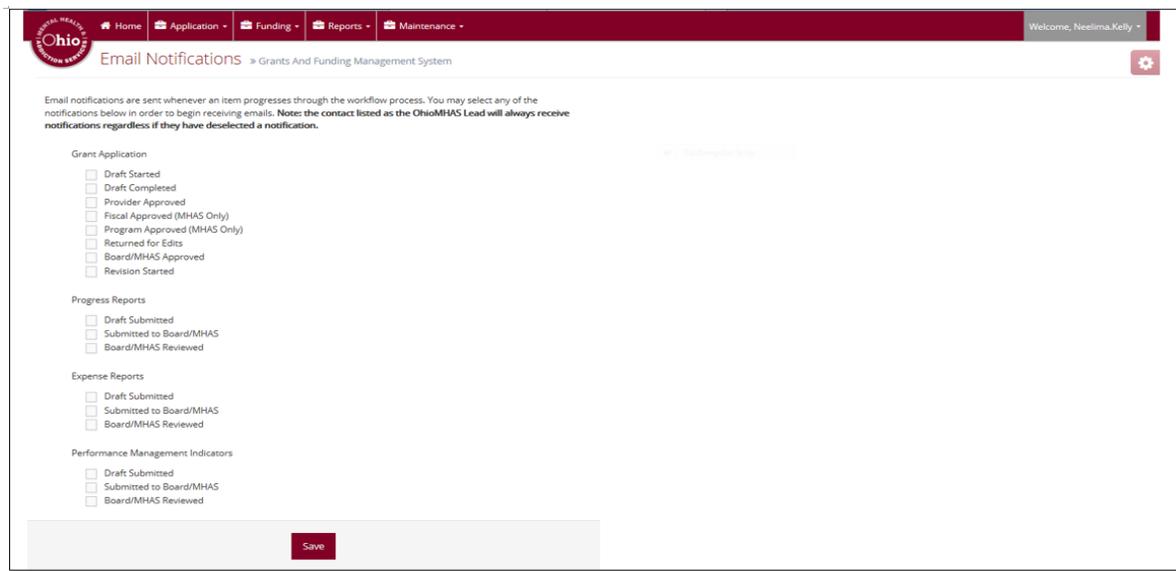
Navigate to "Email Notification" under Maintenance Tab:

1. Click on Maintenance Tab and select "Email Notification Preference" option from the list as displayed in the snapshot below:

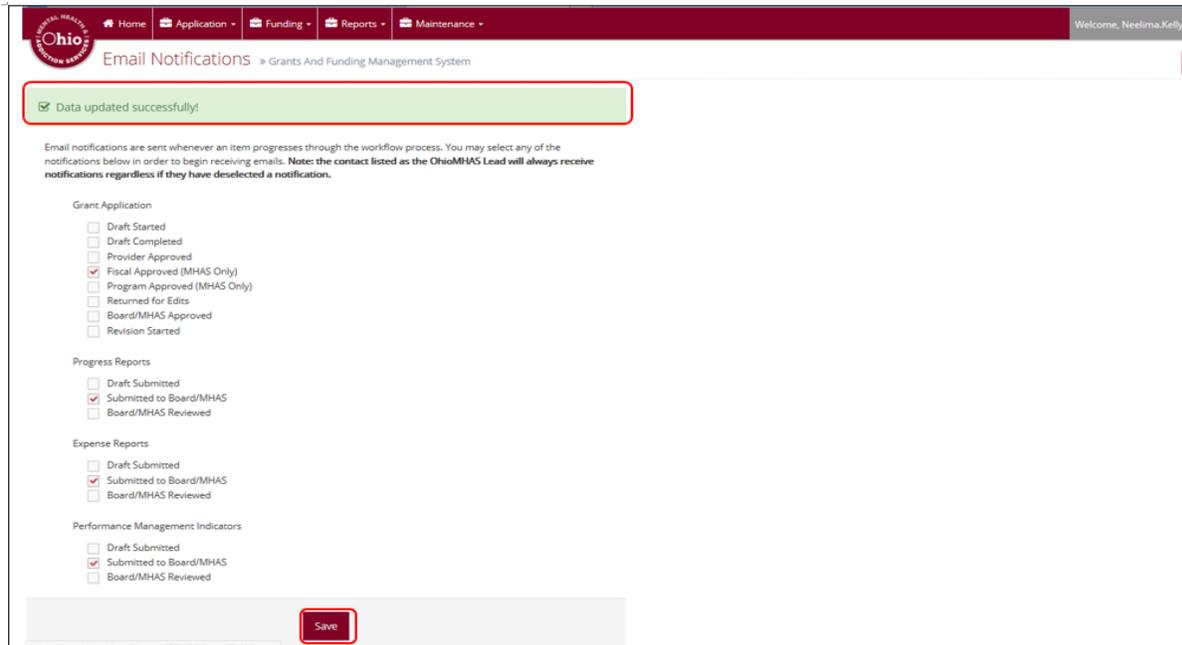


Display “Email Notifications” Screen:

1. **Select** any of the notifications to begin receiving email notifications.
2. **Click** on Save button.



3. When user **clicks** on Save button, an information message will be displayed “Data updated successfully” as highlighted below in the snapshot:

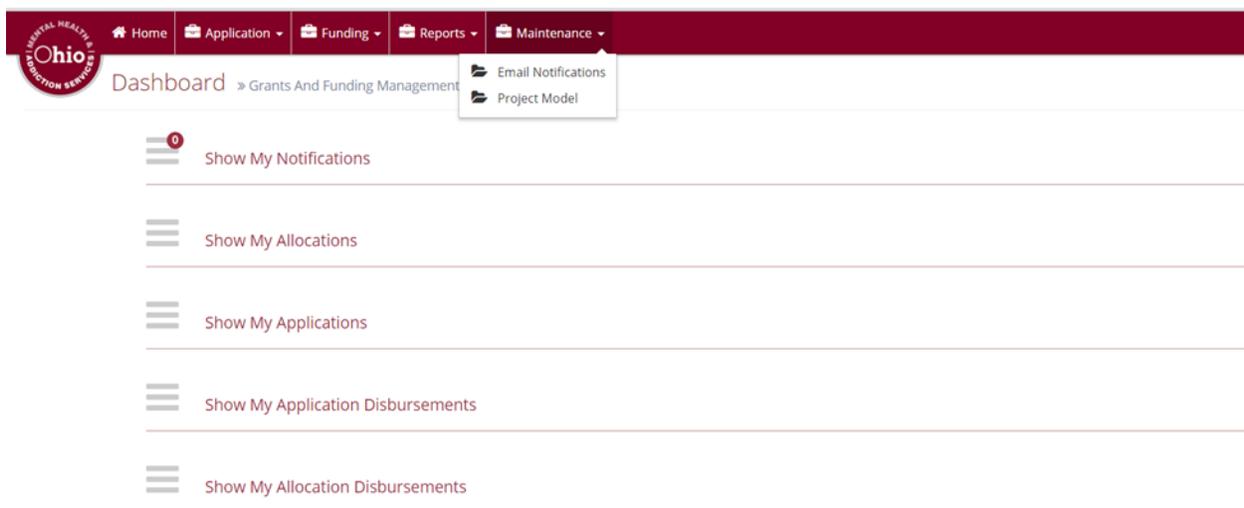


Project Model

This section provides internal user the ability to add, search and edit project model to the service, so that external user will have access to these values in completing their grant application.

Navigate to “Project Model” under Maintenance Tab:

1. **Click** on Maintenance Tab and select “Project Model” option from the list as displayed in the snapshot below:



Displays “Project Model” Screen:

1. When internal user clicks on “Project Model” option, a “Project Model” screen will be displayed, consist of Add, Search, Edit and download Functions as highlighted below in the snapshot:

Project Model > Grants And Funding Management System

Add Project Model

Select your Organization: *

Select the desired Organization Address: *

Is Active: Yes

Project Model Type:

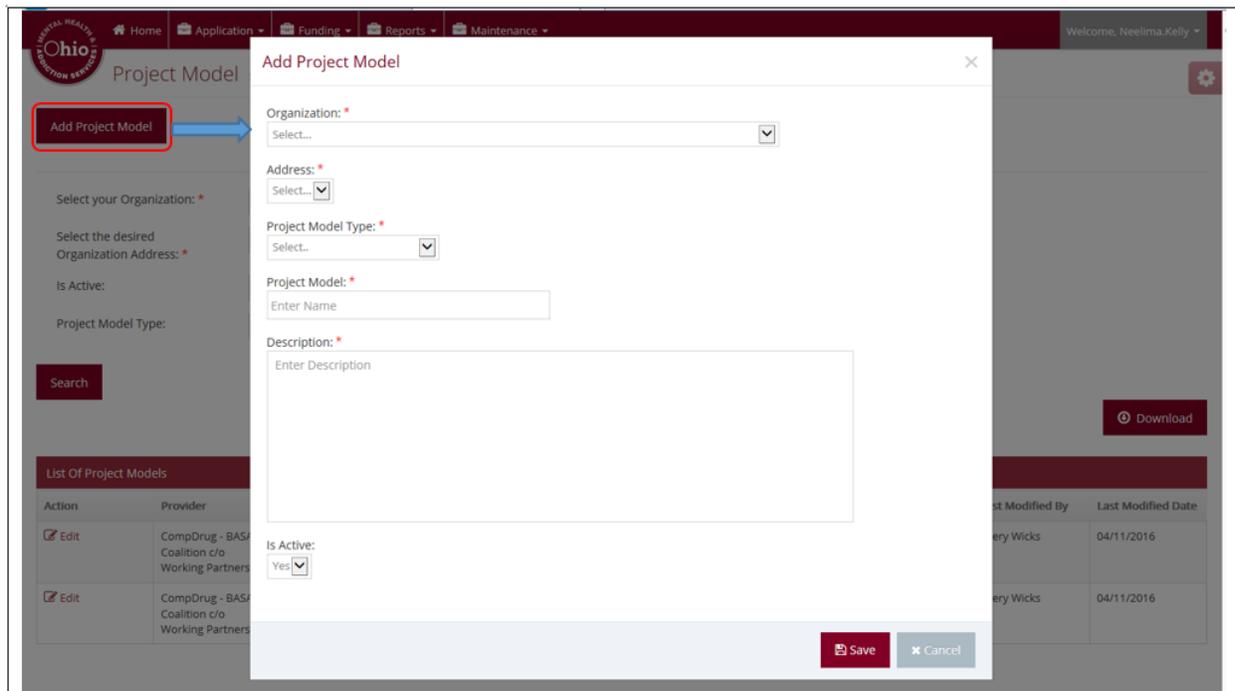
Search

Download

Action	Provider	Address	Project Model Type	Project Model	Description	Active	Last Modified By	Last Modified Date
Edit	CompDrug - BASA Coalition c/o Working Partners	1653 Brice Road	Locally Developed Programs	Custom	Custom Description	Yes	Avery Wicks	04/11/2016
Edit	CompDrug - BASA Coalition c/o Working Partners	1653 Brice Road	Promising Practices	Custom	Custom Description	Yes	Avery Wicks	04/11/2016

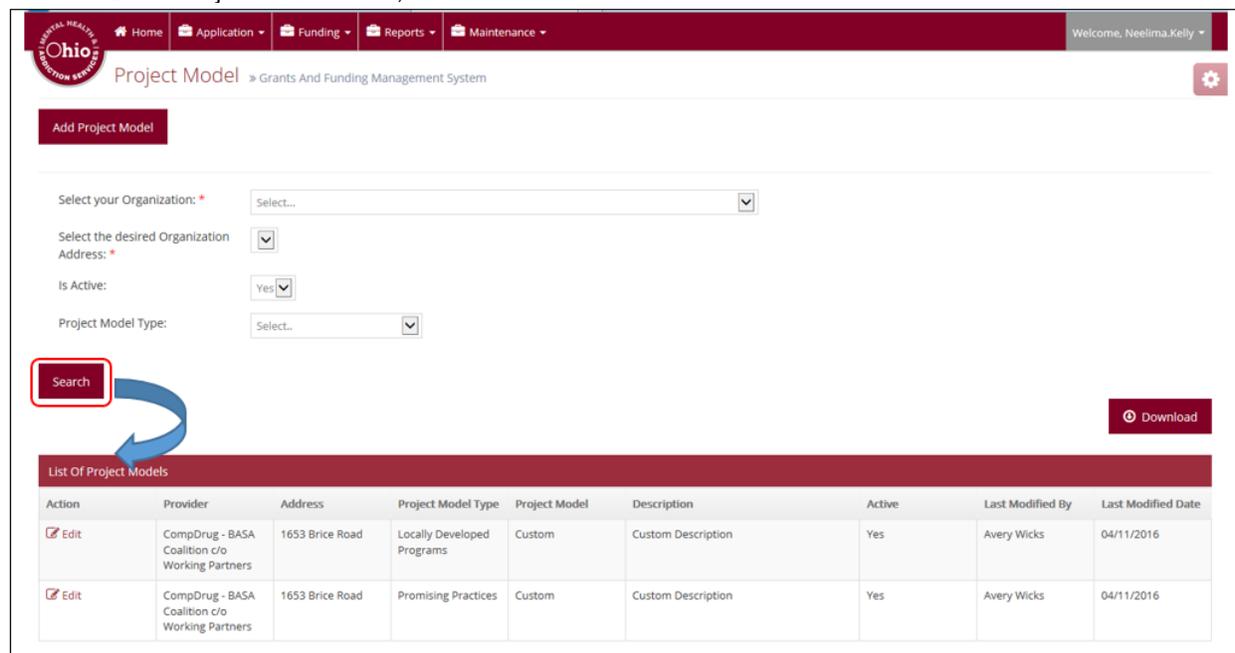
Clicking on “Add Project Model” button- Display “Add Project Model” Pop-up window:

1. **Click** on “Add Project Model” button on the Project Model Screen, an “Add Project Model” pop-up window will be displayed.
2. **Select** and **Enter** the information as indicated per each field displayed on the “Add Project Model” pop-up window. Fields with red asterisks * are required fields.
3. After all of the required information has been added, **click** on Save button to be taken to the next screen (Back to Project Model screen). If you change your mind, **click** on Cancel button, navigated back to the project model availability screen.



Clicking on “Search” button- Display “List of Project Models” Grid:

1. **Select** the search criteria’s displayed on “Project Model” screen. All the search criteria’s (filters) are optional.
2. **Click** on Search button displayed on the “Project Model” Screen. The search results will be displayed under “List of Project Models” Grid, based on selected search criteria’s.



If desired, you can **click** on Download button to export search results to an excel spreadsheet.

Clicking on “Edit” link- Display “Update Project Model” Pop-up Window

1. **Click** on Edit link displayed under “List of Project Models” Grid.

2. **Update** the fields as you want to update it. Fields with red asterisks * are required fields
3. **Click** on Save button to be taken to the next screen (Back to Project Model screen). If you change your mind, **click** on Cancel button, navigated back to project model screen.
4. This is the screen where you can inactivate an objective. If you want to inactivate it, **Select** "Is Active" option to No. This project model will be removed from the active records.

