

Application Status

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Page Safety Tools

GMIS

Grants Management Information System

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Ohio Department of
HEALTH

Worklist | Project | Reports | View Bulletins | Logout

Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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

Project Comments

[Display All Comments](#)

No Comments

[New](#)

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

- Click "Budget"

https://odhgatewaytest.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search Budget Project Search odhgateway.odh.ohio.gov HumanConcepts Chart das.ohio.gov myOhio.gov Session Expired Per Diem Rates Look Up Budget

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☒ Core Staff ☐ Budget ☒ W9 ☒ EFT ☒ EEO Survey

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

Budget

Primary Reason

Description:

Funding

Options:

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

[New](#) [Cancel](#)

- Click "New" to begin creating the budget

https://cdhgatewaysbtsdohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search Budget Project Search cdhgatewaysbtsdohio.gov HumanConcepts - Chart dcs.ohio.gov myOhio.gov Session Expired Per Diem Rates Look-Up Budget

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Budget

Primary Reason

Description:

Options:

- ☒ Initial Budget
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- ☐ Director Request

Save Cancel

9:43 AM 1/24/2017

- Anytime a budget is created you must choose a reason for doing the budget. Since we are completing an application we will be choosing Initial Budget
- Make sure "Initial Budget" has a filled in circle beside it
- Click "Update"

https://odhgateway16.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search Budget Project Search odhgateways.odh.ohio.gov HumanConcepts - Chart das.ohio.gov myOhio.gov Session Expired Per Diem Rates Look-Up Budget

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Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employee Id Number: 1230000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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☒ Core Staff ☐ Budget ☒ WS ☒ EFT ☒ EEO Survey

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Primary Reason

Primary Reason Description: 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Funding

Options:

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

Edit Cancel Complete

Cancel

- Now that the budget has been created we can enter the ODH Grant funding
- Click "Funding"

https://odhgatewaytst.odh.ohio.gov/gmis/home/BudgetRevisionForm.aspx

Project Search Budget Project Search odhgateway.odh.ohio.gov HumanConcepts - Chart das.ohio.gov myOhio.gov Session Expired Per Diem Rates Look-Up Budget

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Budget Funding Sources

Command	Type	Description	Amount
	Total		\$0.00

[New](#) [Cancel](#) [Complete](#)

[Cancel](#)

- Click "New"

https://mimgateway1.odh.ohio.gov/gmis/forms/BudgetKeyInfoForm.aspx

Project Search Budget Project Search odhgateway.odh.ohio.gov HumanConcepts - Chart das.ohio.gov myOhio.gov Session Expired Per Diem Rates Look Up Budget

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☐ Contracts ☐ Other Costs ☐ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Budget Funding Sources

Primary Reason	Command	Type	Description	Amount
Funding		None		

Save Cancel

Cancel

- Click the pull down arrow under the "Type" column

https://odhgatewaytd.odhio.gov/gmis/forms/BudgetRevisionForm.aspx

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Budget Funding Sources			
Primary Reason	Command	Type	Amount
Funding		None	
Cash/Needs		Grant	
Justification		Program Income	

Save Cancel

Cancel

9:47 AM 1/24/2017

- In this column you will choose the type of funds you are using for this ODH grant program
- Since we will be using only ODH funds we will select Grant
- Click "Grant"

https://odhgateways.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Budget Funding Sources			
Primary Reason	Command	Type	Description
Funding		Grant	ODH

Save Cancel

Cancel

- When you select "Grant" you will always enter "ODH" under the Description column
- Enter "ODH" under the Description column and the dollar amount under the Amount column

https://odhgateways.tst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Contracts ☐ Other Costs ☐ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Budget Funding Sources			
Command	Type	Description	Amount
	Grant	ODH	100000

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

[Cancel](#)

- Click "Save"

https://odhgateway.tst.odh.ohio.gov/gmis/forms/BudgetRevision/orm.aspx

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

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

[Primary Reason](#)
[Funding](#)
[Cash Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[Equipment](#)
[Contracts](#)
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[New](#) [Cancel](#) [Complete](#)

[Cancel](#)

3:39 PM 1/24/2017

- Now that you have entered the required information and saved it, you can mark this section complete
- Click "Complete"

https://odhgatewaytest.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Budget Funding Sources

Primary Reason	Command	Type	Description	Amount
Funding		Grant	ODH	\$100,000.00
		Total		\$100,000.00

Cancel

Cancel

- If for any reason you need to make changes to a section once you have marked it complete, you will only need to click Cancel and you will get your buttons back that can be found on the previous page
- Click "Justification"

https://odgitteway.fds.odhio.gov/gms/forms/BudgetRevisionForm.aspx

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Prior Approved Budget Justification

Primary
Reason
Funding
Cash Needs
Justification
Personnel
Other Costs
Equipment
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Current Budget Justification

5000 characters left

Edit Cancel Complete

Cancel

- Click "Edit"

https://odhgateways01.odh.ohio.gov/urns/forms/BudgetRevisionForm.aspx

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Program Title: REPRODUCTIVE HEALTH AND WELLNESS
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☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Prior Approved Budget Justification

Current Budget Justification

5000 characters left

Update Cancel Complete

Cancel

Primary Reason
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9:49 AM 1/24/2017

- Enter a comment that you have attached the budget justification in the Project Narrative comment section of the Application page in the box identified as "Current Budget Justification"

https://odhgatewayfnd.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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Prior Approved Budget Justification

Primary Reason
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Costs/Needs
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Personnel
Other Costs
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Current Budget Justification

Budget Justification is attached in the Project Narrative

4942 characters left

Update Cancel Complete

Cancel

- Click "Update"

https://odhgatewayfst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Title ☐ Reason ☐ Justification ☐ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:45:03 AM

Prior Approved Budget Justification

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

Current Budget Justification

Budget Justification is attached in the Project Narrative.

4942 characters left

Edit Cancel Complete

Cancel

- You may now mark this section complete
- To mark this section complete click "Complete"

https://odhgwetstt.odh.ohio.gov/gms/forms/BudgetRevisionForm.aspx

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☐ Title ☐ Reason ☒ Justification ☐ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:46:03 AM

Prior Approved Budget Justification

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

Current Budget Justification

Budget Justification is attached in the Project Narrative.

4942 characters left

Cancel

Cancel

9:56 AM 1/24/2017

- Click "Personnel"

Agency Name: GMS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☐ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget

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

Update Cancel Complete

Cancel

- Click the pull down under the Employee column

https://odhgateway.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jane Doe	Account Clerk							<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													
John Doe								<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td></td> </tr> <tr> <td>Amount:</td> <td></td> </tr> </tbody> </table>	Description	Amount	Balance:		Amount:	
Description	Amount													
Balance:														
Amount:														

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

Primary Reason
 Funding
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10:02 AM 1/24/2017

- Select the appropriate employee name

https://odhgwetwayrtd.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Contracts ☐ Other Costs

021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget [Display All](#)

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

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

Employee

Jane Doe

Disease Reporting Source Liaison
 Environmental Health Director
 Epidemiologist
 Executive Director
 Family Support Specialist
 Finance Director
 Finance Manager
 Finance Officer
 Fiscal Officer
 Genetic Counselor
 Grant Coordinator
 Grant Specialist
 Grants Manager
 Health Commissioner
 Health Educator
 HIV Specialist
 Home Visitor
 Hygienist
 Intake & Referral Coordinator
 Interpreter - Agency Personnel Only
 Lead Peer
 Licensed Practical Nurse
 Local PHI Coordinator
 Manager
 Medical Assistant
 Non-Medical Case Manager
 None
 Nurse
 Nurse Practitioner
 Nursing Director

10:03 AM 1/24/2017

- Click the pull down under the "Function Title" column and select the appropriate title

https://odhgwetwyl.odhiohio.gov/gmis/BudgetRevisionForm.aspx

Project Search | Project Narrative | Project Search | odhgwetwyl.odhiohio.gov | HumanConcepts - Chart | dki.odhio.gov | myOhio.gov Session Expires | Per Diem Rates Link-Up | Budget

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Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☐ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jane Doe	Grant Coordinator							<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													

Balance: Amount:

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

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

- Enter the percent of time this person will be working in the grant under the "Program Time %" column

https://odhgateway.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

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 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ ECO Survey

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget [Display All](#)

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

Update Cancel Complete

- Enter the annual salary for this employee under the “Annual Salary” column

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☐ Core Staff ☐ Budget ☐ WG ☐ EFT ☐ EEO Survey

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jane Doe	Grant Coordinator	100	45000 X					<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													

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

https://odhgatewaysb.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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Enter the fringe amount under the "Program Fringe Cost" column

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jane Doe	Grant Coordinator	100	45000			5000		<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													

[Balance:](#)
[Amount:](#)

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

- Now that all of the required information has been entered for this employee you may save this employee to the budget

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☐ Core Staff
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 ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jane Doe	Grant Coordinator	100	45000	45000	11.11	5000	50000	<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </tbody> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													

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

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- Click "Update"

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget [Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jane Doe	Grant Coordinator	100	\$45,000.00	\$45,000.00	10	\$5,000.00	\$50,000.00	
							Balance:	\$50,000.00	
							Amount:	\$50,000.00	

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

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- Click "Complete"

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Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Personnel Budget [Display All](#)

	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jane Doe	Grant Coordinator	100	\$45,000.00	\$45,000.00	10	\$5,000.00	\$50,000.00	
							Balance:	\$50,000.00	
							Amount:	\$50,000.00	

[Cancel](#)

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

- Click "Other Costs"

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding		Balance	\$50,000.00
Cash/Needs		Total	\$0.00

[New](#) [Cancel](#) [Complete](#)

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

[Cancel](#)

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- To begin adding line items click "New"

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09980021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding		Balance	\$50,000.00
Cash Needs		Advertising	

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

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

[Cancel](#)

- Click the pull down arrow to view the available line items under this section of the budget

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☐ Core Staff ☐ Budget ☐ WG ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Fu ☐ Compliance ☐ Approved

Primary Reason **Command**

Funding

Cost Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Medical Supplies (Do Not Use - Place under Supplies)
 Meeting Expense (DO NOT USE - Place under Travel/Training)
 Newsletter (Do Not Use - Place under Maintenance/Lease)
 Office Supplies (Do Not Use - Place under Supplies)
 Other Costs
 Pedometers (Do Not Use - Place under Supplies)
 Pharmaceuticals (DO NOT USE - Place under Supplies)
 Postage (DO NOT USE - Place under Maintenance/Lease)
 Printing (DO NOT USE - Place under Maintenance/Lease)
 Professional/Organization Dues & Certifications (DO NOT USE - Place under Travel/Training)
 Program Supplies (Do Not Use - Place under Supplies)
 Promotional Items (Unallowable Cost - Do Not Use)
 Publications (Do Not Use - Place under Subscriptions/Publications or Maintenance/Lease)
 Registration Fees (Do Not Use - Place Under Travel/Training)
 Rent (DO NOT USE - Place under Facility Costs)
 Rent - (Admin Cost) Ryan White Grant Program ONLY (DO NOT USE)
 Signs (Do Not Use - Place under Advertising)
 Software Licenses (DO NOT USE - Place under Fees)
 Subscriptions/Publications
 Supplies
 Surveys (Do Not Use)
 Swipers User Fee (DO NOT USE - Place under Fees)
 System Entry - FOR ODH USE ONLY
 Telephone Service - Landline (DO NOT USE - Place under Utilities/Phone Services)
 Testing (Do Not Use - Place under Fees)
 Testing Materials (Do Not Use - Place under Supplies)
 Training (DO NOT USE - Place under Travel/Training)
 Travel/Training
 Use Allowance (DO NOT USE - Place under Facility Costs)
 Utilities - (Admin Costs) Ryan White Grant Program ONLY (DO NOT USE)

Amount

\$50,000.00

10:01 AM
1/24/2017

- Locate and click the appropriate line item

https://odhgatewayfst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding		Balance	\$50,000.00
Cash Needs		Supplies	3500

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

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

[Cancel](#)

- Enter in the amount for the line item selected under the “Amount” column

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☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding		Balance	\$50,000.00
Costs/Needs		Supplies	3500

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

[Primary Reason](#)
[Funding](#)
[Costs/Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
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[Summary](#)
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- Click "Save"

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☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	Edit Delete	Supplies	\$3,500.00
Cash Needs		Balance	\$46,500.00
Justification		Total	\$3,500.00
Personnel			
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

[New](#) [Cancel](#) [Complete](#)

[Cancel](#)

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- To enter another line item click "New"

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☐ Core Staff ☐ Budget ☐ WS ☐ EFT ☐ FEO Survey

☒ Title ☒ Reason ☒ Investigation ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☐ Compliance ☐ Approved

Primary Reason: **Command**

Funding: **Edit** **Delete**

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Office Supplies (Do Not Use - Place under Supplies)
 Other Costs
 Pedometers (Do Not Use - Place under Supplies)
 Pharmaceuticals (DO NOT USE - Place under Supplies)
 Postage (DO NOT USE - Place under Maintenance/Lease)
 Printing (DO NOT USE - Place under Maintenance/Lease)
 Professional/Organization Dues & Certifications (DO NOT USE - Place under Travel/Training)
 Program Supplies (Do Not Use - Place under Supplies)
 Promotional Items (Unallowable Cost - Do Not Use)
 Publications (Do Not Use - Place under Subscriptions/Publications or Maintenance/Lease)
 Registration Fees (Do Not Use - Place Under Travel/Training)
 Rent (DO NOT USE - Place under Facility Costs)
 Rent - (Admin Costs) Ryan White Grant Program ONLY (DO NOT USE)
 Signs (Do Not Use - Place under Advertising)
 Software Licenses (DO NOT USE - Place under Fees)
 Subscriptions/Publications
 Supplies
 Surveys (Do Not Use)
 Swipers User Fee (DO NOT USE - Place under Fees)
 System Entry - FOR ODH USE ONLY
 Telephone Service - Landline (DO NOT USE - Place under Utilities/Phone Services)
 Testing (Do Not Use - Place under Fees)
 Testing Materials (Do Not Use - Place under Supplies)
 Training (DO NOT USE - Place under Travel/Training)
 Travel/Training
 Use Allowance (DO NOT USE - Place under Facility Costs)
 Utilities - (Admin Costs) Ryan White Grant Program ONLY (DO NOT USE)
 Utilities/Phone Services
 Website (DO NOT USE - Place under Fees)
 Youth Events (Tobacco Grant ONLY) (DO NOT USE)

Amount

\$3,500.00

\$46,500.00

10:08 AM 1/24/2017

- Click the pull down arrow to select the next line items for your budget
- Click the line item

https://odhgateway.tst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:46:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	Edit Delete	Supplies	\$3,500.00
Cash/Needs		Balance	\$46,500.00
Justification		Travel/Training	

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

[Cancel](#)

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

10:09 AM 1/24/2017

- Enter in the amount for the line item under the “Amount” column

https://odhgatewaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search | Project Narrative | Project Search | odhgateway.odh.ohio.gov | HumanConcepts - Chart | des.ohio.gov | myOhio.gov Session Expired | Per Diem Rates Look-Up | Budget

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☐ Core Staff
 ☐ Budget
 ☐ W9
 ☐ EFT
 ☐ EEO Survey

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

☐ Contracts
 ☐ Other Costs
 ☒ Funding
 ☐ Cash
 ☐ Compliance
 ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:46:03 AM

Other Direct Costs Budget

Command	Description	Amount
Edit Delete	supplies	\$3,500.00
	Balance	\$46,500.00
	Travel/Training	5000

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

[Cancel](#)

https://odhgatewaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:10 AM 1/24/2017

- Click "Save"

https://odhgatewytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Core Staff
 ☐ Budget
 ☐ W9
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 ☐ EEO Survey

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

☐ Contracts
 ☐ Other Costs
 ☒ Funding
 ☐ Cash
 ☐ Compliance
 ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	Edit Delete	Supplies	\$3,500.00
Cash Needs	Edit Delete	Travel/Training	\$5,000.00
Justification			
Personnel			
Other Costs		Balance	\$41,500.00
Equipment		Total	\$8,500.00

[New](#)
[Cancel](#)
[Complete](#)

[Primary Reason](#)
[Funding](#)
[Cash Needs](#)
[Justification](#)
[Personnel](#)
[Other Costs](#)
[Equipment](#)
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https://odhgatewytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:10 AM 1/24/2017

- Click "New"

https://odhgetweyts.odh.ohio.gov/gmis/forms/BudgetRevision/om.aspx

Project Search | Project Narrative | Project Search | odhgetweyts.odh.ohio.gov | HumanConcepts - Chart | ides.ohio.gov | myOhio.gov Session Expired | Per Diem Rates Look-Up | Budget

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☒ Title ☒ Reason ☒ Justification ☒ Personnel

☐ Contracts ☐ Equipment ☐ Compliance ☐ Approved

Primary Reason **Command**

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Deliverables - Objective Eight (8)
 Deliverables - Objective Eighteen (18)
 Deliverables - Objective Eleven (11)
 Deliverables - Objective Fifteen (15)
 Deliverables - Objective Fifteen (15)
 Deliverables - Objective Five (5)
 Deliverables - Objective Five Program Income (Reproductive Health Only)
 Deliverables - Objective Four (4)
 Deliverables - Objective Four Program Income (Reproductive Health Only)
 Deliverables - Objective Fourteen (14)
 Deliverables - Objective Nine (9)
 Deliverables - Objective Nineteen (19)
 Deliverables - Objective One (1)
 Deliverables - Objective One Program Income (Reproductive Health Only)
 Deliverables - Objective Seven (7)
 Deliverables - Objective Seventeen (17)
 Deliverables - Objective Six (6)
 Deliverables - Objective Six Program Income (Reproductive Health Only)
 Deliverables - Objective Sixteen (16)
 Deliverables - Objective Ten (10)
 Deliverables - Objective Thirteen (13)
 Deliverables - Objective Thirty (30)
 Deliverables - Objective Three (3)
 Deliverables - Objective Three Program Income (Reproductive Health Only)
 Deliverables - Objective Twelve (12)
 Deliverables - Objective Twenty (20)
 Deliverables - Objective Twenty Eight (28)
 Deliverables - Objective Twenty Five (25)
 Deliverables - Objective Twenty Four (24)

Amount

\$3,500.00
 \$5,000.00
 \$41,500.00

10:10 AM 1/24/2017

- Click the pull down arrow to select the next line items
- Click the “Deliverable-Objective One (1)” line item

https://odhgateway1.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search | Project Narrative | Project Search | odtgatew1.odh.ohio.gov | HumanConcepts - Chart | dkt.ohio.gov | myOhio.gov Session Expired | Per Diem Rates Look-Up | Budget

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☐ Core Staff ☐ Budget ☐ WS ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	Edit Delete	Supplies	\$3,500.00
Cash Needs	Edit Delete	Travel/Training	\$5,000.00
Justification			
Personnel			
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			
		Balance	\$41,500.00
		Deliverables - Objective One (1)	

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

- Enter the amount for the Deliverable-Objective One (1) line item under the “Amount” column

https://edhgatewayfnd.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search | Project Narrative | Project Search | edhgateway.odh.ohio.gov | HumanConcepts - Chart | das.ohio.gov | myOhio.gov Session Expired | Per Diem Rates Look Up | Budget

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ ECO Survey

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	Edit Delete	Supplies	\$3,500.00
Cash/Needs	Edit Delete	Travel/Training	\$5,000.00
Justification			
Personnel			
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

Balance \$41,500.00

Deliverables - Objective One (1) 41500

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

https://edhgatewayfnd.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:11 AM 1/24/2017

- Click "Save"

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☐ Core Staff ☐ Budget ☐ WS ☐ EFT ☐ ECO Survey

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	Edit Delete	Supplies	\$3,500.00
Cash Needs	Edit Delete	Travel/Training	\$5,000.00
Justification	Edit Delete	Deliverables - Objective One (1)	\$41,500.00
Personnel			
Other Costs			
Equipment		Balance	\$0.00
Contracts		Total	\$50,000.00

[New](#) [Cancel](#) [Complete](#)

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

https://odhgatewaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:12 AM 1/24/2017

- Once you have entered all of the line items you may mark this section of the budget complete
- Click "Complete"

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Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

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☐ Core Staff ☐ Budget ☐ W9 ☐ CRT ☐ ECO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment ☐ Compliance ☐ Approved

☐ Contracts ☒ Other Costs ☒ Funding ☐ Cash

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding		Supplies	\$3,500.00
Cash Needs		Travel/Training	\$5,000.00
Justification		Deliverables - Objective One (1)	\$41,500.00
Personnel		Balance	\$0.00
Other Costs		Total	\$50,000.00

[Cancel](#)

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

- Click "Equipment"

https://odhgtowaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment

☐ Contracts ☒ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:46:03 AM

Equipment Budget				
Primary Reason	Command	Description	Quantity	Amount
Funding		Balance		\$0.00
Cost Needs		Total		\$0.00

[New](#) [Cancel](#) [Complete](#)

Justification
 Personnel
 Other Costs
 Equipment
 Contracts
 Compliance
 Summary
 Comments

https://odhgtowaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:32 AM 1/24/2017

- Since you don't have any equipment to enter in this budget, you will only need to mark this section complete
- Click "Complete"

https://odhgateway.tst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Equipment Budget					
Primary Reason	Command	Description	Quantity	Amount	Total
Funding		Balance			\$0.00
Cash/Needs		Total			\$0.00
Justification					Cancel
Personnel					
Other Costs					
Equipment					
Contracts					
Compliance					
Summary					
Comments					

10:33 AM 1/24/2017

- Click "Contracts"

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment

☐ Contracts ☒ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Contracts

[Display All Contracts](#)

Command	Contractor Type	Contractor	EIN	Amount
		Balance		\$0.00
		Total		\$0.00

[New](#) [Cancel](#) [Complete](#)

[Cancel](#)

https://odhgwetyst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:14 AM 1/24/2017

- Since you don't have any contracts to enter in this budget, you will only need to mark this section complete
- Click "Complete"

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment

☒ Contracts ☒ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0116 (1) Initial Budget 1/24/2017 9:46:03 AM

Contracts

[Display All Contracts](#)

Command	Contractor Type	Contractor	EIN	Amount
		Balance		\$0.00
		Total		\$0.00

New Cancel Complete

Cancel

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

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- Click "Compliance"

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☐ Core Staff ☐ Budget ☐ W9 ☐ EFT ☐ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment

☒ Contracts ☒ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Compliance

Please answer all questions.

[Display All Questions](#)

1 2 3 4 5 6 7 8 9 10

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

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

10:15 AM 1/24/2017

- Answer all of the questions in this section of the budget using your agency information

https://budgetgateway.td.ohio.gov/gms/forms/BudgetReviewConcepts

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Core Staff ☐ Budget ☒ W9 ☒ EFT ☒ EEO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment

☒ Contracts ☒ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Budget - 09960022IM0115 (1) Initial Budget 1/10/2017 9:34:20 AM

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Compliance

Please answer all questions.

[Display All Questions](#)

1 2 3 4 5 6 7 8 9 10

Question #		
1.	Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No
2.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)	<div></div> 500 characters left
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)	<div></div>

12:41 PM
1/10/2017

- Answer all of the questions in this section of the budget using your agency information

https://odhgatewytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search Project Narrative Project Search odhgatewytst.odh.ohio.gov HumanConcepts - Chart des.ohio.gov myOhio.gov Session Expired Per Diem Rates Look-Up Budget

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		<input type="radio"/> 12/01 - 11/30
46.	How often does your agency conduct their audit?	<input checked="" type="radio"/> Annually <input type="radio"/> Two Year
47.	What type of audit was last conducted?	<input checked="" type="radio"/> Financial <input type="radio"/> Single
48.	If the applicant is a non governmental agency, does it carry adequate fidelity bond coverage as indemnification against losses resulting from fraud or lack of integrity, honesty or fidelity of one or more employees, officers or other persons holding a portion of trust ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
49.	If yes, attach a copy of the bonding agreement. If no, explain actions that will be taken to comply.	N/A 497 characters left
50.	Additional Comment Area. If any, can be placed in this space. Please indicate the Question # you are responding to.	N/A 497 characters left

Save Cancel

Cancel Complete

https://odhgatewytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:17 AM 1/24/2017

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

https://odhgatewayst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search Project Narrative Project Search odhgateway.odh.ohio.gov HumanConcepts - Chart itac.ohio.gov myOhio.gov Session Expired Per Diem Rates Look-Up Waiting for odhgatewayst... X

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		<input type="radio"/> 12/01 - 11/30
46.	How often does your agency conduct their audit?	<input checked="" type="radio"/> Annually <input type="radio"/> Two Year
47.	What type of audit was last conducted?	<input checked="" type="radio"/> Financial <input type="radio"/> Single
48.	If the applicant is a non-governmental agency, does it carry adequate fidelity bond coverage as indemnification against losses resulting from fraud or lack of integrity, honesty or fidelity of one or more employees, officers or other persons holding a portion of trust?	<input type="radio"/> Yes <input checked="" type="radio"/> No
49.	If yes, attach a copy of the bonding agreement. If no, explain actions that will be taken to comply.	N/A 497 characters left
50.	Additional Comment Area, if any, can be placed in this space. Please indicate the Question # you are responding to.	N/A 497 characters left

Save Cancel

Cancel Complete

https://odhgatewayst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

10:18 AM 1/14/2017

- Click "Complete" to mark this section complete

- Click “Summary”

https://odhgatewaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Project Search | Project Narrative | Project Search | odhgateway.odh.ohio.gov | HumanConcepts - Chart | des.ohio.gov | myOhio.gov Session Expired | Per Diem Rates Look-Up | Budget

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Grants Management Information System

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Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

☐ Core Staff ☐ Budget ☐ WV9 ☐ EFT ☐ EEO Survey

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

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Summary

Budget Funding Sources

Type	Amount
Grant	\$100,000.00
Total	\$100,000.00

Budget Categories

Budget	BudgetTitle	Personnel	Other Costs	Equipment	Contracts	Total
Current	09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM	\$50,000.00	\$50,000.00	\$0.00	\$0.00	\$100,000.00

Allotments

[Display All Allotments](#)

Period	Start	End	Grant Amount	Requested Amount	Actual Amount	Program Income	Applicant Share	Status	Revision	Total
Balance			\$100,000.00		\$0.00	\$0.00	\$0.00			\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00

- In this section of the budget you need to verify the amounts in the Budget Funding Sources and Budget Categories are the same
- Your budget has been successfully completed
- Return back to the primary reason page

https://odhgatewaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Budget

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GMIS

Grants Management Information System

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Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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☒ Core Staff ☐ Budget ☒ W9 ☒ EFT ☒ ECO Survey

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment ☒ Compliance ☐ Approved

☒ Contracts ☒ Other Costs ☒ Funding ☐ Cash

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Primary Reason

Description: 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Options:

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

Edit Cancel Complete

Cancel

https://odhgatewaytst.odh.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

5:18 PM 1/24/2017

- Mark it as complete

GMIS
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome | Select Active Project | You currently have **Subgrantee Access**.

Agency: OHIO DEPARTMENT OF HEALTH AND WELLNESS
Project Number: 0115
Employer Id Number: 123000000
Grant Period End: 1/31/2018

Print This Page

Budget - 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Primary Reason

Description: 09960021RH0115 (1) Initial Budget 1/24/2017 9:45:03 AM

Options:

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

Cancel

Cancel

- To return back to the application page, put your cursor over Project and click “Application”

Application Status

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GMIS

Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, **GMIS.Trainer**. You currently have **Subgrantee** Access.

Agency Name: GMIS Test Agency
 Program Title: REPRODUCTIVE HEALTH AND WELLNESS
 Project Number: 09960021RH0115 Employer Id Number: 123000000
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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

Project Comments

[Display All Comments](#)

No Comments

[New](#)

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

- As you see the Status column for Budget and Health Equity for Projects sections show “Not Submitted”
- When your application page shows as listed above and you don’t need to make any changes to your application, you may click “Approve”