

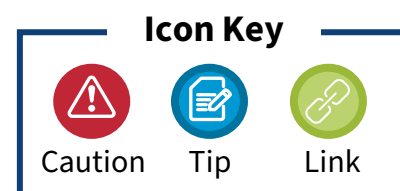
GMIS Portal Agency Registration Job Aid



**Department of
Health**

Table of Contents

Section Header	Intended Audience	Page Number
1.0 Register for an OH ID	Primary User, Secondary User	3
2.0 Register Your Agency with GMIS Portal	Primary User	4-19
2.1 Organization Search	Primary User	4-5
2.2 Organization Profile	Primary User	6-11
2.3 Required Forms	Primary User	12-13
2.4 Additional Documents	Primary User	14
2.5 User Profile	Primary User	15-17
2.6 Non-Disclosure	Primary User	18
2.7 Registration Confirmation	Primary User	19
3.0 Log into GMIS Portal for the First Time	Primary User, Secondary User	20
4.0 View Agency Profile in GMIS Portal	Primary User, Secondary User	21
5.0 Add Additional Users to Your Organization	Primary User	22-25



1.0 Register for an OH|ID

This Section Is Intended For: Primary and Secondary Users

Any Agency user who will be accessing GMIS Portal is required to get a 5x OH|ID account. The 5x OH|ID is needed prior to registering for a user in GMIS Portal Agency account.



If you already have an OH|ID, you do not need to email Grant.Support@odh.ohio.gov !

Please proceed to section **2.0 Register Your Agency with GMIS Portal** of this job aid if you already know your OHID login information.

1. Please email grant.support@odh.ohio.gov with the following information:
 1. First & Last Name.
 2. Agency.
 3. Email Address.
 4. Address and.
 5. Phone Number.



Use your work email!

Do not use a personal email address. You will use this same email to register your account for the GMIS Portal. This is how you will receive notifications, so it needs to be an email you check often.

Once emailed, ODH will work on setting up your 5x OH|ID account. They will communicate with you your OH|ID and how to reset your password once complete.

This is the conclusion of **1.0 Register for an OH|ID**.

2.0 Register Your Agency with GMIS Portal

This Section Is Intended For: Primary Users

2.1 Organization Search

Agencies must register with the ODH Grants Portal (GMIS) for the first time.



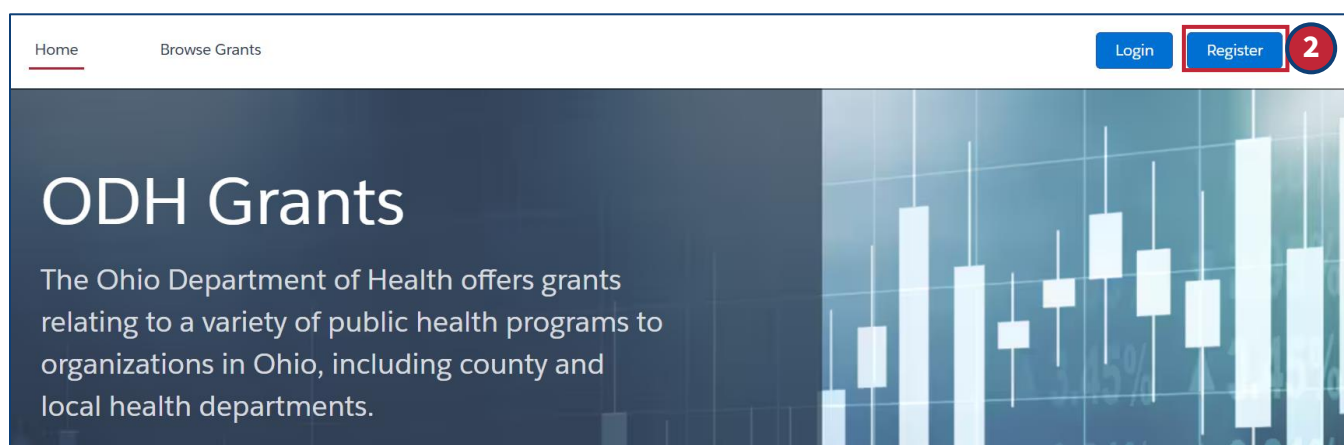
Have questions when registering your organization?

Reach out to grant.support@odh.ohio.gov. We'll get back to you as soon as possible.



Before registering, be sure to have the following readily available:

- Agency Employer Identification Number (EIN).
- Agency Unique Entity ID (UEI).
- OAKS Address Code.
- OAKS Service Location.



1. Navigate to the GMIS Portal Homepage.
2. Select 'Register'.

3. Enter the Agency Employer Identification Number (EIN).
4. Enter the Agency Unique Entity ID (UEI).
5. Select 'Search'.

2.1 Organization Search (continued)



Only one account per Agency is allowed in GMIS Portal.

If the Agency has previously been registered in the Ohio Grants Portal (GMIS), there will be a warning that the organization is already registered. Agencies can have matching UEI and EIN numbers, however, the organization name, agency, type, and address as registered in OAKS determine if they are a unique agency. Please reach out to your Administrator to be added as a user if it appears your Agency has been registered.

If the Agency has not been registered, you will be able to proceed with the registration.

Employer Identification Number (EIN)*

S33333456

Warning
Duplicate organization record detected in the system.

6

Search Result

Create New Organization

Organization Name	Agency Type	Address 1
Athens County Health Department	County Agency	1550 Sheridan Drive

If you are representing one of these agencies, do not create a new account. If you are not, continue with your registration.

Please click the Create New Organization button to begin your registration.

6. If your Agency is already registered, you'll see the above *Warning*.

Employer Identification Number (EIN)*

784392789

Unique Entity ID (UEI)*

439820894023

Search Result

Create New Organization

7

We were unable to find your organization in our records. Please click the Create New Organization button to begin your registration.

Back Search

7. If your agency is not already listed, select 'Create New Organization'.

This is the conclusion of **2.1 Organization Search**.

2.2 Organization Profile

The screenshot shows the 'Organization Profile' form within a 7-step registration process. Step 2 is the current step. The form is divided into two columns. The left column contains fields for Organization Name, EIN, Fiscal Year End Date, Cash/Accrual, Office Telephone Number, Fax, and Website. The right column contains fields for Agency Type, Unique Entity ID, Indirect Cost Type, Audit Cycle, Alternate Telephone Number, Business Email, and Alternate Business Email. Red boxes and numbered circles (1-4) highlight the first four steps of data entry: 1. Organization Name, 2. Agency Type, 3. Fiscal Year End Date, and 4. Indirect Cost Type.

1. Enter Agency Organization Name registered in OAKS.
2. Select 'Agency Type' from the list of values:
 - a) County Agency.
 - b) City Agency.
 - c) Hospitals.
 - d) Higher Education.
 - e) Local Schools.
 - f) Not for Profit.
3. Enter the Agency Fiscal Year End Date (Format: MM/DD).
4. Select 'Indirect Cost Type' from the list of values:
 - a) Modified Total Direct Cost.
 - b) Federal Approved Rate.

The selection of the Indirect Cost Type will alter the downstream fields.

→ If you selected 'Modified Total Direct Cost' jump to section **2.2.1**.

→ If you selected 'Federal Approved Rate' jump to section **2.2.2**.

2.2 Organization Profile (continued)

2.2.1 Modified Total Direct Cost

1. Select 'Cash/Accrual' from the list of values:

- a) Cash.
- b) Accrual.

2. Select 'Audit Cycle' from the list of values:

- a) Annual.
- b) Bi-Annual.

This is the conclusion of Section **2.2.1 Modified Total Direct Cost** . Continue with **Step 5**.

2.2.2 Federal Approved Rate

1. Select 'Cash/Accrual' from the list of values:

- a) Cash.
- b) Accrual.

2. Enter the Federal Approved Rate Percentage. For example, enter '10' if 10%.

2.2 Organization Profile (continued)

2.2.2 Federal Approved Rate (continued)

The screenshot shows the 'Organization Profile' form. At the top, there is a progress bar with 7 steps: 1. Organization Search, 2. Organization Profile (highlighted), 3. Required Forms, 4. Additional Documents, 5. User Profile, 6. Non-Disclosure, and 7. Confirmation. The form fields are as follows:

- Organization Name*: Fairfield County Health Dept
- Agency Type*: County Agency
- Employer Identification Number (EIN)*: 784392789
- Unique Entity ID (UEI)*: 439820894023
- Agency Fiscal Year End Date (Format: MM/DD)*: 06/09
- Indirect Cost Type: Federal Approved Rate
- Cash/Accrual*: --Select the Item--
- Federal Approved Rate Percentage*: (empty)
- Audit Cycle*: --Select the Item-- (highlighted with a red box and number 3)
- Expiration Date*: (empty, with a calendar icon) (highlighted with a red box and number 4)

3. Select 'Audit Cycle' from the list of values:

- a) Annual.
- b) Bi-Annual.

4. Enter the Indirect Expiration Date manually or select the calendar icon to pick a date.

This is the conclusion of Section **2.2.2 Federal Approved Rate**. Continue with **Step 5**.

The screenshot shows the 'User Profile' form. At the top, there is a progress bar with 7 steps: 1. Organization Search, 2. Organization Profile, 3. Required Forms, 4. Additional Documents, 5. User Profile (highlighted), 6. Non-Disclosure, and 7. Confirmation. The form fields are as follows:

- Office Telephone Number*: (empty) (highlighted with a red box and number 5)
- Alternate Telephone Number: (empty) (highlighted with a red box and number 6)
- Fax: (empty) (highlighted with a red box and number 7)
- Business Email*: (empty)
- Website: (empty)
- Alternate Business Email: (empty)
- Address 1*: (empty)
- Address 2: (empty)
- State*: --Select the Item--
- City*: (empty)
- County*: --Select the Item--
- Zip Code*: (empty)
- OAKS Address Code*: (empty)
- Congressional District*: (empty)
- Service Location*: (empty)

At the bottom right, there are 'Back' and 'Continue' buttons. A link 'District Maps - Ohio Secretary of State(ohiosos.gov)' is also present.

Scroll, as needed.

- 5. Enter the Office Telephone Number.
- 6. [Optional] Enter an Alternate Telephone Number.
- 7. [Optional] Enter the Fax Number.

2.2 Organization Profile (continued)

Office Telephone Number*	Alternate Telephone Number
<input type="text"/>	<input type="text"/>
Fax	Business Email*
<input type="text"/>	<input type="text"/>
Website	Alternate Business Email
<input type="text"/>	<input type="text"/>
Address 1*	Address 2
<input type="text"/>	<input type="text"/>
State*	City*
--Select the Item--	<input type="text"/>
County*	Zip Code*
--Select the Item--	<input type="text"/>
OAKS Address Code*	Congressional District*
<input type="text"/>	<input type="text"/>
Service Location*	District Maps - Ohio Secretary of State(ohiosos.gov)
<input type="text"/>	
<input type="button" value="Back"/> <input type="button" value="Continue"/>	

8. Enter the Business Email.



Business email can be a generic mailbox OR personal email.

No system notifications are sent to the Business Email listed on the Agency Profile. This email is for documentation purposes only.

9. [Optional] Enter the Agency Website.

10. [Optional] Enter an Alternate Business Email.

11. Enter Address Line 1.

12. [Optional] Enter Address Line 2.

2.2 Organization Profile (continued)

Office Telephone Number*	Alternate Telephone Number
<input type="text"/>	<input type="text"/>
Fax	Business Email*
<input type="text"/>	<input type="text"/>
Website	Alternate Business Email
<input type="text"/>	<input type="text"/>
Address 1*	Address 2
<input type="text"/>	<input type="text"/>
13 State*	14 City*
--Select the Item--	<input type="text"/>
15 County*	16 Zip Code*
--Select the Item--	<input type="text"/>
OAKS Address Code*	Congressional District*
<input type="text"/>	<input type="text"/>
Service Location*	District Maps - Ohio Secretary of State(ohiosos.gov)
<input type="text"/>	
<input type="button" value="Back"/> <input type="button" value="Continue"/>	

13. Select the 'State' from the dropdown.
14. Enter the City.
15. Select the 'County' from the dropdown.
16. Enter the Zip Code.

2.2 Organization Profile (continued)

County* --Select the Item--		Zip Code*	
17	Payee (Supplier) ID	18	Payment Location
19	Address Number	20	Congressional District*
District Maps - Ohio Secretary of State(ohiosos.gov)			
		Back Continue 21	

17. Enter the Payee (Supplier) ID.*

18. Enter the Payment Location.*

19. Enter the Address Number.*



*These fields correspond to information found in the State of Ohio Supplier Portal

Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website:
<http://supplier.ohio.gov/>. The agency can contact OSS (614)-338-4781 for additional assistance.

20. Enter the Congressional District.



Find your Congressional District.

Select the link on the GMIS Portal Screen to access the *Congressional District, District Maps – Ohio Secretary of State(ohiosos.gov)*, to lookup the congressional district for your agency.

21. Select 'Continue'.

This is the conclusion of **2.2 Organization Profile**.

2.3 Required Forms

The screenshot displays the 'Required Forms' section of the GMIS Portal Agency Registration process. At the top, a progress bar indicates the current step is 3, 'Required Forms'. Below this, three forms are listed: 'Financial Audit', 'Civil Rights Review Questionnaire', and 'Health Equity Questionnaire'. Each form has a 'Form Status' of 'Not Started' and a 'Review/Update' button. The 'Review/Update' button for the 'Financial Audit' form is highlighted with a red box and a red circle with the number 1, indicating the next action to take.

The following are required forms:

- Financial Audit.
- Civil Rights Review Questionnaire.
- Health Equity Questionnaire.
- Assurances.
- Federal Funding Accountability and Transparency Act Reporting Form (FFATA).
- Compliance ICQ.



Required forms are not needed to complete registration!

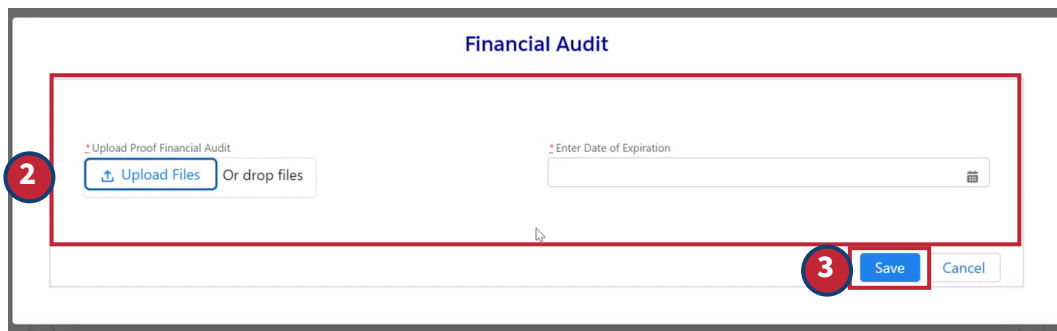
Due to the time it takes to complete these forms, you may skip them at this time and return at a later date. If you do not wish to complete the required forms at this time, please scroll down to the bottom of the screen and click "Continue" so you can complete your agency registration.

The required forms become required once an Agency applies for a grant. All required forms must be completed prior to beginning a grant application.

To upload the form or required information:

1. Select 'Review/Update'.

2.3 Required Forms (continued)



Financial Audit

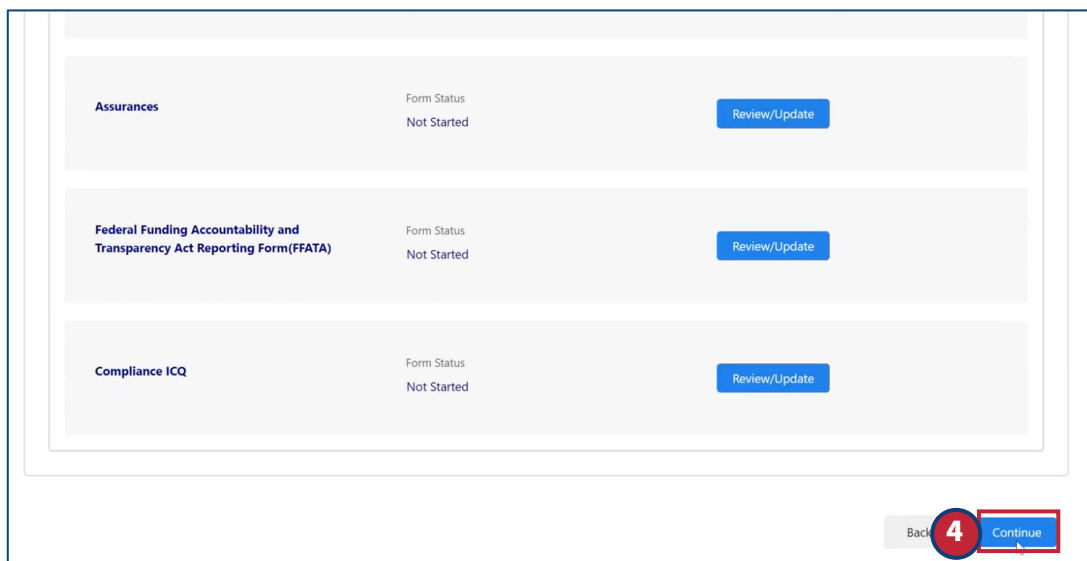
* Upload Proof Financial Audit

[Upload Files](#) Or drop files

* Enter Date of Expiration

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

2. Fill out the required form information or upload appropriate files. Each form may have different required information.
3. Select 'Save' when complete.



Assurances	Form Status Not Started	Review/Update
Federal Funding Accountability and Transparency Act Reporting Form (FFATA)	Form Status Not Started	Review/Update
Compliance ICQ	Form Status Not Started	Review/Update

[Back](#) [Continue](#)

4. Once complete with the Required Forms page, select 'Continue'.

This is the conclusion of **2.3 Required Forms**.

2.4 Additional Documents

Organization Search 1 Organization Profile 2 Required Forms 3 Additional Documents 4 User Profile 5 Non-Disclosure 6 Confirmation 7

Additional Documents

1 Upload Files Or drop files

Document	File Name	Date/Time Upload	Action
----------	-----------	------------------	--------

Back Continue 2

If an Agency would like to upload additional documents beyond the required forms, they can utilize this section. To upload:

1. Select 'Upload Files'.
2. Select 'Continue' when complete.



There are several types of additional documents.

There are several types of additional documents an agency will submit that are up to the discretion of the agency. An example may be a Federally Negotiated Indirect Cost Rate Letter.

This is the conclusion of **2.4 Additional Documents**.

2.5 User Profile

The User Profile page contains the details used to create an account to login to the GMIS Portal. Complete the required user profile fields:

1. The User Role will automatically populate as Primary User.
2. Enter the email of the User.



Enter an appropriate business email for the *Email* field.

This is the email where your system notifications will be sent. It's important the email entered is one you check often, as it is tied to the user login.

3. Enter the First Name.
4. Enter the Last Name.

2.5 User Profile (continued)

The screenshot shows the 'User Profile' form in a multi-step registration process. The progress bar at the top indicates steps 1 through 6, with step 4 ('User Profile') currently active. The form includes fields for User Role (set to 'Primary User'), Email, First Name, Last Name, Address 1, City, Zip Code, Fax, OHID Account, Agency Position Title, Address 2, and State. A red circle with the number 5 highlights the checkbox labeled 'Is the user address same as Organization Address?'. Below the form, there are 'Back' and 'Continue' buttons.

5. Select the checkbox if the User Address is the same as the Organization Address. This will auto-populate the address fields.

This screenshot shows the same 'User Profile' form, but with a red box highlighting the address and agency position title fields. A red circle with the number 6 is placed next to the 'Address 1' field, and another red circle with the number 7 is placed next to the 'Agency Position Title' dropdown menu. The checkbox from the previous step is now unchecked. The 'Back' and 'Continue' buttons remain at the bottom.

6. Enter the User Address information if the User Address is different from the Organization Address.
7. Enter the Agency Position Title.

2.5 User Profile (continued)

Organization Search 1 Organization Profile 2 Required Business Documents 3 **User Profile 4** Non-Disclosure 5 Confirmation 6

User Profile

User Role
Primary User

Email*

First Name*

Last Name*

☐ Is the user address same as Organization Address?

Address 1*

Agency Position Title

City*

Address 2

Zip Code*

State*

--Select the Item--

8 Fax

9 Phone

10 OH|ID Account

Complete this field

Back Continue 11

8. [Optional] Enter the User's Fax number.

9. Enter the User Phone Number. *Use digits only, do not add additional characters like () or -.*

10. Enter the OH|ID Account Number.



Only enter the OH|ID digits only for the OHID Account field.

Only enter the OH|ID account number (*digits only*), not the OH|ID email.



What Is My OH|ID Account Number?

All GMIS users must obtain an OH|ID account to apply and manage their Agency Profile and Grant applications. To create, please review section **1.0 Register for an OH|ID.**

11. Select 'Continue'.

This is the conclusion of **2.5 User Profile.**

2.6 Non-Disclosure

Organization Search
Organization Profile
Required Forms
Additional Documents
User Profile
Non-Disclosure
Confirmation

1
2
3
4
5
6
7

Non-Disclosure Agreement

The following non-disclosure terms apply to your organization's submission of information and documents to Grants Management application. By using this application, you understand and consent to the following:

The funding application submitted herein, includes information that shall not be disclosed outside the Department of Health and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this application, retain a record of submission and to receive, store and transfer documents needed to process applications, conduct pre and post-award transactions and to manage grant awards issued to the registrant organization. Organizational information shall be requested only for the purpose established by the application for creating and maintaining an account and submitting, reviewing, and processing applications and grant awards. No personally identifiable client-level data shall be required by the Department of Health for submission via the application at any time.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful purpose. You have no reasonable expectation of privacy regarding any communications or data transiting or stored on the application. At any time, any for any lawful purpose, the Department of Health may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Applications submitted shall remain confidential until the time that grant terms are accepted by the applicant organization and a grant award is issued by the Organization. At that time, the documents become public information and subject to review, audit, and public disclosure. If a grant is awarded because of or in connection with the submission, the application and its contents shall be incorporated by reference into the grantee's agreement and requirements, including pre-award conditions. The applicant agrees not to disclose any Department of Health notice of intent to fund until Department of Health issues an award or public notification of the award.

The Department of Health shall have the right to duplicate, use or disclose the data to the extent provided in the resulting grant. No confidential or proprietary data will be shared without an applicant's permission and will be governed by terms negotiated in the final grant award agreement. This restriction does not limit the Department of Health's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets and, mark each sheet of data it wished to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

Back
Disagree
Agree
1



The non-disclosure is required for registration!

The Agency user must accept the non-disclosure by selecting 'Agree'. They will be unable to complete registration if they select disagree.

1. Select 'Agree' following reading of the non-disclosure agreement; this submits your registration to ODH.

This is the conclusion of **2.6 Non-Disclosure**.

2.7 Registration Confirmation

Ohio Department of Health

Home Browse Grants Login | Register

Registration Submitted
User registration submitted. You will receive an email once its approved

Organization Search Organization Profile Required Forms Additional Documents User Profile Non-Disclosure Confirmation

1 2 3 4 5 6 7

Confirmation

Your Registration has been submitted

User Type : Primary User

Approver : Office of Grants Management

Thank you for registering for the Grants Management System. You will receive an email with a link to create your credentials once it has been approved. Please close the browser to exit the system.

To go back to the sign-in page, please click the Home button.

Home

The confirmation screen displays *Registration Submitted* and includes next steps for the user. This ODH approval is only required for the Agency registration and first primary user registration.

Welcome to ODH Grants Portal

Hi Elizabeth Augustini,

Welcome to ODH Grants Portal! To get started, go to <https://grantsmanagement-gmohiodev1.sandbox.my.site.com>

Username: elizabeth.augostini@accenture.com

Thanks,

Ohio Department of Health

If approved, the primary user will receive their credentials to log into the Grants Portal. If rejected, the primary user will receive a rejection email with whom to contact with questions.

From: Soli Ogra

5/31/2024 at 9:52 AM

Hi Elizabeth Augustini,

Welcome to the ODH Grants Portal! To get started, go to https://ohiodoh01--ohiodoh01q.sandbox.my.site.com/subrecipients/login?c=cbbixsuCapcuobzg_6UW1yuy9PO2R4dWgcg9o0uIgIXUvIir6m3gYEdOe268gKtTs8TJF55h4YduFGhELk_3ui1dgbJevQN4hSImmM7MH05ot

Username: grantstest@mail.com33.ohiodoh01q

Thank you,

Ohio Department of Health

This is the conclusion of **2.7 Registration Confirmation**.

This is the conclusion of **2.0 Register Your Agency with GMIS Portal**.

3.0 Log Into GMIS Portal for the First Time

Reminder: Utilize the link in the confirmation email to navigate to the GMIS portal for login.

The screenshot shows the OHID login page. At the top is the OHID logo and the text "Ohio's Digital Identity. One State. One Account." Below this is a "Create account" button. The "Log In" section contains two input fields: "OHID" (callout 1) and "Password" (callout 2). Below the password field is a "Log in" button (callout 3). At the bottom of the login section is a link that says "Forgot your OHID or password?".

1. Enter OHID.
2. Enter Password when setting up your OHID.
3. Select 'Log in'.

The screenshot shows the ODH Grants portal. The header includes the Ohio Department of Health logo and navigation links: Home, Browse Grants, My Applications, My Awards, My Agency Profile, and Reports. The main content area has the heading "ODH Grants" and a description. A modal window is displayed in the center with the title "Have you completed all of the ODH Grants Management training modules? Training Document". It contains a dropdown menu labeled "Select an Option" (callout 4) and a "Submit" button (callout 5). A "Browse Grants" button is visible in the bottom left of the main content area.

After successful registration and login, the Agency user will be prompted to confirm they have completed all the ODH Grants Training Materials prior to taking actions in the portal.

4. Select from the list of values:
 - a) Yes.
 - b) No.
5. Select 'Submit'.

This is the conclusion of **3.0 Log Into GMIS Portal for the First Time.**

4.0 View Agency Profile in GMIS Portal

To navigate to your Agency profile, ensure you are logged in first:

Ohio Department of Health

Home Browse Grants My Applications My Awards **My Agency Profile** Reports

Account
Ohio QA Test 7 Edit

Agency Key: 0506001 Agency Type: County Agency Office Phone Number: (234) 234-2345 ICQ Risk Level: Low

Agency Details Agency Contacts Pending Agency Forms Files Agency Forms Invoices

Account Name: Ohio QA Test 7 Agency Type: County Agency

Employer Identification Number (EIN): DDD123456 Unique Entity ID (UEI): DDD123456789

Congressional District: 12 ICQ Risk Level: Low

Agency Fiscal Year End Date: 08/31 Audit Cycle: Annual

Cash/Accrual: Cash

▼ Contact Information

Office Phone Number: (234) 234-2345 Alternate Telephone Number:

1. Select 'My Agency Profile' in the top banner.
2. View the information found on *Agency Details*, *Agency Contacts*, *Pending Agency Forms*, *Files*, and *Agency Forms* tabs for accuracy.



The 'Pending Agency Forms' tab shows outstanding forms.

If the agency user skipped any of the required agency forms outlined in section **2.4 Required Forms**, they can return to them in the 'Agency Forms' tab to review and complete them.

Reminder: The required forms become required once an Agency applies for a grant!

This is the conclusion of **4.0 View Agency Profile in GMIS Portal**.

5.0 Add Additional Users to Your Organization *This Section Is Intended For: Primary Users*

Primary Users can add additional users to their organization to give them access to the GMIS Portal. To add additional users, first navigate to the Agency Profile using the “My Agency Profile” tab at the top of the screen.

Account: Fairfield County Health Dept

Agency Type: County Agency | Office Phone Number: (716) 904-1564 | ICQ Risk Level: Low

Agency Details | **Agency Contacts** | Adding Agency Forms | Files | Agency Forms

Contacts (1) New

Contact Name	User Role	Agency Position Title	Email
Elizabeth Augustini	Primary User	Commissioner	grantstest@mail.com

View All

1. Select 'Agency Contacts' tab.
2. Select 'New'.

New Contact

* = Required Information

Contact Information

* Name

Salutation: --None--

* Email

* First Name

First Name

* Middle Name

Middle Name

* Last Name

Last Name

Suffix

Suffix

* Address 1

City

Agency Position Title: --None--

Cancel Save & New Save

3. [Optional] Select the 'Salutation'.
4. Enter the email of the new Agency User.
5. [Optional] Enter the First Name of the user. DO NOT USE NICKNAMES.
6. [Optional] Enter the Middle Name of the user.

5.0 Add Additional Users to Your Organization (continued)

New Contact

* = Required Information

Contact Information

* Name

Salutation: --None--

* Email

First Name: First Name

Middle Name: Middle Name

7 * Last Name: Last Name

8 Suffix: Suffix

* Address 1

Agency Position Title: --None--

City

Cancel Save & New Save

7. Enter the Last Name of the user.

8. [Optional] Enter the Suffix of the user.

* Address 1

Agency Position Title: --None--

9 * City

Address 2

* Zip Code

* State: OH

11 * User Role: --None--

* Phone

12

Account Name: Fairfield County Health Dept

Cancel Save & New Save

9. Enter the Address information[Optional].

10. Select the Agency Position Title from the dropdown.

11. Select the 'User Role' from the list of values:

- a) Primary User.
- b) Secondary User.

12. Enter the Phone Number.

5.0 Add Additional Users to Your Organization (continued)

The screenshot shows a form with the following fields and annotations:

- * User Role**: A dropdown menu with "--None--" selected. A red circle with the number 13 is next to it.
- * Account Name**: A text field containing "Fairfield County Health Dept". A red circle with the number 13 is next to it.
- OHID Account**: A text field. A red circle with the number 15 is next to it.
- * Phone**: A text field.
- Subrecipient Portal Access**: A checkbox. A red circle with the number 14 is next to it.
- Agency Head**: A checkbox.
- Active at Organization**: A checkbox.
- Buttons at the bottom: "Cancel", "Save & New", and "Save".

13. The Account Name will automatically populate.

14. Select the 'Subrecipient Portal Access', if applicable. Selecting this checkbox will allow the new user to log into the GMIS portal.

15. Enter the OHID Account number, if 'Subrecipient Portal Access' checkbox was selected.



Only enter the OH|ID digits only for the OHID Account field.

Only enter the OH|ID account number (*digits only*), not the OH|ID email.



What Is My OH|ID Account Number?

All GMIS users must obtain an OH|ID account to apply and manage their Agency Profile and Grant applications. To create, please review section **1.0 Register for an OH|ID**.

The screenshot shows the same form as before, but with additional updates:

- * Phone**: Now contains the number "7169041564".
- Agency Head**: A checkbox. A red circle with the number 16 is next to it.
- Active at Organization**: A checkbox. A red circle with the number 17 is next to it.
- Buttons at the bottom: "Cancel", "Save & New", and "Save". A red circle with the number 18 is next to the "Save" button.

16. Select the 'Agency Head', if applicable. There may only be one active agency head at a time.

17. Select 'Active at Organization', if applicable.

18. Select 'Save'.

5.0 Add Additional Users to Your Organization (continued)



What is the difference between the 'Save' vs. 'Save & New' buttons?

If you are creating multiple users at once, select the 'Save & New' button. This will save and close out the current user window, and automatically launch a new user window.

If you are creating one user, select the 'Save' button. **This more common.**



All contacts have to be added by a Primary User.

This is because there is not an approval process with ODH when adding primary and secondary users. Users will automatically get login information if selected 'Access to the Portal'.