

Budget

The screenshot shows the Ohio Department of Health Grants Management Information System. The header includes the Ohio.gov logo and the text "Ohio Department of HEALTH" and "Grants Management Information System". Below the header, there is a navigation bar with links: Worklist, Project, Reports, View Bulletins, and Logout. A welcome message for Evelyn Suarez states "You currently have Subgrantee Access." The main content area displays grant information: Agency Name (Adams County Board of Health), Program Title (TEST GRANT PROGRAM), Project Number (00110013ZZ0114), Employer Id Number (316400062), Grant Period Begin (8/1/2013), and Grant Period End (7/31/2014). A "Print This Page" button is located to the right. Below this, there are several checkboxes for various categories: Core Staff (checked), Budget (unchecked), W9 (checked), EFT (checked), EEO Survey (checked), Title (unchecked), Reason (unchecked), Justification (unchecked), Personnel (unchecked), Equipment (unchecked), Contracts (unchecked), Other Costs (unchecked), Funding (unchecked), Cash (unchecked), Compliance (unchecked), and Approved (unchecked). A "Budget" section is highlighted. Below it, a "Primary Reason" section is shown with a dropdown menu. A sidebar on the left contains a list of tabs: Primary Reason, Funding, Cash Needs, Justification, Personnel, Other Costs, Equipment, Contracts, Compliance, Summary, and Comments. The "Options" section is expanded, showing a list of radio button options: Initial Budget (selected), Subgrantee Response, Reallocation of Grant Funds, Program Income Modification, Allotment Migration to Future Period, Programmatic Scope Modification, Establishment of New Category, Subgrantee Addition of new Line, GAU modification of the Budget to match the NOA, and Director Request. At the bottom, there are "New" and "Cancel" buttons, with the "New" button highlighted by a red box.

Ohio.gov
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Ohio Department of
HEALTH

Grants Management
Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Evelyn Suarez. You currently have Subgrantee Access.

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

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

Budget

Primary Reason

Primary Reason Description: ▼

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Options:

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

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

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

Budget

The screenshot displays the Ohio Department of Health Grants Management Information System. The header includes the Ohio.gov logo and the text "Ohio Department of HEALTH Grants Management Information System". Below the header, there is a navigation bar with links: Worklist, Project, Reports, View Bulletins, and Logout. A welcome message for Evelyn Suarez states "You currently have Subgrantee Access.".

The main content area shows the following information:

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

There is a "Print This Page" button on the right. Below this, a row of checkboxes includes "Core Staff" (checked), "Budget" (unchecked), "W9" (checked), "EFT" (checked), and "EEO Survey" (checked). Another row of checkboxes includes "Title", "Reason", "Justification", "Personnel", "Equipment", "Contracts", "Other Costs", "Funding", "Cash", "Compliance", and "Approved".

The "Budget" section is highlighted, and the "Primary Reason" dropdown menu is open, showing the following 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

At the bottom of the form, there are "Save" and "Cancel" buttons. The "Save" button is highlighted with a red box.

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

Primary Reason Page

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

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

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

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

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

Primary Reason

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

Options:

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

Edit Cancel Complete

Cancel Delete

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

Funding Section

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Ohio Department of **HEALTH** OH

Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

Approval Status:

Budget Funding Sources			
Command	Type	Description	Amount
	Total		\$0.00

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

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

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

Funding Section



Grants Management Information System

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

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

Approval Status:

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

Budget Funding Sources

Command	Type	Description	Amount
	None <input checked="" type="text"/>		

Save Cancel

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

Funding Section

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Grants Management Information System

Worklist Project Reports View Bulletins Logout

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

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

Budget Funding Sources			
Command	Type	Description	Amount
	<div> <div>None</div> <div>Grant</div> <div>Program Income</div> </div>		

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

[Cancel](#)

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

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

Funding Section



Grants Management Information System

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

☒ ☐ ☐ ☐ ☐ ☐ ☐

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

Approval Status:

Budget Funding Sources

Command	Type	Description	Amount
	Grant <input type="button" value="v"/>	ODH	

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

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

Funding Section



Grants Management Information System

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

☒ ☐ ☐ ☐ ☐ ☐ ☐

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

Approval Status:

Budget Funding Sources

Command	Type	Description	Amount
	Grant <input type="button" value="v"/>	ODH	100000

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

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

Funding Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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









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Print This Page

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

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

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

Approval Status: ▼

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

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

New

Cancel

Complete

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

Funding Section

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Ohio Department of HEALTH
Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

Approval Status:

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

Cancel

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

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

Justification Section

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

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

Approval Status: ▼

Prior Approved Budget Justification

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

Current Budget Justification

5000 characters left

Edit Cancel Complete

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

Justification Section

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

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

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

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

Approval Status: ▼

Prior Approved Budget Justification

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

Current Budget Justification

5000 characters left

Update Cancel Complete

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

Justification Section

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Approval Status:

Prior Approved Budget Justification

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

Current Budget Justification

Enter Budget Justification

4974 characters left

- Click "Update" to save the comment

Justification Section

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

Approval Status: ▼

Prior Approved Budget Justification

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

Current Budget Justification

Enter Budget Justification

4974 characters left

Edit Cancel Complete

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

Justification Section

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Prior Approved Budget Justification

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

Current Budget Justification

Enter Budget Justification

4974 characters left

Cancel

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

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

Personnel Budget Display All

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

Edit New Cancel Complete

- Click "New"

Personnel Section





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

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

☐ Title
☐ Reason
☒ Justification
☐ Personnel
☐ Equipment
☐ Contracts
☐ Other Costs
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Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

Primary Reason
Funding
Cash Needs
Justification
Personnel
Other Costs
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Compliance
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Personnel Budget

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Annie Paul	None							

Description
Balance: \$0.00
Total: \$0.00

Balance:
Amount:

Update

Cancel

Complete

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

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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Print This Page

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

☐ Title
☐ Reason
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☐ Equipment

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

Personnel Budget

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

Description Amount

Balance:

\$0.00

Total:

\$0.00



Update

Cancel

Complete

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

Personnel Section



Grants Management Information System

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

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☒ Core Staff
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☒ EFT
☒ EEO Survey

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☐ Reason
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☒ Cash
☐ Compliance
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Budget - 00110013ZZ0114 (1) Initial Budget 10/4/2013 9:50:25 AM

Approval Status:

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jason Work	None	<input checked="" type="checkbox"/>						<table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													

- Click the Function Title pull down

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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






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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☐ Personnel
 ☐ Equipment

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

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

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

Personnel Budget
[Display All](#)

Employee	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
<div> <div>None</div> <div> Clerk Director Administrative Assistant Assistant Director of Accounting Billing Clerk Bookkeeper Case Manager Case Worker Chief Financial Officer Chief Operating Officer Commissioner Dentist Deputy Director Dietician Director of Accounting Executive Director Finance Director Finance Manager Fiscal Officer Health Commissioner Hygienist Manager </div> </div>							<table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount												
Balance:	\$0.00												
Total:	\$0.00												
Adam West							<table> <tr> <td>Balance:</td> <td>Amount:</td> </tr> </table>	Balance:	Amount:				
Balance:	Amount:												

- Select the title for the employee you selected

Personnel Section



Ohio Department of
HEALTH

 Grants Management
 Information System

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

☒ ☒ ☒ ☒ ☒ ☒ ☒

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

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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☐ Personnel
 ☐ Equipment

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

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

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

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jason Work	Case Manager							<table> <tr> <th>Description</th> <th>Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													
						Balance:	Amount:							

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

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

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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 Program Title: TEST GRANT PROGRAM
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

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

☐ Title ☐ Reason ☒ Justification ☐ Personnel ☐ Equipment

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

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

Approval Status: ▼

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jason Work ▼	Case Manager ▼	100						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Description</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													
							Balance: Amount:							

Update

Cancel

Complete

- Enter the Annual Salary for the employee named

Personnel Section



Grants Management Information System

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

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

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

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

☐ Title
☐ Reason
☒ Justification
☐ Personnel
☐ Equipment

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

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

Approval Status: ▼

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

Personnel Budget
[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Jason Work ▼	Case Manager ▼	100	40000					
Balance: Amount:								

Update
Cancel
Complete

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

Personnel Section



Grants Management Information System

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

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

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

Print This Page

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

☐ Title
☐ Reason
☒ Justification
☐ Personnel
☐ Equipment

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

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

Approval Status: ▼

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

Personnel Budget

[Display All](#)

Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source						
Jason Work ▼	Case Manager ▼	100	40000	40000	25	10000	50000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Description</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> </tr> <tr> <td>Total:</td> <td>\$0.00</td> </tr> </table>	Description	Amount	Balance:	\$0.00	Total:	\$0.00
Description	Amount													
Balance:	\$0.00													
Total:	\$0.00													




Update

Cancel

Complete

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

Personnel Section

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

☒ ☐ ☐ ☐ ☐ ☐ ☐

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

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

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

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

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



Personnel Budget

[Display All](#)

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

- Click "New" to add another employee

Personnel Section



Grants Management Information System

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

☒ ☒ ☒ ☒ ☒ ☒ ☒

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

Print This Page

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

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

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

Approval Status: v

Personnel Budget


[Display All](#)


	Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Case Manager	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Annie Paul v	None v							
								Balance: Amount:	

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

- Select another employee from the pull down

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

☐ ☐ ☐ ☐ ☐ ☐ ☐

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

[Print This Page](#)

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

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

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

Approval Status:

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


Personnel Budget

[Display All](#)

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

- Click the Function Title pull down

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

Print This Page

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

☐ Title
☐ Reason
☒ Justification
☐ Personnel
☐ Equipment

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

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


Personnel Budget
[Display All](#)


	Employee	None	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source
Delete	Jason Work	Administrative Assistant	100	\$40,000.00	\$40,000.00	25	\$10,000.00	\$50,000.00	
	Juana Smith	Bookkeeper							
		Case Manager							
		Case Worker							
		Chief Financial Officer							
		Chief Operating Officer							
		Commissioner							
		Dentist							
		Deputy Director							
		Dietician							
		Director of Accounting							
		Executive Director							
		Finance Director							
		Finance Manager							

Update
Cancel
Complete

- Select the title of the employee selected

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

☒ ☒ ☒ ☒ ☒ ☒ ☒

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

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

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

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

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

Approval Status:


Personnel Budget


[Display All](#)

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

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

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

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

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

Approval Status: ▼

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



Personnel Budget
[Display All](#)

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

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

- Enter Annual Salary for employee selected

Personnel Section



Grants Management Information System

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

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Program Title: TEST GRANT PROGRAM
Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

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

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

Approval Status:


Personnel Budget


[Display All](#)

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

- Enter the employee Program Fringe Cost

Personnel Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

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

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

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

Approval Status: ▼

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

Personnel Budget

Display All

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

Update

Cancel

Complete

- Click "Update"

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status:

Personnel Budget [Display All](#)

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

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

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

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Personnel Budget [Display All](#)

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

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

- Enter the name of the Fund Source under Description

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status:

Personnel Budget [Display All](#)

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

[Insert](#)

Description	Amount
GRF	
Balance:	
Total:	(\$6,000.00)
	\$0.00

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

- Enter Amount of Fund Source

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status: ▼

Personnel Budget [Display All](#)

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

[Insert](#)

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

- Click "Insert" to add the funding source

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status:

Personnel Budget [Display All](#)

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

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

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

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status:

Personnel Budget [Display All](#)

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

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Delete GRF 3,000.00

Insert Help Me Go

Balance: (\$3,000.00)

Total: \$3,000.00

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

- Enter the amount

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status:

Personnel Budget [Display All](#)

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

Description

Delete GRF 3,000.00

Insert Help Me Gr 3000

Balance: (\$3,000.00)

Total: \$3,000.00

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

- Click "Insert"

Personnel Section

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

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

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

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

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

Personnel Budget Display All

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

Description Amount

Delete GRF 3,000.00

Delete Help Me Grow 3,000.00

Insert

Balance: \$0.00

Total: \$6,000.00

Update Cancel

- Repeat this process until all of the Fund Sources are entered for this employee
- Click “Update” when done

Personnel Section

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

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

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

Approval Status: ▼

Personnel Budget Display All

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

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

Edit New Cancel Complete

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

Personnel Section

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

Personnel Budget [Display All](#)

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

[Cancel](#)

- Click “Other Costs”

Other Costs



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

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

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

Approval Status:

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


Other Direct Costs Budget


Command	Description	Amount
	Balance	\$20,000.00
	Total	\$0.00

New
 Cancel
 Complete

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

Other Costs



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

[Print This Page](#)

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

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

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

Approval Status:

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

Other Direct Costs Budget

Command	Description	Amount
	Balance	\$20,000.00
	Telephone Service - Landline	<input checked="" type="text"/>

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

- Click pull down under Description

Other Costs



Grants Management Information System

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

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

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

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

☐ Title
☐ Reason
☒ Justification
☒ Personnel
☐ Equipment

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


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

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

Other Direct Costs Budget		
Command	Description	Amount
	Telephone Service - Landline	
	Advertising	
	Printing	
	Travel (includes mileage)	
	Rent	
	Training	
	Medical Supplies	
	Copier Maintenance	
	Utilities	
	Website	
	Client Incentives	
	Leadership Conference	
	Client Stipends	
	Newsletter	
	Community Forums	
	Audit Fees	
	Meeting Expense	
	Equipment Maintenance	
	Lab Fees	
	Liability Insurance	
	Maintenance	
	Postage	

- Select the appropriate line item

Other Costs



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

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


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


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

Other Direct Costs Budget		
Command	Description	Amount
	Balance	\$20,000.00
	Office Supplies	

- Enter Amount for the line item selected

Other Costs Section



Ohio Department of
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**Grants Management
Information System**

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

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

Print This Page

☒ Core Staff
 ☐ Budget

☒ W9
 ☒ EFT

☒ EEO Survey

☐ Title
 ☐ Reason

☒ Justification
 ☒ Personnel

☐ Equipment

☐ Contracts
 ☐ Other Costs

☒ Funding
 ☒ Cash

☐ Compliance
 ☐ Approved

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

Approval Status: ▼

Other Direct Costs Budget		
Command	Description	Amount
	Balance	\$20,000.00
	Office Supplies ▼	3000

Save

Cancel

Complete

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

- Click "Save"

Other Costs Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014
 [Print This Page](#)

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

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

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


Approval Status: ▼

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


Other Direct Costs Budget		
Command	Description	Amount
<div> <div>Edit</div> <div>Delete</div> </div> <div>Office Supplies</div>		\$3,000.00
Balance		\$17,000.00
Total		\$3,000.00
<div> <div>New</div> <div>Cancel</div> <div>Complete</div> </div>		

- Click “New” to add another line item

Other Costs Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

Print This Page

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

☐ Title
☐ Reason
☒ Justification
☒ Personnel
☐ Equipment

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

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

Approval Status: v

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments


Other Direct Costs Budget		
Command	Description	Amount
Edit Delete	Office Supplies	\$3,000.00
	Balance	\$17,000.00
	Telephone Service - Landline	


v

Save Cancel Complete

- Click the pull-down under Description

Other Costs Section





**Grants Management
Information System**

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

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

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

Print This Page

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

☐ Title
☐ Reason
☒ Justification
☒ Personnel
☐ Equipment

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


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


Other Direct Costs Budget

	Command	Description	Amount
Primary Reason			
Funding	<div style="border: 1px solid black; padding: 2px;">Edit Delete</div>		
Cash		Telephone Service - Landline	\$3,000.00
Needs		Advertising	
		Printing	\$81,000.00
		Travel (includes mileage)	
Justification		Rent	
Personnel		Training	
		Medical Supplies	
Other Costs		Copier Maintenance	
		Utilities	
Equipment		Website	
		Client Incentives	
Contracts		Leadership Conference	
		Client Stipends	
Compliance		Newsletter	
		Community Forums	
Summary		Audit Fees	
		Meeting Expense	
Comments		Equipment Maintenance	
		Lab Fees	
		Liability Insurance	
		Maintenance	
		Postage	
		Professional/Organization Dues	
		Publications	
		Subscriptions	

- Select another line item

Other Costs Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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[Print This Page](#)

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

☐ Title
 ☐ Reason
 ☒ Justification
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 ☐ Equipment

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

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

Approval Status: ▼

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

Other Direct Costs Budget

Command	Description	Amount
<div> <div>Edit</div> <div>Delete</div> </div> <div>Office Supplies ▼</div>		\$3,000.00
Balance		\$17,000.00
<div>Postage ▼</div>		<div></div>



Save

Cancel

Complete

- Enter Amount for the selected line item

Other Costs Section

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

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Office Supplies	\$3,000.00
Cash Needs		Balance	\$17,000.00
Justification		Postage	1000
Personnel	<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Complete"/>		
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

- Click "Save"

Other Costs Section



Grants Management Information System

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

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

Approval Status:


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

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

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

Other Costs Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

Welcome, ODH Subgrantee. You currently have Subgrantee Access.

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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

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

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

Other Direct Costs Budget		
Primary Reason	Command	Description Amount
Funding		Office Supplies \$3,000.00
Cash Needs		Postage \$1,000.00
Justification		Balance \$83,000.00
Personnel		Total \$4,000.00
Other Costs	<div>Cancel</div>	
Equipment		
Contracts		
Compliance		
Summary		
Comments		

- Click "Equipment"

Equipment Section



Ohio Department of
HEALTH

 Grants Management
 Information System

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

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

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 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

[Print This Page](#)

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

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

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

Approval Status: ▼

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

Equipment Budget				
Command	Description	Quantity	Amount	Total
	Balance			\$16,000.00
	Total			\$0.00


New


Cancel

Complete

- Click “New”

Equipment Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

☒ ☒ ☒ ☒ ☒ ☒ ☒

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

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

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

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



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

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

Equipment Budget				
Command	Description	Quantity	Amount	Total
	Balance			
	AED Units	<input type="text"/> <input checked="" type="button" value="v"/>	<input type="text"/>	\$16,000.00

- Click pull down under Description

Equipment Section



Grants Management Information System

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

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 Program Title: TEST GRANT PROGRAM
 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

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

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



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

Equipment Budget				
Command	Description	Quantity	Amount	Total
	AED Units			\$83,000.00
	Bench			
	Bike Racks			
	Camera			
	Chair(s)			
	Climate Control Unit			
	Climate Control Unit			
	Computer Router			
	Conference Phone System			
	Copier			
	Dental Compressor (Portable)			
	Dental Handpieces			
	Dental Light System			
	Dental Stool/Chair			
	Dental Tray Stand			
	Dental X-Ray System (Portable)			
	Desk(s)			
	Desktop Computer			
	Digital Screen			
	Digital X-Ray System			
	Disk Golf Kit			
	Exam Table			

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

- Select a line item from the equipment category

Equipment Section



Grants Management Information System

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

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

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Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

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

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

Approval Status:


Equipment Budget


Command	Description	Quantity	Amount	Total
	Balance			
	Laptop Computer			\$16,000.00

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

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

Equipment Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

Print This Page

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

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

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

Approval Status: ▼

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

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


Save

Cancel


Complete

- Enter the unit cost of the line item

Equipment Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

Print This Page

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☐ Equipment

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

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

Approval Status: ▼

Equipment Budget				
Command	Description	Quantity	Amount	Total
	Balance			
	Laptop Computer ▼	2	1500	\$16,000.00

Save
Cancel
Complete

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts


Compliance


Summary

Comments

- Click "Save"

Equipment Section



Ohio Department of
HEALTH

 Grants Management
 Information System

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

☒ ☐ ☐ ☐ ☐ ☐ ☐

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

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

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

Approval Status: ▼

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

Equipment Budget				
Command	Description	Quantity	Amount	Total
<div>Edit</div> <div>Delete</div>	Laptop Computer	2	\$1,500.00	\$3,000.00
Balance				\$13,000.00
Total				\$3,000.00


New


Cancel

Complete

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

Equipment Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

Print This Page

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☒ Equipment

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

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

Approval Status: ▼

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Equipment Budget

Command	Description	Quantity	Amount	Total
	Laptop Computer	2	\$1,500.00	\$3,000.00
	Balance Total			\$13,000.00
				\$3,000.00

Cancel

- Click "Contracts"

Contracts Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

Print This Page

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

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

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

Approval Status:

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

Contracts

[Display All Contracts](#)

Command	Contractor	EIN	Amount
	Balance Total		\$13,000.00 \$0.00


New


Cancel

Complete

- Click “New”

Contracts Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

Print This Page

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

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

☐ Contracts
 ☒ Other Costs
 ☒ Funding
 ☒ Cash

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

Approval Status: ▼

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

Contracts

[Display All Contracts](#)

Command	Contractor	EIN	Amount
	<div></div> Balance	<div></div>	<div></div> \$13,000.00

Save

Cancel

Complete

- Enter the name of the Contractor

Contracts Section



Grants Management Information System

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

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

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

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

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

Approval Status:


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


Contracts
[Display All Contracts](#)

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

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

Contracts Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☒ Equipment

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

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

Contracts

[Display All Contracts](#)

Command	Contractor	EIN	Amount
	ACME clinic	123456789	
Balance			\$13,000.00

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

- Enter amount to be paid to the Contractor

Contracts Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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 Project Number: 00110013ZZ0114 Employer Id Number: 316400062
 Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

Print This Page

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☒ Equipment

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

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

Approval Status: ▼

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Contracts

Display All Contracts

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



Save

Cancel

Complete

- Click “Save”

Contracts Section



Grants Management Information System

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

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Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

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

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




Approval Status:

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

Contracts			
Display All Contracts			
Command	Contractor	EIN	Amount
<div>Edit</div> <div>Delete</div>	ACME Clinic	123456789	\$10,000.00
	Balance		\$3,000.00
	Total		\$10,000.00
<div>New</div> <div>Cancel</div> <div>Complete</div>			

- Click “New” to add another Contractor

Contracts Section

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

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Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

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

☐ Title
☐ Reason
☒ Justification
☒ Personnel
☒ Equipment

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

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

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



Contracts

[Display All Contracts](#)

Command	Contractor	EIN	Amount
<input type="button" value="Edit"/> <input type="button" value="Delete"/>	ACME Clinic	123456789	\$10,000.00
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Balance		\$86,000.00

- Enter name of Contractor

Contracts Section



Grants Management Information System

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

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Project Number: 00110013ZZ0114 Employer Id Number: 316400062
Grant Period Begin: 8/1/2013 Grant Period End: 7/31/2014

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

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

Approval Status:

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


Contracts
[Display All Contracts](#)

Command	Contractor	EIN	Amount
<div> Edit Delete </div>	ACIME Clinic	123456789	\$10,000.00
	<div> Interpreter 1 </div> <div> Balance </div>	<div></div>	<div></div> <div>\$3,000.00</div>


Save Cancel Complete

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

Contracts Section



Ohio Department of
HEALTH


**Grants Management
Information System**

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

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

Print This Page

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

☐ Title
☐ Reason
☒ Justification
☒ Personnel
☒ Equipment

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

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

Contracts

[Display All Contracts](#)

	Command	Contractor	EIN	Amount
Cash Needs	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> <div style="display: flex; gap: 5px;"> Edit Delete </div> </div>	ACME Clinic	123456789	\$10,000.00
Justification		<div style="border: 1px solid #ccc; padding: 2px;"> Interpreter 1 </div>		<div style="border: 1px solid #ccc; padding: 2px; min-height: 20px;"> \$86,000.00 </div>
Personnel		Balance		

Save Cancel Complete

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts



Compliance

Summary

Comments

- Enter amount to be paid to the Contractor

Contracts Section



Grants Management Information System

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

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

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

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

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

Approval Status:



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

Contracts
[Display All Contracts](#)

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

- Click "Save"

Contracts Section



Grants Management Information System

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

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

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

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

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

Approval Status: ▼


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


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

[Display All Contracts](#)

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

Contracts Section



Ohio Department of
HEALTH


Grants Management Information System

[Worklist](#)
[Project](#)
[Agency](#)
[Program](#)
[Maintenance](#)
[Reports](#)
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Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

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

[Print This Page](#)

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☒ Equipment

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

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

Approval Status: ▼

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


Contracts			
	Command	Contractor	Amount
Edit	ACME Clinic	123456789	\$10,000.00
Edit	Interpreter 1		\$1,500.00
Edit	Interpreter 2		\$1,500.00
	Balance		\$0.00
	Total		\$13,000.00


New
Cancel
Complete

[Display All Contracts](#)

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

Contracts Section



Ohio Department of
HEALTH

 Grants Management
 Information System

[Worklist](#)
[Project](#)
[Agency](#)
[Program](#)
[Maintenance](#)
[Reports](#)
[View Bulletins](#)
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Welcome, ODH Subgrantee. You currently have Grant Administrator Access.

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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☒ Equipment

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

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

Approval Status: ▼

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

Contracts

[Display All Contracts](#)

Command	Contractor	EIN	Amount
	ACME Clinic	123456789	\$10,000.00
	Interpreter 1		\$1,500.00
	Interpreter 2		\$1,500.00
	Balance		\$0.00
	Total		\$13,000.00

Cancel

- Click “Compliance”

Compliance Section

Ohio.gov So much to Discover!

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

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status:

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.)	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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

Compliance Section

Justification		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>500 characters left</div>
3.	Does the project's budget include any project income (detailed in the Summary Section of the Budget)?	<input type="radio"/> Yes <input type="radio"/> No	
4.	What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)		<div>500 characters left</div>
5.	Is project income maintained in a separate account?	<input type="radio"/> Yes <input type="radio"/> No	
		1 2 3 4 5 6 7 8 9 10	
		<input type="button" value="Edit"/> <input type="button" value="Cancel"/>	
		<input type="button" value="Cancel"/> <input type="button" value="Complete"/>	

- Click “Edit”

Compliance Section

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

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

Compliance Section

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

- Click “Save” once all questions have been answered

Compliance Section

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


- Click "Complete"


Compliance Section

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

- Scroll to the top

Compliance Section



Ohio Department of
HEALTH


**Grants Management
Information System**

[Worklist](#)
[Project](#)
[Agency](#)
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[Maintenance](#)
[Reports](#)
[View Bulletins](#)
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Welcome, ODH Subgrantee . You currently have **Grant Administrator** Access.

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

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

☐ Title
 ☐ Reason
 ☒ Justification
 ☒ Personnel
 ☒ Equipment

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

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

Approval Status:

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

Compliance

Please answer all questions.

[Questions](#)
[Display All](#)

[1](#)
[2](#)
[3](#)
[4](#)
[5](#)
[6](#)
[7](#)
[8](#)
[9](#)
[10](#)

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

- Click Summary

Summary Page

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

Print This Page

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

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

Approval Status: ▼

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

Summary

Budget Funding Sources

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

Budget Categories

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


Allotments

Display All Allotments

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


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

Primary Reason Page



Ohio Department of

HEALTH



**Grants Management
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Worklist Project Agency Program Maintenance Reports View Bulletins Logout

☒ ☒ ☒ ☒ ☒ ☒ ☒

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

Agency Name: Adams County Board of Health

Program Title: TEST GRANT PROGRAM

Project Number: 00110013ZZ0114 Employer Id Number: 316400062

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

Print This Page

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

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☒ Equipment

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

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

Approval Status:

Primary Reason

Primary Reason

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

Funding

Cash

Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

Options:

☒ Initial Budget

☐ Subgrantee Response

☐ Reallocation of Grant Funds

☐ Program Income Modification

☐ Allotment Migration to Future Period

☐ Programmatic Scope Modification

☐ Establishment of New Category

☐ Subgrantee Addition of new Line

☐ GAU modification of the Budget to match the NOA

☐ Director Request

Edit

Cancel

Complete

Delete

- Click “Complete”

Primary Reason Page

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Ohio Department of HEALTH

Grants Management Information System

Worklist Project Agency Program Maintenance Reports View Bulletins Logout

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

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

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

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

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

Approval Status: ▼

Primary Reason

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

Options:

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

Cancel

Delete

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

Primary Reason Page

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Ohio Department of HEALTH

Grants Management Information System

Worklist **Project** Agency Program Maintenance Reports View Bulletins Logout

Welcome Select Active Project You currently have Grant Administrator Access.

Agency Name: County Board of Health

Program: Application

Project Number: ZZ0114 Employer Id Number: 316400062

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

Print This Page

Core Budget ☐ Budget ☒ W9 ☒ EFT ☒ EEO Survey

Title Payments ☒ Reason ☒ Justification ☒ Personnel ☒ Equipment

Contract Program Reports ☒ Other Costs ☒ Funding ☒ Cash ☒ Compliance ☐ Approved

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

Approval Status:

Primary Reason

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

Options:

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

Cancel

Delete

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

Application



Ohio Department of
HEALTH


**Grants Management
Information System**

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

Welcome, **Evelyn.Suarez1**. You currently have **Subgrantee** Access.

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

Print This Page

Application Section Status

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

Project Comments

[Display All Comments](#)

No Comments

New

Internal Project Comments

[Display All Comments](#)

No Comments

New

Approve

View Approval History

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

Application

**Grants Management Information System**

Worklist | Project | Reports | View Bulletins | Logout

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

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

Application Section Status

Application Section	Status
Application Information	Subgrantee Completed
Project Narrative	Subgrantee Completed
Project Contacts	Subgrantee Completed
Budget	Subgrantee Completed
W-9	Subgrantee Completed
EFT	Subgrantee Completed
Civil Rights Review Questionnaire	Subgrantee Completed
Assurances	Subgrantee Completed
FFATA	Subgrantee Completed
Health Equity	Subgrantee Completed

Project Comments
[Display All Comments](#)
No Comments
New

Internal Project Comments
[Display All Comments](#)
No Comments
New

View Approval History

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

Approval History

File Edit View Favorites Tools Help

Project Search Suggested Sites Web Slice Gallery

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Ohio Department of HEALTH

Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

Welcome, Gail Byers. You currently have Subgrantee Access.

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

Print This Page

Approval History

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

Return

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

