

https://odhgateway.hhs.ohio.gov/gmis/forms/worklist-orm.aspx

Expenditures | Worklist | Worklist | oahgateway.odh.ohio.gov | HumanConcepts - Chart | das.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Irene Aiko - For My Brother... | Budget

File Edit View Favorites Tools Help

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# GMIS

Grants Management Information System

Ohio.gov So much to discover. Ohio Department of HEALTH

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022M0115 Employer Id Number: 123000000  
 Grant Period Begin: 2/1/2017 Grant Period End: 1/31/2018

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

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

☐ Contracts ☐ Other Costs ☐ Funding ☐ Cash

**Budget**

**Primary Reason**

**Description:**

**Options:**

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

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

- Click “New” to begin creating the budget

**GMIS**  
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Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
Program Title: MATERNAL and CHLD HEALTH PROGRAM  
Project Number: 09960021MP0115  
Grant Period Begin: 2/25/2017  
Employer Id Number: 123000000  
Grant Period End: 2/24/2018

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

☐ Title ☐ Reason ☐ Justification ☐ Personnel ☐ Equipment ☐ Compliance

☐ Contracts ☐ Other Costs ☐ Cash ☐ Approved

Budget - 09960021MP0115 (1) Initial Budget 1/9/2017 11:23:48 AM

Primary Reason

Description: 09960021MP0115 (1) Initial Budget 1/9/2017 11:23:48 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
- ☐ GALI modification of the Budget to match the NOA
- ☐ Director Request

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

https://subgrantee.odh.ohio.gov/gmis/home?subgrantee=odh&org=odh

Expenditures | Worklist | Worklist | odhgateway.odh.ohio.gov | HumanConcepts - Chart | ds.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Brent Akko - Red Peace (Expl... | Budget

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Agency Name: GMIS Test Agency  
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 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

Primary Reason

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

Funding

Options:

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

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

[Cancel](#)

9:35 AM 1/10/2017

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

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

Expenditures | Worklist | Worklist | odhgwetwayrtd.ohio.gov | HumanConcepts - Chart | das.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Itemize Allow - Red Peace (Exp) | Budget

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

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

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

Budget Funding Sources			
Command	Type	Description	Amount
	Total		\$0.00

Primary Reason

Funding

Cash Needs

Justification

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

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

[Cancel](#)

- Click "New"

https://ohio.gov/gmis/form/budgetreviewmain.aspx

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

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

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

Budget Funding Sources			
Command	Type	Description	Amount
Funding	None		

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

[Cancel](#)

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

https://oag.ohio.gov/gmis/forms/budgetrevisionfrm.asp

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

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

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

Budget Funding Sources

Primary Reason	Command	Type	Description	Amount
Funding		None		
Cash/Reserve		Grant		
Justification		Program Income		

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

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

[Cancel](#)

9:38 AM 1/10/2017

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

https://odhgateway1.odh.ohio.gov/gmis/forms/BudgetReview01.html.aspx

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

Agency Name: GMIS Test Agency  
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 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

Budget Funding Sources				
Primary Reason	Command	Type	Description	Amount
Funding		Grant	ODH	
Cash Reason				
Justification				
Personnel				
Other Costs				
Equipment				
Contracts				
Compliance				
Summary				
Comments				

Save Cancel

Cancel

9:38 AM 1/10/2017

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

https://odhgateway1.odh.ohio.gov/gmis/forms/budgetpersonnelmessage

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

Budget Funding Sources			
Command	Type	Description	Amount
Funding	Grant	ODH	100000

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

[Cancel](#)

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

- Click "Save"

https://ohiogateway.fda.ohio.gov/gmis/forms/Budget/initialBudget.aspx

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Expenditures Worklist Worklist Ohio Gateway ODH OHIO.gov Human Concepts - Chart ODH Ohio.gov myOhio.gov Sign Out Per Diem Rates Look-Up Jhena Aiko's "Stranger" - Yo... Budget

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

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 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

**Budget Funding Sources**

Command	Type	Description	Amount
<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Grant	ODH	\$100,000.00
Total			\$100,000.00

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

9:40 AM 1/10/2017

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

https://ohio.gov/ohio-gov/gmis/forms/Budget/entry/entry.aspx

Expenditures | Worklist | Worklist | ohiogetentry.ohio.gov | HumanConcepts - Chart | das.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Brent Akke's "Stranger" - Yo... | Budget

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# GMIS

Grants Management Information System

Ohio.gov Ohio Department of HEALTH

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

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

[Cancel](#)

[Cancel](#)

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

https://odhgatewaysbtsd.odh.ohio.gov/gmsa/forms/BudgetReviewForm.aspx

Agency Name: GMS Test Agency  
 Program Title: MATERNAL and CHILD HEALTH PROGRAM  
 Project Number: 09960021MP0115 Employer Id Number: 123000000  
 Grant Period Begin: 2/25/2017 Grant Period End: 2/24/2018

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

☐ Title ☐ Reason ☐ Justification ☐ Personnel ☐ Equipment

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

Budget - 09960021MP0115 (1) Initial Budget 1/9/2017 11:23:48 AM

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

- Click "Edit"

https://budgetgateway.ohio.gov/.../budget/entry/entry.aspx

Budget

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Program Title: IMMUNIZATION ACTION PLAN  
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 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

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

Cancel

12:14 PM 1/10/2017

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

https://budgetgateway.ohio.gov/portal/form/BudgetReviewForm.aspx

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Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash

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

Prior Approved Budget Justification

Current Budget Justification

Budget Justification is attached in the application comment section.

4931 characters left

Update Cancel Complete

Cancel

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

12:34 PM 1/10/2017

- Click "Update"

https://budgetgateway.ohio.gov:9001/forms/budget/initialform.aspx

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Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash

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

Prior Approved Budget Justification

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

Current Budget Justification

Budget Justification is attached in the application comment section.

4932 characters left

Edit Cancel Complete

Cancel

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

https://odhgateways2.odh.ohio.gov/gms/forms/Budget/ViewBudget.asp

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

Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
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☒ Core Staff ☐ Budget ☒ W9 ☒ EFT ☒ EEO Survey  
☐ Title ☐ Reason ☒ Justification ☐ Personnel ☐ Equipment  
☐ Contracts ☐ Other Costs ☒ Funding ☐ Cash ☐ Compliance ☐ Approved

Prior Approved Budget Justification

Current Budget Justification

Budget Justification is attached in the application comment section.

4932 characters left

Cancel

Cancel

- Click "Personnel"

Agency Name: GMS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employee Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

Personnel Budget									
Employee	Function/Title	Prog Time (%)	Annual Salary	Program Salary Cost	Fringe Rate	Program Fringe Cost	Total Program Cost	Fund Source	
								Balance:	\$0.00
								Total:	\$0.00
						Balance: Amount:	\$100,000.00		\$0.00

Buttons: Edit, New, Cancel, Complete

Cancel

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

Agency Name: GMS Test Agency  
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 Project Number: 09960022IM0115 Employer Id Number: 123000000  
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☒ Core Staff ☐ Budget ☒ W9 ☒ EFT ☒ EEO Survey

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

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

Personnel Budget

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

Cancel

Cancel

- Click "Other Costs"

https://budgetgateway.ohio.gov/gmis/budget.aspx?form=101

Budget

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**HEALTH**

Worklist | Project | Reports | View Bulletins | Logout

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

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 Project Number: 09960022IM0115 Employer Id Number: 129000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding		Balance	\$100,000.00
		Total	\$0.00

New Cancel Complete

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

Cancel

12:15 PM  
1/10/2017

- Deliverable line items are under this section of the budget
- To begin adding line items click "New"

https://ohio.gov/ohio-department-of-health/grants-management-information-system/budget/entry/initial-budget

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

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

Other Direct Costs Budget

Command	Description	Amount
Balance		\$100,000.00
Advertising		

Save Cancel Complete

Cancel

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

https://budgetgateway.ohio.gov/gmis/entry/BudgetEntryForm.aspx

Budget Worklist Worklist Worklist cdygateway.ohio.gov HumanConcepts - Chart dat.ohio.gov myOhio.gov Sign-Out Per Diem Rates Look-Up these Aka - Spotted Mind

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

☐ Title ☐ Reason ☒ Justification ☒ Personnel ☐ Equipment  
☐ Contracts ☐ Other Costs ☒ Client Stipends (DO NOT USE - Place under Client Expenses)  
☐ Client Transportation (DO NOT USE - Place under Client Expenses)  
☐ Community Forums (Ryan White Program Only)  
☐ Copier Maintenance (Do Not Use - Place under Maintenance/Lease)  
☐ Deliverables - Objective Eight (8)  
☐ Deliverables - Objective Eighteen (18)  
☐ Deliverables - Objective Eleven (11)  
☐ Deliverables - Objective Fifteen (15)  
☐ Deliverables - Objective Fifteen (15)  
☐ Deliverables - Objective Five (5)  
☐ Deliverables - Objective Five Program Income (Reproductive Health Only)  
☐ Deliverables - Objective Four (4)  
☐ Deliverables - Objective Four Program Income (Reproductive Health Only)  
☐ Deliverables - Objective Fourteen (14)  
☐ Deliverables - Objective Nine (9)  
☐ Deliverables - Objective Nineteen (19)  
☐ Deliverables - Objective One (1)  
☐ Deliverables - Objective One Program Income (Reproductive Health Only)  
☐ Deliverables - Objective Seven (7)  
☐ Deliverables - Objective Seventeen (17)  
☐ Deliverables - Objective Six (6)  
☐ Deliverables - Objective Six Program Income (Reproductive Health Only)  
☐ Deliverables - Objective Sixteen (16)  
☐ Deliverables - Objective Ten (10)  
☐ Deliverables - Objective Thirteen (13)  
☐ Deliverables - Objective Thirty (30)  
☐ Deliverables - Objective Three (3)  
☐ Deliverables - Objective Three Program Income (Reproductive Health Only)  
☐ Deliverables - Objective Twelve (12)  
☐ Deliverables - Objective Twenty (20)

**Command**

**Amount**

**\$100,000.00**

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

12:16 PM 1/10/2017

- Using your solicitation as a reference, find the appropriate Deliverable line item and click

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**GMIS**  
 Grants Management Information System

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

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115      Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017      Grant Period End: 12/31/2017

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

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

---

**Other Direct Costs Budget**

Primary Reason	Command	Description	Amount
Funding		Balance	\$100,000.00
Cost Needs		Deliverables - Objective One (1)	

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

---

[Cancel](#)

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

https://odhgateways.odh.ohio.gov/gmis/home/Budget/confirm.asp

Budget | Worklist | Worklist | Worklist | odhgateways.odh.ohio.gov | HumanConcepts - Chart | des.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Jhené Aiko - Spottless Mind ...

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding		Balance	\$100,000.00
Justification		Deliverables - Objective One (1)	17000

Save Cancel Complete

Cancel

12:31 PM 1/10/2017

- Click "Save"

https://ohiogateway.tdoh.ohio.gov/gmis/forms/BudgetEditForm.aspx

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Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

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

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	Deliverables - Objective Doe (1)	\$17,000.00
Cash Needs		Balance	\$83,000.00
Justification		Total	\$17,000.00
Personnel	<input type="button" value="New"/> <input type="button" value="Cancel"/> <input type="button" value="Complete"/>		
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

- To enter another line item click "New"

[Budget](#) | [Worklist](#) | [Worklist](#) | [Worklist](#) | [odhgateway.odhio.gov](#) | [HumanConcepts - Chart](#) | [das.ohio.gov](#) | [myOhio.gov Sign-Out](#) | [Per Diem Rates Lock-Up](#) | [Shene Aiko - Spotted Mind](#)

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115      Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017      Grant Period End: 12/31/2017

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

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

Other Direct Costs Budget

Command	Description	Amount
<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
	Balance	\$83,000.00
	Advertising	

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

[Cancel](#)

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

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

https://submitter.hhs.ohio.gov/gmis/home/BudgetEntryForm.aspx

Budget | Worklist | Worklist | Worklist | cdgatenway.cdh.ohio.gov | HumanConcepts - Chart | dhs.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Lock-Up | Irene Aika - Spotless Mind - ...

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# GMIS

Grants Management Information System

Ohio.gov Ohio Department of HEALTH

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

Agency Name: GMIS Test Agency  
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 Project Number: 09960022IM0115  
 Grant Period Begin: 1/1/2017  
 Employer Id Number: 123000000  
 Grant Period End: 12/31/2017

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☒ Core Staff  
☐ Title  
☐ Contracts

**Command**  
[Edit](#) [Delete](#)

**Deliverables - Objective Thirteen (13)**  
 Deliverables - Objective Thirty (30)  
 Deliverables - Objective Three (3)  
 Deliverables - Objective Three Program Income (Reproductive Health Only)  
 Deliverables - Objective Twelve (12)  
 Deliverables - Objective Twenty (20)  
 Deliverables - Objective Twenty Eight (28)  
 Deliverables - Objective Twenty Five (25)  
 Deliverables - Objective Twenty Four (24)  
 Deliverables - Objective Twenty Nine (29)  
 Deliverables - Objective Twenty One (21)  
 Deliverables - Objective Twenty Seven (27)  
 Deliverables - Objective Twenty Six (26)  
 Deliverables - Objective Twenty Three (23)  
 Deliverables - Objective Twenty Two (22)  
**Deliverables - Objective Two (2)**  
 Deliverables - Objective Two Program Income (Reproductive Health Only)  
 Depreciation (DO NOT USE - Place under Facility Costs)  
 Ebola - for Emergency Grant Program Only  
 Educational Materials (DO NOT USE - Place under Supplies)  
 Employee Stipends (Do Not Use)  
 Equipment Maintenance/Lease (DO NOT USE - Place under Maintenance/Lease)  
 Evaluations (Do Not Use)  
 Facility Costs  
 Fax (unit cost \$999.99 or less) - Do Not Use  
 Fees  
 Fiscal Management Services - (DO NOT USE - Place under Fees)  
 Indirect  
 Interest on a Debt (Mortgage Only) (DO NOT USE - Place under Facility Costs)  
 Internet Access Card (Do Not Use - Place under Utilities/Phone Services)

☒ EEO Survey

Equipment Compliance ☐ Approved

**Amount**

\$17,000.00

\$83,000.00

[Cancel](#)

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

12:32 PM 1/10/2017

- Using your solicitation as a reference, find the appropriate Deliverable line item and click

https://edgateway.hhs.ohio.gov/gmis/home/BudgetControlForm.aspx

Budget Worklist Worklist Worklist edgateway.ohio.gov HumanConcepts - Chart das.ohio.gov myOhio.gov Sign-Out Per Diem Rates Look-Up iHend Asko - Spottless Mind

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# GMIS

Grants Management Information System

Ohio.gov Ohio Department of HEALTH

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

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

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

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

Other Direct Costs Budget

Command	Description	Amount
<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
	<b>Balance</b>	\$83,000.00
	Deliverables - Objective Two (2)	

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

[Cancel](#)

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

12:52 PM 1/10/2017

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

- Click “Save”

https://odhgateway101.odh.ohio.gov/gmis/forms/BudgetOffClosedForm.aspx

Budget | Worklist | Worklist | Worklist | odhgateway.odh.ohio.gov | HumanConcepts - Chart | dss.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Lock-Up | Irene Akse - Spotless Mind...

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# GMIS

Grants Management Information System

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

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

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

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

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
Grant Needs	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Two (2)	\$20,000.00
Justification			
Personnel			
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			
		<b>Balance</b>	<b>\$68,000.00</b>
		<b>Total</b>	<b>\$37,000.00</b>

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

12:33 PM 1/10/2017

- Click "New"

https://budgetweb.ohio.gov/gmis/budgetrevisionform.aspx

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# GMIS

Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

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

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

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

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

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
Justification	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Two (2)	\$20,000.00
Personnel		Balance	\$63,000.00
Other Costs		Advertising	

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

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

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

GMIS  
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
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 Employer Id Number: 123000000  
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Core Staff ☐ Budget ☐ W9 ☒ EFT ☒ EEO Survey

☐ Title  
☐ Contracts  
☐ Personnel  
☐ Equipment  
☐ Compliance  
☐ Approved

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

**Command**  
 Edit Delete  
 Edit Delete

Deliverables - Objective Five (5)  
 Deliverables - Objective Five Program Income (Reproductive Health Only)  
 Deliverables - Objective Four (4)  
 Deliverables - Objective Four Program Income (Reproductive Health Only)  
 Deliverables - Objective Fourteen (14)  
 Deliverables - Objective Nine (9)  
 Deliverables - Objective Nineteen (19)  
 Deliverables - Objective One (1)  
 Deliverables - Objective One Program Income (Reproductive Health Only)  
 Deliverables - Objective Seven (7)  
 Deliverables - Objective Seventeen (17)  
 Deliverables - Objective Six (6)  
 Deliverables - Objective Six Program Income (Reproductive Health Only)  
 Deliverables - Objective Sixteen (16)  
 Deliverables - Objective Ten (10)  
 Deliverables - Objective Thirteen (13)  
 Deliverables - Objective Thirty (30)  
 Deliverables - Objective Three (3)  
 Deliverables - Objective Three Program Income (Reproductive Health Only)  
 Deliverables - Objective Twelve (12)  
 Deliverables - Objective Twenty (20)  
 Deliverables - Objective Twenty Eight (28)  
 Deliverables - Objective Twenty Five (25)  
 Deliverables - Objective Twenty Four (24)  
 Deliverables - Objective Twenty Nine (29)  
 Deliverables - Objective Twenty One (21)  
 Deliverables - Objective Twenty Seven (27)  
 Deliverables - Objective Twenty Six (26)  
 Deliverables - Objective Twenty Three (23)  
 Deliverables - Objective Twenty Two (22)

Amount  
 \$17,000.00  
 \$20,000.00  
 \$63,000.00

- Using your solicitation as a reference, find the appropriate Deliverable line item and click

https://budgetgateway.ohio.gov/gmis/forms/budgetreviewform.aspx

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# GMIS

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Worklist | Project | Reports | View Bulletins | Logout

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

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

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

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

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
Cash Funds	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Two (2)	\$20,000.00
Justification		Balance	\$63,000.00
Personnel		Deliverables - Objective Three (3)	
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			

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

12:25 PM 1/10/2017

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

https://ohio.gov/ohio.gov/gmis/Forms/BudgetReviewForm.aspx

Budget | Worklist | Worklist | Worklist | ohiogateway.ohio.gov | HumanConcepts - Chart | oas.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Home Aka - Spottess Mind ...

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

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

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

Other Direct Costs Budget

Command	Description	Amount
<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Two (2)	\$20,000.00
<b>Balance</b>		<b>\$63,000.00</b>
	Deliverables - Objective Three (3)	11000

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

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

12:25 PM 1/10/2017

- Click "Save"

https://compstestweb1.odh.ohio.gov/gmis/forms/Budget/BudgetForm.aspx

Budget | Worklist | Worklist | Worklist | odirgtraway.odh.ohio.gov | HumanConcepts - Chart | ides.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | ibmed.aka - Spontest Mind

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# GMIS

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

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

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

Other Direct Costs Budget

Primary Reason	Command	Description	Amount
Funding	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
Cash/Assets	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Two (2)	\$20,000.00
Justification	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Three (3)	\$11,000.00
Personnel	<a href="#">Edit</a> <a href="#">Delete</a>		
Other Costs			
Equipment			
Contracts			
Compliance			
Summary			
Comments			
		<b>Balance Total</b>	<b>\$52,000.00</b>
			<b>\$48,000.00</b>

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

12:36 PM 1/10/2017

- Repeat the steps to add a line item until you have added all of the Deliverable line item needed, per your solicitation

https://ohio.gov/grants/forms/budget/initial.asp

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# GMIS

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

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

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

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

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective One (1)	\$17,000.00
Cash/Freeze	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Two (2)	\$20,000.00
Justification	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Three (3)	\$11,000.00
Personnel	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Four (4)	\$21,000.00
Other Costs	<a href="#">Edit</a> <a href="#">Delete</a>	Deliverables - Objective Five (5)	\$31,000.00
Equipment	<a href="#">Edit</a> <a href="#">Delete</a>		
Contracts	<a href="#">Edit</a> <a href="#">Delete</a>		
Compliance	<a href="#">Edit</a> <a href="#">Delete</a>		
Summary		Balance	\$0.00
Comments		Total	\$100,000.00

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

12:38 PM 1/10/2017

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

https://ohio.gatewaytohealth.ohio.gov/gmis/home...  
 Budget | Worklist | Worklist | Worklist | ohio.gateway.ohio.gov | HumanConcepts - Chart | idac.ohio.gov | myOhio.gov Sign Out | Per Diem Rates Look-Up | Brent Allen - Eternal Sunshin...

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# GMIS

Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

Other Direct Costs Budget			
Primary Reason	Command	Description	Amount
Funding		Deliverables - Objective One (1)	\$17,000.00
Cash/Reason		Deliverables - Objective Two (2)	\$20,000.00
Justification		Deliverables - Objective Three (3)	\$11,000.00
Personnel		Deliverables - Objective Four (4)	\$21,000.00
Other Costs		Deliverables - Objective Five (5)	\$31,000.00
Equipment			
Contracts			
Compliance			
Summary			
Comments			
		Balance	\$0.00
		Total	\$100,000.00

[Cancel](#)

12:39 PM 1/10/2017



Click "Equipment"

Browser tabs: Budget, Worklist, Worklist, Worklist, edhgateway.edh.ohio.gov, HumanConcepts - Chart, ds.ohio.gov, myOhio.gov Sign-Out, Per Diem Rates Look-Up, Shared Aka - Eternal Sunshin...

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GMIS  
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115      Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017      Grant Period End: 12/31/2017

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

---

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

---

Primary Reason

Command	Description	Quantity	Amount	Total
	Balance			\$0.00
	Total			\$0.00

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

Personnel

Other Costs

Equipment

Contracts

Compliance

Summary

Comments

---

Taskbar: 12:39 PM 1/10/2017

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

https://budgetway.ohio.gov/gmis/home?budgetform=agmt

Budget | Worklist | Worklist | Worklist | budgetway.ohio.gov | HumanConcepts - Chart | das.ohio.gov | myOhio.gov Sign Out | Per Diem Rates Look Up | Email Alerts - Email Sunshin...

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# GMIS

Grants Management Information System

Ohio.gov *So much to discover.* Ohio Department of **HEALTH**

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

☐ Contracts ☒ Other Costs ☒ Funding ☐ Cash

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

Equipment Budget				
Command	Description	Quantity	Amount	Total
	Balance			\$0.00
	Total			\$0.00

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

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

12:39 PM 1/10/2017

- Click "Contracts"

https://budgetgateway.ohio.gov/gmis/forms/BudgetRevisionForm.aspx

Budget | Worklist | Worklist | Worklist | cdhgateway.ohio.gov | HumanConcepts - Chart | das.ohio.gov | myOhio.gov Sign-Out | Per Diem Rates Look-Up | Bene Aika - Comfort Inn En...

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# GMIS

Grants Management Information System

Ohio.gov *so much to discover* Ohio Department of HEALTH

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

☐ Contracts ☒ Other Costs ☒ Funding ☐ Cash

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

Contracts

[Display All Contracts](#)

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

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

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

12:39 PM 1/10/2017

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

https://ohiohealth.gov/gmis/... Budget Revision Form.aspx

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# GMIS

Grants Management Information System

Ohio.gov Ohio Department of HEALTH

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begin: 1/1/2017 Grant Period End: 12/31/2017

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

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

☒ Contracts ☒ Other Costs ☒ Funding ☐ Cash

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

Contracts

[Display All Contracts](#)

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

[Cancel](#)

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

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- Click "Compliance"

https://odhgateways.hhs.ohio.gov/odhgateways/budget/initialform.aspx

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

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

**Compliance**  
Please answer all questions.  
[Display All Questions](#)  
1 2 3 4 5 6 7 8 9 10

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

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

https://edhgateway.edh.ohio.gov/portal/forms/budget/zvinfo.html

Budget

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		<input type="radio"/> 12/01 - 11/30
46.	How often does your agency conduct their audit?	<input type="radio"/> Annually <input type="radio"/> Two Year
47.	What type of audit was last conducted?	<input type="radio"/> Financial <input type="radio"/> Single
48.	If the applicant is a non-governmental agency, does it carry adequate fidelity bond coverage as indemnification against losses resulting from fraud or lack of integrity, honesty or fidelity of one or more employees, officers or other persons holding a portion of trust ?	<input type="radio"/> Yes <input type="radio"/> No
49.	If yes, attach a copy of the bonding agreement. If no, explain actions that will be taken to comply.	<div></div> <div>500 characters left</div>
50.	Additional Comment Area, if any, can be placed in this space. Please indicate the Question # you are responding to.	<div></div> <div>500 characters left</div>

Save Cancel

Cancel Complete

12:41 PM 1/10/2017

Once you have answered all of the questions in this section click “Save”

https://odhgateways1.odh.ohio.gov:9080/Forms/BudgetReviewForm.aspx

Budget

File Edit View Favorites Tools Help

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Equipment  
Contracts  
Compliance  
Summary  
Comments

1. Does the project's budget include any applicant share (detailed in the Summary Section of the Budget)?

☐ Yes  
☒ No

2. What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace any deficit or which expenditures will be cut should no replacement funds be available.)

N/A

497 characters left

3. Does the project's budget include any project income (detailed in the Summary Section of the Budget)?

☐ Yes  
☒ No

4. What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.) (If you responded to question # 2, go to question #5)

N/A

497 characters left

5. Is project income maintained in a separate account?

☐ Yes  
☒ No

1 2 3 4 5 6 7 8 9 10

Edit Cancel

Cancel Complete

12:44 PM 1/20/2017

- Click "Complete" to mark this section complete

https://odhgateway.odh.ohio.gov/portal/summary/BudgetReviewSummary.aspx

Budget

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Order Costs  
Equipment  
Contracts  
Compliance  
Summary  
Comments

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

1 2 3 4 5 6 7 8 9 10

Cancel

12:45 PM  
1/10/2017

- Click "Summary"

https://odhgateway.odh.ohio.gov:8080/odhgatewayservlets/budget/summary.htm

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Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMIS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115 Employer Id Number: 123000000  
 Grant Period Begins: 1/1/2017 Grant Period End: 12/31/2017

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

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

☒ Contracts ☒ Other Costs ☒ Funding ☐ Cash

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

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	09960022IM0115 (1) Initial Budget 1/10/2017 9:34:20 AM	\$0.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00

Allotments

[Display All Allotments](#)

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

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

https://odhgateway.hlt.ohio.gov/gmis/forms/budgetrevisionmain.aspx

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# GMIS

Grants Management Information System

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Ohio Department of HEALTH

Worklist Project Reports View Bulletins Logout

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

Application

Agency Name: JENY  
 Program Title: JON ACTION PLAN  
 Project Number: 0115  
 Grant Period: CCA  
 Employer Id Number: 123000000  
 Grant Period End: 12/31/2017

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☒ Core Services  
☐ Time  
☒ Contract

☐ Budget  
☐ Reason  
☒ Other Costs

☒ W9  
☒ Justification  
☒ Funding

☒ EFT  
☐ Personnel  
☐ Cash

☒ EEO Survey  
☒ Equipment  
☒ Compliance

☐ Approved

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

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	09960022IM0115 (1) Initial Budget 1/10/2017 9:34:20 AM	\$0.00	\$100,000.00	\$0.00	\$0.00	\$100,000.00

Allotments

Display All Allotments

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

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

**GMIS**  
Grants Management Information System

Worklist | Project | Reports | View Bulletins | Logout

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

Agency Name: GMS Test Agency  
 Program Title: IMMUNIZATION ACTION PLAN  
 Project Number: 09960022IM0115  
 Grant Period Begin: 1/1/2017  
 Employer Id Number: 123000000  
 Grant Period End: 12/31/2017

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Application Section	Status
<a href="#">Application Information</a>	Subgrantee Completed
<a href="#">Project Narrative</a>	Subgrantee Completed
<a href="#">Project Contacts</a>	Subgrantee Completed
<a href="#">Budget</a>	Not Submitted
<a href="#">W-9</a>	Subgrantee Completed
<a href="#">FFI</a>	Subgrantee Completed
<a href="#">Civil Rights Review Questionnaire</a>	Subgrantee Completed
<a href="#">Assurances</a>	Subgrantee Completed
<a href="#">FFATA</a>	Subgrantee Completed
<a href="#">Health Equity for Projects</a>	Not Submitted

**Project Comments**

[Display All Comments](#)

No Comments

[New](#)

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

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