



Grants Services Unit

One request per person. Requests will only be honored when signed by your Agency Head or Agency Financial Head and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

GMIS 2.0 TRAINING NEEDED GMIS 2.0 ACCESS ONLY

Agency Name: _____ County: _____

ODH Grant Program: _____ RFP Due Date: _____

Federal Tax Identification Number: _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Employee Name: (no nicknames, please) _____

Agency Address: _____

Office Number: _____ Fax Number: _____

E-mail address: _____

Grant Project # ('s) the user needs access to (ex. 2510011AB0112):

Agency/Financial Head Signature: **X** _____

(* Signature of Agency/ Financial Head) *Required

X _____

(* Printed Name of Agency /Financial Head) *Required

Requests may be mailed, faxed, or e-mailed to:

Gail Byers
Phone: 614-644-5728
Fax: 614-752-9783
gail.byers@odh.ohio.gov