

Minority Health Grants Management System – External User Registration Request Form

Each applicant agency **must** complete this form and submit it to the Commission. Each agency determines who the approved external users will be. **At a minimum**, the following staff members must be included on the form: Agency Executive Director/CEO/President, Primary Program Coordinator and the Fiscal Officer/CFO.

Only completed forms will be reviewed. Forms that are not completed, will not be reviewed. It is up to each applicant agency to ensure that **ONLY** completed forms are submitted for review. There will not be follow up emails from Commission staff, nor system generated emails requesting completion of forms.

External User Information

Name of your Organization

Address of Organization

Executive Director/CEO/President

Last Name

First Name

Your Title

Phone Number

Email Address

Fiscal Officer/CFO

Last Name

First Name

Your Title

Phone Number

Email Address

Program Director/Coordinator

Last Name

First Name

Your Title

Phone Number

Email Address

Name of Primary Applicant Contact

Email of Primary Applicant Contact

Phone Number of Primary Applicant Contact

Once the above information is received and confirmed, your account will then be created by the Ohio Commission on Minority Health Staff.

