

Minority Health Grants Management System – New Organization and User Registration Request Form

Each applicant agency **must** complete this form and submit it to the Commission. Please complete all the information for the organization as well as information for the Executive, Director, Fiscal Officer, and Program Director.

Please note, to ensure separation of duty for grants administration, the Executive Director and the Fiscal Officer must be two different people. They also, must NOT be spouses.

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.

Organization Information

Name of your Organization

Address of Organization (Incl. zipcode)

Mailing Address- If different from above

Billing Address- If different from above

Organization Phone Number

EIN or Tax ID Number

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

Phone Number

Email Address



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