

# 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.

**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

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

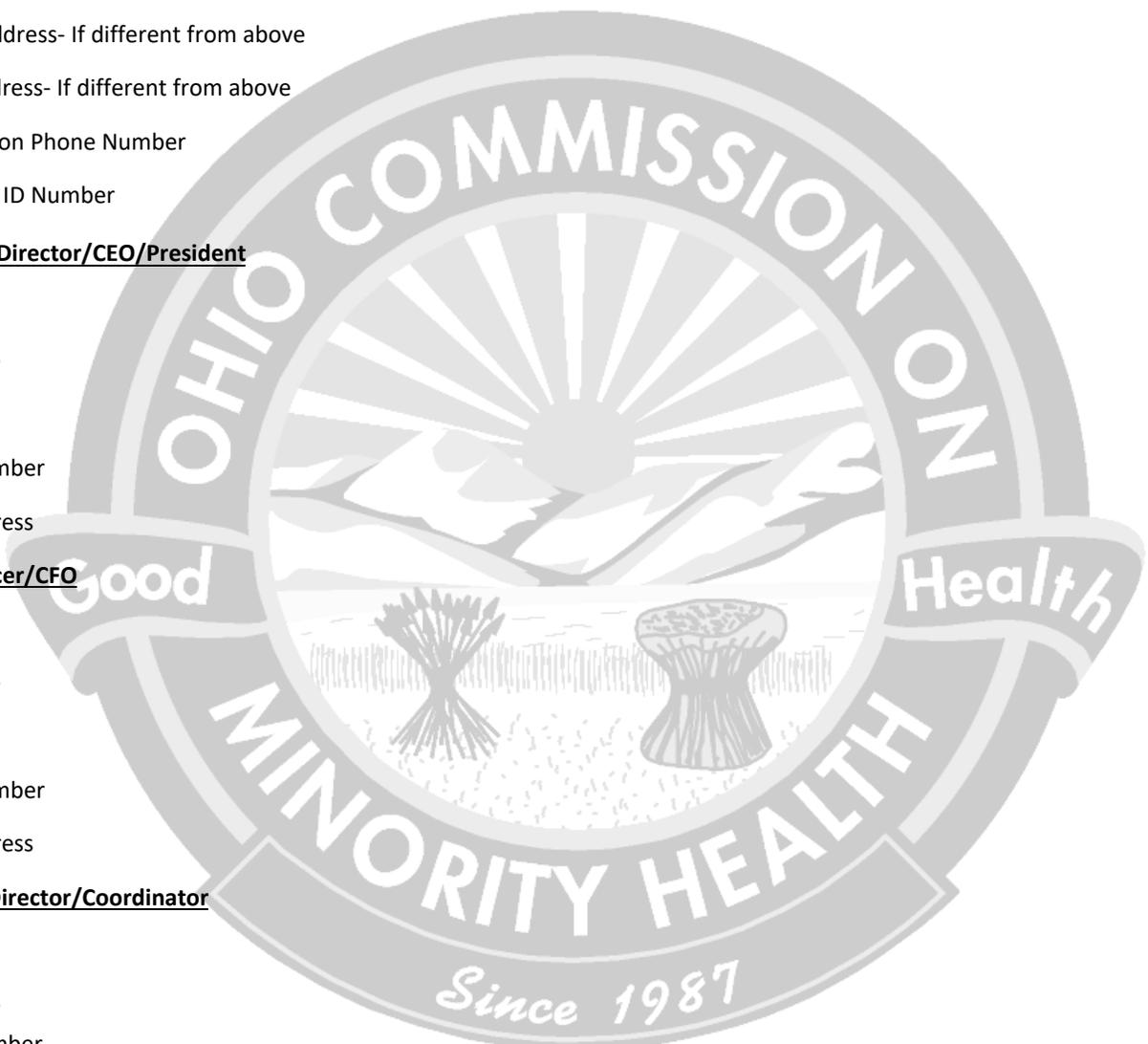
### Program Director/Coordinator

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.**