



## Grants Management Credential Request For Community-Based Organizations

Complete this form to obtain access to the Grants Management System (GMS) website. This secured website hosts the GMS for 21<sup>st</sup> Century Community Learning Centers (CCLC) application.

Organization \_\_\_\_\_ EIN \_\_\_\_\_

### Contact Information for Authorized Official of the Organization:

Name \_\_\_\_\_ Position \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

The following signature certifies that the above individual is authorized to bind the organization to the terms of the application and any subsequent requests for expenditure reimbursements.

\_\_\_\_\_  
Signature of Authorized Official Date

In addition to the account that will be issued for the authorized official, please list up to two additional persons in your organization that you would like to have access to the GMS for data entry only:

Name \_\_\_\_\_

Position in the Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Position in the Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please scan and email this completed form to [sonia.johnson@sde.ok.gov](mailto:sonia.johnson@sde.ok.gov) in the 21<sup>st</sup> CCLC office at the Oklahoma State Department of Education. OSDE will contact the authorized official with an assigned login and instructions.

FOR OFFICE USE ONLY		
County District Code: _____	Username 1: _____	Password 1: _____
Credentials Approved: _____	Username 2: _____	Password 2: _____
Official Contacted: _____	Username 3: _____	Password 3: _____