

Grants Management Credentials 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 21st Century Community Learning Centers (CCLC) application.

Organization EIN _____

Contact Information for Authori	zed Official of the Organization:		
Name		Position	
Address 1		Address 2	
City	County	Zip	
Phone	Email		
Website			
	that the above individual is autho requests for expenditure reimburs	rized to bind the organization to the tern sements.	ns of the
Signature of Authorized Official		Date	
organization that you would like Name	to have access to the GMS for dat	ficial, please list up to two additional pers a entry only:	·
Phone	Email		
Name			
Position in the Organization			
Phone	Email		
•		e.ok.gov in the 21st CCLC office at the Olar all with an assigned login and instruction	
FOR OFFICE USE ONLY	•	•	
County District Code:	Username 1:	Password 1:	
Credentials Approved:	Username 2:	Password 2:	
Official Contacted:	Username 3:	Password 3:	