

IAP 1- Registration Information Screen



Your password must meet the following requirements:

- Your password must be at least 8 characters long
- Your password must contain at least three of the following four types of characters:
 - English uppercase
 - English lowercase
 - numeric
 - special
- Your password must not contain significant portions of your user ID or full name

Registration Information

**Mandatory fields*

*Dunn and Bradstreet DUNS Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Help/Frequently Asked Questions
*Employer ID Number (EIN):	<input type="text"/> - <input type="text"/>	
*Legal Name: (Legal Jurisdiction Name)	<input type="text"/>	
*Organizational Unit:	<input type="text"/>	
*Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	
*City:	<input type="text"/>	
County:	<input type="text"/>	
*State:	-- Not Selected -- <input type="button" value="v"/>	
*Zip Code:	<input type="text"/> <input type="text"/>	Need help for ZIP+4?
*Type of Applicant:	-- Not Selected -- <input type="button" value="v"/>	
Type of Applicant (Other):	<input type="text"/>	
*Prefix:	-- Not Selected -- <input type="button" value="v"/>	
Prefix (Other):	<input type="text"/>	
*User First Name:	<input type="text"/>	
User Middle Initial:	<input type="text"/>	
*User Last Name:	<input type="text"/>	
Suffix:	-- Not Selected -- <input type="button" value="v"/>	
Suffix (Other):	<input type="text"/>	
*Title:	<input type="text"/>	
*Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>	
*E-Mail Address:	<input type="text"/>	
*User ID (6 Character Minimum):	<input type="text"/>	
*Password (8 Character Minimum):	<input type="password"/>	
*Password (Confirmation):	<input type="password"/>	
If you forget your password, answer the secret question and you will be sent a temporary password.		
*Secret Question:	-- Not Selected -- <input type="button" value="v"/>	
*Secret Answer:	<input type="text"/>	
*Are you the Signing Authority?	Yes <input type="radio"/> No <input type="radio"/>	

Please make sure that all of the above information is correct before proceeding. Pressing Create Account will establish an account that will allow access to the on-line OJP Grant Management System.

Create Account

Cancel

AP 2- Authorized Rep/POC Information Screen

When clicking Yes or No on the previous screen, this screen allows user to enter information

Authorized Representative	
*Mandatory Fields	
*Prefix:	Prefix <input type="text" value="Prefix"/>
Prefix (Other):	<input type="text"/>
*User First Name:	<input type="text"/>
User Middle Initial:	<input type="text"/>
*User Last Name:	<input type="text"/>
Suffix:	Suffix <input type="text" value="Suffix"/>
Suffix (Other):	<input type="text"/>
*Title:	Title <input type="text" value="Title"/>
Title (Other):	<input type="text"/>
*Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*E-Mail Address:	<input type="text"/>
Please make sure all values are correct before proceeding.	

Create

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