

Registration

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Branding (System name) (color) IAF to provide branding/Logo

Registration
 Title: Eligibility Quiz Step 1 of 3
Cancel
Continue

*Indicates a field is required

Branding (color) IAF to provide branding color

Eligibility Quiz

To determine eligibility, please answer the following questions: IAF to provide list of countries

<p>* Organization Legal Name</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Organization Acronym/AKA</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>* 1. Organization Registered Country</p> <input style="width: 100%; height: 20px;" type="text" value="List of Countries"/>
<p>* 2. Are you registering to apply on behalf of a Government Entity (including municipal governments and public universities)?</p> <input style="width: 100%; height: 20px;" type="text" value="Yes"/> <input style="width: 100%; height: 20px;" type="text" value="No"/>	<p>* 3. Are you registering to apply on behalf of an individual?</p> <input style="width: 100%; height: 20px;" type="text" value="Yes"/> <input style="width: 100%; height: 20px;" type="text" value="No"/>	<p>* 4. Are you registering to apply on behalf of groups that do not contribute financial or in-kind resources to the proposed activities?</p> <input style="width: 100%; height: 20px;" type="text" value="Yes"/> <input style="width: 100%; height: 20px;" type="text" value="No"/>
<p>* 5. Are you registering to apply on behalf of privately held companies?</p> <input style="width: 100%; height: 20px;" type="text" value="Yes"/> <input style="width: 100%; height: 20px;" type="text" value="No"/>		

Cancel
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Registration
Title: Organization Information Step 2 of 3

Cancel Continue

* Indicates a field is required

Organization Profile Files

Organization Information

Your organization is eligible to apply. Please fill in the following fields in order to create your organization profile in the system.

Organization Legal Name

Organization Acronym/AKA

Organization Location
List of Countries

* Organization Type
None
Association
Corporation
NGO
Community Foundation
Other

IAF to review the drop-down values

If other, please specify

Phone Number

Fax Number

* Web Site

Organization FY End Date (MM/DD)

* Preferred Language

English
French
Portuguese
Spanish

IAF to provide list of languages

Organization Address

Please enter the address associated with the above listed Organization.

* Address Line 1

Address Line 2

* City

* State/Province/Department/Parish

* Country
List of Countries IAF to provide list of countries

* Zip Code

Help Text: Organization Registered Country (Populate it from previous screen)

Cancel Continue

Registration

Navigation icons: back, forward, refresh, search, and menu.

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Registration
Title: Authorized Representative Step 3 of 3

Back Cancel Continue

* Indicates a field is required

Organization Representative

To continue this registration, the following user/profile information is required. Upon approval of this request, your account information will be sent through email to the Authorized Representative.

· Authorized Representative (Required) – This profile/person is the authorized representative with signing authority for the organization and will be responsible for creating other users and/or forms in EGMS. In addition, this role will be responsible for submitting documents like applications, amendment requests, etc. and committing the organization to funding opportunities and formal grant agreements.

Authorized Primary Representative Information

Prefix

Dr. Mr. Mrs. Ms. Prof.

* First Name

* Last Name

Title

* Address Line 1

Address Line 2

* City

* State/Province/Department/Parish

* Country

IAF to provide list of countries

List of Countries

Zip Code

* Primary Email

* Phone Number

Preferred Language

IAF to provide list of languages

English French Portuguese Spanish

This field will drive the google translate language for the system.

Back Cancel Continue