

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

* Organization Legal Name Organization Acronym/AKA * 1. Organization Registered Country

* 2. Are you registering to apply on behalf of a Government Entity (including municipal governments and public universities)?

* 3. Are you registering to apply on behalf of an individual?

* 4. Are you registering to apply on behalf of groups that do not contribute financial or in-kind resources to the proposed activities?

* 5. Are you registering to apply on behalf of privately held companies?

Cancel Continue

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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 <input type="text"/>	Organization Acronym/AKA <input type="text"/>	Organization Location List of Countries ▼
* Organization Type None ▼ Association Corporation NGO Community Foundation Other	If other, please specify <input type="text"/>	Phone Number <input type="text"/>
Fax Number <input type="text"/>	* Web Site <input type="text"/>	Organization FY End Date (MM/DD) <input type="text"/>

IAF to review the drop-down values

* 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 <input type="text"/>	Address Line 2 <input type="text"/>	* City <input type="text"/>
* State/Province/Department/Parish <input type="text"/>	* Country List of Countries ▼	* Zip Code <input type="text"/>

IAF to provide list of countries

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

Cancel Continue

Registration

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Registration
Title: Authorized Representative Step 3 of 3

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* 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 <input style="width: 100%; border: 1px solid gray;" type="text" value="Dr."/>	* First Name <input style="width: 100%; border: 1px solid gray;" type="text"/>	* Last Name <input style="width: 100%; border: 1px solid gray;" type="text"/>
Title <input style="width: 100%; border: 1px solid gray;" type="text"/>	* Address Line 1 <input style="width: 100%; border: 1px solid gray;" type="text"/>	Address Line 2 <input style="width: 100%; border: 1px solid gray;" type="text"/>
* City <input style="width: 100%; border: 1px solid gray;" type="text"/>	* State/Province/Department/Parish <input style="width: 100%; border: 1px solid gray;" type="text"/>	* Country IAF to provide list of countries <input style="width: 100%; border: 1px solid gray;" type="text" value="List of Countries"/>
Zip Code <input style="width: 100%; border: 1px solid gray;" type="text"/>	* Primary Email <input style="width: 100%; border: 1px solid gray;" type="text"/>	* Phone Number <input style="width: 100%; border: 1px solid gray;" type="text"/>

Preferred Language
IAF to provide list of languages

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

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