

AUTHORIZED ORGANIZATION REPRESENTATIVE (AOR):

For your state, who is the **Authorized Organization Representative (AOR)** for your Grant Program? _____



Only a registered Authorized Organization Representative can submit a grant on behalf of an organization.

Have you spoken to the **AOR** assigned to your EMSC State Partnership grant about this year's competing grant and submission?

- Yes
- No *If not, please do so before the workshop*
- Not Applicable, I am the AOR

According to your **AOR**, how many days/weeks prior to the grant submission deadline do you need to have the final grant submitted to your **AOR**? _____

If the grant submission deadline is **September 26, 2012 at 8pm EST**, then the EMSC State Partnership grant for my state **needs to be to my AOR by** _____.

Might need to complete this later if the FOA has not come out by the workshop.



HINT: Your Project Director should know the answers to these questions.

GRANTS.GOV REGISTRATION:

What is your Funding Opportunity Number (FON)? _____



Found on the [search results page](#)

What is your Data Universal Numbering System (DUNS)? _____

Is your department/organization registered with [grants.gov](#)? (check with your AOR)

- Yes
- No *If not, please have the AOR do so before the workshop as the process can take up to 4 weeks*

If you are the **AOR** for your Grant Program, are you registered as an individual at [grants.gov](#)?

- Yes
- No *If not, please do so before the workshop*
- Not Applicable, I am **NOT** the AOR

Grants.gov resources: *check off as you complete*

- [Check out the Applicant FAQs](#)
- [Tutorial for registering as an organization with grants.gov](#)

- [Tutorial for you as the AOR registering as an individual with grants.gov](#)
- [Download EMSC State Partnership grant application materials](#)
- [Print and read a copy of the current FOA \(aka grant guidance\)](#)



HINT: Your Project Director should know the answers to these questions. Grants.gov Contact Center: 1-800-518-4726

TO DO:

Does your state have a [State Single Point of Contact \(SPOC\)](#)?

- Yes *If yes, you will need to notify them of your intent to apply for the EMSC State Partnership Grant*
- No

Who is the [Project Director \(PD\)](#) for your EMSC State Partnership grant?

Have you spoken to the [PD](#) of your EMSC State Partnership grant about this year's competing grant?

- Yes
- No *If not, please do so before the workshop*
- Not Applicable, I am the PD

When do you plan to meet and talk to your [PD](#) about the grant? _____

Have you spoken to your State EMSC [Advisory Committee](#) about this year's competing grant?

- Yes
- No *If not, please do so before the workshop*

When do you plan to meet and talk to your [Advisory Committee](#) about the grant?

Who is your [HRSA project officer](#) and what is their contact information?

Name: _____
Telephone: _____
Email: _____

Who is your [Grants Management Specialist](#) and what is their contact information?

Name: _____
Telephone: _____