

Health Resources in Action (HRiA) Award Manager

User Guide for Grant Applicants and Organizational Support Staff

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Health Resources in Action (HRiA) Award Manager -

Syste	em Role Pe	rmissions Chart	Approved Lead Contact	Authorized Institutional Representative	Institutional Officer	Applicant/ Project Personnel
		View list of all institutional contacts	Х			
	Institution	Input banking details at time of award			X*	
		Update the institution's profile	Х			
		View all LOIs, applications, and awards at the institution	х			
	Pre-Award	Contribute to and complete an LOI or application				х
		Sign and submit application		X**		Х
	Post-Award	Submit deliverables, including Progress/Final Reports, Carry Forward Requests, and No Cost Extensions				Х

*Assigned in the system by applicant during application process

**Assigned in the system by applicant during application process; required to complete Certification sign-off before applicant can submit application

Registration Instructions

Have you applied to an HRiA grant program before?	If you have applied to an HRiA grant program before, then an account has already been created for you in the HRiA Award Manager. Please click the "Forgot Password?" link, set a new password for your HRiA Award Manager account, and then login.
	NOTE: The password reset email will be sent to the email address associated with HRiA's old online system. If you no longer have access to that email address, please contact <u>grants@hria.org</u> . Do not create a new account in HRiA Award Manager.
Are you a returning user to the HRiA Award Manager?	If you are a returning user or have already been given a temporary password to the HRiA Award Manager, please log in here: <u>https://hria.us-1.smartsimple.com/</u>
Are you brand new to any of HRiA's online	If you are applying as a researcher , use the "Register" button to look up your organization by 501(c)(3) EIN or Organization name.
systems?	If you are a research institutional official (Authorized Institutional Representative or Institutional Officer), email <u>grants@hria.org</u> to discuss account creation. Do not use the Register button.

Registering as a 501(c)(3) Grant Applicant in HRiA's Award Manager

Use the 501(c)(3) registration option if you are:

-A researcher

-A representative of a community-based/nonprofit organization

HEALTH RESOURCES IN ACTION		
Login		Welcome to HRiA
Email		Welcome to the Health Resources in Action (HRiA) Award Manager. If you are a returning user or have already been given a temporary password, please log in using your email and password*. Contact grants@hria.org for support.
Password		Upon access to the portal, you will be able to: Submit grant applications for our program portfolio
	Log In	Check on the status of your application Submit progress reports on your awarded grants
Employee Login	Forgot Password?	Review assigned applications
Learn more about our	New to the System?	* If you had an account in our previous Blackbaud (BB) system, an account has already been created for you in the HRiA Award Manager system using the
A Privacy & Security policies	Register	email address and organization associated with your BB account. Please click the "Forgot Password?" link, set a new password for your HRiA Award Manager account, and then login.
		IMPORTANT NOTE: The password reset email will be sent to the email address
		associated with your BB account. If you no longer have access to that email,

2 Click "Register"



Welcome to HRiA

Welcome to the Health Resources in Action (HRiA) Award Manager. If you are a returning user or have already been given a temporary password, please log in using your email and password*. Contact grants@hria.org for support. Upon access to the portal, you will be able to:

- Submit grant applications for our program portfolio
- Check on the status of your application
- Submit progress reports on your awarded grants
- Review assigned applications

* If you had an account in our previous Blackbaud (BB) system, an account has already been created for you in the HRiA Award Manager system using the email address and organization associated with your BB account. Please click the "Forgot Password?" link, set a new password for your HRiA Award Manager account, and then login.

IMPORTANT NOTE: The password reset email will be sent to the email address associated with your BB account. If you no longer have access to that email, please contact grants@hria.org. Do not create a new account in HRiA Award Manager.

New to the system?

If you are either:

- A researcher (or a research delegate role); or
- A representative of a community-based/nonprofit organization



If you need to create a new account in HRIA Award Manager, use the "EIN" or "Name" text box below to search the IRS or Enter your organization name (keyword search is sufficient, example: "Waco" instead of "The Waco Foundation") or enter	atabase for your organization
include spaces or dashes, example: 123456789).	r your organization EIN (do no
The search results will show all registered organizations from the IRS database matching your search criteria. Please s organization and proceed to the "Contact Information" section below. If a modification needs to be made to the organiz Manager or if the IRS information is incorrect, please email <u>grants@hria.org</u> . Do not create a new account for your org	elect the appropriate ation registered in HRIA Award anization.
If your search returns no results, you can create a new user account and a new organization profile by clicking <u>here</u> . IM only proceed with creating a new user account and a new organization profile if you cannot find your organization name	PORTANT NOTE: You should a in the search box.
EIN	0
Name	0
Address	
City	
	0

5

Click "Search"

previous Blackbaud (BB) system, an account has been created for you, and you should also return to the login page.)

If you need to create a new account in HRiA Award Manager, use the "EIN" or "Name" text box below to search the IRS database for your organization. Enter your organization name (keyword search is sufficient, example: "Waco" Instead of "The Waco Foundation") or enter your organization EIN (do not include spaces or dashes, example: 123456789).

The search results will show all registered organizations from the IRS database matching your search criteria. Please select the appropriate organization and proceed to the "Contact Information" section below. If a modification needs to be made to the organization registered in HRIA Award Manager or if the IRS information is incorrect, please email <u>grants@hria.org</u>. Do not create a new account for your organization.

If your search returns no results, you can create a new user account and a new organization profile by clicking <u>here</u>. **IMPORTANT NOTE:** You should only proceed with creating a new user account and a new organization profile if you cannot find your organization name in the search box.

EIN		0
Name		
university of new hampshire		0
Address		
(
City		
0		0
State		9
	Search	

6 Find the correct organizational entry and select to open the profile

	1. Cl 2. If 3. If gr	ick on the row of the desired organization to select you are unable to find your organization in the IRS of the information auto populated from the IRS databu ants@hria.org for support.	tha data ase	t organization. base please <u>click here</u> to re <u>c</u> is incorrect/missing and you	ca	er as an "Of nnot create	her O an ad	rganiz coun	ration". t, please email	
#	EIN \$	Organization Name	\$	Address	¢	City	Sta	ite ≑	Zip/Postal Code	÷
1.	020259476	UNITED CAMPUS MINISTRY TO THE UNIVERSITY OF NEW HAMPSHIRE	(15 MILL RD		DURHAM	NH		03824-3013	
2.	020437506	UNIVERSITY OF NEW HAMPSHIRE FOUNDATION INCORPORATED		ELLIOTT ALUMNI CENTER EDGEWOOD RD	9	DURHAM	NH		03824-0000	
3.	020441929	THE UNIVERSITY OF NEW HAMPSHIRE CHAPTER OF THE AMERICAN ASSOCIA-	R	UNH 108 NESMITH HALL		DURHAM	NH		03824-0000	
4.	026000937	UNIVERSITY SYSTEM OF NEW HAMPSHIRE		5 CHENELL DR STE 301		CONCORE	NH		03301-8522	
5.	263069725	CHI ALPHA MINISTRIES UNIVERSITY OF NEW HAMPSHIRE		10 MILL RD		DURHAM	NH		03824-3039	
6.	900217518	UNIVERSITY SYSTEM OF NEW HAMPSHIRE		ELLIOTT ALUMNI CTR 9 EDGEWOOD RD		DURHAM	NH		03824-0000	
7.	934455604	BETA ALPHA PSI PETITIONING CHAPTER AT THI UNIVERSITY OF NEW HAMPSHIRE	E	10 GARRISON AVE		DURHAM	NH		03824-0000	

7

Fill in any required fields

City			
CONCORD			
* State			
New Hampshire			
* Zip/Postal Code			
03301-8522			
* Country			
United States			
Phone			
* Website	mation		
* Website Contact Infor	mation		
* Website Contact Infor Copy Address Prefix	mation		
* Website Contact Infor Copy Address Prefix * First Name	mation		
	mation		

8 Copy the organizational address or add your office/laboratory location

New Hampshire	-
* Zip/Postal Code	
03301-8522	
* Country	
United States	-
Phone	
* Website	
unh.edu	
Copy Address	
Prefix	
* First Name	
* Last Name	
* Title	
* Email	

9 Enter your contact inform	ation
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* Country
United States
Phone
* Website
unh.edu
Contact Information Copy Address
Prefix
* First Name
* Last Name
* Title
* Email
* Phone Number
* Address
5 CHENELL DR STE 301

10 Enter your demographic data (response required but may select the "Prefer not to disclose" option)



11 Click "Submit"

Rights of Persons with Disabilities. Disabled people may be blind, deaf, have mobility impairments or be a little person (a person with dwarfism). A person with a disability can be someone with Attention-Deficit/Hyperactivity Disorder (ADD or ADHD), a learning or speech disorder, a psychiatric disorder, or any chronic illness. Autistic people and people with epilepsy, cancer, diabetes, multiple sclerosis or cerebral palsy all are included under the definition of disability. This is not a complete list of every kind of disability. It is intended to give you a sense of the broad range of physical or mental conditions that count as a disability. (Adopted from Philanthropy and Disability Forum.)

Prefer not to disclose

* Do you identify as belonging to any of the following populations? You may check as many as apply or use the text box to write in

Socioeconomic status is determined by a combination of social and economic factors. Individuals from disadvantaged backgrounds are less likely to be represented in biomedical research and include those who meet the following criteria (developed in alignment with the NIH's definition for Populations Underrepresented in the Extrine Workforce I SWD at NIH). Individuals who demonstrated financial disadvantages include those who were eligible for, have or currently receive support from any of the following programs: the foster care system, the Federal Free and Reduced Lunch Program, Federal Pell grants, or the Special Supplemental Nutrition Program for Wormen, Infants and Children. First generation students are those who have/had no parents or legal guardians who completed a bachelor's degree. Individuals who experienced housing insecurity include those who have/had experienced homelessness as defined by the McKinney-Vento Homeless Assistance Act (McKinney-Vento Definition – National Center for Homeless Education). Individuals who greve up in a U.S. rural or low-income area designated by theRural Health Grants Eligibility Analyzer or the Centers for Medicare and Medicaid Services designated Lowincome and Health Professional Shortage Areas.

Not applicable

- Individuals who demonstrated financial disadvantages
- Individuals who experienced housing insecurity
- First generation college students
- Individuals who grew up in a U.S. rural or low-income area

Prefer not to disclose

Prefer to self-describe (write in below)



Follow email link to create a password

New Password: Confirm Password: Policy:	 Password must have at least 8 characters Password must have at least one lowercase letter Password must have at least one uppercase letter Password must have at least one number Password must have at least one special character Password must have at least one special character Im not a robot
	Submit

Accept the Privacy & Security Policy

4	NEALTH REALTH REANT REALTH REALTH REALTH REA
	8
	Privacy & Security
	Privacy & Security
	Accept

15 You're in!

C	Lindsey Carver Test Title	University System Of New Hampshire Icarver+TestRegistration@hria.org			0
		\$ Funding Opportunities	O My Profile		
		Appli	cations		
	O In Progres	O Revisions Required	O Under Review	O Completed	
		Acti	vities		
	0	0	0	0	

Registering as an "Other Organization" Grant Applicant in HRiA's Award Manager

Use the "Other Organization" registration option if you are:

-Applying for a grant on behalf of a fiscally sponsored organization

-Applying on behalf of an organization that is not a 501(c)(3). Before applying for a grant, please discuss eligibility with HRiA program staff.

HEALTH RESOURCES IN ACTION		
Login		Welcome to HRIA
Email		velcome to the Pream Resources in Action (mark) Award wanager. In you are a returning user or have already been given a temporary password, please log in using your email and password*. Contact grants@hria.org for support.
Password		Submit grant applications for our program portfolio
	Log In	Check on the status of your application Submit progress reports on your awarded grants
Employee Login	Forgot Password?	Review assigned applications
Learn more about our	New to the System? Register	If you hav an account in our previous Brackpaud (BB) system, an account has already been created for you in the HRiA Award Manager system using the email address and organization associated with your BB account. Please click the "Forgot Password?" link, set a new password for your HRiA Award Manager account, and then login.
		IMPORTANT NOTE: The password reset email will be sent to the email address associated with your BB account. If you no longer have access to that email, please contact grants@hria.org. Do not create a new account in HRiA Award

2 Click "Register"



Welcome to HRiA

Welcome to the Health Resources in Action (HRiA) Award Manager. If you are a returning user or have already been given a temporary password, please log in using your email and password*. Contact grants@hria.org for support. Upon access to the portal, you will be able to:

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- Check on the status of your application
- Submit progress reports on your awarded grants
- Review assigned applications

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IMPORTANT NOTE: The password reset email will be sent to the email address associated with your BB account. If you no longer have access to that email, please contact grants@hria.org. Do not create a new account in HRiA Award Manager.

New to the system?

If you are either:

- A researcher (or a research delegate role); or
- A representative of a community-based/nonprofit organization



Click the "Organization Name" field and enter organization name. The system will search HRiA's Award Manager for pre-registered organizations. If yours is found, select it. If not, you may create it the organizational profile.

4

	Instructions	
	Register yourself as a representative of your organization.	
	Use if:	
	 You are applying on behalf of a fiscally sponsored organization. You are applying on behalf of an organization that is not a 501(c)(3). Before applying for a grant, please discuss eligibility with grants program 	staff.
	Please enter your organization name in the field below to determine whether it has already been registered in HRIA Award Manager. If so, when yo have successfully registered, you will automatically be connected to the existing organization.	DU
	If not, click here to create an organizational profile.	
	Required fields are marked with an asterisk "**	
* Org	Janization Name	
* Org	tact Information	
* Org Con	tact Information	
* Org Con Prefix * Firs	tact Information x st Name	
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E	Inter your contact information	
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	* Title	
	* Email	
	* Phone Number	
	* Address	
	Address 2	
	* City	
	* Country	

14

6

7

Enter your demographic data (response required but may select the "Prefer not to disclose" option)

1.00		
G	Demographic Data	
	We're requesting demographic data in order to assess whether the program is supporting a diverse cohort of grantees. It is voluntary and optional for applicants to provide any of the demographic information. Health Resources in Action will aggregate this information for all applicants who provide it, and the data will be used to characterize the applicant pool for this competition and to help Health Resources in Action plan outreach for future competitions. We may also use the data to test for bias in our peer review process. Additionally, we may ma aggregated information public in a way that does not permit the identification of any individual applicants. We will not be using this specifi demographic information for funding determination. Finally, we recognize that not all possible demographic data categories are listed. We strive for categories to be as inclusive as possible, while also aligning with historical data collection strategies. If you have suggestions or feedback, please contact us at grants@hria.org.	ake
* Do y	ou consider yourself Hispanic/Latino or not Hispanic/Latino?	
Pref	er pot to disclose	
* Whi	ch of the following racial designations best describes you? You may check as many as apply or use the text box to write	
	rab, Middle Eastern, or North African	
	sian, including East, South, Southeast, or Asian not listed	
D B	ack, African American, Afro-Caribbean, or Afro-descent not ted	
🗆 Fi	rst Nations, Indigenous/Native American, and/or Inuit	
	ative Hawaiian or Pacific Islander	
🗆 W	hite or European descent	
D P	refer not to disclose	
P	refer to self-describe (write in below)	
* Whi	ch of the following gender identities best describes you? You may check as many as apply or use the text box to write in	
D F	emale Identifying	
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Rights of Persons with Disabilities. Disabled people may be blind, dear, have mobility impairments or be a little person (a person with dwarfism). A person with a disability can be someone with Attention-Deficit/Hyperactivity Disorder (ADD or ADHD), a learning or speech disorder, a psychiatric disorder, or any chronic liness. Autistic people and people with epilepsy, cancer, diabetes, multiple sclerosis or cerebral palsy all are included under the definition of disability. This is not a complete list of every kind of disability. It is intended to give you a sense of the broad range of physical or mental conditions that count as a disability. (Adopted from Philanthropy and Disability Forum.)

Prefer not to disclose

* Do you identify as belonging to any of the following populations? You may check as many as apply or use the text box to write in

Socioeconomic status is determined by a combination of social and economic factors. Individuals from disadvantaged backgrounds are less likely to be represented in biomedical research and include those who meet the following criteria (developed in alignment with the NIH's definition for Populations Underspresented in the Extramural Scientific Workforce | SWD at NIH). Individuals who demonstrated financial disadvantages include those who were eligible for, have or currently receive support from any of the following programs: the foster care system, the Federal Free and Reduced Lunch Program, Federal Pell grants, or the Special Supplemental Nutrition Program for Women, Infants and Children. First generation students are those who have/had no parents or legal guardians who completed a bachelor's degree. Individuals who experienced housing insecurity include those who have/had experienced homelessness as defined by the McKinney-Vento Homeless Salstance Act (McKinney-Vento Definition – National Center for Momeles Education). Individuals who even up in a U.S. rural or low-income area designated by theRural Health Grants Eligibility Analyzer or the Centers for Medicare and Medicaid Services designated Low-income and Health Professional Shortage Areas.

□ Not applicable

- Individuals who demonstrated financial disadvantages
- Individuals who experienced housing insecurity
- □ First generation college students
- □ Individuals who grew up in a U.S. rural or low-income area

Prefer not to disclose

Prefer to self-describe (write in below)



~

8 Check your email

Registration Complete

Thank you for registering. You will receive an email with a link to create a password and login in the next 5 minutes. If you do not receive this email, please check your spam folder.

Login here

9	Follow email l	ink to create	a password.			
		New Password:		۲		
		Confirm Password:		۲		
		Policy:	Password must have at le	east 8 characters		
			Password must have at le	east one lowercase letter		
			Password must have at le	east one uppercase letter		
			Password must have at le	east one number		
			Password must have at le	east one special character		
			Vim not a robot	reCAPTOHA Privaty - Terms		

10 Accept the Privacy and Security Policy and you're in!

					Applicant
					0
U	Test Test Save the Kittens Test LCarver+TestRegistre	ation2@hria.org			
		\$	0		
		Funding Opportunities	My Profile		
		Applic	ations		
	0	0	0	0	
	In Progress	Revisions Required	Under Review	Completed	
		Activ	vities		

Starting a Grant Application in HRiA Award Manager

1. Log into the HRiA Award Manager system at <u>hria.us-1.smartsimple.com</u> and select the "Funding Opportunities" icon on your Home portal.



- 2. From the list, select "Apply Now" for the program to which you wish to apply.
- 3. Click "Save Draft" to start the application.
- 4. To access your application later, select the "In Progress" icon on your Home portal.
- 5. Click "Save Draft" often to save your work.
- 6. When ready to submit your application for review, click "Submit".
- 7. To access submitted or completed applications and associated reports, modifications, agreements, and other activities, select the additional icons on your Home portal.



Accessing the HRiA Award Manager as an Authorized Institutional Representative

Individuals serving in an Authorized Institutional Representative capacity at an organization **should not self-register** in the HRiA Award Manager. An applicant must invite you to join their application.

Role Name	Permissions and Requirements
Authorized Institutional Representative is responsible for research oversight and is often in the Office of Sponsored Programs. This person signs off on the application	 Applicant must invite ONE Authorized Institutional Representative to their application.* Application may not be submitted without Authorized Institutional Representative "Accepting" the invitation and completing Certification within application. NOTE: Authorized Institutional Representative's Certification section is not visible to applicant, but system will trigger an error message if applicant tries to submit before Certification is
to ensure that Applicant and Institution have met the eligibility requirements.	 completed.** Users assigned as Authorized Institutional Representative will have edit permission on the application (needed in order to complete Certification) but may not submit the application.

*In a two-stage grant application process, Authorized Institutional Representative is required to Certify both the Initial and Full Stage applications.

**The Authorized Institutional Representative's checkbox is not visible to the Applicant, and Applicant may not submit their application until Authorized Institutional Representative completes the Certification by checking the box and clicking "Save Draft". Applicant is not notified by automatic email that Authorized Institutional Representative has completed the Certification, so please make sure to notify Applicant directly. Applicant is also required to complete a certification checkbox, acknowledging the same Certification. When added to the Applicant's grant application, Authorized Institutional Representatives will receive an email per the below:

Subject: Invitation: Authorized Institutional Representative for 2025-XXXX ORGANIZATION NAME

Dear [NAME],

You have been invited as Authorized Institutional Representative for the following grant, administered by Health Resources in Action (HRiA): Grant: [2025-#### ORGANIZATION NAME].

The Authorized Institutional Representative is required to certify the application before it is submitted. To certify the application, you will need to:

1. Accept the invitation by clicking on the link at the end of this email.

2. Log into the system (if this is your first time you will need to follow email prompts to create a profile).

3. Once logged into the system, click on "In Progress" to find the application.

4. Review the application and navigate to the final tab called "Certification".

5. Check the "Certify" box on the Certification tab and then click "Save Draft".

6. Email the applicant to let them know you have certified the application.

Click on the link below to accept or decline the invitation: [Link]

If you run into any issues, please email [program email].

Regards,

HRiA

Clicking the active link will bring the Authorized Institutional Representative to the following landing page.



Authorized Institutional Representative Invitation

FirstName LastName,

You have been invited as Authorized Institutional Representative for the following grant, administered by Health Resources in Action (HRiA) Grant: 2025-1149 SAVE THE CATS.

The Authorized Institutional Representative is required to certify the application before it is submitted. To certify the application, you will need to:

- Accept the invitation by clicking on the "Accept" button at the bottom of this screen.
- Log into the system (if this is your first time you will need to follow email prompts to create a profile).
- Once logged into the system, click on "In Progress" to find the application.
- Review the application and navigate to the final tab called "Certification".
- Check the "Certify" box on the Certification tab and then click "Save Draft".
- Email the applicant to let them know you have certified the application.

If you run into any issues, please email SmithExcellence@hria.org



After clicking "Accept", you will see:



Invitation Accepted

You have accepted the invitation

Thank you for accepting the invitation.

If you already have an account in the system, please login here

If you have just completed your registration, you will receive an email with a link to create a password and login in the next 5 minutes. If you do not receive this email, please check your spam folder.

Certifying the application

Log into the system and click "In Progress" to select the correct application.



1 Agreement - Executed Within the application, click on the "Certification" tab to find the Authorized Institutional Representative's checkbox.

Read the Certification and check the Certification box.

Click "Save Draft".

Log out and notify the applicant that you have completed the Certification.

合 Main	2025-1138 ORGANIZATION NAME	> (i
Invitations	PRIMARY CONTACT ORGANIZATION INFORMATION PROJECT INFORMATION INSTITUTIONAL CONTACT INFORMATION ATTACHMENTS KEY PERSONNEL CERTIFICATION	
	Funding Database (e.g. Pivot/Cendid)	
	Other Source (write In below)	
	* Have you previously applied to the Smith Family Awards Program? Your answer will not affect your current eligibility.	
	Yes 🗸	
	3 Certification	
	CERTIFICATION: Applicant and Authorized Institutional Representative certify: (1) the applicant is eligible to apply based on the eligibility criteria stated in the program Guidelines (including requirement that external funding does not exceed \$350,000 in direct costs per year for either of the first two years of this project period), (2) statements contained in this Applicant are true and complete to the best of our knowledge, and (3) we accept the terms of the Smith Family Awards Program for Excellence in Biomedical Research as documented in the Program Guidelines. The Applicant's certification also confirms responsibility for obtaining any human subject animal use, and/or other required institutional approvals.	ŝ,
	MOTE TO AUTHORIZED INSTITUTIONAL REPRESENTATIVE: The Authorized Institutional Representative's checkbox is not visible to the Applicant, and Applicant may not submit their application until Authorized Institutional Representative completes the Certification by checking the box and clicking "Save Draft". Applicant is not not by automatic email that Authorized Institutional Representative has completed the Certification, so please make sure to notify Applicant directly. Applicant is also required to complete a certification checkbox, acknowledging the same Certification.	lfied
	* Authorized Institutional Representative Initial Stage Application Certification	
	I certify the Initial Stage application.	
	3 You must click "save draft" to save any changes that are made.	۰
	Каск	
	Some Draft	

Accessing the HRiA Award Manager as an Institutional Officer

Individuals serving in an Institutional Officer capacity at an organization **should not self-register** in the HRiA Award Manager. An applicant must invite you to join their application.

Role Name	Permissions and Requirements
Institutional Officer is typically the	 Applicant must invite ONE Institutional Officer to their application.*
Fiscal Officer and receives award payments,	 Application may not be submitted without Institutional Officer "Accepting" the invitation.
prepares fiscal reports and oversees other financial requirements of	 Users assigned as Institutional Officer will have edit permissions on the application (needed in order to complete ACH form if awarded) but may not submit.
the grant.	 If awarded, this user will eventually be required to submit the ACH form.
	NOTE: Awardee will not have view access to ACH form in order to safeguard institutional banking details.

*In a two-stage grant application process, Institutional Officer invitation is only required at the Full Stage submission. When added to the Applicant's grant application, the Institutional Officer will receive an email per the below:

Subject: Institutional Officer for Grant: 2025-XXXX [ORGANIZATION NAME]

Dear [NAME],

You have been invited as Institutional Officer for the following grant, administered by Health Resources in Action: Grant: 2025-XXXX [ORGANIZATION NAME]

Please click on the link below to accept or decline the invitation.

[LINK]

Best regards,

Health Resources in Action Staff

Clicking the active link will bring the Institutional Officer to the following landing page.



Institutional Officer Invitation

Test IO,

You have been invited as Institutional Officer for the following grant, administered by Health Resources in Action (HRiA): Grant: 2025-1135 501st Legion.



After clicking "Accept", you will see:



The Institutional Officer may then log in and view the application in progress but is not required to complete any action items.

Completing the ACH form

When the Institutional Officer needs to complete the organization's ACH form, they will receive an email per the below:

Subject: ACH Form Requested - 2025-XXXX [ORGANIZATION NAME]

Dear [NAME],

As the Institutional Officer for the approved grant application 2025-XXXX [ORGANIZATION NAME], you have been requested to provide your organization's banking information. Please click on the link below to log into the HRiA Awards Manager System. You will find the required ACH form under "Activities – Draft". Please contact grants@hria.org with any questions.

[LINK]

Best regards,

Health Resources in Action Staff

Log into the system and click "ACH Form - Draft" to select the correct form.

Test IO2 501st Legion Test LCarver+SSTestIO2(@hria.org		
	(C My F	Profile	
	Assigned	Applications	
O In Progress	O Applicant Revisions Requested	O Under Review	1 Completed
	Assigned Activ	ities - In Progress	
ACH F	1 Sorm - Draft Report	2 s - Draft Grant M I	O odification - Draft
	Assigned Activ	vities - Submitted	
O ACH Form - Submitted	O Reports - Submitted	O Grant Modification - Submitted	1 Agreement - Executed

Enter the organizational banking details or upload a file and click "Submit".

Organizational banking details will only be viewable by the Institutional Officer and HRiA System Administrators for use in paying grant awards.

ACH information will automatically be deleted 60 days after the project end date.

C MEASTRE		
2025-1135 501st Legion (ACH Form)		
View as PDF		
View Application in Split Screen		
FI FCTRONIC FUNDS TRANSFER INFORMATION		
Program: Smith Excellence		
PI Name: Darth Vader		
Project Title Crush the Rebel Alliance		
* Contact Name:	Test	0
* Contact Title:	Test	
* Contact Phone:	Test	
* Contact Email:	LCarver+SSTestIO2@hria.org	
Bank Name:		
Bank Address:		
Bank Contact Name:		0
Bank Contact Title:		
Bank Contact Phone:		
Bank Contact Email:]
Account Name:		
Bank Account Number:		
Transit Number:		
Wire ABA/Routing Number:]
Upload Field:		Drop files here or <u>browse files</u> Maximum file size: 2 GB
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