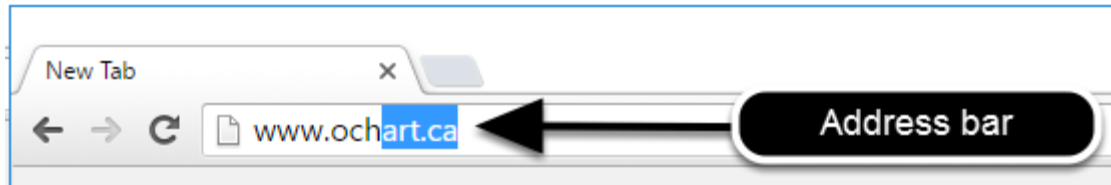


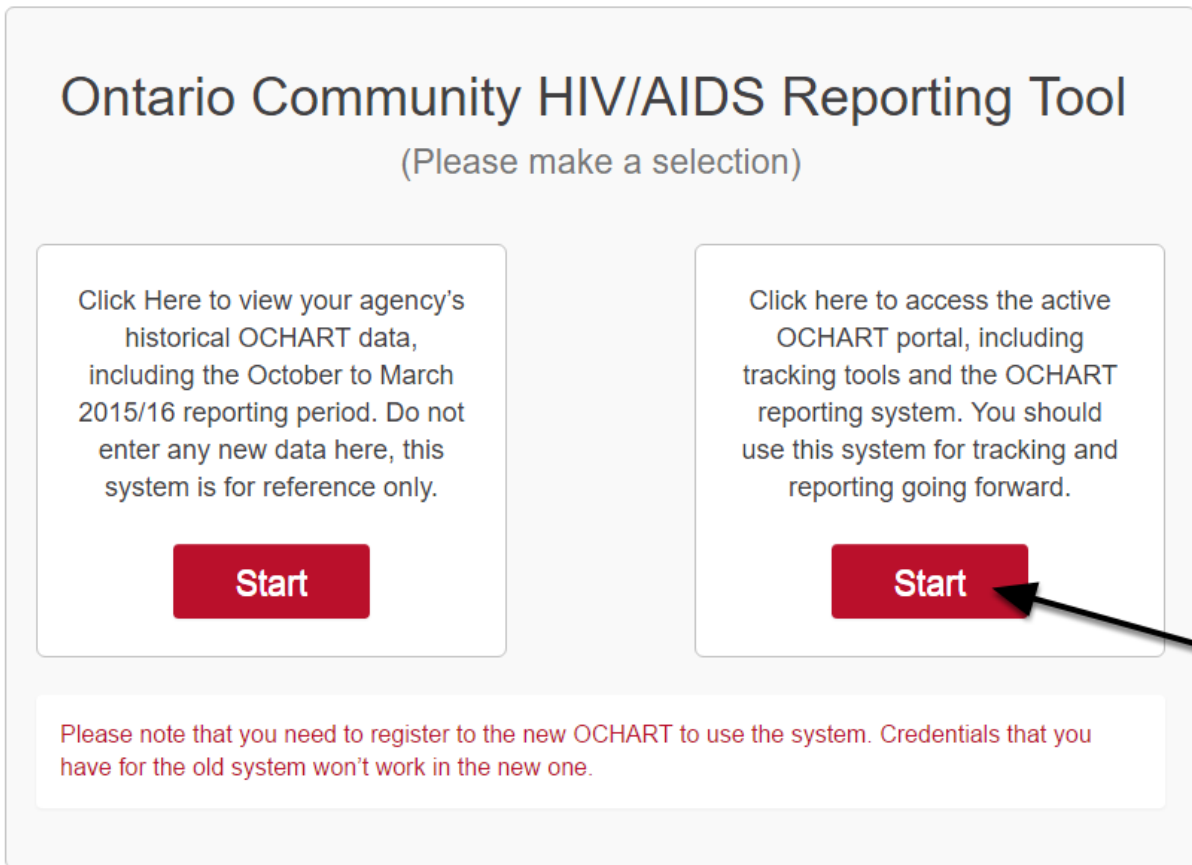
Section 1: Agency Profile

This section will show you how to complete section 1 of OCHART 2.0, Agency Profile. Remember, you can fill in any OCHART section on your computer, tablet or smart phone.

Type "www.ochart.ca" into the address bar. Press "ENTER".



You will see the screen below. Click the "START" button on the right side.



Ontario Community HIV/AIDS Reporting Tool
(Please make a selection)

Click Here to view your agency's historical OCHART data, including the October to March 2015/16 reporting period. Do not enter any new data here, this system is for reference only.

Start

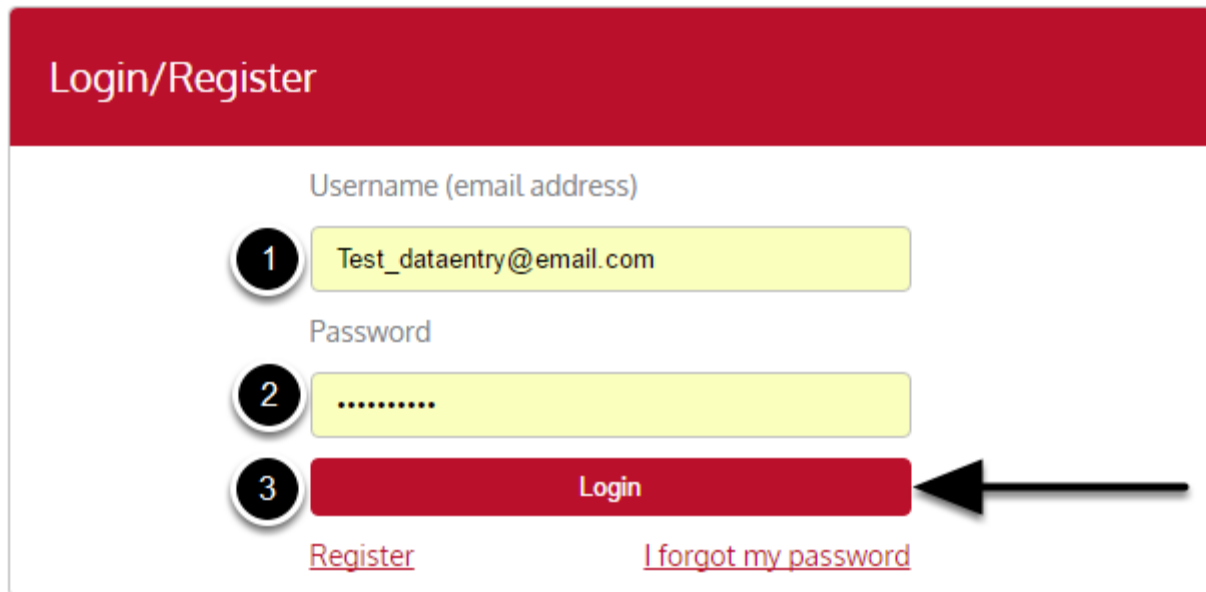
Click here to access the active OCHART portal, including tracking tools and the OCHART reporting system. You should use this system for tracking and reporting going forward.

Start

Please note that you need to register to the new OCHART to use the system. Credentials that you have for the old system won't work in the new one.

Clicking the start button on the left side will take you to the old OCHART system. If you click this accidentally, please click the back button on your internet browser. Next, click the start button on the right.

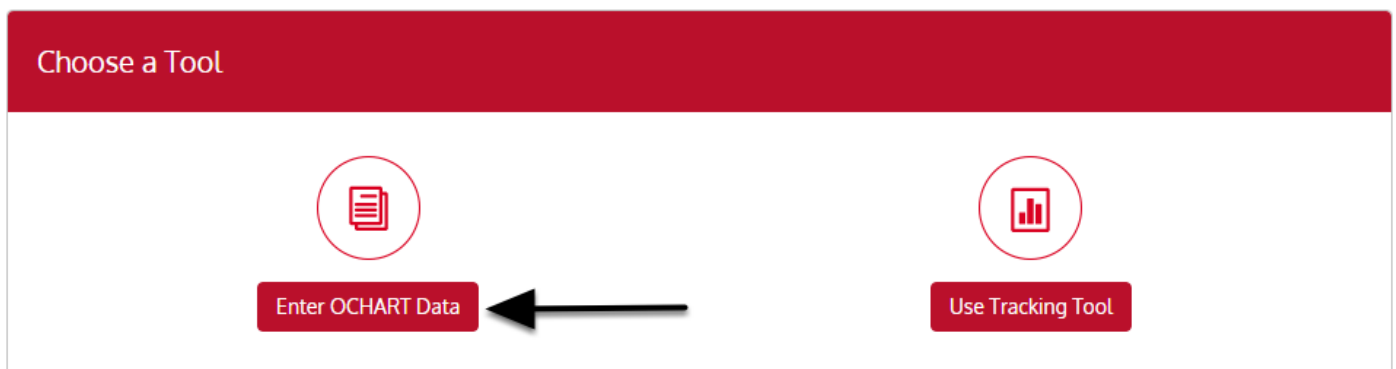
Type in your "Username" (your work email address) and your "Password". Click "Login".



The screenshot shows a login/register interface with a red header bar containing the text "Login/Register". Below the header, there are three numbered steps: 1. "Username (email address)" with a text input field containing "Test_dataentry@email.com"; 2. "Password" with a text input field containing seven dots; 3. "Login" with a red button. A black arrow points to the "Login" button. Below the "Login" button are two links: "Register" and "I forgot my password".

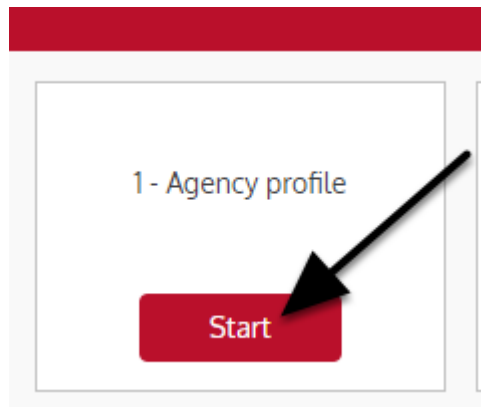
You must have an existing OCHART account in order to login. If you are a first time OCHART user and do not have an account, go to the section titled, "How to Register" for step-by-step registration instructions.

Click "Enter OCHART Data" (left side).



The screenshot shows a "Choose a Tool" section with a red header bar. Below the header, there are two buttons: "Enter OCHART Data" (left) and "Use Tracking Tool" (right). Each button has a red circular icon above it. A black arrow points to the "Enter OCHART Data" button.

Click the "Start" button under "1- Agency Profile".



At any time you can click the "Save" button to save all data entered in the section and exit the section.



Q1a. - Q1d. In the space provided, type your organization's name, street address, and email address.

Section 1

Agency Profile

1a. Name of organization

1b. Street address

1c. Mailing address (if different than street address above)

1d. Email address

1a - 1d are mandatory, meaning they must be filled in. If your organization's street address is different than its mailing address, please type in the mailing address in 1c. 1c is an optional field.

Q1e. Enter the name(s) and address(es) of the sites where your agency's services are delivered. Click "Next".

1e. Sites where services were delivered

Type "same as above", if response matches Q1a. or 1b.

This includes sites where agency staff are housed and the agency is paying rent. Satellite site refers to an additional permanent address.

Site	Site name	Site address
Main site	<input type="text" value="same as above"/>	<input type="text"/>
Satellite site 1	<input type="text"/>	<input type="text"/>
Satellite site 2	<input type="text"/>	<input type="text"/>
Satellite site 3	<input type="text"/>	<input type="text"/>

1 (circled) points to the "same as above" text in the Main site name field.

2 (circled) points to the "Next" button.

Next ▶

If your answer to this question is the same as the address you already entered in the previous question, type "same as above". Be sure to include sites where staff work and sites for which the agency pays rent. "Satellite site" is another way of saying additional permanent address.

Q1f. - Q1g. Select your agency's organization type from the drop-down menu. To view the drop-down menu options, click the triangle icon and then click your organization's type.

1f. Type of organization

--

--

Community-based AIDS organization (CBAO) or AIDS service organization (ASO)

Community health centre (CHC)

Hospital or other institution

HIV project/program within a non-AIDS service organization

1 (circled) points to the triangle icon on the right side of the dropdown menu.

2 (circled) points to the selected option "Community-based AIDS organization (CBAO) or AIDS service organization (ASO)".

Use the same steps for 1.g. Click the triangle button to see the drop-down options and click on the your agency's Local Health Integration Network.

Q1h. - Q1i. Enter your agency's year of incorporation and your organization's mission statement. You can copy and paste the mission statement from another document or website.

1h. Year of incorporation

1i. Organization's mission statement

Q1j. If your agency is not an AIDS service organization, enter "Project/program vision statement". You can copy and paste this information from another document or website. Click the "Next" button.

1j. Project/program vision statement

(Note: Only for projects/programs in organizations which are not AIDS service organizations.)

You do not need to fill this in if you are an AIDS service organization or ASO.

Q2. If you are reporting on projects/programs in organizations which are not AIDS service organizations, select the governance type by clicking on circle button beside the option you wish to choose.

2. If your program is an HIV project/program that is required (as a condition of funding) to have its own governance, how is the project/program directed?

(Note: Only for projects/programs in organizations which are not AIDS service organizations.)

Board of directors Advisory committee (e.g., City council, Board of Health, Chief and Council) Other

This question is not mandatory. Only fill this question in for projects/programs in organizations which are not AIDS service organizations (ASOs). If you select other, please enter the governance type in the space to the right.

Q3. Indicate whether your organization has the policies listed below by clicking on the triangle and then clicking "Yes" or "No" from the drop-down menu. Repeat these steps for each policy.

3. Does your organization have these policies?

Governance/board of directors' roles and responsibilities	--
HR/operating policies	No
Target population/PHA involvement	Yes
Equity/discrimination	--
Collective agreement	--

Q4. If your organization holds Annual General Meetings (AGMs), enter the date of the last AGM. Start by clicking the space below question 4. You can click the white arrows to move the calendar to a previous month. Click on the appropriate date.


4. Date of last Annual General Meeting (AGM)


collective bargaining agreement?

n: _____ Date current _____

Q5. To indicate whether your agency has a collective bargaining agreement, click on the triangle to display the drop down options. Click on "Yes" or "No".

5. Collective agreement

Does your agency have a collective bargaining agreement?  1


Date current agreement began: 2  No Yes Current agreement expires:

If you click "Yes", indicate the date the agreement began and the date it will expire by clicking on the space provided. Use the white arrows to navigate forward and backward in time and click on the appropriate date from the calendar (see previous question for image). Click "Next" to move on to the next question or click "Previous" to go back to a previous question.

Q6. Fill in staff contact information. Begin by click on the insert button beside "Executive Director (or equivalent)".

6. Staff contact information

(Note: Program manager/director only applies to non-ASOs.)

Position	Salutation	Name	Phone	Extension	Fax	Email
Executive director (or equivalent)						 Insert
Chair(s) of Board of directors (or equivalent)						Insert
Finance contact						Insert
Program manager/director						Insert

Q6. Enter the contact information for the Executive Director or equivalent and click "+ Add".

Position

Salutation

Name

Phone number (xxx-xxx-xxxx)

Extension

Fax number (xxx-xxx-xxxx)

Email

Cancel **+ Add**

Repeat this process for Chair(s) of Board of directors and Finance contact. If your agency is not an AIDS service organization, enter the contact information for the Program manager/director using the same steps.

Q6. Once you have entered staff contact information, you can change this information by clicking the edit button located beside the entry you wish to change. Repeat these steps for the remaining positions.

	Position	Salutation	Name	Email
Executive director (or equivalent)	Test	Ms.	Test

To change your entry, click "Edit". → **Edit**

To erase your entry click "x Delete". → **Delete**

The position of Program Manager/Director only applies to non-ASO organizations.

Q7. Click the "Previous" button, to review the information you entered in questions 1-6. When you are satisfied that all the information entered is correct, click the check box. Click "Save" to save the data you entered and exit from this section.

7. Confirmation

! Please confirm that the information you provided in questions **1 through 6** is correct.

◀ Previous

Save