Pennsylvania Commission on Crime and Delinquency

Egrants User Registration Request Form

IMPORTANT

DO NOT SUBMIT THIS FORM TO PCCD UNTIL YOU HAVE COMPLETED STEPS 1 THROUGH 7 LISTED ON THE PCCD EGRANTS ONLINE REGISTRATION QUICK START GUIDE.

Submission of this form is Step 8 of the PCCD EGRANTS ONLINE REGISTRATION QUICK START GUIDE.

This form must be completed and sent to PCCD before appropriate permissions to the PCCD Egrants system can be assigned. There is a minimum of three roles that need to be assigned within your agency before you will be capable of applying online. Those roles include: Program Creator, Financial Creator and Submission. These roles may be assumed by one person or by three different individuals. **A separate form must be completed and submitted for EACH PERSON in your agency who will be working in the Egrants system**.

Please type or print:

Individual Name:	
Applicant Agency Name (*appearing on the Grant*):	
User ID: (The one you chose in Step 2 of ***PCCD Egrants Online Registration Quick Start Guide***)	
Telephone: (with area code)	
Email address:	
County (if state is Pennsylvania)	

Please refer to the ***PCCD Egrants Security Roles Quick Start Guide*** for roles and descriptions when completing the table below.

Grant Number	Program Reader	Program Creator	Financial Reader	Financial Creator	Submission
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Select the roles desired and identify the grant number(s) or specify 'All' to request the security role(s) for all grants for the Applicant Agency identified.

Check this box for access to the Egrants Training Area ☐

When fully completed, submit this form to **PCCD Egrants Support** by FAX to (717) 783-7165.
If you have any questions regarding this form, please contact the **PCCD Egrants Help Desk** by calling (717) 787-5887 or, in PA, dial toll-free (800) 692-7292 and follow the voice prompts (Press option 9 then press option 6).

I hereby authorize the above named individual to be granted access permissions as identified on this request for the agency/organization listed hereon.

Printed Name of Authorized Official	Signature
Title of Authorized Official	Date

For PCCD use only:

Date Received	Verification (if necessary)	Date Roles Enabled	Roles Enabled By