



Grantee User Account Request Form

Please use this form to request the following GrantSolutions Grantee user account actions:

- Create a new account at an existing grantee organization
- Update information pertaining to an existing grantee account
- Close an existing grantee account

GrantSolutions Grantee User Accounts

All account requests must be made by the prospective user's supervisor or other authorized organization official

1. The authorized official must complete and sign the first section of the Account Request Form.
2. The person who will be receiving access needs to:
 - a. Sign and date the second part of the forms (Data Access/Security Compliance Statement)

Additional GrantSolutions Grantee User Accounts

If you require additional grantee user accounts for your organization, please complete a copy of the attached change request form for each person. Please be sure to complete the form in its entirety for each account request.

Changes to Existing GrantSolutions Grantee User Accounts

Should any information regarding an existing Grantee user account change, please complete, in its entirety, the attached change request form. Changes to existing accounts may include:

- Change of staff person's role (indicate new Job Title)
- Update of person's contact information
- Closure of an account

Requests for a change of the grant's Project Director/Project Investigator may not be completed using this form. These actions must be completed using GrantSolutions or by contacting your assigned Grants Management Specialist.

Submission of the GrantSolutions Grantee User Account Request Form

Most account changes (role assignments, new accounts, account closures) must be requested by the Grantee Authorized Official or in some cases the Program Director. The Support Center will verify all account requests as needed. Request forms sent via e-mail must be scanned to include original signatures.

Completed Grantee User Account Request Forms may be submitted to the **GrantSolutions Support Center** by email to help@grantsolutions.gov or by FAX to 301-998-7272. PLEASE NOTE: The GrantSolutions Support Center is unable to accept any email over 5 MB in total size. Please make sure your total email size with attachment does not exceed 5 MB.

Initial account information will be sent to the new (or changed) user's email address provided. Upon initial login, the user will be required to change temporary password assigned by the system.

If you have any questions please contact the GrantSolutions Support Center at help@grantsolutions.gov or toll-free on (866) 577-0771.



Grantee User Account Request Form

Request Type: New Account Account Change Account Closure

Partner Agency: Department of Health and Human Services Department of State
 Department of Agriculture Social Security
 Department of Transportation Denali Commission
 Other

Role Authority: Authorizing Official Financial Officer
 Program Director/Principal Investigator Financial Officer Support
 Support Staff Reporting Only

Organization Name:
Address 1:
Address 2:
City: **State:** **ZIP + 4:**
Grant Number(s):

This should be a grant number of any grant awarded to your organization that is or has been in GrantSolutions. This will be used to help confirm organization information.

First Name: **Last Name:**
Title:
Phone: **Fax:**
Email Address:
Person Address 1:
Person Address 2:
City: **State:** **ZIP + 4:**

Please complete the Person Address only if it is different from the Organization Address.

Authorized Official Name:
Title:
Authorized Official Signature:

Note: Request should be signed by authorized organization business/signing official.



US Government Data Access Request/Security Compliance Statement

As a user granted with Grantee authority, I agree to abide by the following:

- I will not disclose data from the GrantSolutions system to anybody except authorized system users whose roles permit access to that data.
- I will not make any unencrypted electronic copies of data from the GrantSolutions system.
- I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of all data from the GrantSolutions system.
- I will ensure the proper disposal of data (in any format) and printed reports.
- I will access the GrantSolutions system only to the extent that my duties require such access.
- I will report inappropriate or malicious use of the GrantSolutions system to the GrantSolutions Help Desk and the ACF CISO/ISSO.
- I will immediately notify the GrantSolutions Help Desk of any account changes, including the need to close my account.

User Name (Printed) _____

User Signature _____ Date _____