



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

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

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 _____