



Indiana Criminal Justice Institute (ICJI)
Egrants User Registration Request Form

IMPORTANT

DO NOT SUBMIT THIS FORM TO ICJI UNTIL YOU HAVE COMPLETED THE EGRANTS ONLINE REGISTRATION (see ONLINE REGISTRATION QUICK START GUIDE)

This form must be completed and sent to ICJI before appropriate permissions to the ICJI 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.**

*Required Field

Individual Name*	
Applicant Agency Name (appearing on the Grant)*	
Egrants User ID:	
Telephone: (with area code)	
Email Address:	

Please refer to the *ICJI 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
	<input type="checkbox"/>				
	<input type="checkbox"/>				

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.

When fully completed, click on the Submit button to send via e-mail or you can print this form and fax it to **ICJI Egrants Support** at (317) 232-4979. If you have any questions regarding this form, please contact the **ICJI Egrants Help Desk** by calling (317) 232-1233.

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

Name	Title
	Date

For ICJI use only:

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