Grant Recipient User Account Request Form

Print Form

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

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

Create New User Account

The new user's Supervisor or Authorized Official must approve all account requests.

1. The user must complete the form
2. The user who is receiving access must:
    a. Sign and date Part 1 of the form (Rules of Behavior)
3. The Supervisor or Authorized Official must verify and sign Part 2 of the User Account Request Form

Update Existing User Account

Should any information regarding an existing Grant Recipient user account change, please select "Request Type: Account Change" and complete the form in its entirety. Changes to existing accounts may include:

- Change of user's role
- Update of user's contact information

Close Existing User Account

Should a user's account need to be closed, the user's Supervisor or Authorized Official must select "Request Type: Account Closure," sign the bottom of the Grant Recipient User Account Request Form, and email it to help@grantsolutions.gov.

Submission of the User Account Request Form

The Supervisor or Authorized Official must submit all forms to the GrantSolutions Support Center. Completed forms should be submitted to the **GrantSolutions Support Center** by email or fax:

- Email: help@grantsolutions.gov
- Fax: (301) 998-7272

The Support Center will verify all account requests. Request forms sent via email must be scanned to include original signatures.

Account information will be sent to the new (or changed) user's email address. Upon initial login, the user will be required to change the temporary password assigned by the Support Center.

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

Role Authority Definitions

Please note the following definitions of each Role Authority listed in Part 2 of the Grant Recipient User Account Request Form:

Role assignments are subject to Federal Partner agency-approved roles. Please consult your Federal Partner agency regarding specific role authority and approval requirements.

Authorizing Official/Authorizing Representative: The Grantee Authorizing Official (ADO) is responsible for the oversight of activities performed by the Grantee Security Monitor. Listed as the Authorizing Official on the Notice of Award.

Financial Officer: The Grantee Financial Official (FO) is responsible for the oversight of activities performed by the Grantee Financial Support Staff.

Financial Officer Support: The Grantee Financial Support Staff (FSS) role is to assist the Grantee Financial Official in the grantee organization.

Program Director/Principal Investigator: The Principal Investigator/Program Director (PI/PD) is responsible for the oversight of activities performed by Support Staff.

Support Staff: The Grantee Support Staff's role is to assist the Principal Investigator or Program Director in the grantee organization.

Grant Recipient User Account Request Form: Part 1

Rules of Behavior

As a User granted Grant Recipient access in GrantSolutions, I agree to abide by the following:

- I will not disclose data from the GrantSolutions system to any unauthorized users.
- 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 systems as per the Privacy Act of 1974.
- 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 at help@grantsolutions.gov.
- 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 _____

Grant Recipient User Account Request Form: Part 2

Request Type: ◉ New Account ○ Account Change ○ Account Closure

Funding Entity:

Department of Health & Human Services

- ○ Administration for Children and Families
- ○ Administration for Community Living
- ○ Administration for Strategic Preparedness & Response
- ○ Centers for Disease Control and Prevention
- ○ Centers for Medicare & Medicaid Services
- ○ Health Resources & Services Administration
- ○ Indian Health Service
- ○ Office of Head Start
- ○ Office of the Assistant Secretary for Health
- ○ Office of the National Coordinator for Health
- ○ Information Technology
- ○ Office of Inspector General

Department of Transportation

- ○ Federal Motor Carrier Safety Administration Federal
- ○ Railroad Administration
- ○ Office of the Secretary (AMJP)
- ○ Pipeline and Hazardous Materials Safety
- ○ Administration Federal Highway Administration (FHWA)
- ○ Federal Aviation Administration (FAA)

Department of the Treasury

- ○ Internal Revenue Service
- ○ Office of Grant Community Relations

- ○ **Bureau of the Fiscal Service**
- ○ **Consumer Product Safety Commission**
- ○ **Department of Agriculture**
- ○ **Department of Homeland Security**
- ○ **Department of Housing and Urban Development**
- ○ **Department of the Interior**
- ○ **Department of Labor**
- ○ **Electoral Assistance Commission**
- ○ **Environmental Protection Agency**
- ○ **Gulf Coast Ecosystem Restoration Council**
- ○ **Office of National Drug Control Policy (ONDCP)**
- ○ **Public Health Service**
- ○ **Small Business Administration**
- ○ **Social Security Administration**
- ○ **Treasury – RESTORE Act**
- ○ **Veterans Affairs**
- ◉ **Other** _____

Grant Recipient (Organization):					
Address 1 (Organization):					
Address 2 (Organization):					
City:					
Grant Number(s):					
UEI:					
User First Name:		**User Last Name**:			
Title:					
Phone:					
Email:					

Assistive Technology – Assistive Technology, such as JAWS, is used for visual impairment.

☐ I use a Visual Impairment (screen reader/JAWS) Assistive Technology.

Role Authority:

- ○ Authorizing Official/Authorizing Representative
- ◉ Financial Officer
- ○ Financial Officer Support
- ○ Program Director/Principal Investigator
- ○ Support Staff

Supervisor or Authorized Official Name:	
Title:	
Signature:	

Note: The Supervisor or Authorized Official should sign requests.