

IDIS OnLine Access Request

11122009

GRANTEES:

This form is to be completed by the recipient's (or grantee's) Chief Executive Officer or designated representative. **Send notarized original to your local HUD CPD Field Office**

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to ensure that individuals who no longer require access to IDIS have their access capability promptly deleted. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to IDIS.

GRANTEE & REQUESTOR INFORMATION

REQUEST TYPE	Role to be Performed by Headquarters	Role to be Performed by Field or Local IDIS Administrator
	New Request <input type="checkbox"/> Renew Lapsed ID <input type="checkbox"/> Change Name <input type="checkbox"/>	Drop from IDIS <input type="checkbox"/> Change Function or Program Area <input type="checkbox"/> Add Access for Another Grantee <input type="checkbox"/>
Last 5 Digits of the Social Security Number (SSN) [][][][][]		
Requestor's Name (Last, First, MI):		E-mail Address:
Office Address:		Office Phone: ext.:
Full Grantee Organization's Name:		GRANTEE TYPE
		City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Sub Grantee* <input type="checkbox"/>
DUNS#: [][][]-[][][]-[][][][][]-[][][][][][]		
Please Mark All Necessary Functions & Programs		
Authorized Functions	Set Up Activity <input type="checkbox"/> Approve Drawdown <input type="checkbox"/>	Request Drawdown <input type="checkbox"/> Local IDIS Administrator <input type="checkbox"/>
Program Areas	CDBG <input type="checkbox"/> CDBG-R <input type="checkbox"/>	HOME <input type="checkbox"/> TCAP <input type="checkbox"/>
	ESG <input type="checkbox"/> HPRP <input type="checkbox"/>	HOPWA <input type="checkbox"/> Other <input type="checkbox"/>
If other, please specify name of program		
Note: Every IDIS user can view activities and generate reports even if no functions are authorized. You cannot authorize yourself, only your CEO or "grant holder" can.		
*Approval of State Sub Grantee Request – CPD State Coordinator or State Official name, signature and date:		
Name: _____		Signature _____ Date: _____

GRANTEE APPROVING OFFICIAL INFORMATION

Approving Official's Name: _____		Office Phone: _____ ext.: _____
Title: _____		
Office Address: (Street, City, State, Zip) _____		
Signature _____	Date: _____	
I authorize the person above to have access to IDIS functions checked.		
NOTES: (HUD FIELD OFFICES ONLY) 1. Form must be completed in its entirety and accurately to prevent delay in processing, such as User's email. 2. Please scan and email the notarized form to IDISUserRequests@hud.gov ; Only up to 5 forms/email. 3. Subject of email should include the following: Grantee Name followed by Type of Request such as New ; Body should include User Name(s) . 4. For scanning Instructions using multifunctional devices (MFD), go to http://hudatwork.hud.gov/po/d/progproc/otcsupport/hardware/printers/setup/index.cfm		NOTARY Date: _____ _____ (signature)

HUD USE ONLY

Field Office Approval (CPD Director or Designee)		
Name: _____	Signature _____	Date: _____

For more detailed information on how to obtain an IDIS OnLine account, technical assistance and password reset, go to

<http://www.hud.gov/office/cpd/systems/idis/idis.cfm>

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C 1001, 1010, 1012; 31 U.S.C. 3729, 3802)