Egrants — Louisiana Commission on Law Enforcement and Administration of Criminal Justice

User Registration & Access Request Form

IMPORTANT
DO NOT SUBMIT THIS FORM TO LCLE UNTIL YOU HAVE COMPLETED STEPS 1 THROUGH 4 ON THE EGRANTS REGISTRATION QUICK START GUIDE.

Submission of this form is Step 5 of the LCLE EGRANTS ONLINE REGISTRATION QUICK START GUIDE.

This form must be completed, signed **in blue** by the head of the organization authorizing this user and sent to LCLE before appropriate permissions to the LCLE Egrants system can be assigned. A minimum of three roles need to be assigned within the organization before it can apply for funding online. Those roles include: Program Creator, Financial Creator, and Submission. Multiple roles may be assumed by one person or by three different individuals. **A separate request form must be completed and submitted for EACH PERSON in your agency who will be working in the Egrants system**.

Please type or print.

User Legal Name	
Applicant Organization *(appearing on the Grant)*	
User ID (The one you chose during Online Registration)	

Please refer to the LCLE Egrants Security Roles Quick Start Guide for roles and description when completing the table below.

Program	Program Reader	Program Creator	Financial Reader	Financial Creator	Submission
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Mark an "X" to select the role(s) desired for each program(s) or specify "All" to request the marked security role(s) for all programs belonging to the Applicant Organization identified above.

☐ Check this box for access to the Egrants Training Area when it becomes available.

When fully completed, submit an advance copy of this form to LCLE Egrants System by FAX to (225) 342-1846 or email to egrants@lcle.la.gov. If you have any questions regarding these forms, please contact the LCLE Egrants Help Desk by calling (225) 342-1968.

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

Printed Name of Authorized Official _____ Signature _____

Title of Authorized Official _____ Date _____

Print Form

For LCLE use only:

Date Received	Verification (if necessary)	Date Agency Registered	Agency Registered By