Organization Registration Request Form

This form MUST be completed if your organization wishes to apply for funding through LCLE.

Type inside the fields below. **DO NOT** print. All fields and questions **MUST** be completed unless otherwise indicated.

Organization Legal Name	
Physical Address	
City, State, Zip +4 (plus 4 required)	Zip + 4:
Mailing Address	
City, State, Zip+4 (plus 4 required)	Zip + 4:
Parish	Choose Parish
Organization Phone Number	
Organization Fax Number	
US Congressional District	Choose District
Federal ID Number	
Unique Entity Identifier (UEI)	
CCR/CAGE Number	
Fiscal Year End	Choose FY End
Preferred Method of Contact	Email ☐ Phone ☐ Mail ☐
Agency Contact's Name	
Contact Phone Number (Ext. is optional)	Ext.
Contact Email Address	

Email this form (in color showing blue signature) to egrants@lcle.la.gov

I hereby request the above organization registration in Egrants thereby allowing access to electronically submit applications to LCLE via LCLE's Egrants System:

Printed Name of Authorized Official/Organization Head

Signature in **BLUE** Ink

Title of Authorized Official/Organization Head

Date

For LCLE use only:

Date Received	Verification (if necessary)	Date Agency Registered	Agency Registered By
	SAM UEI LaGov LLA		

Effective: 10/1/2023

Print