This form will need to be completed when an organization does not currently have an LEA assigned or organization set up within the GEM$ grant system.

**Instructions:**

1. Please indicate which grant(s) access is being requested for.
2. A Fiscal Representative or head of an organization must complete this form to request organization access.
3. This form should be sent to the RFP contact on the competitive grant no less than 5 days before the grant due date to ensure timely access.
4. Once the TEMP access is created DESE will send notification to everyone on this form.

|  |  |
| --- | --- |
| **Part 1: ORGANIZATION INFORMATION** |  |
|  | Click here to enter a date. |
|   | Date |
| Click here to enter text. | Click here to enter text. |
| Organization Name | Organization Tax ID |
| Click here to enter text. |
| Requester’s Name (First and Last) and Title |
| Click here to enter text. | Click here to enter text. |
| Primary phone number  | Email address |
| Click here to enter text. | Click here to enter text. |
| Street Address of the Organization  | City |
| Click here to enter text. | Click here to enter text. |
| State  | Zip Code |

**Part 2: GRANT ACCESS**

*Please indicate for which grant program unit application(s) and fund code(s) you are requesting access.*

|  |  |
| --- | --- |
| ***Program Unit*** | ***Fund Codes*** |
| [ ]  Adult and Community Learning Services (ACLS) | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  College, Career and Technical Education (CTE) | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  Resource Allocation Strategy and Planning (RASP)  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  Student Family Support (SFS)  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  Center for Instructional Support (CIS)  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  Nutrition | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  Early College | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| [ ]  Other | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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**Part 3: USER ACCESS ADMINISTRATOR**

The User Access Administrator is responsible for creating users within the district/ organization and assigning proper roles in the system to access and submit funding applications.

|  |  |
| --- | --- |
| **Access Needed** | **Name and Email**  |
| [ ]  Name | Click here to enter text. |
| [ ]  Phone Number  | Click here to enter text. |
| [ ]  Email  | Click here to enter text. |
| [ ]  Other  |  |
|  |
| Once the LEA UAA is created by DESE, an automated email will prompt you to log in and set your password. LEA UAA will then need to create all user roles needed to submit the grant application: Grant writer role, LEA Fiscal role, and LEA Superintendent / Executive Director role. Please note competitive grants are not considered submitted until it is through the LEA Superintendent / Executive Director approved step is submitted and DESE cannot consider grants not submitted through that step by the due date. |
| **Part 4: SYSTEM ACCESS ASSURANCES**  |

1. Have you read the funding opportunity eligibility and believe your organization is eligible for this grant?   [ ] Yes [ ]  No
2. Has your organization applied for previous DESE grant funding?

 [ ] Yes [ ]  No

1. Has your organization received funding from the state?

 [ ] Yes [ ]  No

1. Comments (if any): Click here to enter text.

**Part 5: APPROVAL**

Requester’s Signature: By signing this form, I approve the access request change and certify that this user requires access to be added or changed (as indicated in this form) to perform his/her job duties.

Electronic Signature: \* Date: Click here to enter text.

 First and Last Name

 \*I understand checking this box constitutes a legal signature.

Please attach this form and required documentation to the email. You may have to enable edits on this document to check this box.