

# Authorization Request for E-Grants Roles Form

**USE PAGE 1 FOR REGISTRATION OF NEW USER(S).  
USE PAGE 2 FOR CHANGES TO EXISTING REGISTRATIONS.**

**Please submit completed form(s) to: Idaho Bureau of Homeland Security, Attn: Dave Jackson, 4040 guard St. Building #600 Boise, ID 83705-5004, (208)-422-3047 or e-mail to djackson@bhs.idaho.gov, no later than October 17, 2008.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ ID #: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Government Entity: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Individual Requesting eGrant Role(s)*

\_\_\_\_\_  
*Date Signed*

**If person preparing sub-application does not have sign/submit authority (authority to sign for receipt of federal grants), a separate form must be completed for the person who has the sign/submit authority.**

## DESCRIPTION OF ROLES

- View/Print: This role is for review purposes only. This will usually include persons who do not need the authority to physically create or edit an application, nor the right to act as Applicant Agent and sign or submit the application.
- Create/Edit: This role allows an individual to create or edit applications. This person does not necessarily need to be intimately involved with the activity's development, but one able to function adequately on a computer. In addition, this individual would not normally act as Applicant Agent and sign or submit the application.
- Sign/Submit: This role is for the Applicant Agent or someone that has been given the authority to act in his/her stead. This role only allows for the signing of assurances, commitment of funds, and project submittal to the State (i.e, Department Director/chief, fiscal officer)

## ROLES REQUESTED

(Check all that apply)

**View/Print**

**Create/Edit**

**Sign/Submit**

Pre-Disaster Mitigation Competitive Grant

## AUTHORIZATION

The undersigned assures the above listed individual is authorized for the role(s) selected under the Flood Pre-Disaster Mitigation Competitive Grant Program.

\_\_\_\_\_  
*Typed Name of Authorized Representative/Applicant Agent*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Signature of Authorized Representative/Applicant Agency*

\_\_\_\_\_  
*Date Signed*

## Authorization Change or Revoke Previous Authorization

*Note: Please attach a copy of the original request to this request.*

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

**ROLES CHANGES REQUESTED**      **View/Print**      **Create/Edit**      **Sign/Submit**  
(Check all that apply)

Pre-Disaster Mitigation Competitive Grant                 

### CHANGE AUTHORIZATION

The undersigned requests the above listed individual's role(s) selected under the Pre-Disaster Mitigation Competitive Grant Program be changed as indicated.

\_\_\_\_\_  
*Typed Name of Authorized Representative/Applicant Agent      Title      Telephone Number*

\_\_\_\_\_  
*Signature of Authorized Representative/Applicant Agency      Date Signed*

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**ROLES REVOKED**      **View/Print**      **Create/Edit**      **Sign/Submit**

Pre-Disaster Mitigation Program                 

### AUTHORIZATION REVOKED

The undersigned requests the above listed individual's rights under the Pre-Disaster Mitigation Competitive Grant Program be removed.

\_\_\_\_\_  
*Typed Name of Authorized Representative/Applicant Agent      Title      Telephone Number*

\_\_\_\_\_  
*Signature of Authorized Representative/Applicant Agency      Date Signed*