Print Form

GrantSolutions.gov

Federal User Account Request Form

Please use this form to request the following GrantSolutions Federal user account actions:

- Create a new account for a GrantSolutions Partner/Agency
- Make changes to an existing GrantSolutions Federal User Account

GrantSolutions Grantee User Accounts

All account/user ID request must be made by the prospective user's supervisor or other authorized partner/agency official. The requestor should fill out, sign and submit the first section of the forms below (Account Request Form). The person who will be receiving access needs to sign and date the second part of the forms below (Data Access/Security Compliance Statement).

Changes to Existing GrantSolutions Grantee User Accounts

Should any information regarding an existing Grantee user account change, please complete, in its entirety, the attached change request form. Changes to existing accounts may include:

- Change of staff person's role (indicate new Job Title)
- Update of person's contact information
- Closure of an account

Submission of the GrantSolutions Grantee User Account Request Form

Just like new account requests, most account changes (role changes, account closures, etc.) must be requested by the Users Supervisor or other partner/agency authorized official. The GrantSolutions Help Desk will verify all account requests as needed.

Limiting User Access

Any limitation to user access needs to be defined below. This is usually done by limiting access to certain grant programs. In some cases this can be done on a grant basis. Please describe any special situations below or contact the helpdesk for help.

Request Submission

An official signature is required on these forms. Completed User Account Request Forms may be scanned and submitted to the **GrantSolutions Help Desk** by email to help@grantsolutions.gov or via standard mail or by fax the address below:

GrantSolutions Help Desk
c/o RNSolutions, Inc
3206 Tower Oaks Blvd, Suite 100
Rockville, MD 20852
Fax: 301-231-7223

Remember that all user accounts must be actively managed for GrantSolutions to remain an effective and secure E-Government tool.

Account information will be sent to the new (or changed) user's email address provided. Upon initial login, new users will be required to change the system assigned temporary password.

If you have any questions please contact the GrantSolutions Help Desk at help@grantsolutions.gov or toll free at 1-800-618-0223.

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Request Type (select only one)	☐ **New Account Request**		
	☐ **Change to Existing Account** ☐ **Closure of Existing Account**	**User ID:**	
Partner/Agency/Dept.			
Division/Branch/ Program Office/Etc.			
Role Type (select only one)	☐ **GSS – Grants Support Staff** ☐ **GMS – Grants Management Specialist** ☐ **GMO – Grants Management Officer** ☐ **AO – Administrative Officer** ☐ **PSS – Program Support Staff** ☐ **PO – Project Officer** ☐ **PC – Program Coordinator** ☐ **RD – Research Director (Research Grant Program Only)** ☐ **OD – Office Director** ☐ **DAO – Deputy Authorizing Official** ☐ **FMO – Financial Management Officer**		
Limit User access to specified Grant Programs	(use additional sheets if necessary)		
User Last Name:		**First Name:**	**M.I.**
Title:			
Preferred User Account Name:			
Organization Name:			
Organization Address:			
City		**State**	**ZIP + 4**
User's Address			
City		**State**	**ZIP + 4**
Phone No.		**Fax No.**	
Email Address:			
Note: New Account request must be made by supervisor or other authorized official only.			
Requestor Name:			
Title:		**Email:**	
Signature:		**Date:**	

Note: All fields required for new account.

US Government Data Access Request/Security Compliance Statement

Federal Staff granted access to the GrantSolutions.gov agree to abide by the following:

- use the data/information under secure conditions
- make every reasonable effort to ensure privacy of data records
- use the information only as described in the access/security policy for technical access to data base
- systems
- read and sign this form indicating they understand these policies and agree to abide by them

Additionally, the requestor agrees to comply with all applicable ADP security policies and procedures issued by the Department of Health and Human Services (DHHS) and/or , his/her Agency and comply with the Code of Ethics for Government Service (P.L. 96-303) as pertains to ADP resources; Privacy Act of 1974 (P.L. 93-579); Privacy Act System No. 09-25-0036, Rev.6/25/98; Disclosure of Confidential Information Generally, 18 U.S.C. 1905(1948); Computer Security Act of 1987, January 8, 1988, P.L. 100-235; 45 Code of Federal Regulations (CFR), DHHS Freedom of Information Act Regulations; and 45 Code of Federal Regulations (CFR), subpart 5B, DHHS Privacy Act Regulations.

The requestor also agrees to notify the appropriate individuals when access is no longer required.

Confidentiality of Data

Authorized staff may access data systems only as required in performing their assigned duties. Unless specifically authorized, only funded information may be released as required by job responsibilities. All other information is considered private and may not be released outside the NIH or to non authorized NIH staff or contractors.

Violation

Although not inclusive, the following are identified as examples of offenses to the access/security policy:

- altering data without appropriate supporting or documentation;
- accessing data outside of one's assigned duties;
- releasing suppressed or private information without authorization;

Violation is considered just cause for rescinding access and/or disciplinary action.

User Name (Printed) _____

User Signature _____Date:_____