

IDIS Access Request (Temporary Form, Feb 1999)

020299

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. **Send notarized original to your local HUD CPD Field Office for review and forwarding to:**

Privacy Act Statement: Public Law 97-255; Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to ensure that individuals who no longer require access to IDIS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding IDIS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to IDIS.

U.S. Dept of HUD, CPD
451 7th St, SW, Rm 7224
Washington, DC 20410
ATTN: IDIS Sys Admin FAX: 202-708-3363

* CHANGE NAME/FUNCTIONS/GRANTEE _____ RENEW LAPSED ID _____ NEW REQUEST _____
ADD ACCESS TO ANOTHER GRANTEE _____ DROP FROM IDIS _____

Authorized User's Name: (Last, First, MI) _____

Soc Sec Num (SSN): _____ Office Phone: (_____) _____

Office Address: (Street, City, State, Zip) _____ CPD Use: _____
_____ UOG Code: _____

Grantee Organization's Name: _____
I am with a CITY __ COUNTY __ STATE __ STATE SUBGRANTEE __ **

* ALWAYS MARK ALL THE FUNCTIONS NEEDED.

Authorized Set Up Activity _____ Request Drawdown _____ Approve Drawdown _____
Functions/ Local IDIS Administrator _____
Program Areas: CDBG _____ ESG _____ HOME _____ HOPWA _____

Note: Every IDIS user can view activities and get reports even if no other functions are authorized.

Authorized User's Signature and Date: _____ Date _____

Field Office Approval (CPD Director or Designee): _____ Date _____

(NOTE: You can't authorize yourself, only your CEO or "grant holder" can.)
I authorize the person above to access IDIS, with the functions checked.
(Typed please)

Notary (signature and date): _____

Approved by: Name _____

Title _____

Office Phone: (_____) _____

Office Address: (Street, City, State, Zip)

Approving Official's Signature and Date:

** Approval of State Subgrantee Request - CPD State Coordinator or State Official name, signature, and date:

Name: _____ Signature: _____ Date: _____