

IDIS OnLine Access Request Instructions

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

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 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. 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.

GRANTEE & REQUESTOR INFORMATION

This section of the form is to be completed by the requestor or grantee's Chief Executive Officer or Designee. Complete all information accurately and in its entirety to prevent delay in processing, such as Grantee Name in IDIS and Requestor's E-mail Address.

NOTE: If no functions or programs are requested, a new requestor will be given rights to view activities and generate reports. Requestors cannot authorize themselves, only the Chief Executive Officer or Designee can authorize.

GRANTEE & REQUESTOR INFORMATION

REQUEST TYPE	Role to be Performed by Headquarters	Role to be Performed by Field or Local IDIS Administrator
	New Request <input type="checkbox"/>	Drop from IDIS <input type="checkbox"/>
	Renew Lapsed ID <input type="checkbox"/>	Change Function or Program Area <input type="checkbox"/>
	Change Name <input type="checkbox"/>	Add Access for Another Grantee <input type="checkbox"/>
Last 5 Digits of the Social Security Number (SSN): [][][][][]		
Requestor's Name (Last, First, MI):		E-mail Address:
Office Address:		Office Phone: ext.:
Grantee Name in IDIS:		GRANTEE TYPE
		City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sub Grantee* <input type="checkbox"/>
DUNS#: [][][]-[][][]-[][][][][][][][][][]		
Please Mark All Necessary Functions & Programs		
Authorized Functions	Set Up Activity <input type="checkbox"/>	Request Drawdown <input type="checkbox"/>
	Approve Drawdown <input type="checkbox"/>	Local IDIS Administrator <input type="checkbox"/>
Program Areas	CDBG <input type="checkbox"/> HOME <input type="checkbox"/> ESG <input type="checkbox"/> HOPWA <input type="checkbox"/>	CDBG-R <input type="checkbox"/> HESG <input type="checkbox"/> HPRP <input type="checkbox"/> HOPWA-C <input type="checkbox"/> Other <input type="checkbox"/>
<small>*Approval of State Sub Grantee Request – CPD State Coordinator or State Official name, signature and date:</small>		
Name:		Signature: Date:
Modules	Con Plan: Create/Edit/Submit <input type="checkbox"/> Edit <input type="checkbox"/> View <input type="checkbox"/>	
	Capex: Create/Edit/Submit <input type="checkbox"/> Edit <input type="checkbox"/> View <input type="checkbox"/>	
	EMIS: Responsible Entity (RE) <input type="checkbox"/> Non-Responsible Entity (Non-RE) <input type="checkbox"/>	

GRANTEE APPROVING OFFICIAL

The Approving Official's signature must be notarized. Once completed, send the notarized form to your local HUD CPD Field Office.

GRANTEE APPROVING OFFICIAL

Approving Official's Name: _____

Title: _____

Office Phone: _____ ext: _____

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

Signature: _____ Date: _____

I authorize the person above to have access to IDIS functions checked.

NOTARY

Date: _____

(signature) _____

SEAL

MUST BE NOTARIZED

HUD FIELD OFFICES ONLY

Verify that all information has been completed accurately and sign.

HUD FIELD OFFICES ONLY

Field Office Approval (CPD Director or Designee)

Name: _____ Signature: _____ Date: _____

For more detailed information on how to obtain an IDIS OnLine account, technical assistance and password reset, go to <http://www.hud.gov/office/cpd/systems/idis/idis.cfm> HUD Form 27055 (10/10)
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

NOTE: Forms will not be processed without the Field Office Approval (CPD Director or Designee) signature.

Once approved, scan and email the notarized form to IDISUseridRequests@hud.gov. Subject of email should include the Grantee Name in IDIS and the Requestor's Name.

For more detailed information on how to obtain an IDIS OnLine account, technical assistance and password reset, go to <http://www.hud.gov/office/cpd/systems/idis/idis.cfm>

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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Requestor's Name (Last, First, MI):		E-mail Address:
Office Address:		Office Phone: ext.:
Grantee Name in IDIS:		GRANTEE TYPE City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sub Grantee* <input type="checkbox"/>
DUNS#: [][]-[][][]-[][][][]-[][][][][]		
Please Mark All Necessary Functions & Programs		
Authorized Functions	Set Up Activity <input type="checkbox"/> Approve Drawdown <input type="checkbox"/>	Request Drawdown <input type="checkbox"/> Local IDIS Administrator <input type="checkbox"/>
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*Approval of State Sub Grantee Request – CPD State Coordinator or State Official name, signature and date:		
Name: _____		Signature: _____ Date: _____
Modules	Con Plan: Create/Edit/Submit <input type="checkbox"/> Edit <input type="checkbox"/> View <input type="checkbox"/> Capex: Create/Edit/Submit <input type="checkbox"/> Edit <input type="checkbox"/> View <input type="checkbox"/> EMIS: Responsible Entity (RE) <input type="checkbox"/> Non-Responsible Entity (Non-RE) <input type="checkbox"/>	

GRANTEE APPROVING OFFICIAL

Approving Official's Name: _____

Title: _____

Office Phone: _____ ext.: _____

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

Signature: _____ Date: _____

I authorize the person above to have access to IDIS functions checked.

NOTARY

Date: _____

Signature _____

SEAL

HUD FIELD OFFICES ONLY

Field Office Approval (CPD Director or Designee)

Name: _____ Signature: _____ Date: _____