

### EGMS ACCESS REQUEST FORM

Please use this form to request or change user access permissions for the Oregon Department of Education’s E-Grant Management System (EGMS) web portal: <https://district.ode.state.or.us/home/> or to make subgrant contact changes.

**ORGANIZATION INFORMATION**

Organization Name \_\_\_\_\_ ODE Institution ID (usually 4 digits) \_\_\_\_\_  
 Organization Address \_\_\_\_\_ Organization Phone \_\_\_\_\_  
 Name/Email of Person Completing Form \_\_\_\_\_

**You cannot grant yourself Claim Administrator rights**—the form must be signed by your Superintendent/Agency Head/Director or a member of your Board of Directors---it may not be signed by the Claim Administrator requesting access.

AUTHORIZING SIGNATURE	NAME (PRINTED)	TITLE	DATE

**CA=CLAIM ADMINISTRATOR** (This signed form grants the person(s) below the authority to request subgrant reimbursements (enter claims) in EGMS for your organization. The Claim Administrator’s login ID will be attached to each claim for audit purposes.)

**RO=READ-ONLY** (This signed form grants the person(s) below the authority to view your organization’s subgrants in EGMS.)

**DE1=CURRENT STAFF MEMBER NO LONGER NEEDS EGMS** (This current employee may still need to be in ODE’s other databases for other reasons but they don’t need EGMS access anymore.)

**DE2=FORMER STAFF MEMBER NO LONGER NEEDS EGMS** (This former employee no longer needs EGMS access.)

**SCO=SUBGRANT CONTACT ONLY** (This person can be listed as a subgrant contact but doesn’t need a user login.)

	USER FIRST NAME/LAST NAME	TITLE	EMAIL	PHONE
1				
	<input type="checkbox"/> CA <input type="checkbox"/> RO <input type="checkbox"/> DE1 <input type="checkbox"/> DE2 <input type="checkbox"/> SCO <input type="checkbox"/> Please replace _____ on subgrants with the person above			
2				
	<input type="checkbox"/> CA <input type="checkbox"/> RO <input type="checkbox"/> DE1 <input type="checkbox"/> DE2 <input type="checkbox"/> SCO <input type="checkbox"/> Please replace _____ on subgrants with the person above			
3				
	<input type="checkbox"/> CA <input type="checkbox"/> RO <input type="checkbox"/> DE1 <input type="checkbox"/> DE2 <input type="checkbox"/> SCO <input type="checkbox"/> Please replace _____ on subgrants with the person above			
4				
	<input type="checkbox"/> CA <input type="checkbox"/> RO <input type="checkbox"/> DE1 <input type="checkbox"/> DE2 <input type="checkbox"/> SCO <input type="checkbox"/> Please replace _____ on subgrants with the person above			
5				
	<input type="checkbox"/> CA <input type="checkbox"/> RO <input type="checkbox"/> DE1 <input type="checkbox"/> DE2 <input type="checkbox"/> SCO <input type="checkbox"/> Please replace _____ on subgrants with the person above			
6				
	<input type="checkbox"/> CA <input type="checkbox"/> RO <input type="checkbox"/> DE1 <input type="checkbox"/> DE2 <input type="checkbox"/> SCO <input type="checkbox"/> Please replace _____ on subgrants with the person above			

INTERNAL USE ONLY					
1	<input type="checkbox"/> IMS	<input type="checkbox"/> Web UN _____	<input type="checkbox"/> ODEX	<input type="checkbox"/> Subgrant Changes	<input type="checkbox"/> Email Sent _____
2	<input type="checkbox"/> IMS	<input type="checkbox"/> Web UN _____	<input type="checkbox"/> ODEX	<input type="checkbox"/> Subgrant Changes	<input type="checkbox"/> Email Sent _____
3	<input type="checkbox"/> IMS	<input type="checkbox"/> Web UN _____	<input type="checkbox"/> ODEX	<input type="checkbox"/> Subgrant Changes	<input type="checkbox"/> Email Sent _____
4	<input type="checkbox"/> IMS	<input type="checkbox"/> Web UN _____	<input type="checkbox"/> ODEX	<input type="checkbox"/> Subgrant Changes	<input type="checkbox"/> Email Sent _____
5	<input type="checkbox"/> IMS	<input type="checkbox"/> Web UN _____	<input type="checkbox"/> ODEX	<input type="checkbox"/> Subgrant Changes	<input type="checkbox"/> Email Sent _____
6	<input type="checkbox"/> IMS	<input type="checkbox"/> Web UN _____	<input type="checkbox"/> ODEX	<input type="checkbox"/> Subgrant Changes	<input type="checkbox"/> Email Sent _____

RETURN SCAN OF COMPLETED, SIGNED FORM TO [ODE.EGMS@STATE.OR.US](mailto:ODE.EGMS@STATE.OR.US) FOR PROCESSING