

IDIS OnLine Access Request

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

REQUEST TYPE	Role to be Performed by Headquarters	Role to be Performed by Field or Local IDIS Administrator
	New Request <input type="checkbox"/> Renew Lapsed ID <input type="checkbox"/> Change Name <input type="checkbox"/> Add Access for Another Grantee <input type="checkbox"/>	Drop from IDIS <input type="checkbox"/> Change Function or Program Area <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"/>
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"/>
Program Areas	CDBG <input type="checkbox"/> HOME <input type="checkbox"/> ESG <input type="checkbox"/> HOPWA <input type="checkbox"/> HESG <input type="checkbox"/> HOPWA-C <input type="checkbox"/> Other <input type="checkbox"/>	If other, please specify name of program _____
*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"/> Caper: Create/Edit/Submit <input type="checkbox"/> Edit <input type="checkbox"/> View <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: _____