

IDIS Access Request

OMB Approval No. 2506-0171 (exp. mm/dd/yyyy)

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.**

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.

Action

New Request Renew Lapsed ID Drop From IDIS
Add Access To Another Grantee Change Name/Functions/Grantee

Information

| | |
|---|---|
| Authorized User's Name (Last, First, MI): | E-mail Address: |
| Social Security Number (SSN): | Office Phone: |
| Office Address: | CPD Use: UOG Code: |
| Grantee Organization's Name: | I am with a: City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Sub Grantee <input type="checkbox"/> * |

Please Mark All Necessary Functions:

Authorized Functions Set Up Activity Request Drawdown
Approve Drawdown Local IDIS Administrator

Program Areas CDBG HOME ESG HOPWA

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

Authorization

Authorized User's Signature _____ Date _____

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

(NOTE: You can't authorize yourself, only your CEO or "grant holder" can.) Notary (signature and date):

I authorize the person above to access IDIS, with the functions checked. (Typed please)

Approved by: Name: _____ Office Phone: () - ext. _____

Title: _____

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

Approving Official's Signature _____ Date: _____

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

Name: _____ Signature: _____ Date: _____

Public reporting burden for this collection of information is estimated to average 30 minutes. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to provide access to HUD's Integrated Disbursement and Information System and will be used to track program performance. Response to this request for information is required in order to receive the benefits to be derived. No assurance of confidentiality is provided. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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)