Development Information Solution
System Access Request Form

Privacy Act Statement

AUTHORITY: Foreign Assistance Act (as amended), Foreign Affairs Reform and Restructuring Act, Executive Order 12163

PURPOSE: To allow the Agency to collect information from prospective DIS users for provisioning them in DIS and giving access to DIS. Users need access to DIS to manage the Agency's portfolio, budget planning, performance management, and procurement planning.

ROUTINE USES: Information collected is not shared outside of USAID.

DISCLOSURE: Disclosure of this information to USAID is voluntary. However, failure to provide information requested could result in a request for access being denied and the inability of the Agency to provide the user with an user account.

1. Type of Request		2. Date *(YYYYMMDD)*	3. Access Requested for Bureau/Mission/Independent Office (B/M/IO)
☐ Initial Request	☐ Modification		

4. Designation of USER

☐ **USAID Workforce User** – *includes users who have an active USAID badge. Please fill out SECTION 1 and proceed to SECTION 3*

☐ **Implementing Partner User** – *includes users from implementing entities such as contractors, grantees, host government, or public international organizations. Please fill out SECTION 2 and proceed to SECTION 3*

SECTION 1 – USAID WORKFORCE USER INFORMATION

5. Name (Last, First, Middle Initial)	6. Work Telephone Number

7. Bureau/Mission/Independent Office	8. USAID Email Address

9. USAID Role(s) and Privileges Requested

☐ Operating Unit (OU) Activity Manager
    ☐ M&E
☐ OU Manager
    ☐ A&A Plan Edit
    ☐ A&A Plan Publish
    ☐ Budget Monitoring and Planning
    ☐ M&E
☐ OU Viewer
    ☐ A&A Plan
    ☐ M&E

☐ OU Project Manager
    ☐ M&E
☐ GIS Specialist
    ☐ M&E
☐ Operating Unit (OU) System Manager
    ☐ M&E
☐ Enterprise Administrator   (Washington based only)
☐ Application Administrator   (Washington based only)
☐ Enterprise Viewer   (Washington based only)
☐ Developer   (Washington based only)

10. Justification for role(s) and privilege(s)

ENDORSEMENT OF ACCESS BY USER'S SUPERVISOR

11. Supervisor Name	12. Supervisor Signature	13. Date *(YYYYMMDD)*

14. Supervisor's Bureau/Mission/Independent Office	15. Supervisor's Email Address	16. Supervisor's Telephone Number

SECTION 2 – IMPLEMENTING PARTNER USER INFORMATION	
17. Name (Last, First, Middle Initial)	18. Contact Telephone Number
19. Name of Implementing Partner Organization	20. Login.gov Username (address used for Login.gov access)
21. Award Number	22. Award Expiration Date (YYYYMMDD)
23. Access to Activities Requested	

ENDORSEMENT OF ACCESS BY USER'S GOVERNMENT SPONSOR

24. A/COR Name	25. A/COR Signature	26. Date *(YYYYMMDD)*
27. A/COR's Bureau/Office/Division	28. A/COR's email address	29. A/COR's Telephone Number

SECTION 3 – USER ACKNOWLEDGEMENT	

30. Rules of Behavior

- ***Reminder for USAID Workforce Users*** *– all Rules of Behavior for Users as documented in the Agency's Rules of Behavior for Users* ADS 545mbd *are applicable.*
- *Additionally, the following Rules of Behavior are applicable for all DIS Users:*

1. The USER agrees to abide by all USAID policies, procedures, and guidelines (including ADS 502, 503,505-508, 509, 510, 511, 516, 541, 545, 547, 549, 550-551, 578, 579) to protect USAID computer systems and data from misuse, abuse, loss, or unauthorized access.
2. The USER agrees to collect, process, and share only unclassified information on DIS.
3. The USER agrees to sign out of DIS at any time the USER's terminal will be unattended by the USER (even for only a moment).
4. The USER agrees to give immediate notification to the DIS Help Desk when there is a change in their employment status or change in job responsibilities affecting their DIS access.
5. The USER agrees to access only those roles within DIS for which access authorization by USAID was granted.

31. Training and Awareness Requirement

☐ I have completed or will complete the required ongoing DIS user training

32. User Signature	33. Date *(YYYYMMDD)*

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Instructions	
(1) Type of Request: Initial request or a change of existing access	(21) Award Number. Award number of the contract or grant of the Implementing Partner. In case of agreements, list agreement number.
(2) Date: Date when the request is made	
(3) Access Requested for Mission: Name of Mission for which the user is requesting access. Use one form per Mission, unless similar access is requested for multiple Missions.	(22) Award Expiration Date: End date of the Implementing Partner's award
(4) Designation of USER: Choose one of the options depending on user designation – USAID users check the first box and follow instructions; Implementing Partners check the second box and follow the instructions. Limit choice to only one box.	(23) Access to Activities: Names of Mission activities for which the user is requesting access.
	Endorsement of access by User's Government Sponsor: Typically, the AOR or COR provides this endorsement.
SECTION 1: The following information is provided by USAID user.	(24) AOR's or COR's Name
	(25) AOR's or COR's Signature to confirm endorsement.
(5) Name: Last name, first name, and middle initial of the user.	(26) Date. Date AOR or COR signs the form
(6) Contact telephone number of the user	(27) AOR's or COR's Bureau/Office/Division
(7) Bureau/Office/Division where the user belongs to	(28) AOR's or COR's email address
(8) USAID email Address. The user's official e-mail address.	(29) AOR's or COR's telephone number if needed for clarification
(9a) Roles and Privileges requested by the user	
(10) Justification. A brief statement is required to justify establishment of initial user access. Provide appropriate information if the user access is modified.	**SECTION 3:** User acknowledgement of Rules of Behavior and Training requirements
Endorsement by Supervisor or Sponsor: Official who endorses user's access to the Mission's data.	(30) Rules of behavior – Users are expected to read and acknowledge the documented rules of behavior.
(11) Supervisor Name	(31) Training and Awareness Requirements. User must indicate if he/she has completed the required DIS training.
(12) Supervisor's Signature to confirm endorsement.	(32) User Signature. By signing, the requestor understands that they are responsible and accountable for their access to the system.
(13) Date. Date supervisor or sponsor signs the form	
(14) Supervisor's Bureau/Office/Division. Supervisor's Bureau, Office, Division (i.e. M/CIO)	(33) Date when the user signs the form.
(15) Supervisor's email address	
(16) Supervisor's contact telephone number if needed for clarification	
SECTION 2: The following information is provided by Implementing Partner user. One form per user per Mission	
(17) Name. The last name, first name, and middle initial of the user.	
(18) Contact telephone number of the user	
(19) Name of the Implementing Partner Organization. The user's organization for whose work the access is to be granted.	
(20) Login.gov Username: username used by the user to obtain login.gov access credentials. Partner users *MUST* provide the same email as used for login.gov	

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