

Community Development Finance Authority Grants Management System (GMS) Account Access Form

GMS User Information Grant Writer/ Administrator, Auditor, Representative	Applicant Organization Information CDBG- Municipality or County Name Clean Energy Fund- Business Name Tax Credit- Tax Credit Org. Name Other – Org Name
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

GMS Access Roles Requested (Please check all that apply.)			
Is this request for a change to an existing account or for the creation of a new account?	Existing <input type="checkbox"/>	New <input type="checkbox"/>	
Administrator <input type="checkbox"/>	Grant Writer <input type="checkbox"/>	Viewer <input type="checkbox"/>	

The GMS User must have permission from the Applicant Organization to be associated with that organization within CDFA's Grants Management System. Permission is indicated by signature of the Authorized Official (AO) or CEO of the Organization.

Applicant Organization Signature (The applicant's signature is required.)	
By signing this document, I give permission for the above listed GMS User to be associated with my organization for the roles checked above. I understand that by granting this access, the above listed GMS User will have this access for all open grants associated with my organization.	
AO/CEO Signature: _____	Date: _____
Title: _____	

Please return this form to CDFA
Email completed form to: jmatthews@nhcdfa.org, mlackey@nhcdfa.org or mquinn@nhcdfa.org

Once CDFA receives authorization, the accounts listed above will be associated. All parties listed must be registered GMS users before any associations can be made. Please allow three business days for account creation. Direct any questions regarding your application to Jacqueline Matthews at 603-717-9109, Missy Lackey at 603-717-9104 or Maureen Quinn at 603-717-9124.

For CDFA Information Technology Use Only			
Accounts created by: _____	Date: _____	Time: _____	
Notification given by: _____	Date: _____	Time: _____	