Local Programs Management System Access Authorization Form

Access to The Local Programs Management System requires a Username and Password. Please complete Sections 1 - 3 of this form to set up access to manage local projects. The completed form should be sent to the LPMO Security Coordinator at LPMO@ncdot.gov.

Section 1 – Applicant Information

First: _____   Last: _____

Title: _____   Email: _____

Telephone:_____   Fax: _____

Agency Name: (LGA/MPO/RPO): _____

Agency Physical Address: _____

Agency Remittance Address: _____

*Note: Remittance address is the **official location for payments**. Invoices and backup documentation will need to match the remittance address. Error in identifying the correct location will result in delayed payments.*

Section 2 – Current Users Only

> *If you are a* <u>Current User</u> *of the NCDOT GRANTS System (Powell Bill, GHSP, PTD, etc.)**, please enter your Username or NCID:*

Username: _____ or **NCID: _____**

Section 3 – Access Request Information

☐ ALL ROLES (includes the following):

- o Submit PID Application (*allows you to request an agreement*)
- o View Agreement & Submit Documentation (e.g. Plans & Specifications, Cost Proposals)
- o Create/Submit Reimbursement Request/Claims
- o Create/Submit Change Request (Amendment/Revision) (*used to request funding authorizations or a supplemental agreement*)

☐ Display/View Roles Only (*for staff who do not need to submit documents and only want to review information available. This role will not allow any workflow activities*)

I certify the information above is accurate, and I am the authorized person to perform the duties listed:

Print Name:_____

Signature: _____

I approve the above staff member to have access to the Local Project System on behalf of our Agency:

Authorized Official Signature:

Section 4 - For LPMO Use Only

SAP Vendor Number: _____   Business Partner: _____