

Local Programs Management System Access Authorization Form

The new Local Programs Management System requires a User ID and Password for access in the system. Complete Sections 1 -3 for a User ID and password, if you are going to perform work within the System (i.e. submit a PID application, submit a Reimbursement claim, request changes to an agreement, or view documentation). Scan, attach and email the form to the LPMO Security Coordinator at LPMO@ncdot.gov.

Section 1 – User ID Information

First: _____ Last: _____

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

Agency Address: _____

Title: _____ Email: _____

Telephone: (____) _____ Fax: (____) _____

Remittance Address: _____

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

Section 2 – Username or Secure 8-Digit Number

Username: _____. If you are a Current User of the NCDOT GRANTS System (Powell Bill, GHSP, PTD, etc.) enter your username. There is no need to create a Secure 8-digit number below.

Secure 8-digit number: _____. If you are a New User, you must create an 8-digit #. We recommend using the last 4 digits of your SSN & birthday (MMDD). If you forget your password, you will need this 8-digit # to retrieve your information. Once cleared, you will receive an email with your personal User ID and a temporary password. You must create a new password prior to logging into the Grants System for the first time.

Section 3 – Access Request Information

- Submit PID Application (*allows you to request an agreement*)
- View Agreement & Submit Documentation (ex: Plans & Specifications, Cost Proposals)
- Create/Submit Reimbursement Request/Claims (*this may be a finance officer role only*)
- Create/Submit Change Request (Amendment/Revision) (*used to request funding authorizations or a supplemental agreement*)
- Display/View Application, Agreement, Documents, Reimbursement Claims & Change Requests (*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 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 Municipality:

Authorized Official Signature: _____

Section 4 - For LPMO Use Only

SAP Vendor Number: _____ Business Partner: _____