

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

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

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.

Secure 8-digit number: _____.

Section 3 – Access Request Information

- ALL ROLES (includes the following):
- Submit PID Application (*allows you to request an agreement*)
 - View Agreement & Submit Documentation (ex: Plans & Specifications, Cost Proposals)
 - Create/Submit Reimbursement Request/Claims
 - 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 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: _____