



Pennsylvania Commission on Crime and Delinquency  
**Egrants Agency Registration Request Form**

**This form must be completed and emailed to PCCD if your agency has never applied for a grant via PCCD's Egrants system.**

Please type or print. All fields and questions MUST be completed unless otherwise noted.

Complete Legal Agency Name	
Agency Federal ID Number	
Preferred Contact Method <i>(check only one)</i>	<input type="checkbox"/> Agency Email <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Postal mail <input type="checkbox"/> Work phone <input type="checkbox"/> Home phone
Agency Type <i>(check only one)</i>	<input type="checkbox"/> Audit Firm <input type="checkbox"/> Education (Not SSHE) <input type="checkbox"/> For Profit <input type="checkbox"/> Government <input type="checkbox"/> Hospital (Not Gov or Higher Ed) <input type="checkbox"/> Non Profit <input type="checkbox"/> State Agency <input type="checkbox"/> State System of Higher Ed
DUNS Number <i>(if available)</i>	
Is yours a Faith-Based Agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I choose to not answer
If Police Department, provide ORI	
Agency Email Address	
Agency Fiscal Year End Date	
US Congressional District <i>(Ex. PA10)</i>	
Agency Address Line 1	
Agency Address Line 2	
City, State	
Zip and Zip Plus 4 <i>(Ex. 17011-2318)</i>	
Agency Fiscal Year End Date	
Agency Phone Number	
Agency Fax Number	
Agency County	
<b>Enter User Manager Info. Below:</b>	See Page 2 for information on User Manager Role.
First and Last Name	
Keystone Login User Name	
Email Address	

When fully completed, submit this form to PCCD Egrants Support by email to RA-eGrantsSupport@pa.gov.

If you have any questions regarding this form, please contact the PCCD Egrants Help Desk by calling (717) 787-5887 or by emailing RA-eGrantsSupport@pa.gov.

By typing my name in the signature field below, I affirm that, for the agency listed above, I am authorized to register the agency in PCCD's Egrants system and grant security access in PCCD's Egrants system to the person listed as the User Manager on this form.

Printed Name of Authorized Official	Signature
Title of Authorized Official	Date

**For PCCD use only:**

Date Received	Verification (if necessary)	Date Agency Registered	Agency Registered By
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