



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
Unique Entity Identifier (UEI)	
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 Phone Number	
Agency Fax Number	
Agency County	
Enter User Manager Info. Below:	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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