



Montana
Office of Public Instruction
 Denise Juneau, State Superintendent

opi.mt.gov

Local Education Agency (LEA) E-Grants Security Assignments

(Includes school districts, special education cooperatives, and community-based organizations)

This form is to be completed by the LEA Authorized Representative (AR) to:

- Set up initial user accounts,
- Assign/reassign role(s) to individuals who will access the E-Grants system on behalf of the LEA, and/or
- Inactivate a user's account.

The AR may submit the form electronically to egrants@mt.gov (preferred), by fax (406-444-1369) or by mail to PO Box 202501, Helena, MT, 59620-2501. If you have questions regarding this form, send an e-mail to egrants@mt.gov.

Note: All security assignment remain in effect until the OPI receives notice of a change.

LEA/Organization Name(s) _____

LE Number(s) _____

Section 1: Request to ADD a User

Step 1: Enter User Information

Name _____ Email Address _____

Contact Phone Number _____

Step 2: Select Role Requested (select one only)

- LEA Authorized Representative (AR)
- LEA Business Manager
- LEA Data Entry
- LEA Financial Data Entry

Section 2: Request to REMOVE a User from LEA(s)/Organization(s) listed above

Step 1: Enter User Information

Name _____ Email Address _____

Section 3: Authorized Representative Signature Required

With my signature below, I certify the accuracy of the information submitted on this form.

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____