MDOT GRANT SYSTEM (MGS) ACCESS REQUEST FORM

SECTION 1 USER					
STATE EMPLOYEE	CONTRACTOR		OTHER:		
LAST NAME			FIRST NAME		
WORK ADDRESS					
USER E-MAIL ADDRESS		INFO	RMATION TECHNOLOGY (IT) APPLICATION OR SYSTEM NAME MDOT Grant System		
SECTION 2 ADD ROLE(S)					
ACCESS/ADD RIGHTS	GRANT PROGRAMS		LIST BUSINESS JUSTIFICATION/NEED FOR ACCESS		
READ ONLY	Transportation Alternatives Program (TAP)				
TECH REVIEWER	Transportation Economic Development Fund: Category A (TEDA)				
GRANT ADMIN	Transportation Economic Development Fund: Category B (TEDB)				
OTHER	Transportation Economic Development Fund: Category F (TEDF)				
	OTHER				
SECTION 3 REMOVE ROLE(S)					
ACCESS CHANGE	LIST BUSINESS JUSTIFICATION				
REMOVE ROLE					
ADDITIONAL NOTES					

APPROVALS			
REQUESTER'S NAME	SIGNATURE	DATE	
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SUPERVISOR/MANAGER NAME	SIGNATURE	DATE	
GRANT PROGRAM MANAGER'S NAME	CICNATURE	DATE	
GRANT PROGRAM MANAGER S NAME	SIGNATURE	DATE	
SYSTEM ADMINISTRATOR NAME	SIGNATURE	DATE	