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| **TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  **Community Affairs Contract System Access Request Form for**  **Emergency Solutions Grants or Homeless Housing and Services Program** | |
| ESG  HHSP | |
|  | |
| **SUBRECIPIENT AGENCY INFORMATION** | |
| Name: | Vendor Number/Tax ID: |
| Physical Address: | Fiscal Year Start: |
| Mailing Address: | Fiscal Year End: |
| City: | Phone: |
| Zip: | Fax: |
| Contract Number (if known): | |
|  | |
| **CONTRACT EXECUTION**  List the individual (Executive Director) authorized to execute a contract on behalf of the Subrecipient. | |
| Name: | Email: |
| Title: | Phone: |
| Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: |

**Data Entry and Approval Authorizations**

List the individuals and indicate if they are authorized for data entry, report approval, or if the access should be removed. Report approvers are responsible for the accuracy of the data reported.

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| **Contact 1**  Name:  Title:  Email:  Phone:  Signature:  **[TDHCA Use Only] User ID:** | Contract Reporting Data Entry |
| Performance Report Approver |
| Expenditure Report Approver |
| Other (Specify:      ) |
| **Remove Access** |

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| **Contact 2**  Name:  Title:  Email:  Phone:  Signature:  **[TDHCA Use Only] User ID:** | Contract Reporting Data Entry |
| Performance Report Approver |
| Expenditure Report Approver |
| Other (Specify:      ) |
| **Remove Access** |

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| **Contact 3**  Name:  Title:  Email:  Phone:  Signature:  **[TDHCA Use Only] User ID:** | Contract Reporting Data Entry |
| Performance Report Approver |
| Expenditure Report Approver |
| Other (Specify:      ) |
| **Remove Access** |

**Please Note:** TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Passwords are confidential and should not be shared with anyone.

**Email completed forms to:** [**esg@tdhca.state.tx.us**](mailto:esg@tdhca.state.tx.us) **or** [**hhsp@tdhca.state.tx.us**](mailto:hhsp@tdhca.state.tx.us)

**TDHCA Staff Signature:**

**Date Processed:**