



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

**This form must be completed and faxed or 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 Address Line 1	
Agency Address Line 2	
City, State, Zip+4 (plus 4 required)	
Agency Federal ID Number	
Agency Fiscal Year End Date	
Agency Phone Number	
Agency Fax Number	
US Congressional District (Ex. PA10)	
Agency County	
Name of person completing this form	
Contact Person's Phone Number	
Contact Person's Email Address	
DUNS Number (if available)	

When fully completed, submit this form to PCCD Egrants Support by FAX to (717) 783-7165 or by email to [RA-eGrantsSupport@pa.gov](mailto: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, in PA, dial toll-free (800) 692-7292 and ask for the Egrants Help Desk.

I hereby request the above agency be registered in Egrants in order to submit a concept paper and/or application to PCCD via PCCD's Egrants system:

\_\_\_\_\_  
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