



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 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
DUNS Number <i>(if available)</i>	
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 Fiscal Year End Date	
Agency Phone Number	
Agency Fax Number	
Agency County	
Name of person completing this form	
Contact Person's Phone Number	
Contact Person's Email Address	

When fully completed, submit this form to PCCD Egrants Support by FAX to (717) 783-7165 or 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, 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
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