**Applicant Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Access:** Consolidated Grant

Competitive Grant - Please List: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

Fill in the First and Last Name, and email address for the staff member(s) that you want in your LEA Bookkeeper role.

Please submit (fax/mail/or scan and email) the completed form to:

Darlena Schlachter

WDE GMS Security Administrator

2300 Capitol Avenue

Cheyenne, WY 82002

FAX: 307-777-7633

If you have questions or need assistance, please contact Darlena at 307-777-5315 or [darlena.schlachter@wyo.gov](mailto:darlena.schlachter@wyo.gov) .

**🡺 LEA Bookkeeper Role**

This individual is responsible for creating and submitting cash requests for draw down within the Wyoming Department of Education (WDE) Grants Management System. Only individuals identified by the LEA Superintendent or Certifying User will have this ability within the GMS.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email Address** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

My signature on this form authorizes the WDE GMS Security Administrator to assign the person(s) listed on this form as Bookkeeper.

***LEA Superintendent / Board Authorized Representative :***

# Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print) (mm/dd/yyyy)**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_