**Agency Information**

**Legal Name:** Click or tap here to enter text

**Primary Mailing Address:** Click or tap here to enter text

**TIN and/or EUI:** Click or tap here to enter text

**Requested Agiloft Provider Account Manager Information:**

**Full Name:** Click or tap here to enter text

**Role at Agency:** Click or tap here to enter text

**Email:** Click or tap here to enter text

NOTE: Agiloft accounts must be associated with an email address to which only a single individual has access. **Shared inboxes may not be used for fiscal and HIPAA compliance reasons**.

**Provider Account Manager’s Statement**

I, Name of Provider Account Manager, Title at Agency, claim the responsibilities of an Agiloft Provider Account Manager for Agency as named below:

* Create, modify, and deactivate Agiloft accounts for staff.
* Confirm that accounts are not being created with shared email addresses.
* Maintain the agency’s key information, documents, and physical location/office information.
* Full access to the Agency’s contract, funding application, and invoice records.

I understand that I am responsible for ensuring that Agency staff have a business need and necessary permissions to access the requested information and functionality prior to creating their Agiloft account. I understand that it is the Agency’s responsibility to follow its own data access and security policies.

|  |  |  |
| --- | --- | --- |
| **Signatures** (electronic signatures are accepted) | **Role** | **Date** |
|  | **Agiloft Provider Account Manager** | Click or tap here to enter text |
| Print name of Provider Account Manager |
|  | **Supervisor/ Manager** | Click or tap here to enter text |
| Print name of Supervisor/Manager |