

Community Portal Access Request Form

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|-----------------------|------------------------|---------------------------|
| Name of Organization: | Address: | City, State and Zip Code: |
| Website: | Phone Number: | Tax ID Number: |
| Primary Contact Name: | Primary Contact Email: | Primary Contact Title: |

Type(s) of access requested (select all that apply): Messaging RIO

Messaging - Select this option to send secure communications to FCDJFS.

RIO- Select this option to receive access to the Results, Innovations and Outcomes system for the purpose of applying for grants/bids released by FCDJFS. Please note: RIO is only visible to Community Portal Administrators; Tax ID number is required for RIO access.

Briefly describe how your organization will use the Community Portal:

Please complete for staff that will access the Community Portal

| First Name | Last Name | Title | Email* | Phone | Administrator? ** |
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* A valid organization e-mail address is preferred

** Administrators will distribute Community Portal IDs, submit new employees to FCDJFS, suspend employees and review employee activities within the portal. Please select no more than two administrators per agency.

Executive Director/CEO Signature: _____

Date: _____

Executive Director/CEO Name Printed (Include title if other than ED or CEO): _____