

**GCIMS Schedule A**

Departmental Computer Network / GCIMS Access Request for External User

The \_\_\_\_\_ hereby requests:  
Recipient Organization

New     Modification     Access Removal    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
yyyy    mm    dd

for Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Access Addition / Modification**

Name of application: Grants and Contributions Information Management System (GCIMS)

**Declaration of Recipient Organization:**

I acknowledge that our organization assumes full responsibility for the actions of the above named individual in regard to the access and use of \_\_\_\_\_'s Computer Network, GCIMS,  
Department Name  
 and all information contained therein, including any confidential or personal information. I also acknowledge that the individual above has been fully instructed in respect of purposes for which they may use the departmental Computer Network and the GCIMS and on the restrictions and limitations of use of GCIMS and the department's Computer Network, and that the department's Extranet Policy has been made available to them for review.

Level of Access (User Role) requested **Please check all required roles on the attached list.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Administrator / Senior Management    yyyy    mm    dd

**Declaration of the GCIMS User:**

I, \_\_\_\_\_, understand that if the Minister grants me access to the departmental Computer Network and the Grants and Contributions Information Management System (GCIMS), that I may use GCIMS and the department's Computer Network only for purposes specified to me by my organization, and that I must comply with the department's Extranet Policy.

I acknowledge that my role as \_\_\_\_\_ (Job Title), is the sole reason for my access to and use of information with the GCIMS.

Signature of GCIMS User: \_\_\_\_\_

**Approval of the Regional/Sector Coordinator:**

I do hereby acknowledge that I, \_\_\_\_\_, as the Regional/Sector Coordinator, do verify that the above mentioned user requires the access requested to perform his/her duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Regional/Sector Coordinator    yyyy    mm    dd

**Access Removal**

Please remove the above mentioned person's access to \_\_\_\_\_'s Computer  
Department Name  
 Network and the GCIMS application.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Administrator / Senior Management    yyyy    mm    dd

**Departmental Approval**

The above request is approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
GCIMS Administrator    yyyy    mm    dd

**Recipient Level Roles**

(Please Choose one role)

<b>Role Name</b>	<b>Role Description</b>	<b>Checkbox</b>
External Systems	EIS Access.	<input type="checkbox"/>
Recipient Administrator	Full Access to all recipient roles.	<input type="checkbox"/>
Recipient Arrangement	Provides access focusing on Arrangements, Adjustments and Reporting	<input type="checkbox"/>
Recipient Finance	Basic Access to view Finance	<input type="checkbox"/>
Recipient Funding	Provides access to view and submit Funding Requests.	<input type="checkbox"/>
Recipient Guaranteed Loan Application	Provides access to Guaranteed Loan Applications.	<input type="checkbox"/>
Recipient Program	Provides access with a focus on Reporting Status	<input type="checkbox"/>
Recipient System Reports	Provides access with a focus on Recipient System Reports.	<input type="checkbox"/>

**Program Service Area**

Individual Affairs	
Education	
Social Development	
Indian Government Support	
Community Infrastructure	
Other Program Reporting	
CIRNAC - Governance and Institutions of Government	
Land Management	
Economic Development	
CIRNAC - Treaties and Aboriginal Government	
CIRNAC - Implementation	
Urban Aboriginal Strategy	
CIRNAC - Northern Affairs	
Child and Family Services	
Health Promotion & Disease Prevention	
Health System Capacity	
Health System Transformation	
Primary Care	
Public Health Protection	
Supplementary Health Benefits	
Tripartite Health Governance	
NFR - Grant	