**Instructions:** Fill out user information, check role(s), obtain required signatures, & email to: ePlan.Help@tn.gov.

**Be sure to** **cc your supervisor who signed the form**.

***Each user will be automatically assigned the Statewide View Only role.***

**Name of User:** \_\_\_\_\_\_\_See page 2 for names, emails and roles needed **Office:** \_\_\_\_\_\_\_\_\_\_FPO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** (ePlan User ID)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: 7/11/2022

|  |  |
| --- | --- |
| X | Statewide **VIEW ONLY** access |
|  | **Approve LEA PLANS** - (CORE Offices) |
| APPLICATION | REIMBURSEMENT | ***Roles & Descriptions*** |
| INITIALREVIEWER | FINALAPPROVER | PROJECTAPPROVER |
|  *FPO* |
|  |  |  | Consolidated Application and ESSER Director |
|  |  |  | Monitoring Update |
|  |  |  | Student Support & Academic Achievement |
|  |  |  | Title III Immigrant (includes Immigrant Supplemental Funds) |
|  |  |  | Title IX McKinney-Vento |
| *College, Career & Technical Education* |
|  |  |  | CTE Perkins Basic |
|   |  |  | CTE Perkins Incentive |
|  |  |  | CTE Perkins Reserve |
| *Special Populations & Student Support* |
|  |  |  | 21st Century/LEAPS Grants (includes 21st Century Remaining Funds) |
|  |  |  | Coordinated School Health |
|  |  |  | Family Resource Centers  |
|  |  |  | IDEA Discretionary Grant (IDEA Discretionary Supplemental Funds) and other IDEA Grants |
|  |  |  | Safe Schools Grant |
|  |  |  | Voluntary Pre-K Grant (includes Preschool Expansion Funds) |
|  *Academic Strategy & Operations / Teachers & Leaders* |
|  |  |  | Charter Schools Facilities Grant Director |
|  |  |  | Charter Schools Grant (including Charter Dissemination Grant) |
|  |  |  | Diversity Innovation Grant |
|  |  |  | Individual Education Account |
|  |  |  | Principal Pipeline Partnership Grant |
|  *Office of School Improvement* |
|  |  |  | School Improvement Grant (including District Priority School) |
|  |  |  | School Level Improvement |
|  |  |  | ATSI/Focus Schools Grant |
|  |  |  | Priority School Planning |
|  |  |  | Priority School State Grant |
|  |  |  | Other OSI Grant (enter grant name) |
|  |  |  |  *Office of Finance* |
|  |  |  | Allocation Loader (*load and process allocations for funding)* |
|  |  |  | Grants Management User *(final approve reimbursement requests)* |
|  |  |  | State Funds Application *(review/approve state funds applications)* |

**ALL REQUIRED SIGNATURES ON THE 2ND PAGE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New User Signature Supervisor’s Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New User Title Supervisor’s Title**

NAME EMAIL ROLE

Erin Christian erin.christian@tn.gov Residential Mental Health Facilities Consultant

Jackie Jacobson Jackie.Jacobson@tn.gov Residential Mental Health Facilities Consultant

Scott Indermuehle scott.indermuehle@tn.gov Residential Mental Health Facilities Director