

**New York State Homes & Community Renewal
CDOL - Security Manager Designation Form**

Municipality/Organization Name:	
Mailing Address:	
Phone Number:	
Federal ID #:	

Security Manager Designation for Web-based Applications.

To submit an application for funding to the Office of Community Renewal (OCR) using the Community Development Online (CDOL) Application System, applicants must designate a Security Manager to authorize and monitor access to the System. Applicants may also designate a second Security Manager if you wish. The Security Manager's responsibilities include:

1. designating on-line those employees (System Users) who will be allowed access to the CDOL;
2. ensuring that each System User is assigned the appropriate permissions within the CDOL;
3. notifying System Users of their User IDs and initial passwords,
4. keeping the System User's information current;
5. resetting System User's passwords as necessary; and
6. inactivating System Users as necessary.

Security Manager 1 Information

Full Name	
Email Address	
Is this person authorized certify and submit Applications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Security Manager 2 Information

Full Name	
Email Address	
Is this person authorized certify and submit Applications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Certification:

I certify that I am authorized to file this Form with DHCR/HTFC on behalf of the corporation/municipality/ firm/person/ association/partnership, and to execute all necessary documents.

I certify that all of the data contained on this Form is true, complete and correct to the best of my knowledge and belief. I will report any changes or additions to the information provided in this Form and will furnish such further documentation or information as may be requested by DHCR/HTFC.

I further certify that I am authorized to designate the person(s) named in this Form as the Applicant's Security Manager(s) for the CDOL, and that it is my responsibility to notify DHCR/HTFC immediately if this person leaves the Applicant's employ.

Signature of certifying representative

Title

Date

Name

Email Address

Email completed form to: OCRInfo@nyshcr.org

Please add "CDOL Security Manager Request Form" in the subject line of the email

Once the form is processed the username and passwords will be emailed to the designated Security Managers.