



Reporting Portal Staff List | MHDC Special Projects

AGENCY NAME: _____

DATE: _____

This form will be used to establish user accounts for the SAFHR-HSED Reporting Portal. Each agency can designate no more than 5 staff members Reporting Portal access. Complete the fields below with your agencies' reporting staff.

REPORTING STAFF 1

First Name:	
Last Name:	
Email:	

REPORTING STAFF 2

First Name:	
Last Name:	
Email:	

REPORTING STAFF 3

First Name:	
Last Name:	
Email:	

REPORTING STAFF 4

First Name:	
Last Name:	
Email:	

REPORTING STAFF 5

First Name:	
Last Name:	
Email:	

By signing below, you are confirming that all reporting staff has watched the SAFHR-HSED Reporting Portal Training. The designated staff members are authorized to represent your agency in all matters related to demographic reporting as required by the United States Treasury.

Agency Representative Name

Agency Representative Signature