

# Authorized Program Contact (APC) Access Request Form

Complete the form below for all individuals that need access to the *Gateways Registry Director Portal* and/or the *ExceleRate Illinois Program Portal*. Please check the portal(s) to which you request access.

## PRIMARY AUTHORIZED PROGRAM CONTACT

Name \_\_\_\_\_ Registry Member ID\* \_\_\_\_\_

Program/Site Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

IDCFS License Number (if applicable) \_\_\_\_\_

ISBE Preschool for All Grantee ID (if applicable) \_\_\_\_\_

Requesting access to:     Gateways Registry Director Portal     ExceleRate Illinois Program Portal

## ADDITIONAL AUTHORIZED PROGRAM CONTACT(S)

Name	Registry Member ID*	Gateways Registry Director Portal	ExceleRate Illinois Program Portal
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

\*A Registry Member ID is required in order to access the Gateways Registry Director Portal. It is not required to access the ExceleRate Illinois Program Portal at this time.

By submitting this request, I agree that I am the primary administrative contact (e.g., director, owner, principal, etc.) for the above named program/site.

\_\_\_\_\_  
Signature of Primary Authorized Program Contact

\_\_\_\_\_  
Date

**To submit this request, please do one of the following:**

**MAIL:**  
1226 Towanda Plaza  
Bloomington, IL 61701

**FAX:**  
INCCRRA  
Attn: Access Request  
(309) 828-1808

**EMAIL:**  
Scan and email to [onlinehelp@inccrra.org](mailto:onlinehelp@inccrra.org)

