Michigan Electronic Grant System  
(MEGS)  
MEGS Security Authorization

District/Recipient Name: ____________________________________________________________

District/Recipient Code: ____________________________________________________________

Step 1. Designate the individual who will serve as the Authorized Official for your organization. This role includes the full use of MEGS, including the authority to assign secondary access to the MEGS system within your organization. Each organization may designate a maximum of two Authorized Officials. A separate form must be submitted for each Authorized Official.

Name ____________________________________________________________

Email Address _______________________________________________ Phone Number w/area code ______________________

If this name is a replacement for an existing Authorized Official, please complete the following:

Replacement for ____________________________________________________________

Previous Authorized Official should be classified as:

_____ No longer with organization  _____ A member of our organization, no longer an authorized official.

Step 2. To verify or create a MEIS Account, go to the following URL:  MEIS - https://mdoe.state.mi.us/MEIS/Login.aspx

2a. To verify an existing MEIS account, log into MEIS and ensure the account is still valid.

2b. To create a new MEIS account, click on the Create New Account link and follow instructions.

Step 3. Enter MEIS Account of the Authorized Official:

MEIS Account: A _______________ __________________________________________

Step 4. Authorized Official Acknowledgement:

I agree to protect my user identification and password from unauthorized use. I understand all activity under my user ID is my responsibility.

Signature of Designated Authorized Official ___________________________ Date ______________________

Step 5. Superintendent or Chief Operating Officer:

I attest that the above named individual is authorized to initiate and electronically submit applications to the Michigan Department of Education and to designate other individuals within the organization to read, create and edit grant applications.

Name of Organization ___________________________________________ Date ______________________

Signature of the Superintendent/Chief Operating Officer*  Printed Name of the Superintendent/Chief Operating Officer

Step 6. Forward to MDE: Grants Coordination and School Support, Fax Number (517) 241-0496 or mail to Michigan Department of Education, Grants Coordination & School Support, P.O. Box 30008, Lansing, Michigan 48909. Questions may be directed to (517) 241-5386 or MEGS@michigan.gov

*For Public School Academies, this signature needs to be the school board president.