

<p>1. Print or Type 2. Sign where applicable and return both sides of form to:</p> <p>DFA/MMRS Regions Plaza 210 East Capitol St, Suite 1400 Jackson, MS 39201 Fax: (601) 359-6551</p> <p>MASH@dfa.state.ms.us</p>	Agency Name:	Agency Phone:
	Agency Address:	
<p>SAAS/ MATA Agency Contracts / Grants/PayMode/ WebProcure</p>	Primary Contact – Add / Change / Delete	Backup Contact – Add / Change / Delete
	Name:	Name:
	Email:	Email:
	Phone:	Phone:
	Contact Signature:	Contact Signature:
<p>SPAHRS/ MATA Agency Contracts / NeoGov/ MELMS</p>	Primary Contact – Add / Change / Delete	Backup Contact – Add / Change / Delete
	Name:	Name:
	Email:	Email:
	Phone:	Phone:
	Contact Signature:	Contact Signature:
MERLIN	<p>MERLIN Agency/User Information can be requested or updated online at: https://merlin.state.ms.us/merlinwk/MERLINSi.nsf?OpenDatabase</p>	
<p>ACE Agency Administrator</p>	Primary Contact – Add / Change / Delete	Backup Contact – Add / Change / Delete
	Name:	Name:
	Email:	Email:
	Phone:	Phone:
	Contact Signature:	Contact Signature:

Asset Management (Protégé)	Contact information for agency property officers is maintained by the Office of the State Auditor.	
FMVIEW SAAS	Primary Contact – Add / Change / Delete	Backup Contact – Add / Change / Delete
	Name:	Name:
	Email:	Email:
	Phone:	Phone:
	Contact Signature:	Contact Signature:
FMVIEW SPAHRS	Primary Contact – Add / Change / Delete	Backup Contact – Add / Change / Delete
	Name:	Name:
	Email:	Email:
	Phone:	Phone:
	Contact Signature:	Contact Signature:
Agency Authorization	Agency Director's Name:	Email Address:
	By signing this form, I am authorizing the above named employees to be Security Contacts for the specified applications for this agency. I am aware of, and have read, the DFA Policy for Treatment of Social Security Numbers (SSNs) on the DFA website at http://www.dfa.state.ms.us/Content/AdminRules.htm . I agree to accept responsibility for the protection and use of SSNs by agency staff authorized by me, or my designee, and to abide by any amendments to this policy posted by DFA, via this website, to ensure the privacy and confidentiality of SSN information as required by law.	
	Agency Director Sign Here:	