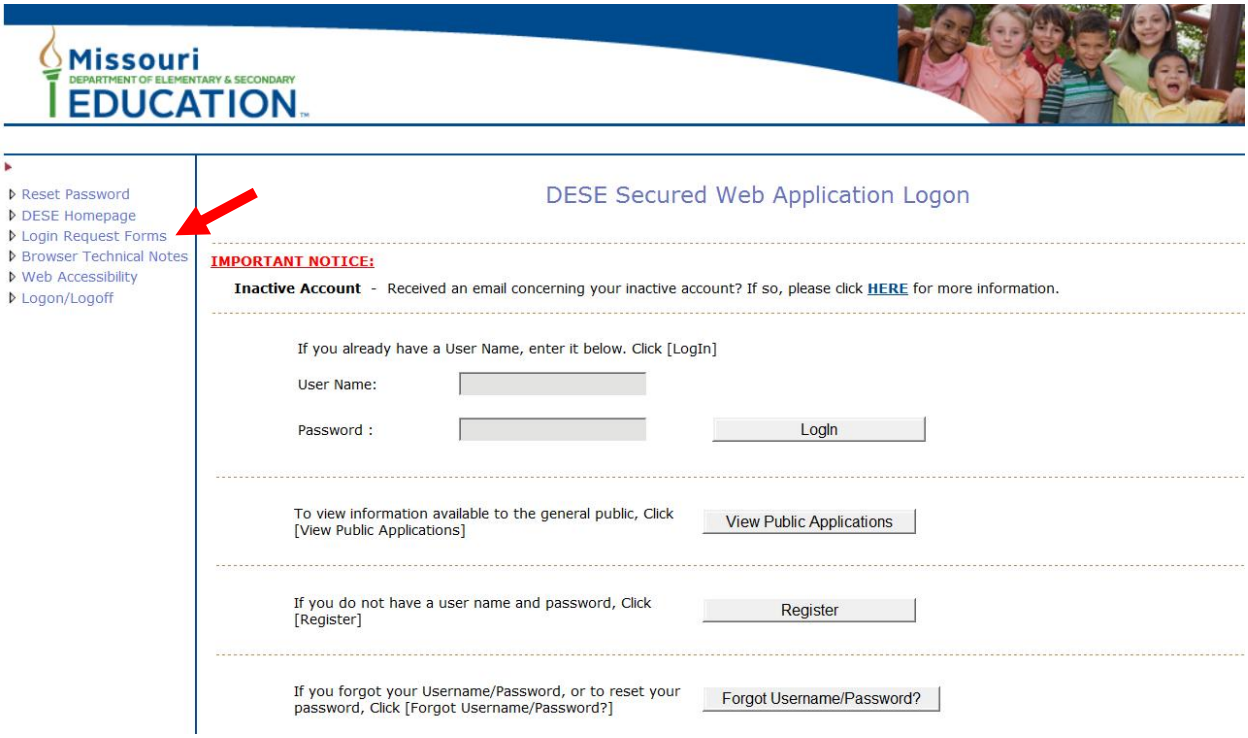
# ePeGS Instruction Sheet

- Public and private programs need to obtain a user ID and password in order to access this system.

  Private programs must complete and submit the DESE Web Systems User ID Request Form available at http://dese.mo.gov/data-system-management/user-managerlogin-request-forms.

  Public school districts may contact their designated User Manager(s) within the district (one is your superintendent) to obtain a user ID and password.




- On the User Manager/Login Request Forms page, under Links for Forms click the Web Systems User ID Request Form link to access the request form.

**Links for Forms**

- **Web Systems User ID Request Form-Public**
- **Web Systems User ID Request Form-Nonpublic**
  - Used to authorize access to each of the Web Application Systems.
  - **Notes about Level of Access**: In the box to the left of the program, place a 1, 2, or 3 to indicate what level of access you wish to establish for the individual named. 1 = View Only, 2 = Data Entry, 3 = Authorized Representative. Some web application names are followed by a check mark. This printed check mark indicates only one access level - View Only - is available for that application.
  - This form may be used by the district User Manager(s) for processing, or may be submitted to the Department for processing by faxing to 573-526-4125.

- Complete all of the highlighted sections. Under the Access Level heading in the box next to ePeGS-Missouri Preschool Program please mark a 2 or a 3. A 2 is for data entry only. This individual can enter information, but cannot submit. A 3 is for authorized rep. This individual can enter and submit. Sign and fax this form to 573-522-3207 or email to dsm@dese.mo.gov.

DIVISION OF LEARNING SERVICES - OFFICE OF DATA SYSTEM MANAGEMENT

**WEB SYSTEMS USER ID REQUEST – NONPUBLIC**

| LOCAL EDUCATION AGENCY (LEA) NAME | COUNTY-DISTRICT CODE |
|---|---|
| | |

**INSTRUCTIONS**

Provide the LEA name and county-district code number, the first and last name, date of birth, mother's maiden name, and email address for the individual being given access to the LEA Web Applications. This information is necessary to process the application, and to verify the individual's identity if problems arise.

Roles: On the line to the left of the program, **place a 1, 2, or 3 or** ☑=View Only (check box to the left of the program where indicated) to indicate the level of access to establish for the individual named below; **1 = View Only, 2 = Data Entry (cannot submit), 3 = Authorized Representative (allows you to view, enter data, and submit/approve data)**. By placing a check mark in items that require levels of access, you will be given 1 = View Only Access or lowest option available.

The designated User Manager for the district/agency can make additions/changes for staff members to permit them to perform the functions described. **Submit this form to the district/agency User Manager** (contact the superintendent's office to identify this individual). If the User Manager is unable to make these changes, then fax to (573) 526-4125 or email this form (with the appropriate signatures) to webappsloginassistance@dese.mo.gov. District User Managers may wish to use this form and keep copies for their records. Do not send copies of this form to the Department of Elementary and Secondary Education (Department) if they have been processed in the district.

**QUESTIONS:** Contact Office of Data System Management at (573) 522-3207 or email dsm@dese.mo.gov.

**CONFIDENTIALITY AGREEMENT**: Employees of local school districts or the Department that have access to confidential data are required to maintain the information in a confidential manner. The unauthorized access to, modification, deletion, or disclosure of information may compromise the integrity of the system, violate individual student rights of privacy, and/or constitute a criminal act and subject the employer to a loss of federal funds.

Unauthorized viewing, reproduction/copying, and/or distribution of any confidential information outside the intended and approved use is strictly prohibited. Users violating the authorized use will lose access privileges to the system. Illegal access or misuse of this information may also be punishable by fine and/or imprisonment. Acknowledge by signature, that a signed physical record is maintained documenting that the user receiving access to confidential information has acknowledged and agreed to adhere to the Missouri Department of Elementary and Secondary Education's Data Access and Management Policy.

**INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED**

| USER'S FIRST NAME | USER'S LAST NAME | USER'S DATE OF BIRTH (MM/DD/YEAR) |
|---|---|---|
| | | |
| **USER'S MOTHER'S MAIDEN NAME (LAST)** | **USER'S EMAIL ADDRESS** | **USER'S PHONE NUMBER** |
| | | |
| **USER'S SIGNATURE** | | **USER ID** |
| | | |

**ACCESS LEVEL (Mark 1, 2, or 3 in the box in front of the application.)**

***Food & Nutrition Services applications and Educator Certification District/University applications are limited to one Authorized Representative per district/institution.**

| | | |
|---|---|---|
| ☐ Compliance Plans (Fed & State) Administrator ☑ OR | ☐ Educ. Cert.--Nonpublic Prof. Dev. Reporting* | ☐ Food & Nutrition Services-Direct Cert.* |
| ☐ Compliance Plans (Fed & State) User ☑ | ☐ ePeGS - Missouri Preschool Program | ☐ Nonpublic Registration |
| ☐ Educator Certification District* | ☐ Food & Nutrition Services-Apps* | ☐ Tiered Monitoring (Level 2 or 3) |
| ☐ Educator Certification University* | ☐ Food & Nutrition Services-Claims* | |

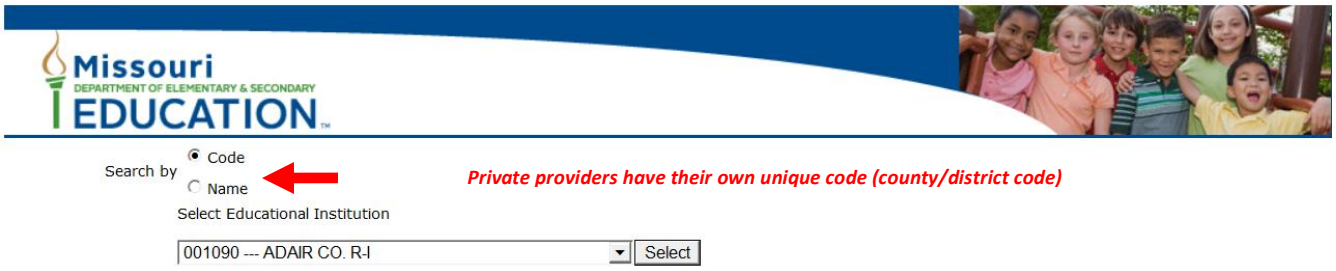
**ASSURANCES AND CERTIFICATION**

The superintendent/authorized representative accepts the responsibility for the actions requested on this form, and by submitting this form, requests the Department to make those changes.

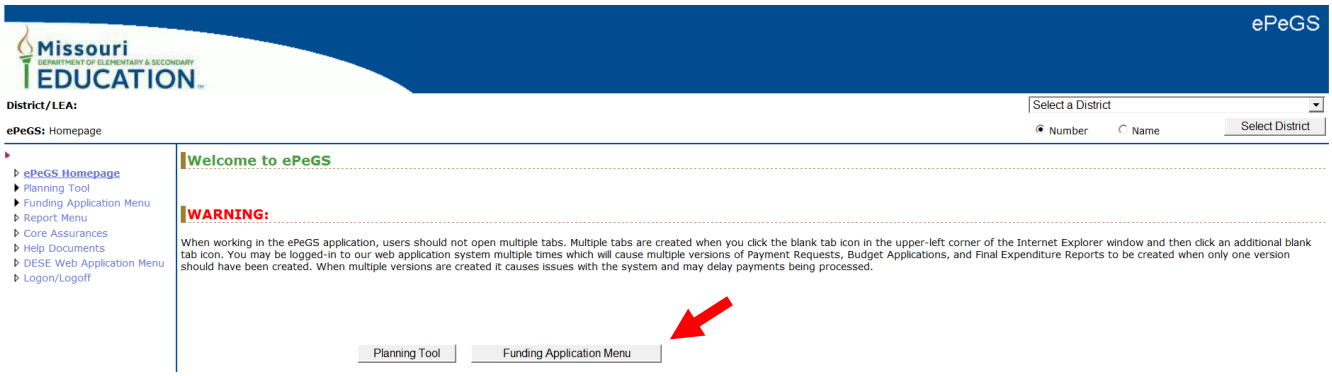
| SIGNATURE OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE | PHONE NUMBER | DATE |
|---|---|---|
| | | |
| PRINTED NAME OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE | EMAIL ADDRESS | |
| | | |

- The ePeGS system is available on the DESE Web Applications System at https://apps.dese.mo.gov/webLogin/login.aspx under DESE Web Applications.

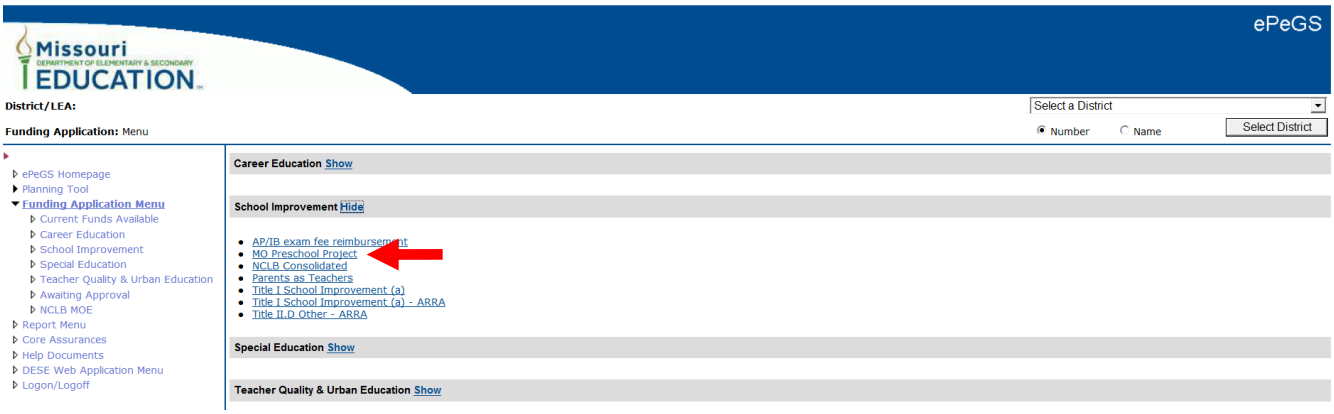
- Choose your program either by Code (county/district code) or Name. Click on your programs name in the list and press the "Select" button to select your program.

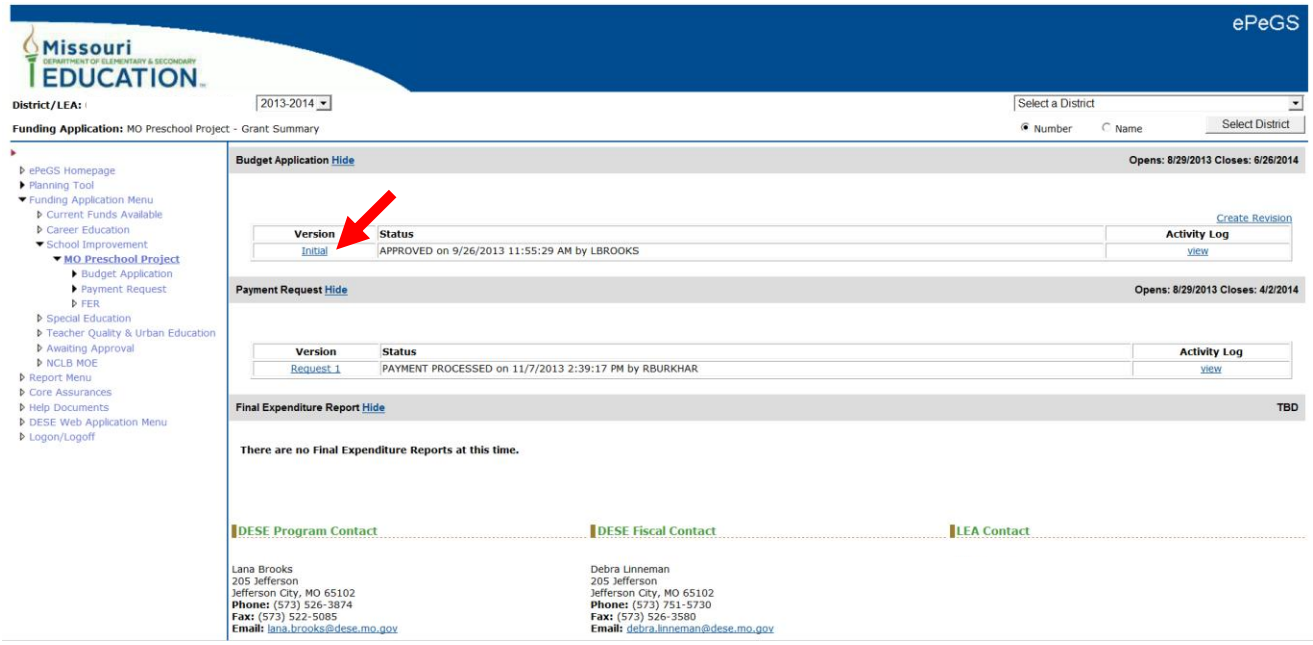



- Select "Funding Application Menu" on the Welcome to ePeGS page.



- Under *School Improvement* select your Missouri Preschool Program Grant (It may be MPPFY14-XX, MPPFY15-XX, or MPPFY16-XX). You may need to click on "Show" to view the information under each section, or "Hide" to hide the information.




- On this page you will be able to access your *Budget Application, Payment Request,* and *Final Expenditure Report.* Click on "Initial" to open a form you want to view.