


# Logging in to FARES:



MESC110D

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## Farm Service Agency Commodity Operations System 2.0

Best Viewed at 800x600

Enter the following to log on:

Logon ID:

Password:

To Change Password enter:

New Password:


Verify Password:

You will need to re-authenticate after 30 minutes without accessing the server.

Notices:

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# Main screen:



MFRC130D

help exit

CRS

## Food Aid Request Entry System 2.0

[Request List](#) [Start New Request](#) [Modify Request](#) [Commodity](#) [Admin](#) [Reports](#) [Links](#)

[Select](#) [Route](#) [Comments](#) [View](#)

[Retrieve](#) [Cancel](#)

Request List>Select

USER ID NAME

Proc. Site:

Type:  PROCESSED  BULK

Status:

Program:

Dest Country:

Request Type:

U.S. Port Date Range:

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\*\*All times are for the Central time zone. CR# or S.I.#:

**ENTER SELECTION CRITERIA THEN CLICK RETRIEVE**

# Creating a new Commodity Request:

**FAS** **Food Aid Request Entry System** 2.0 **USER ID**  
**NAME**

[Request List](#) [Start New Request](#) [Modify Request](#) [Commodity](#) [Admin](#) [Reports](#) [Links](#)  
[Add Header](#) [Copy Request](#)  
[Update](#)

Start New Request > Add Header

**New Commodity Request Header**

Commodity Type:  PROCESSED  BULK

Fiscal Year: 2007

Program: FOOD FOR PROGRESS416

Destination Country: LAOS

U.S. Port Load Date: 07/05/2007

Destination Date: 08/22/2007

S.I. Number:

Project Number:

Agreement Number: FCC-xxx-xxxx

Order Number:

CCC Number:

Cable Number:

Regional Designation:

Freight Forwarder: LIFE LINK LOGISTICS

Freight Consolidation:

Type / Subtype: DEVELOPMENT / DIRECT DISTRIBUTION

Free Form Remarks:

Select	Requirements
<input type="checkbox"/>	CERT. OF FGIS OFFICIAL STOWAGE EXAMINATION REQUIRED.
<input type="checkbox"/>	CERT. OF FUMIGATION REQUIRED.
<input type="checkbox"/>	CERT. OF VESSEL CLEANLINESS REQUIRED.
<input checked="" type="checkbox"/>	ONE SET OF SHIPPING DOCUMENTS TO GO ONBOARD VESSEL.
<input type="checkbox"/>	VENDOR SELF-CERTIFICATION TO BE INCLUDED WITH EXPORT DOCUMENTS TO SHOW THAT OIL SHIPPED IS SOYBEAN OIL AND MUST INCLUDE THE WORDS "100% SOYBEAN OIL."



MFRC156D

FAS

# Food Aid Request Entry System 2.0

USER ID  
NAME

- Request List
- Start New Request
- Modify Request
- Commodity
- Admin
- Reports
- Links
- Cmdy List
- Modify Cmdy
- Add Cmdy
- Writeoff
- Transfer
- Update

Commodity>Modify Cmdy

Modify Commodity **CORNMEAL, 25 KG** for Request **CR-07-00201** Current Status: **IN PROGRESS**

Commodity	Country	Delivery Point	Request Quantity (MT)	BUBD Req?
CORNMEAL, 25 KG	LAOS	BANGKOK	250	<input type="checkbox"/>

**Specifications**

Select	Image	Markings
<input type="radio"/>		BULK - EMPTY BAGS REQUIRED
<input type="radio"/>		BULK - NO BAGS REQUIRED
<input type="radio"/>		LMR-1 USAID-North Korea
<input type="radio"/>		LMR-2 USAID-Afghanistan
<input type="radio"/>		LMR-3 USAID-South Africa Region
<input type="radio"/>		LMR-4 USAID-Iraq Arabic
<input type="radio"/>		LMR-5 FAS-North Korea
<input type="radio"/>		LMR-6 FAS-Afghanistan
<input type="radio"/>		LMR-7 FAS-South Africa Region
<input type="radio"/>		LMR-8 FAS-Iraq Arabic
<input type="radio"/>		SMR-1 USAID-Distribution
<input checked="" type="radio"/>		SMR-2 FAS-Distribution
<input type="radio"/>		SMR-3 USAID-Monetization
<input type="radio"/>		SMR-4 Monetization

Select	Commodity Certificates
<input type="checkbox"/>	Certificate of Conformity (COC)
<input type="checkbox"/>	Export Cert. - form KC-156 required.
<input type="checkbox"/>	Fumigation
<input type="checkbox"/>	Health/Veterinary
<input type="checkbox"/>	Inspection
<input type="checkbox"/>	Origin
<input type="checkbox"/>	Phytosanitary Certificate
<input type="checkbox"/>	Radiation
<input type="checkbox"/>	Weight

Select	Shipping Requirements
<input type="checkbox"/>	BREAK BULK ONLY
<input type="checkbox"/>	COMMODITY INSPECTION CERTIFICATE
<input type="checkbox"/>	CONTAINERIZATION REQUIRED
<input type="checkbox"/>	FUMIGATION REQUIRED IN-TRANSIT
<input type="checkbox"/>	PHYTOSANITARY CERTIFICATE
<input type="checkbox"/>	SHIP ALL COMMODITIES IN ONE CONTAINER.
<input type="checkbox"/>	SHIPMENT OF COMMODITIES ON ONE VESSEL AND NO NIGHT OFFLOADING.

# Modify a Commodity Request from Commodity/Commodity List Page:

**USDA**  
help exit

CRS

## Food Aid Request Entry System 2.0

Request List Start New Request Modify Request Commodity Admin Reports Links  
Cmdy List Modify Cmdy Add Cmdy  
Update Delete

Commodity > Cmdy List

Commodity Listing For Commodity Request **CR-07-00279** Current Status: **IN PROGRESS**

Current Country: **CHAD** New Country: CHAD

Select	Commodity	Delivery Point	New Delivery Point	Request Qty MT	New Request Qty MT
<input checked="" type="radio"/>	CORN-SOY BLEND, 25 KG HP	DOUALA	DOUALA	500	<input type="text"/>

\*\* Pressing 'Update' will modify all commodities. Pressing 'Delete' will modify the selected commodity only.  
\*\* Changes to Country and Delivery Points are prohibited once transactions have been posted.  
\*\* Deleted Countries and Delivery Points cannot be used on the commodity request once they have been changed.

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USER ID  
NAME

(same page as originally adding a commodity)

# Modify Request:



FAS

## Food Aid Request Entry System 2.0

USER ID  
NAME

- Request List
- Start New Request
- Modify Request
- Commodity
- Admin
- Reports
- Links
- Modify Header
- Co-Sponsor List
- Modify Co-Sponsor
- Add Co-Sponsor
- Update

Modify Request>Modify Header

MFRC150D

Modify Commodity Request Header for: **CR-07-00201** Current Status: **IN PROGRESS**

Commodity Type: PROCESSED Fiscal Year: 2007

Program: FOOD FOR PROGRESS416 Destination Country: LAOS

U.S. Port Load Date: 07/05/2007 Cal Destination Date: 08/22/2007 Cal

S.I. Number: Project Number:

Agreement Number: FCC-XXXXXXX Order Number:

CCC Number: Cable Number:

Regional Designation: Freight Forwarder: LIFE LINK LOGISTICS

Freight Consolidation:

Type / Subtype: DEVELOPMENT / DIRECT DISTRIBUTION

Free Form Remarks:

Select	Requirements
<input type="checkbox"/>	CERT. OF FGIS OFFICIAL STOWAGE EXAMINATION REQUIRED.
<input type="checkbox"/>	CERT. OF FUMIGATION REQUIRED.
<input type="checkbox"/>	CERT. OF VESSEL CLEANLINESS REQUIRED.
<input checked="" type="checkbox"/>	ONE SET OF SHIPPING DOCUMENTS TO GO ONBOARD VESSEL.
<input type="checkbox"/>	VENDOR SELF-CERTIFICATION TO BE INCLUDED WITH EXPORT DOCUMENTS TO SHOW THAT OIL SHIPPED IS SOYBEAN OIL AND MUST INCLUDE THE WORDS "100% SOYBEAN OIL."

# Route Request:



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## Food Aid Request Entry System <sup>2.0</sup>

USER ID  
NAME

[Request List](#) [Start New Request](#) [Modify Request](#) [Commodity](#) [Admin](#) [Reports](#) [Links](#)

[Select](#) [Route](#) [Comments](#) [View](#)

[Send](#)

Request List > Route

Route Commodity Request Number **CR-07-00279** Current Status: **IN PROGRESS**

Send To	Action	Comments
<input type="text" value="-CHOOSE ONE-"/>	<input checked="" type="radio"/> APPROVED	

Action	Date, Time, Organization, Name	Comments
No Comments Have Been Made For This Commodity Request		

Admin:



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CRS

### Food Aid Request Entry System <sup>2.0</sup>

USER ID  
NAME

- [Request List](#) [Start New Request](#) [Modify Request](#) [Commodity](#) [Admin](#) [Reports](#) [Links](#)
- [Select Person](#) [Add Person](#) [Modify Person](#) [Logon Id](#) [Edit Entity](#)
- [Delete](#) [View](#)

Admin>Select Person

#### Persons associated with **CATHOLIC RELIEF SERVICES**

Select	Person Name	Person Type	Logon ID	Role Name
<input checked="" type="radio"/>	ANTAO, TOM	CONTACT PERSON	TAA00220	SPONSORADMIN
<input type="radio"/>	ENGERS, PAT	CONTACT PERSON	PHE00218	SPONSORADMIN
<input type="radio"/>	FREIGHT EXPEDITERS, BOB	FREIGHT FORWARDER	BFF00544	SPONSORVIEW
<input type="radio"/>	NIEBERLEIN, CHRIS	CONTACT PERSON	CNN00221	SPONSORAPPROVER

Add a Person:



MCXJ120D

CRS

### Food Aid Request Entry System <sup>2.0</sup>

USER ID  
NAME

- [Request List](#) [Start New Request](#) [Modify Request](#) [Commodity](#) [Admin](#) [Reports](#) [Links](#)
- [Select Person](#) [Add Person](#) [Modify Person](#) [Logon Id](#) [Edit Entity](#)
- [Update](#)

Admin>Add Person

#### Person Maintenance Page for **CATHOLIC RELIEF SERVICES**

Last Name: 
 Person Type:


First Name: 
 MI:

Phone: 
 Ext:

Fax: 
 E-Mail:

\* Address information and additional phone information can be added by using the 'Modify Person' page.

# Modify Person:

 **CRS** **Food Aid Request Entry System** 2.0 **PHE00218**  
PAT H. ENGERS

[Request List](#) [Start New Request](#) [Modify Request](#) [Commodity](#) [Admin](#) [Reports](#) [Links](#)  
[Select Person](#) [Add Person](#) [Modify Person](#) [Logon Id](#) [Edit Entity](#)  
[Update](#) [Delete Address](#) [Delete Phone](#) [View](#)

Admin>Modify Person

Person Maintenance Page for **CATHOLIC RELIEF SERVICES**

Last Name:  Person Type:    
First Name:  MI:   
Phone:  Ext:   
Fax:  E-Mail:

---

\* Address information is optional.

Line 1:  Address Type:    
Line 2:   
Line 3:   
City:  State:    
Zip:  Country:

---

\* Additional phone information is optional.

Phone Type:   Phone:   
Ext:  Description:

Logon ID:





CRS

# Food Aid Request Entry System 2.0

PHE00218  
PAT H. ENGERS

- Request List
- Start New Request
- Modify Request
- Commodity
- Admin
- Reports
- Links
- Select Person
- Add Person
- Modify Person
- Logon Id
- Edit Entity
- Update
- Delete

Admin>Logon Id

MCXJ140D

Logon ID Maintenance for **TOM ANTAO** from **CATHOLIC RELIEF SERVICES**

Logon Id: TAA00220

Status: ACTIVE

New Password:

Status Date: 01/28/2003 02:02:03 PM CST

Verify Password:

Role Name: SPONSORADMIN

# Edit Entity:



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## Food Aid Request Entry System <sup>2.0</sup>

PHE00218  
PAT H. ENGERS

- Request List
- Start New Request
- Modify Request
- Commodity
- Admin
- Reports
- Links
- Select Person
- Add Person
- Modify Person
- Logon Id
- Edit Entity
- Update
- Delete Address
- View

Admin > Edit Entity

Entity Maintenance Page for **CATHOLIC RELIEF SERVICES** Entity Type: **SPONSOR**

Entity Name:	<input type="text" value="CATHOLIC RELIEF SERVICES"/>	Abbreviation:	<input type="text" value="CRS"/>
Phone:	<input type="text" value="410-625-2220"/>		
Line 1:	<input type="text" value="209 W. FAYETTE ST."/>	Address Type:	<input type="text" value="LOCATION"/>
Line 2:	<input type="text"/>		
Line 3:	<input type="text"/>		
City:	<input type="text" value="BALTIMORE"/>	State:	<input type="text" value="MD"/>
Country:	<input type="text" value="USA"/>	Zip:	<input type="text" value="21201-3443"/>