


Logging in to FARES:



MESC110D

[Privacy Statement](#)

[Contacts/ Logon Help](#)

[Public Information](#)

[COS Tutorial](#)

[Bookmark This Site](#)

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:

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:

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

ENTER SELECTION CRITERIA THEN CLICK RETRIEVE

Creating a new Commodity Request:

USDA **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 [Cal] Destination Date: 08/22/2007 [Cal]

S.I. Number: [] Project Number: []

Agreement Number: FCC-xxx-xxxxx 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


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

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:

 **CRS** **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](#)
[Update](#) [Delete](#)

Commodity>Cmdy List

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

Current Country: **CHAD** New Country:

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	<input type="text" value="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.

(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:



MFRC147D

CRS

Food Aid Request Entry System ^{2.0}

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:



MCXJ110D

CRS

Food Aid Request Entry System ^{2.0}

- [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

USER ID
NAME

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 ^{2.0}

- [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

USER ID
NAME

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:



MCXJ170D

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
- 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"/>