



Table of Contents:

Electronic Disqualified Recipient System (eDRS)	6
<i>Sample FNS-674 form</i>	8
Food Programs Reporting System (FPRS)	9
<i>Sample FNS-674 form</i>	11
Regional Office Administered Program (ROAP)	12
<i>Sample FNS-674 form</i>	14
Anti-Fraud Locator using EBT Retailer Transactions (ALERT)	15
<i>Sample FNS-674 form</i>	17
FNS NET General Support System (GSS)	18
<i>Sample FNS-674 Form</i>	20
SNAP-QCS	21
<i>Sample FNS-674 Form</i>	23
Privilege or Local Admin accounts (LOCAL ADMIN ACCOUNTS)	24
<i>Sample FNS-674 Form</i>	26
Network Security Tools	27
<i>Sample FNS-674 Form</i>	29
National Finance Center (NFC)	30
<i>Sample FNS-674 Form</i>	35
AD-1143 FORM INSTRUCTIONS	36
<i>Sample AD-1143 Form</i>	41
National Data Bank (NDB)	44
<i>Sample NDB Form</i>	45
Integrated Program Accounting System (IPAS)	47
<i>Sample 674 Form</i>	49
<i>Sample FNS-739 IPAS FORM</i>	50
Travel Reporting and Integrated Projections System(TRIPS)	51
<i>Sample 674 Form</i>	53
National Information Technology Center (NITC)	54
Treasury Offset Program (TOP) Operations	54
Systems that require NITC access are:.....	54
<i>Sample FNS-674</i>	57
Store Tracking and Redemption System (STARS)	58

Sample FNS-674.....	61
Sample for a WIC State user, including Confidentiality Statement.....	62
Women, Infant and Children – The Integrity Profile (WIC-TIP).....	63
Sample FNS-674.....	66
WIC Management Evaluation Tools: (WIC-ME-TOOLS).....	67
Sample FNS-674.....	69
Electronic Commodity Ordering System (ECOS).....	70
Sample FNS-674.....	72
Electronic Payment Processing and Information Control (JP MORGAN CHASE) EPPIC.....	73
Sample FNS-674.....	75
Appendix A:.....	76
Steps to Obtain Eauthentication Level 2 Access.....	76
Appendix B.....	77
Authorizing Officials.....	77
Appendix C:.....	82
Recommendations to justify network security tool account access:.....	82
Appendix D.....	84
Sample FNS-674-A.....	84

❖ If you have a government or company email address it must be used on the FNS-674 first. Only users who only have a personal email address that work from home will be accepted.

User Guide for Obtaining Access to FNS Systems

In order to gain access to FNS Systems you are required to complete a 674 for each system you are requesting access to. Below are instructions on the proper way to fill out the FNS-674 forms along with examples for each system you are requesting access to. Each system that FNS controls access to is listed in this guide. Please follow the instructions in order to speed –up your requested access. Forms not properly filled out or missing information may be returned for information and slow down the process. This guide includes instructions for obtaining access to the following systems:

EDRS	FPRS	ROAP	ALERT
NET GSS	NFC systems	NDB	IPAS
NITC systems	STARS	ECOS	SNAP QCS
EPPIC	IAS	Local Admin Accounts	TRIPS
WIC – TIP	WIC-ME TOOLS	Network Security Tools	FDW,FFIS, TOP

This is a living document and changes can occur. Updates will be made as needed. Please send any comments or suggestions on how to make this guide a better user friendly document to one of the security officers listed below.

Also included in this guide are instructions on gaining EAuthentication ID's and Passwords. Access to most systems requires a level 2 EAuth ID.

We have also included a list of Authorizing Officials that must sign FNS-674s in order to be processed. Each Region has an Authorizing Official and each system has an Authorizing Official.

If you still need help in gaining access for any of the FNS systems please feel free to email the securityofficers.mailbox@fns.usda.gov or call one of the security officers listed below.

John Ferraina – MARO – 609-259-5036
Stephanie Means – MWRO – 312- 353-7270
Rosa Bartholomew – HQ – 703-605-0804

Electronic Disqualified Recipient System (eDRS)

EDRS provides authorized users with a single, user-friendly and web-based interface for accessing the most up-to-date and comprehensive data on disqualified Food Stamp recipients. This system will centralize and improve upon the earlier Disqualified Recipient System (DRS), which was deployed in 1991, as the first available national database system to support the collection and management of data on disqualified recipients of Food Stamps throughout the United States. With the new EDRS system, users can conveniently and securely access information from their own personal computers (PCs) and can perform all necessary functions related to disqualification data through one web site. Mainframe batch data processing is also supported.

In order to receive access to the EDRS system you must first have a Level 2 Eauthentication ID and Password. Attachment A in this Guide provides instructions on obtaining a level 2 ID and password if you do not already have one. Once the level 2 ID is obtained you must complete an FNS-674 form.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : EDRS

- i. Block 15. Enter the type of access: Query or Disqualifier etc.
- j. Block 16. N/A
- k. Block 17. Enter the Action Requested: ADD or Modify
- l. Block 18. Enter the locality Code: for EDRS this will be the actual County Name. (EDRS does not recognize codes you must include the actual county name you need access to.
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have.
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for EDRS is attached to the Guide.)
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.

Sample FNS-674 form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
4. Email John.Doe@fns.usda.gov		3. Date of Request 08/17/2011	
5. USDA E-Auth ID, (if applicable) jdoe123			
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name EDRS	15. Type of Access Query/Disqualifier	16. Form (applicable for FPRS) N/A	
17. Action Requested ADD	18. State/Locality Codes Camden County	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add any additional Comments here!			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)			
<ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
c. Information Security Office			
Print Name	Federal Security Officer signs here _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
d. State Computer Security Officer (if applicable)			
Print Name	_____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request
			28. Date Completed

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you or your Authorizing Official must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Food Programs Reporting System (FPRS)

The Food Programs Reporting System (FPRS) is the primary FNS tool for collecting, storing, tracking and analyzing Supplemental Nutrition Assistance Program (SNAP) and Special Nutrition information. SNAP is the primary source of nutrition assistance for over 40 million people. The Special Nutrition Programs support the administration of nutrition assistance programs which provide nutritious diets to low and marginal income people. These programs operate as a partnership between FNS, the State, and local organizations that interact directly with program participants.

In order to receive access to the FPRS system you must first have a Level 2 Eauthentication ID and Password. Attachment A in this Guide provides instructions on obtaining a level 2 ID and password if you don't already have one. Once the level 2 ID is obtained you must complete an FNS-674 form along with a 674-A form.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : FPRS

- i. Block 15. Enter the type of access: View, Entry, Certify or Post. (Certifiers must include the FNS-4)
- j. Block 16. Enter “see attached 674-A (Sample form included with guide)
- k. Block 17. Enter the Action Requested: ADD or Modify
- l. Block 18. Enter the locality Code:
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have.
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO’s for FPRS is attached to the Guide.)
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.

Sample FNS-674 form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services					
User Access Request Form					
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>					
User Information					
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist	3. Date of Request 08/17/2011	
4. Email John.Doe@fns.usda.gov		5. USDA E-Auth ID, (if applicable) jdoe123			
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)		9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT		12. Department ISO		
13. Office (select one) MARO		Street Address 300 Corporate Blvd		Suite #	
City Robbinsville		State NJ	ZIP Code 08691		
14. System Name FPRS		15. Type of Access Certify		16. Form (applicable for FPRS) See attached form	
17. Action Requested ADD		18. State/Locality Codes 0369552		19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____			21. Enter Home ZIP Code for JP Morgan access Only: _____		
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add any additional Comments here!					
Privacy Act Statement					
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>					
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 					
User Signature _____		Print Name _____		Date _____	
Approvals					
24. a. Supervisor					
Print Name <u>your Supervisor signs here</u> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		Signature _____	
Phone Number _____		Date _____		Signature _____	
b. System - Authorizing Officials					
Print Name <u>The AO must sign here to grant you access</u> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		Signature _____	
Phone Number _____		Date _____		Signature _____	
c. Information Security Office					
Print Name <u>Federal Security Officer signs here</u> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		Signature _____	
Phone Number _____		Date _____		Signature _____	
d. State Computer Security Officer (if applicable)					
Print Name _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		Signature _____	
Phone Number _____		Date _____		Signature _____	
To be Completed by IT Customer Support					
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received _____		27. Person Receiving Request _____	
				28. Date Completed _____	

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you or your Authorizing Official must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Regional Office Administered Program (ROAP)

ROAP is a web-based payment system which allows participating recipient organizations (RO's) to enter claims for reimbursement and applications. The system stores information unique to each RO, accepts the claims for reimbursement, calculates each RO's reimbursement, runs pay lists, and generates a number of reports. The system pays over \$50 million in federal grant money to 850 sponsors for five grant programs. Sponsors include school systems and childcare facilities.

In order to receive access to the ROAP system you must first have a Level 2 Eauthentication ID and Password. Attachment A in this Guide provides instructions on obtaining a level 2 ID and password.

Once the level 2 ID is obtained you must complete an FNS-674 form along with a 674-A form.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : ROAP
 - i. Block 15. Enter the type of access: SNP/CC etc...

- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD or Modify
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have.
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for ROAP is attached to the Guide. For ROAP the AO will sign once the form is received by the security office.)
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample FNS-674 form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<small>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</small>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011			
4. Email John.Doe@fns.usda.gov		5. USDA E-Auth ID, (if applicable) jdoe123	
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name ROAP	15. Type of Access SNP/CC		16. Form (applicable for FPRS)
17. Action Requested ADD	18. State/Locality Codes		19. Login ID (Agency use only)
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add any additional Comments here!			
Privacy Act Statement			
<small>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</small>			
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)			
<ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____ Date _____	
Approvals			
24. a. Supervisor			
Print Name <u>your Supervisor signs here</u> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Phone Number _____ Date _____		Signature _____	
b. System - Authorizing Officials			
Print Name <u>The AO must sign here to grant you access</u> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Phone Number _____ Date _____		Signature _____	
c. Information Security Office			
Print Name <u>Federal Security Officer signs here</u> _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Phone Number _____ Date _____		Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Phone Number _____ Date _____		Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received	27. Person Receiving Request
			28. Date Completed

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Anti-Fraud Locator using EBT Retailer Transactions (ALERT)

FNS has the primary responsibility for monitoring any fraudulent activity by retailers and the individual States for recipients. While traditional methods of fraud, Identified under the coupon distribution/redemption system, are reduced through the use of EBT, the nature of electronic transactions also introduces previously unknown approaches to committing fraud. Methods of detecting (and ultimately preventing) food stamp fraud by EBT enabled retailers are essential to the successful management of the benefit redemption process.

The ALERT system receives monthly transaction records from EBT processors and conducts analysis of patterns in the data, which indicate potential fraudulent activity by stores. FNS investigators and compliance offices use these reports to support case management. Other users include USDA Office of the Inspector General (OIG) investigators and the staff members of Regional and Field offices.

In order to receive access to the ALERT System you must fill out an FNS-674 form.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - a. Block 14. Enter the system name: ALERT **ALERT NOTE:** if you need a VPN ID and password you must also put VPN in the line below the ALERT line.

This will notify the security office to request a VPN account for you from the Telecommunication Branch. They will send you your VPN account info.

- h. Block 15. Enter the type of access: Inquire etc..
- i. Block 16. Enter N/A
- j. Block 17. Enter the Action Requested: ADD or Modify
- k. Block 18. N/A
- l. Block 19. N/A
- m. Block 20. This is only for new NFC accounts Only
- n. Block 21. This is for JP Morgan Accounts Only
- o. Block 22. Enter any comments you have. (example: all regions, no special privileges)
- p. Block 23. User must sign the form.
- q. Block 24A. Users Supervisor must sign the form.
- r. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for ALERT is attached to the Guide.
- s. Block 24 C. This Block is for the Security Officer to sign.
- t. Block 24D. Your state security officer can sign here if available.
- u. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample FNS-674 form

OMB Control Number 0584-0532
Expiration Date: XXXX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services
User Access Request Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
4. Email John.Doe@fns.usda.gov			3. Date of Request 08/17/2011
6. Type of User (select one) Federal		5. USDA E-Auth ID, (if applicable) jdoe123	
7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)		9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name ALERT	15. Type of Access Inquire		16. Form (applicable for FPRS)
17. Action Requested ADD	18. State/Locality Codes		19. Login ID (Agency use only)
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) All regions No Special Privileges.			
Privacy Act Statement			
The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.			
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)			
<ul style="list-style-type: none"> • I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. • Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. • I understand that systems require security to protect user and system files from unauthorized access. • I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____ Date _____	
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
c. Information Security Office			
Print Name	Federal Security Officer signs here		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
d. State Computer Security Officer (if applicable)			
Print Name			<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received	27. Person Receiving Request
			28. Date Completed

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

FNS NET General Support System (GSS)

FNS NET GSS is a general support system. It is the primary network that provides telecommunication support to FNS systems for the management and the administration of FNS programs. The system also hosts the administrative automated systems that serve FNS headquarters with office automation and local dedicated applications. When granted access to the FNS Network you will also be given access to the email system and the shared drive.

In order to receive access to the NETGSS system you must complete an FNS-674 form.

Processing Time: 24 to 48 hrs. E-mail account time: up to 7 days

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : FNS NETWORK
 - i. Block 15. Enter the type of access: N/A
 - j. Block 16. Enter N/A
 - k. Block 17. Enter the Action Requested: ADD

- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have.
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for NET GSS is attached to the Guide.
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample FNS-674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
4. Email John.Doe@fns.usda.gov		3. Date of Request 08/17/2011	
5. USDA E-Auth ID, (if applicable) jdoe123			
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name FNS NETWORK	15. Type of Access	16. Form (applicable for FPRS)	
17. Action Requested ADD	18. State/Locality Codes	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add your additional comments here:			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
c. Information Security Office			
Print Name	Federal Security Officer signs here	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received	27. Person Receiving Request
			28. Date Completed

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

SNAP-QCS

In order to receive access to the SNAP-QCS system you must first have a Level 2 Eauthentication ID and Password. Attachment A in this Guide provides instructions on obtaining a level 2 ID and password if you do not already have one.

Processing Time: 24 to 48 hrs.

Once the level 2 ID is obtained you must complete an FNS-674 form. Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : Other (SNAP QCS must go in the comments block 22).
 - i. Block 15. Enter the type of access: either viewer, reviewer, supervisor or Manager
 - j. Block 16. Enter N/A
 - k. Block 17. Enter the Action Requested: Enter UPLOAD if Needed

- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have. Enter SNAP-QCS Access
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for SNAP- QCS is attached to this Guide.
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample FNS-674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services

User Access Request Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

User Information

1. Last Name Doe		First Name John		Middle Name T		2. Title Computer Specialist		3. Date of Request 08/17/2011	
4. Email John.Doe@fns.usda.gov				5. USDA E-Auth ID, (if applicable) jdoe123					
6. Type of User (select one) Federal		7. Telephone 555-555-1212		8. Contract Expiration Date (if applicable)		9. Temporary Employee Expiration Date (if applicable)			
10. Company USDA		11. Division OIT			12. Department ISO				
13. Office (select one) MARO		Street Address 300 Corporate Blvd				Suite #			
City Robbinsville		State NJ			ZIP Code 08691				
14. System Name OTHER		15. Type of Access Viewer/Reviewer/Supervisor/Manager				16. Form (applicable for FPRS)			
17. Action Requested Upload		18. State/Locality Codes			19. Login ID (Agency use only)				
20. Enter SSN for new NFC access Only: _____				21. Enter Home ZIP Code for JP Morgan access Only: _____					

22. Comments, Special Instructions (attach separate sheet if more space is needed)
Enter any other information needed.

Privacy Act Statement

The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.

23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)

- I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior.
- Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them.
- I understand that systems require security to protect user and system files from unauthorized access.
- I have completed this form to the best of my abilities.

User Signature

Print Name

Date

Approvals

24. a. Supervisor

Print Name your Supervisor signs here Approve Deny
Phone Number _____ Date _____ Signature _____

b. System - Authorizing Officials

Print Name The AO must sign here to grant you access Approve Deny
Phone Number _____ Date _____ Signature _____

c. Information Security Office

Print Name Federal Security Officer signs here Approve Deny
Phone Number _____ Date _____ Signature _____

d. State Computer Security Officer (if applicable)

Print Name _____ Approve Deny
Phone Number _____ Date _____ Signature _____

To be Completed by IT Customer Support

25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received		27. Person Receiving Request		28. Date Completed	
---	--	-------------------	--	------------------------------	--	--------------------	--

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Privilege or Local Admin accounts (LOCAL ADMIN ACCOUNTS)

In order to receive access to the Privilege or Local Admin accounts system you must first have a Level 2 Eauthentication ID and Password. Attachment A in this Guide provides instructions on obtaining a level 2 ID and password if you do not already have one.

Processing Time: 24 to 48 hrs.

Once the level 2 ID is obtained you must complete an FNS-674 form. Please complete the 674 as described in the instructions below and add any justification necessary.

- b. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : FNS NETWORK
 - i. Block 15. Enter the type of access: Local Administrator
 - j. Block 16. Enter N/A
 - k. Block 17. Enter the Action Requested: ADD
 - l. Block 18. N/A

- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have.(Machine you are requesting admin rights for and any information for justification)
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for NET GSS is attached to the Guide.
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample FNS-674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011		4. Email John.Doe@fns.usda.gov	
5. USDA E-Auth ID, (if applicable) jdoe123			
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name OTHER	15. Type of Access Local Admin.	16. Form (applicable for FPRS)	
17. Action Requested ADD	18. State/Locality Codes	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Please grant Local Admin rights for NONDBVWEB01 and NONDBVWEB02			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
c. Information Security Office			
Print Name	Federal Security Officer signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received	27. Person Receiving Request
			28. Date Completed

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Network Security Tools

In order to receive access to BDNA, Big Fix, Encase, Nessus, Nitro, NCircle, SCCM, SEP, and Solar Winds you must first have a Level 2 Eauthentication ID and Password. Attachment A in this Guide provides instructions on obtaining a level 2 ID and password if you do not already have one.

Processing Time: 24 to 48 hrs.

Once the level 2 ID is obtained you must complete an FNS-674 form. Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : BDNA, BigFix etc.
 - i. Block 15. Enter the type of access: New
 - j. Block 16. Enter N/A
 - k. Block 17. Enter the Action Requested: Create Account
 - l. Block 18. N/A
 - m. Block 19. N/A

- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter Justification here
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for NET GSS is attached to the Guide.
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample FNS-674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services

User Access Request Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

User Information				
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist	3. Date of Request 08/17/2011
4. Email John.Doe@fns.usda.gov		5. USDA E-Auth ID, (if applicable) jdoe123		
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT	12. Department ISO		
13. Office (select one) MARO		Street Address 300 Corporate Blvd	Suite #	
City Robbinsville		State NJ	ZIP Code 08691	
14. System Name OTHER		15. Type of Access New	16. Form (applicable for FPRS)	
17. Action Requested Create Account		18. State/Locality Codes	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____		
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add your additional comments here: BDNA or BigFix etc.				
Privacy Act Statement				
The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.				
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)				
<ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 				
User Signature _____		Print Name _____		Date _____
Approvals				
24. a. Supervisor				
Print Name <u>your Supervisor signs here</u>		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		
Phone Number _____	Date _____	Signature _____		
b. System - Authorizing Officials				
Print Name <u>The AO must sign here to grant you access</u>		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		
Phone Number _____	Date _____	Signature _____		
c. Information Security Office				
Print Name <u>Federal Security Officer signs here</u>		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		
Phone Number _____	Date _____	Signature _____		
d. State Computer Security Officer (if applicable)				
Print Name _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny		
Phone Number _____	Date _____	Signature _____		
To be Completed by IT Customer Support				
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received _____	27. Person Receiving Request _____	28. Date Completed _____

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

National Finance Center (NFC)

The NFC is the operational component of the USDA Office of the Chief Finance Officer. NFC designs, develops, implements, and operates cost-effective financial, administrative, and management information systems and services supporting the missions of USDA and its customers. NFC provides automated, integrated systems and support services for payroll, personnel, administrative payments, accounts receivables, property management, budget, and accounting activities. In addition, NFC provides systems and support services for several government wide processes, including the Federal Retirement Thrift Savings Plan and the Direct Premium Remittance System.

Systems that require NFC access are:

- a. **Foundation Financial Information System (FFIS) – A fully integrated financial package that is designed to meet stringent budget and funds control needs, as well as complex multi-fund accounting and reporting needs.**
- b. **Central Accounting Data Base Inquiry (CADI) – CADI is an online electronic access system which allows direct access to agency Central Accounting System (CAS) data. It provides information as of the current week and contains detailed accounting transactions for agency use. CADI also provides an automated Funds Control System as well as a Salaries and Benefits Projection feature.**
- c. **Telephone and Utilities Maintenance Systems (TUMS) – TUMS is a Web application that is accessed through a link on the NFC home page. Master accounts for commercial telecommunication services and equipment and public utility services are established and maintained in TUMS. The application is used to: (1) Add new telephone and utility master accounts; (2) Update existing master accounts; (3) Delete existing master accounts; (4) View existing master accounts; and (5) View history of additions, modifications, and deletions.**
- d. **Integrated Acquisition System (IAS) – IAS is a Web-based system that interfaces with the Foundation Financial Information System (FFIS), and allows for electronic commitment accounting, obligations, receipt, and invoice payments. IAS is a key part of USDA's e-Procurement initiatives.**
- e. **Financial Management (FM) – NFC Financial Management application systems include:**
- f. **Payroll/Personnel System (PPS) – PPS is an integrated system, linking personnel action processing and payroll activities. The system uses a database concept that permits**

integration and sharing of data records among many modular subsystems. The database consists of current and prior salary payment information, personnel actions, name and address information, and time and attendance (T&A) data. These records are maintained so that information can be accessed randomly. As personnel actions and payroll documents are processed, updated data replaces existing data elements in the PPS database. Users of the system include all employees who are serviced by the system to find out their personal information to HR and hiring managers who keep track of hiring, firing, position categorization, etc. Payroll department employees use the output of the system to ensure that the proper checks are distributed as well as tax information and retirement information.

- g. **Web System for Time and Attendance Reporting (Web STAR)** – Web STAR is a Windows based application which allows entry, correction, and printing of time and attendance (T&A) reports.
- h. **Centralized Enrollment Clearinghouse System (CLER)** – A web based centralized, automated system that reconciles payroll office and carrier Federal Employees Health Benefits enrollment records. CLER provides an efficient and cost effective way for both health insurance carriers and Federal Government payroll offices to conduct their quarterly reconciliation of FEHB enrollment data records. The CLER database stores, maintains, processes, edits, and combines the data from carriers and compares it to the data from payroll offices.
- i. **Direct Premium Remittance System (DPRS)** – A centralized system for billing and collecting health insurance premiums from eligible non-Federal enrollees in the Federal Employees Health Benefits Program.
- j. Human Resources Systems (HRD) – **NFC Human Resource application systems include:**
- k. **EmpowHR** – a Human Capital Management System that enables agencies to: (1) Make critical decisions concerning workforce utilization; (2) Forecast workforce turnover and placement; and (3) Project future resource budget allocations on a fiscal year basis, for optimum achievement of agency mission goals.
- l. **Employee Personal Page/ Employee Self-Service (EPP/ESS)** – The EPP/ESS is a Web-based application that allows employees to perform self-service activities associated with payroll or personnel information. Specifically, employees have the ability to make online change requests to their residence address, Federal and State tax withholding, financial allotments, direct deposit, health insurance, savings bond, and Thrift Savings Plan (TSP) contribution information effective for a current or future pay period.
- m. **Enterprise Human Resources Integration (EHRI)** – EHRI is an Office of Personnel Management (OPM) online services initiative to maintain data warehouse and personnel information for an agency to conduct workload analysis, staffing projections, and other resource management analysis. NFC works with OPM on behalf of its customers to provide data feeds to EHRI.
- n. **Electronic Official Folder (eOPF) System** – The eOPF system provides the capability of imaging current documents maintained in an employee's personnel folder thus allowing an agency and employee online access to this data. As new actions are processed, electronic files can be provided from the personnel and payroll systems used by an agency to update

eOPF with the latest data for an employee. NFC provides these files to eOPF for the participating agencies that are pay rolled by NFC.

Each system may require different types of information in order to complete the process of granting users access to the system.

Each system requires its own form to gain access. Please follow the directions for the system you are requesting described in the instructions below.

Access to National Finance Center (NFC):

To obtain access to NFC an FNS-674 is required. This will give you an FN Number which is the first step in entering the NFC System. However for access to the systems that reside at NFC a Corporate Systems Access Request Form, AD-1143 form is also required. If you already have an NFC ID please fill out the FNS-674 and include your ID on the form and send both forms to the Securityofficers.mailbox@fns.usda.gov

Other systems that require an NFC account prior to getting access require an AD-1143. Follow the instructions below to fill out the FNS-674 and AD-1143 for each of these systems. Note: although you need an FNS-674 for each system requested you only need One AD-1143 for all of the systems requested. In the FNS-674 you only need to list the system name and the type of access requested all other information should be listed on the AD-1143.

There is also a sample and instructions for the IAS form below and it can be found in the e-library on the FNS intranet. NOTE: only the IAS form is required for IAS Access you do not need the FNS-674.

Processing Time: 7 to 10 Days

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form. Due to NFC restrictions these processing times can be longer.

Please complete the 674 as described in the instructions below for NFC access.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address

- e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
- f. Block 6. Enter the type of user such as (Federal, or State etc.)
- g. Block 7 thru 13. Enter your Phone and organization information.
- h. Block 14. Enter the system name : NFC (NOTE: if you have NFC ID already, type the system name you are requesting such as: FFIS or FDW in this block)
- i. Block 15. Enter the type of access: This depends on the system you are requesting, for trvl, Preparer, or authorizer etc....
- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. Your SSN# is required for new NFC users. If you already have an NFC ID you do not need to put in your SSN# as it is on file already. Place your NFC ID in the comments box.
- o. Block 21. This is for JP Morgan Accounts Only
- a. Block 22. Enter the information list here in order to gain access to TRVL system or Financial Reports etc. Organization Structure Code (ORG) (e.g. 3051-0040-510) and the Originating Office Number (OON) (e.g. AG3070FM01). If you are requesting Travel/ Reporting center access etc. Your administrative officer should have this information. NFC will not create any accounts unless they have this information.
- p. Block 23. User must sign the form.

- q. Block 24A. Users Supervisor must sign the form.
- r. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for NFC is attached to the Guide. If you don't see an Authorizing Official listed for your system then none is required just send the form and leave this block blank.)
- s. Block 24 C. This Block is for the Security Officer to sign.
- t. Block 24D. Your state security officer can sign here if available.
- u. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Information needed to process request to reporting center

User name

User social security number (ss#)

User ID

User email address

Agency name

User access level requested. The requester must state whether or not the user requires Access to sensitive data (data contained in the IRIS 300 level screens) and/or detail data.

Security Officer or User Acceptance Tester. If the user is either a security officer or a user acceptance tester, this must be stated on the request.

Telephone number

Application name (The Reporting Center, including the reports and organizations Needed. If the user requires access to Administrative Reports, these reports must be listed individually due to the nature of the data.)

The access level requested should be based on the individual's assigned work requirements and job functions.

Sample FNS-674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011		4. Email John.Doe@fns.usda.gov	
5. USDA E-Auth ID, (if applicable) jdoe123		6. Type of User (select one) Federal	
7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd	Suite #	
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name NFC	15. Type of Access Depending on your system.	16. Form (applicable for FPRS) N/A	
17. Action Requested ADD	18. State/Locality Codes Camden County	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: XXX-XX-XXXX		21. Enter Home ZIP Code for JP Morgan access Only: _____	
<p>22. Comments, Special Instructions (attach separate sheet if more space is needed) Only supply the SSN if this is a new NFC account if you already have an NFC account just provide your NFC ID here. Place the OON and ORG information in this block.</p>			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
c. Information Security Office			
Print Name	Federal Security Officer signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request
			28. Date Completed

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

AD-1143 FORM INSTRUCTIONS

BLOCK NO.

1. Check one or more systems. Fill in information for access in Special Instructions for FedTraveler.com
2. Enter the agency FFIS application number, i.e., FF34 for APHIS, or FF11 for Forest Service.

USER INFORMATION

3. Enter social security number. **The Social Security Number is only required for adding a user to a FFIS application for the first time.**
4. Enter name.
5. Enter job title or Contractor, if not a USDA employee.
6. Enter address where the user can be contacted by mail.
7. Enter agency name and agency code/number.
8. Enter office, i.e., Financial Management, Procurement Operations.
9. Enter e-mail address.
10. Enter telephone number.
11. Enter manager's telephone number.

ACTION REQUESTED

12. Enter "old" name, when requesting a name change.
13. Enter "new" name, when requesting a name change.
14. Check the appropriate action to be taken. If requesting a modification to your profile, specify in Block 29 the previous profile or job assignment and the new profile or job assignment. If the user performs services for additional USDA agencies, e.g., "cross-servicing, specify the additional agencies(s) and required roles.
15. Enter NFC, FFIS, E-Auth, user ID AND if Block 14 is "delete user" or "modify user", include existing user ID. If action requested in Block 14 is "add user", the Agency Security Administrator will assign the user ID.

AUTOMATED CASH RECONCILIATION WORKSHEET SYSTEM ACCESS

16. Check appropriate Role(s)/Access for ACRWS52.
17. Check appropriate Role(s)/Access for ACRWS53.
18. Reserved.

CORPORATE PROPERTY AUTOMATED INFORMATION SYSTEM ACCESS

- 19. Check the appropriate action to be taken. If requesting a modification of your user CPAIS role, specify all role(s) deleted and/or added.
- 20. N/A
- 21. If requesting UMA manager, this must be approved at a department level.

FINANCIAL DATA WAREHOUSE SYSTEM ACCESS

- 25. Check the appropriate box to grant level of access. Security group is for Security Administrators or individuals who need access per job duties.
- 26. Check the appropriate box to grant level of report access. Check only one box.

INTEGRATED ACQUISITION SYSTEM ACCESS

- 28. Check all appropriate roles.
- 29. Enter requisition approval amount, if user is a Funds Approver.
- 30. Enter warrant amount, if user is a Contracting Officer. Verify the amount to be entered here with your supervisor if you are warranted for a higher amount than your supervisor has authorized you for.
- 31. Does this user purchase for other agencies? If yes, enter the agencies here, e.g., Rural Development, Food and Nutrition Service.

MANAGEMENT INITIATIVES TRACKING SYSTEM ACCESS

- 32. Check required role.

See USDA Corporate Website or the MITS Security Features User's Guide for definitions of each role. Only one role per MITS module should be entered on an individual AD-1143; complete separate AD-1143 documents for each additional role.

For PMA:

Enter appropriate initiative(s).

CS – Competitive Sourcing

HC – Human Capital

CP – Credit Programs

RP – Real Property

eGov – Egovernement

FM – Financial Management

FBCI – Faith Based

R&D – Research and Development

IPIA – Improper Payments

BPI – Budget and Performance Integration

Enter appropriate agency(s).

For PART:

Enter appropriate program(s) or “ALL”, default is “ALL”.

Enter appropriate agency(s).

Enter mission area(s) (required for mission area coordinators only).

Enter PART program(s) – optional (enter if user should have edit access for limited PARTs)

For BUDGET:

Enter appropriate agency(s).

For AUDIT TRACKING: Enter appropriate agency(s).

Enter mission area(s) (required for mission area coordinators only).

Executive Officer and OIG Auditors role – Available to OCFO employees and OIG auditors only.

Audit Follow-up Coordinator role – Available to OCFO employees only.

Enter appropriate initiative(s).

For Sustainability Scorecard:

Enter appropriate agency(s).

GOVTRIP.COM

33. Please check the role the user will be in GovTrip.

Traveler - Only view their travel data and submit their own voucher for approval.

Travel Arranger - Able to prepare travel plans for designated personnel in their agency's organization and able to see the information of others.

Approver--Able to approve travel vouchers for designated personnel in their agency's organization.

Agency FATA – Able to set up configuration for their designated agency. This should be only a few personnel.

34. Indicate if training has been received.

35. Signature of the requester’s supervisor or designated travel manager in the agency.

SPECIAL INSTRUCTIONS

36. Include any additional information needed to complete access. Specify the security profile or job assignment, or any comments or special instructions.

For CPAIS: Provide organization number(s) for which access is being requested. If access is needed for all organizations within an agency, list agency name and “ALL”.

For FFIS: 1) Provide previous profile or job assignment and the new profile or job assignment, if modification to existing model; and

2) Provide the names of the additional agencies(s) and required roles, if the user performs services for additional USDA agencies, e.g., “cross-servicing”.

USER ACKNOWLEDGEMENT

A USER SIGNATURE IS REQUIRED IN THE USER ACKNOWLEDGMENT BLOCK WHEN THEY ARE ADDED TO A SYSTEM.

37. User’s signature.

38. Date user signed form.

BACKGROUND INVESTIGATION

THIS FIELD MUST BE FILLED OUT. SECURITY ADMINISTRATORS WILL NOT COMPLETE THE REQUEST UNLESS THIS BOX IS FILLED OUT ACCORDING TO THE INSTRUCTIONS BELOW

39. Check whether background investigation has been initiated or completed. This applies to both USDA employees and contractors.

40. Date background investigation was initiated or completed.

41. Name of user’s immediate manager

AUTHORIZATION

42. Manager’s signature.

43. Date manager approved the requested action.

ACTION TAKEN

44. Security Administrator's signature.

45. Date Security Administrator completed user's request.

46. Security Administrator can use this space to include any notes related to the completion of the request. The agency's Security Administrator will retain each completed form for audit purposes.

Sample AD-1143 Form

AD-1143		U.S. DEPARTMENT OF AGRICULTURE		1. SYSTEM/APPLICATION NAME Check one or more and complete the applicable section(s) <input type="checkbox"/> Automated Cash Reconciliation Worksheet System <input type="checkbox"/> Corporate Property Automated Information System <input checked="" type="checkbox"/> Financial Data Warehouse <input checked="" type="checkbox"/> Foundation Financial Information System <input checked="" type="checkbox"/> GovTrip.com <input checked="" type="checkbox"/> Integrated Acquisition System <input checked="" type="checkbox"/> Management Initiatives Tracking System 2. FFIS APPLICATION NUMBER(S) (If Applicable)	
CORPORATE SYSTEMS ACCESS REQUEST FORM					
USER INFORMATION (See Privacy Act Statement)					
3. USER'S SSN (See Instructions) for FFIS		4. USER'S NAME (Last, first, middle initial)		5. USER'S TITLE OR CONTRACTOR*	
		Doe, John, T		Computer Specialist	
6. USER'S MAILING ADDRESS WITH ZIP CODE				7. AGENCY	8. OFFICE
300 Corp Blvd. Robbinsville, NJ 08691				USDA/FNS	ISO
9. USER'S E-MAIL ADDRESS		10. USER'S PHONE NUMBER		11. MANAGER'S PHONE NUMBER	
john.doe@fns.usda.gov		(444)- 443 - 3232		(234) - 343 - 4232	
*See special instructions					
ACTION REQUESTED					
NAME CHANGE		12. OLD NAME (Last, first, middle initial) If Applicable		13. NEW NAME (Last, first, middle initial) If Applicable	
ACCESS		14. (Check all that apply):		15. USER ID(S) (Include NFC, FFIS, E-Auth User ID, if applicable)	
		<input checked="" type="checkbox"/> Add User <input type="checkbox"/> Delete User <input type="checkbox"/> Modify User Profile <input type="checkbox"/> Agency Cross-Service Access		jdoe2	
AUTOMATED CASH RECONCILIATION WORKSHEET SYSTEM (ACRWS) ACCESS					
16. USER'S ACRWS 52 Roles/Access (Check all that apply)			17. USER'S ACRWS 53 Roles/Access (Check all that apply)		
<input type="checkbox"/> Public/Read-Only <input type="checkbox"/> Auditor <input type="checkbox"/> Approver <input type="checkbox"/> Import Manager <input type="checkbox"/> ACRWS 52BRIO/Hyperion			<input type="checkbox"/> Public/Read-Only <input type="checkbox"/> Auditor <input type="checkbox"/> Approver <input type="checkbox"/> Import Manager <input type="checkbox"/> ACRWS 53 BRIO/Hyperion		
CORPORATE PROPERTY AUTOMATED INFORMATION SYSTEM (CPAIS) ACCESS					
19. USER'S CPAIS ROLE					
<input type="checkbox"/> UMA Manager Real <input type="checkbox"/> UMA Manager Personal <input type="checkbox"/> UMA User Real (Specify add and/or modify role(s)) <input type="checkbox"/> UMA User Personal (Specify add and/or modify role(s))					
					21. SIGNATURE OF UMA Manager for all Users. (Sign and date)

Electronic Form Version Designed in Adobe 8.1 Version

FINANCIAL DATA WAREHOUSE (FDW) ACCESS	
25. USER'S SECURITY GROUP <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Security <input type="checkbox"/> Non-Payroll	26. USER'S SECURITY ACCESS <input type="checkbox"/> Analyze and Process (Quick view) <input type="checkbox"/> Query and Analyze (Insight) <input checked="" type="checkbox"/> Data model and Analyze (Explorer)

INTEGRATED ACQUISITION SYSTEM (IAS) ACCESS		
28. USER'S IAS ROLE (Check all that apply)	<input type="checkbox"/> Requisitioner <input checked="" type="checkbox"/> Requisition Approver <input type="checkbox"/> Budget Approver <input type="checkbox"/> Commitment Error Manager <input type="checkbox"/> Purchasing Specialist/Contracting Officer <input type="checkbox"/> Supervisory Contracting Officer <input type="checkbox"/> Obligation Error Manager	<input type="checkbox"/> Receiver <input type="checkbox"/> Invoice Entry Clerk <input type="checkbox"/> Payment Approving Officer <input checked="" type="checkbox"/> Payment Approving Error Manager <input type="checkbox"/> Interface Manager <input type="checkbox"/> Payment Status Reviewer <input type="checkbox"/> Other _____
		29. REQUISITION APPROVAL AMOUNT <p style="text-align: center;">\$1,000.00</p>
		30. ACQUISITION WARRANT AMOUNT <p style="text-align: center;">\$1,000.00</p>
		31. CROSS AGENCY SERVICE TO (If Applicable) <p style="text-align: center;">APHIS</p>

MANAGEMENT INITIATIVES TRACKING SYSTEM (MITS) ACCESS		
32. PMA ROLES (Check one) <input type="checkbox"/> Agency User <input checked="" type="checkbox"/> Approving Official <input type="checkbox"/> Initiative Owner <input type="checkbox"/> Executive Officer <input type="checkbox"/> PMA Coordinator PMA Initiative(s): _____ Agency(s): _____	PART ROLES (Check one) <input type="checkbox"/> Agency User <input checked="" type="checkbox"/> Approving Official <input type="checkbox"/> Mission Area Coordinator <input type="checkbox"/> Executive Officer <input type="checkbox"/> OBPA Officer PART Program(s) (Optional): _____ Agency(s): _____ Mission Area(s): _____ (Required for Mission Area Coordinator only)	BUDGET ROLES (Check one) <input type="checkbox"/> Agency User <input checked="" type="checkbox"/> Approving Official <input type="checkbox"/> Executive Officer <input type="checkbox"/> OBPA Coordinator Agency(s): _____

MANAGEMENT INITIATIVES TRACKING SYSTEM (MITS) ACCESS	
AUDIT TRACKING (Check one) <input checked="" type="checkbox"/> Agency User <input type="checkbox"/> Executive Officer and OIG Auditors <input type="checkbox"/> Audit Follow-up Coordinator Agency(s): _____ Mission Area(s): _____	SUSTAINABILITY SCORECARD ROLES (Check one) <input checked="" type="checkbox"/> Agency User <input type="checkbox"/> Approving Official <input type="checkbox"/> Initiative Owner <input type="checkbox"/> Executive Officer <input type="checkbox"/> SSM Coordinator SSM Initiative(s): _____ Agency(s): _____

GOVTRIP.COM		
33. GovTrip.com Role <input type="checkbox"/> Traveler <input checked="" type="checkbox"/> Travel Arranger <input type="checkbox"/> Approver <input type="checkbox"/> Agency FATA	34. GovTrip TRAINING RECEIVED? (If yes, enter date completed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>09/15/2010</u>	35. GovTrip Agency APPROVER (Sign and date when action has been completed) Approver: <u>Sign Here</u> Date: <u>09/15/2010</u>

SPECIAL INSTRUCTIONS

36. SPECIAL INSTRUCTIONS

USER ACKNOWLEDGEMENT

I have read the automated information systems security rules and understand the security requirements of the automated information systems and/or applications described on this form. I understand that any violation of these rules may result in disciplinary action, removal from the agency/USDA, and/or criminal prosecution.

37. USER'S SIGNATURE *	38. DATE
----------------------------------	-----------------

BACKGROUND INVESTIGATION

39. <input type="checkbox"/> Initiated <input type="checkbox"/> Completed	40. DATE (Initiated or completed)	41. PRINT MANAGER'S NAME
--	--	---------------------------------

AUTHORIZATION

User's Manager - I certify this user has received security instructions for the systems and/or applications indicated, and I approve his/her access to these systems and/or applications and the associated user profiles.	42. MANAGER'S SIGNATURE *	43. DATE
---	-------------------------------------	-----------------

ACTION TAKEN

44. SECURITY ADMINISTRATOR * <u>Security officer will sign here:</u>	45. DATE
46. SECURITY ADMINISTRATOR NOTES	

PRIVACY ACT NOTICE

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.

Once the FNS-674 and the AD-1143 are filled out and signed you must forward them to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

National Data Bank (NDB)

The NDB supports the administration of all FNS budget programs, and is the official source of public financial information about FNS. The system provides a single, consistent, official database to support analysis and public release of Agency program, financial, and audit information. Two mission applications, the Food Programs Reporting System (FPRS) and the Processed Commodities Inventory Management System (PCIMS), provide extracted program data to the NDB database. Additional data is acquired from the Bureau of Labor Statistics and the Bureau of the Census. NDB information is released to USDA, OMB, Congress and the public. The FNS Congressional and Public Affairs offices are the predominant NDB users.

In order to receive access to the NDB System you must fill out an NDB specific access form. This form is available from the NDB Website.

<http://ndbweb01/NDB8/Home/SignIn.aspx>

Please complete the NDB form as described in the instructions below.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Sample NDB Form

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service		DATE OF REQUEST: _____	
FNS NATIONAL DATA BANK (NDB) SYSTEM AUTHORIZATION REQUEST			
Use Explanations			
PRINT USER NAME (First, MI, LAST):	USER SIGNATURE:	* LOGON ID: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	F N S _ _ _ _
FNS USER (Check One) HQ <input type="checkbox"/> REGION <input type="checkbox"/> FIELD <input type="checkbox"/>		ORGANIZATION NAME (FNS Division / Branch, RO program, FO or satellite):	
ADDRESS: _____ _____ _____		TELEPHONE NO. (Give Area Code & Number): _____	
		E-MAIL ADDRESS: _____	

NDB SYSTEM ACCESS ACTION

ACTION REQUESTED	NDB SYSTEM	APPROVAL FOR
<input type="checkbox"/> Add User <input type="checkbox"/> Remove User	RELEASEABLE DATA <input type="checkbox"/> PUBLIC USE	INTERNAL USE ONLY <u>SIGNATURE OF USER</u> _____ HQ Bin No. = _____
	INTERNAL USE ONLY <input type="checkbox"/> PRELOAD / SUBMISSION <input type="checkbox"/> ANALYSIS DATABASE (Future Use) <input type="checkbox"/> GREENSHEETS <input type="checkbox"/> YEAR-END	

"COMMENTS, JUSTIFICATIONS, SPECIFIC INSTRUCTIONS"

APPROVAL	DISAPPROVAL	DATE	APPROVALS	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Signature of Supervisor (Branch Chief or higher)	Phone No.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Signature of RA / Deputy Administrator (Required for Internal Use)	Phone No.

SIGNATURE OF HEADQUARTERS NDB OFFICIAL:	DATE COMPLETED:
---	-----------------

* LOGON ID = F N S _ _ _ _ , where 4th character = region or HQ number, and characters 5 - 7 = user initials

1 = NERO, 2 = MARO, 3 = SERO, 4 = MWRO, 5 = SWRO, 6 = MPRO, 7 = WRO, 8 = HQ, 0 = AcuSys

NDB Database Explanations

Public Use Database - UPDATED MONTHLY. Data in this database is releasable to the general public. It is the official source of Food and Nutrition Service (FNS) participation and program data submitted by grantees.

Preload Database - UPDATED DAILY*. This database provides access to preliminary data that has been certified by the State Agencies and posted by the Regional Offices. This database is mainly used by authorized Budget and Program Staff to review and evaluate data accuracy prior to releasing the data to the Public Database.

***Note:** *Each month for a few days, the Preload Database is closed to daily updates to allow the Budget and Program Staff to validate releasable data to the "Public Use" database. During this period, the "gates" which allow data updates are closed, hence the message, "All Gates are Closed." Once the Public Database has been updated, the Preload Database will resume being updated daily.*

Submission Database - UPDATED DAILY. Provides user with the actual form submissions from each grantee (State/ITO/Local Agency). It also provides a history for all FNS Program Form versions since 1989. User may access actual validated forms populated with data or access blank forms according to the desired version.

Analysis Database - UPDATED DAILY. This database provides access to the latest raw data that has been certified by the State Agencies and posted by the Regional Offices. This database is mainly used by authorized Budget and Program Staff to analyze the data submitted by the grantees.

Greensheets Database - The data residing in this database is program participation and cost data as of September of the current fiscal year. Data is "locked" for a year and it is used as part of the publication of yearly "Budget Greensheets".

Year End Database - This database is a subset of Preload Database data that contains estimated values through the end of the fiscal year. The purpose of this database is to support program planning.

The Form should be sent to the security officer's mailbox

Integrated Program Accounting System (IPAS)

IPAS is a commercial off-the-shelf (COTS) software application developed by BearingPoint – Performance Series 2.0F. It was acquired via the approved General Services Administration (GSA) schedule for Federal government accounting systems. As such, it has been tested and certified as compliant with the Federal Managers Financial Integrity Act (FMFIA), Section Four, the Joint Federal Management Improvement Program (JFMIP), Office of Management and Budget (OMB) (specifically Circulars A-127 and A-130), the General Accounting Office (GAO) and Department of Treasury (TD) standards for government accounting. Associated internal audit and security requirements are included in these standards.

In order to receive access to the IPAS System you must fill out an FNS-674 form. This system also requires an IPAS FNS-739 Form which you can find in the e-library.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

- b. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : IPAS.
 - i. Block 15. Enter the type of access: Administrator, Processor ETC.

- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. Your SSN# is required for new NFC users.
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any other comments needed.
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for IPAS is attached to the Guide. If you don't see an Authorizing Official listed for your system then none is required just send the form and leave this block blank.)
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Below is the sample of the IPAS FNS-739 that also must be filled out and sent in along with the FNS-674. Both forms are required for IPAS Access

Sample 674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
4. Email John.Doe@fns.usda.gov		3. Date of Request 08/17/2011	
5. USDA E-Auth ID, (if applicable) jdoe123			
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name IPAS	15. Type of Access administrator/processor etc.		16. Form (applicable for FPRS)
17. Action Requested ADD	18. State/Locality Codes		19. Login ID (Agency use only)
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add any additional Comments here!			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	
		Date _____	
Approvals			
24. a. Supervisor			
Print Name	<u>your Supervisor signs here</u>	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
b. System - Authorizing Officials			
Print Name	<u>The AO must sign here to grant you access</u>	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
c. Information Security Office			
Print Name	<u>Federal Security Officer signs here</u>	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request	28. Date Completed

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Sample FNS-739 IPAS FORM

Food and Nutrition Service Integrated Performance Accounting System (IPAS)

USER NAME: John Doe
USER ADDRESS: 300 Summers St
 Robbinsville, NJ 08691

USER LAN ID: jdoe
USER PHONE: 666-545-4444
USER E-MAIL: john.doe@fns.usda.gov
DEFAULT DOC. DEPT. fill in your dept number

User Class	Title	Access Add (A) Delete (D)
Level #1	Security Administrator (HQ Only)	
Level #9	Functional Administrator (HQ Only)	
Level #2	Approval Processing Coordinator-Allow	
Level #3	Vendor Coordinator	
Level #4	Report Management Administrator - HQ (HQ Only)	
Level #5	Interface Coordinator/Special Processes	
Level #6	Budget Supervisor (HQ Only)	
Level #7	Inquiries	
Level #8	Budget Processor (HQ Only)	
Level #10	Processor Obligations (RO Only)	
Level #11	Processor A/R-RO (RO Only)	
Level #12	Processor Collections	
Level #13	Administrator/Supervisor (HQ Only)	
Level #14	Certifying Officer-A/P (HQ Only)	
Level #15	GAD/LOC Administrator-HQ (HQ Only)	
Level #16	GAD/LOC Administrator-RO (RO Only)	
Level #17	GAD/LOC Processor	
Level #18	GAD/LOC Certifying Officer	
Level #19	GAD/LOC Closeout Administration (HQ Only)	
Level #20	A/P (HQ Only)	
Level #21	Future Use	N/A
Level #22	Processor-Year End (HQ Only)	
Level #23	Processor-A/R-HQ (HQ Only)	
Level #24	Approval Processing Trans	
Level #25	GAD/LOC Amendment Approval	
BUSINESS OBJECTS - IPAS REPORT Writer		

Comments: _____

 User's Signature: _____ Date: _____

 User's Supervisors Signature: _____ Date: _____

IPAS System Security Administrator Signature: _____ Date: _____

Branch Chief, Financial Policy & Systems/Division Director: _____ Date: _____

Security Administrator Update Only	
Approved: _____	Disapproved: _____
Date: _____	Date: _____
Comments: _____	

Access requested must be based upon the individual's work requirement. The user's access to a particular screen and the activity therein should be considered when applying for security access. For example, a processor for the Collection Log should have "UNDELETE" capabilities to the Collection Log window. This enables the user to have complete control and access to the data contained on this window. Whereas the same individual/user class will have "NONE" or "INQUIRY" capabilities to the Receivable Entry window.

Travel Reporting and Integrated Projections System (TRIPS)

TRIPS (Travel Reporting and Integrated Projection System) is an Intranet based system for FNS regions to manage their travel funds. This version of TRIPS uses Microsoft's ASP.NET and a SQL Server database. It is much quicker than the Excel version of the system and will provide more reporting capabilities.

Both NPA and special account travel funds may be projected and tracked through TRIPS. Regional users can project travel either manually or through the Travel Estimator. Individual and blanket travel authorization numbers are used to identify projected and actual travel. TRIPS features a new capability that will automatically generate the Region's next 202 number for users if this option is chosen.

Each region will only have access to their regional travel information. Program users (both editors and viewers) in each region have access to their NPA account and special accounts. Program editors manage their projected travel. Regional users (FM editors) have editing and/or viewing access to all of their regional data. The Regional editors update TRIPS with actual travel as it occurs, moving it from projected to actual. A Local System Administrator will have the capability to edit the per diem and POV tables, change the tab or button order, and perform other administrative tasks.

In order to receive access to TRIPS account, you must first have a Level 2 Eauthentication ID and Password.

Once the level 2 ID is obtained you must complete an FNS-674 form. Please complete the 674 as described in the instructions below.

Processing Time: 24 to 48 hrs.

Please complete the 674 as described in the instructions below.

- c. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : TRIPS
 - i. Block 15. Enter the type of access: Read, Write Tester, Etc.

- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. N/A used only for NFC Accounts.
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any other information here:
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for TRIPS is attached to the Guide. If you don't see an Authorizing Official listed for your system then none is required just send the form and leave this block blank.)
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Sample 674 Form

OMB Control Number 0584-0532
Expiration Date: XX/XX/XXXX

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
4. Email John.Doe@fns.usda.gov		3. Date of Request 08/17/2011	
5. USDA E-Auth ID, (if applicable) jdoe123			
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name OTHER	15. Type of Access Tester/User	16. Form (applicable for FPRS) N/A	
17. Action Requested ADD	18. State/Locality Codes Camden County	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Create TRIPS Account			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	<u>your Supervisor signs here</u>	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
b. System - Authorizing Officials			
Print Name	<u>The AO must sign here to grant you access</u>	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
c. Information Security Office			
Print Name	<u>Federal Security Officer signs here</u>	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request	28. Date Completed

FORM FNS-674 (08-09) Previous editions obsolete

SBU

Page 1

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

National Information Technology Center (NITC)

You must request an NITC ID and Password in order to access the TN3270. If you require access to datasets you must include the dataset name, or the OON and ORG depending on the access you are requesting on the access request form.

Treasury Offset Program (TOP) Operations

The Treasury Offset Program (TOP) is housed at the U. S. Department of the Treasury. TOP is a system whereby Treasury will offset eligible Federal payments to collect a delinquent debt owed to a creditor agency (i.e., FNS). The offset payment will be sent to the creditor agency to satisfy the debt. Treasury provides specified file layouts for agencies to use for sending batch files to Treasury. FNS' role is the receipt and consolidation or separation of batch files to/from States and Treasury. FNS does not have a TOP system such as an accounting system or personnel system. FNS simply passes data between States and Treasury. FNS uses utility programs at National Information Technology Center (NITC) to perform this process and Microsoft Office on the Local Area Network (LAN) to format reports used in the analysis of data. State agencies establish claims for over-issued food stamp benefits. These claims are eligible for collection through TOP.

[NOTE: Users must obtain an NITC ID in order to access the TOP System.

Systems that require NITC access are:

- (1) **Management Initiatives Tracking System (MITS)** - MITS is an interactive, web-based performance measure tracking application system designed to collect, analyze, and report on USDA's progress in realizing management initiatives.
- (2) **Financial Data Warehouse (FDW)** – FDW is an on-demand financial management, reconciliation, tracking and reporting tool that is built upon the nightly financial extracts from the Foundation Financial Information System (FFIS) and the biweekly payroll detail for each agency. FDW receives processes, and stores financial and Privacy Act data.

To obtain access to NITC an FNS-674 is required. However for access to the systems that reside at NITC a Corporate Systems Access Request Form, AD-1143 form is also required.

Follow the instructions below to fill out the FNS-674 and AD-1143 for each of these systems. Note: although you need an FNS-674 for each system requested you only need One AD-1143 for all the system requested. In the FNS-674 you only need to list the

system name and the type of access requested all other information should be listed on the AD-1143.

Processing Time: 24 to 48 hrs.

NOTE: all processing times are subject to the FNS-674 being submitted is correct and all information is included on the form.

Please complete the 674 as described in the instructions below.

d. User information

- a. Block 1. Enter your Name
- b. Block 2. Enter your Title
- c. Block 3. Enter the current date.
- d. Block 4. Enter your Email address
- e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
- f. Block 6. Enter the type of user such as (Federal, or State etc.)
- g. Block 7 thru 13. Enter your Phone and organization information.
- h. Block 14. Enter the system name : NITC
- i. Block 15. Enter the type of access: TRVL etc
- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. N/A for NFC ID's only
- o. Block 21. This is for JP Morgan Accounts Only

- p. Block 22. Enter the information list here in order to gain access to TRVL system or Financial Reports etc. Organization Structure Code (ORG) (e.g. 3051-0040-510) and the Originating Office Number (OON) (e.g. AG3070FM01). To add Datasets with your ID we need the DATASET name example FNS96 etc.
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for NITC is attached to the Guide. If you don't see an Authorizing Official listed for your system then none is required just send the form and leave this block blank.)
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011		4. Email John.Doe@fns.usda.gov	
5. USDA E-Auth ID, (if applicable) jdoe123		6. Type of User (select one) Federal	
7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd	Suite #	
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name NITC	15. Type of Access New User	16. Form (applicable for FPRS) N/A	
17. Action Requested ADD	18. State/Locality Codes	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
<p>22. Comments, Special Instructions (attach separate sheet if more space is needed) Create TRAVEL Account OON:xxxxxxxx, ORG xxxxxxxxx Data sets needed FNS96 etc.</p>			
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
c. Information Security Office			
Print Name	Federal Security Officer signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received _____	27. Person Receiving Request _____
		28. Date Completed _____	

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Store Tracking and Redemption System (STARS)

STARS is the national database for retailer management for the supplemental Nutritional Assistance Program (SNAP). SNAP retailer operations are administered through a headquarters organization, 7 regional offices and 52 field offices. In addition Thirty-nine (39) out-stationed compliance investigators report to FNS Headquarters, Alexandria, VA, through 4 compliance area offices. These organizations are responsible for managing the benefit redemption functions of the SNAP. Cooperating state and local agencies perform benefit eligibility and issuance functions, with FNS oversight.

STARS Provides primary automated support for the SNAP benefit redemption functions. Broad responsibilities for public administration are reflected in the composition of the STARS users. There are more than 1,000 STARS IDs issued for direct access to add, delete, and update data and to inquire the status of store redemptions, authorizations and investigations for the approximately 216,000 grocery stores and specialized meal services authorized to deliver food assistance in return for electronic benefits. These users include, but are not limited to, the officials responsible for SNAP administration and investigation in FNS and in the USDA Office of the Inspector General (OIG), in FSP State agencies as well as the State agencies administering the Women, Infants, and Children (WIC) Program.

Users of the following related system also require STARS access, however access for each system must be requested separately:

Women, Infant and Children – The Integrity Profile (WIC-TIP) – WIC serves to safeguard the health of low-income women, infants, and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Women, Infant and Children – Universal Product Code (WIC-UPC) - UPC is a national database of foods with their Universal Product Code (UPC) numbers.

In order to receive access to the STARS system you must complete an FNS-674 form.

Processing Time: 24 to 48 hrs.

Please complete the 674 as described in the instructions below.

- e. User information

- a. Block 1. Enter your Name
- b. Block 2. Enter your Title
- c. Block 3. Enter the current date.
- d. Block 4. Enter your Email address
- e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
- f. Block 6. Enter the type of user such as (Federal, or State etc.)
- g. Block 7 thru 13. Enter your Phone and organization information.
- h. Block 14. Enter the system name : STARS
- i. Block 15. Enter the type of access: Inquire, Update ETC.
- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is for NFC Accounts Only.
- o. Block 21. This is for JP Morgan Accounts Only
- b. Block 22. Enter any other comments here:
- p. Block 23. User must sign the form.
- q. Block 24A. Users Supervisor must sign the form.
- r. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for STARS is attached to the Guide. If you don't see an Authorizing Official listed for your system then none is required just send the form and leave this block blank.)

- s. Block 24 C. This Block is for the Security Officer to sign.
- t. Block 24D. Your state security officer can sign here if available.
- u. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Non-FNS users must attach a signed Confidentiality Statement. Obtain a copy from STARS help desk or the STARS Authorizing Official.

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<small>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</small>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
4. Email John.Doe@fns.usda.gov			3. Date of Request 08/17/2011
		5. USDA E-Auth ID, (if applicable) jdoe123	
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name STARS	15. Type of Access		16. Form (applicable for FPRS)
17. Action Requested ADD	18. State/Locality Codes		19. Login ID (Agency use only)
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Add any additional Comments here!			
Privacy Act Statement			
<small>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</small>			
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)			
<ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature	_____
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature	_____
c. Information Security Office			
Print Name	Federal Security Officer signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature	_____
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature	_____
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request
		28. Date Completed	

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Sample for a WIC State user, including Confidentiality Statement

CONFIDENTIALITY STATEMENT Supplemental Nutrition Assistance Program (SNAP) Store Tracking and Redemption Subsystem (STARS)

To be completed by all non-FNS personnel requesting access to STARS.
Attach to FNS-674, User Access Request Form.

I. Confidentiality of Information

Confidential information, for the purposes of this statement, means: (1) information or data of a personal nature, proprietary about an individual, firm, private or public corporation, or (2) information or data submitted by or pertaining to an institution or organization, or (3) information which might require special consideration with regard to the timing of its disclosure where such release might injure the integrity of the Supplemental Nutrition Assistance Program (SNAP) retailer compliance monitoring and law enforcement activities.

II. Restriction against Disclosure

Confidential information as defined in paragraph I above, shall not be disclosed without the prior written consent of the Food & Nutrition Service (FNS); this is further defined in FNS Handbook 701 "FNS Computer Security Policy Handbook."

In the event of any uncertainty with regard to the proper handling of material, a written determination shall be requested from the FNS Computer Security Manager, Information Technology Division, to cover any release, disclosure, dissemination, or publication. Federal Regulations at 7CFR278.1(q) states, in part, "...the contents of applications or other information furnished by firms, including information on their gross sales and food sales volumes and their redemptions of coupons (The regulations elsewhere states that coupons also refer to electronically transferred benefits), may not be used or disclosed to anyone except for purposes directly connected with the administration and enforcement of the [Supplemental Nutrition Assistance Program]."

III. Safeguarding Confidentiality

All personal and proprietary information will be kept physically secure and maintained in strict confidence. This means that reasonable measures will be taken to prevent access by unauthorized persons such as leaving materials unsecured in a work area. Confidential data will be destroyed when it is no longer needed for the original purpose for which it was released.

IV. Notification

In the event that anyone has reason to suspect or determines that there has been a breach of the confidentiality requirements, FNS shall immediately be notified in writing, addressing the notification to the FNS Benefit Redemption Division Director, SNAP, 3101 Park Center Drive, Alexandria, VA 22302-1594

V. Penalties

Disclosing confidential information is a misuse of Federal property and may result in prosecution to the full extent of remedies available under the law, including fines, imprisonment, or both.

Disclosing the SNAP retailer store financial data carries additional penalties under Section 9 of the Food and Nutrition Act of 2008 and the Code of Federal Regulations section 278.1(q).

Disclosing information on individuals is protected under the Federal Privacy Act of 1974, 5 U.S.C. 552a, and implementing regulations and policies; and may also be protected under State privacy acts.

VI. Certification

The undersigned certifies to having read and understood the above stated confidentiality requirements covering use and disclosure of SNAP retailer data.

Signature: *J. James* Date: 6/7/11
Title: Vendor Spec. Organization: Ohio Dept of Health, WIC
Address: 2 E. Broad St, Columbus OH 43211

Signature of the Approving FNS Representative: _____
3101 Park Center Drive, Room 418
Alexandria, VA 22302
Attn: Carole Miller or Shelly Pierce, Retailer Operations Branch

Women, Infant and Children – The Integrity Profile (WIC-TIP)

This System Design Document describes the technical design that implements the functional requirements specified in the TIP Functional Requirements Document. The TIP application consists of two major components: the spreadsheet application and the Web (database) application. This document provides the design detail for these components and their supporting modules. In accordance with program regulations, WIC State agencies annually report their vendor management and monitoring efforts to FNS through TIP. TIP is a data collection and reporting format that summarizes program violations by vendors, safeguards that exist to ensure that program goals are met, and State agency actions to prevent, detect and eliminate fraud and abuse by vendors. The TIP application is a fully operational database that enables WIC State agencies to enter or download TIP data from their Management Information Systems (MIS) directly into a centralized database via the Internet. . This application replaces the current process of State agencies sending data in Microsoft Excel and Microsoft Word format and includes on-screen edits to prevent data entry errors from occurring, and security features that allow only authorized State and Federal staff to access the TIP data. The application also includes Web-based training to assist Federal and State staff when using the TIP application.

To gain access to the WIC-TIP system complete an FNS-674 as described by the information above in the STARS instructions with the exception of block 14 you will replace the STARS entry with WIC-TIP.

Processing Time: 24 to 48 hrs.

Once the level 2 ID is obtained you must complete an FNS-674 form. Please complete the 674 as described in the instructions below and add any justification necessary.

- f. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address

- e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
- f. Block 6. Enter the type of user such as (Federal, or State etc.)
- g. Block 7 thru 13. Enter your Phone and organization information.
- h. Block 14. Enter the system name : Other (WIC-TIP will go in Block22)
- i. Block 15. Enter the type of access: Read, Write, Execute, Admin etc.
- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is for NFC Accounts Only.
- o. Block 21. This is for JP Morgan Accounts Only
- c. Block 22. Enter any other comments here: Create WIC-TIP Access
- p. Block 23. User must sign the form.
- q. Block 24A. Users Supervisor must sign the form.
- r. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for STARS is attached to the Guide. If you don't see an Authorizing Official listed for your system then none is required just send the form and leave this block blank.)
- s. Block 24 C. This Block is for the Security Officer to sign.
- t. Block 24D. Your state security officer can sign here if available.
- u. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

Non FNS users must attach a signed Confidentiality Statement. Obtain a copy from STARS help desk or the STARS Authorizing Official.

U.S. Department of Agriculture - Food, Nutrition and Consumer Services				
User Access Request Form				
<small>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</small>				
User Information				
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist	3. Date of Request 08/17/2011
4. Email John.Doe@fns.usda.gov		5. USDA E-Auth ID, (if applicable) jdoe123		
6. Type of User (select one) Federal	7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT	12. Department ISO		
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #	
City Robbinsville	State NJ	ZIP Code 08691		
14. System Name OTHER	15. Type of Access Read, write, execute, admin etc		16. Form (applicable for FPRS) N/A	
17. Action Requested ADD Access	18. State/Locality Codes		19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only:		21. Enter Home ZIP Code for JP Morgan access Only:		
22. Comments, Special Instructions (attach separate sheet if more space is needed) Create WIC - TIP access				
Privacy Act Statement				
<small>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</small>				
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form) <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 				
User Signature		Print Name		Date
Approvals				
24. a. Supervisor				
Print Name	your Supervisor signs here		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	Date	Signature		
b. System - Authorizing Officials				
Print Name	The AO must sign here to grant you access		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	Date	Signature		
c. Information Security Office				
Print Name	Federal Security Officer signs here		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	Date	Signature		
d. State Computer Security Officer (if applicable)				
Print Name			<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	Date	Signature		
To be Completed by IT Customer Support				
25. Has the Security and Privacy Training been completed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request
			28. Date Completed	

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

WIC Management Evaluation Tools: (WIC-ME-TOOLS)

Food and Nutrition Services (FNS) conducts reviews of the States' Supplemental Nutrition Assistance Program (SNAP) management evaluation (ME) review system and processes.

A State ME review is one of the State's most important management tools in evaluating administration of SNAP at the local level. State agencies are required to ensure that project areas operate SNAP in compliance with provisions of FNS regulations. Information collected by the State during the local level review shows how the local office is applying policies and procedures including ensuring access to the program. FNS reviews assess the adequacy of the State's ME review process and methodology.

Program regulations at 7 CFR 275.8 provide that States shall review the national target areas specified by FNS. Requirements for review of the State ME procedures are established in the SNAP regulations at 7 CFR 275.3. This guidance document provides the regions with procedures and tools to conduct reviews of State ME systems and processes. It may be used in conjunction with other review guides

To gain access to the WIC ME TOOLS system complete an FNS-674 as described by the information above in the STARS instructions with the exception of block 14 you will replace the STARS entry with WIC ME TOOLS.

Processing Time: 24 to 48 hrs.

Once the level 2 ID is obtained you must complete an FNS-674 form.

Please complete the 674 as described in the instructions below and add any justification necessary.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : STARS (WIC ME TOOL is part of STARS
you will put the WIC-ME TOOL in the comments block)

- i. Block 15. Enter the type of access: Read, Write, execute ETC.
- j. Block 16. Enter N/A
- k. Block 17. Enter the Action Requested: ADD
- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have Example create WIC-ME-TOOL
Account
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of
AO's for STARS WIC-ME-TOOLS is attached to the Guide.
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<small>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</small>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011		4. Email John.Doe@fns.usda.gov	
5. USDA E-Auth ID, (if applicable) jdoe123		6. Type of User (select one) Federal	
7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd	Suite #	
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name STARS	15. Type of Access Read, write, execute, PROD, METool	16. Form (applicable for FPRS) N/A	
17. Action Requested ADD Access	18. State/Locality Codes	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Create WIC ME-TOOL			
Privacy Act Statement			
<small>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</small>			
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form) <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	<u>your Supervisor signs here</u> _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
b. System - Authorizing Officials			
Print Name	<u>The AO must sign here to grant you access</u> _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
c. Information Security Office			
Print Name	<u>Federal Security Officer signs here</u> _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____ Date _____	Signature _____	
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request
			28. Date Completed

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Electronic Commodity Ordering System (ECOS)

The Electronic Commodity Ordering System (ECOS) is a United States Department of Agriculture (USDA) Web based commodity ordering system. It is used to report on the Delivery Order Acknowledgements, Pre-Round Surveys, Round Surveys, Delivery Order Updates, Entitlements, Commodities, Complaint workflow/reports, Delivery Destinations and Standard Remarks generated in the Processed Commodities Inventory Management System (PCIMS).

Processing Time: 24 to 48 hrs.

In order to receive access to the ECOS system you must complete an FNS-674 form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : ECOS
 - i. Block 15. Enter the type of access:
 - j. Block 16. Enter N/A
 - k. Block 17. Enter the Action Requested: ADD

- l. Block 18. N/A
- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have: Block 23. User must sign the form.
- q. Block 24A. Users Supervisor must sign the form.
- r. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for ECOS is attached to the Guide.
- s. Block 24 C. This Block is for the Security Officer to sign.
- t. Block 24D. Your state security officer can sign here if available.
- u. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</p>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011		4. Email John.Doe@fns.usda.gov	
5. USDA E-Auth ID, (if applicable) jdoe123		6. Type of User (select one) Federal	
7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)		9. Temporary Employee Expiration Date (if applicable)
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO		Street Address 300 Corporate Blvd	
City Robbinsville		State NJ	ZIP Code 08691
14. System Name ECOS		15. Type of Access	16. Form (applicable for FPRS) N/A
17. Action Requested ADD Access		18. State/Locality Codes	
19. Login ID (Agency use only)		20. Enter SSN for new NFC access Only: _____	
21. Enter Home ZIP Code for JP Morgan access Only: _____		22. Comments, Special Instructions (attach separate sheet if more space is needed) Add any other comments.	
Privacy Act Statement			
<p>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</p>			
<p>23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)</p> <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	
Date _____			
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
c. Information Security Office			
Print Name	Federal Security Officer signs here _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
d. State Computer Security Officer (if applicable)			
Print Name	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Phone Number	_____	Date	_____
		Signature	_____
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26. Date Received	27. Person Receiving Request
			28. Date Completed

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Electronic Payment Processing and Information Control (JP MORGAN CHASE) EPPIC

The JP MORGAN CHASE electronic benefit transfer (EBT) system¹ is the software application used to track and manage the Electronic Benefits Transfer (EBT) program. The system maintains Food Assistance issuance data, tracks Food Assistance account activities, authorizes Food Assistance purchase transactions at retailers' point of sale devices, and provides customer service support for cardholders and retailers 24 hours a day, 7 days a week.

Processing Time: 24 to 48 hrs.

In order to receive access to the EPPIC system you must complete an FNS-674 form.

Please complete the 674 as described in the instructions below.

- a. User information
 - a. Block 1. Enter your Name
 - b. Block 2. Enter your Title
 - c. Block 3. Enter the current date.
 - d. Block 4. Enter your Email address
 - e. Block 5. Enter your E-Auth Level 2 ID (if applicable)
 - f. Block 6. Enter the type of user such as (Federal, or State etc.)
 - g. Block 7 thru 13. Enter your Phone and organization information.
 - h. Block 14. Enter the system name : OTHER (add EPPIC in comments)
 - i. Block 15. Enter the type of access: Inquire ETC.
 - j. Block 16. Enter N/A
 - k. Block 17. Enter the Action Requested: ADD
 - l. Block 18. N/A

¹

- m. Block 19. N/A
- n. Block 20. This is only for new NFC accounts Only
- o. Block 21. This is for JP Morgan Accounts Only
- p. Block 22. Enter any comments you have: Create EPPIC account
- q. Block 23. User must sign the form.
- r. Block 24A. Users Supervisor must sign the form.
- s. Block 24B. Form must be signed by the proper Authorizing Official. (A list of AO's for EPPIC is attached to the Guide.
- t. Block 24 C. This Block is for the Security Officer to sign.
- u. Block 24D. Your state security officer can sign here if available.
- v. Block 25. Please check off if you have completed the CSAT training this year.
(if applicable)

U.S. Department of Agriculture - Food, Nutrition and Consumer Services			
User Access Request Form			
<small>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.</small>			
User Information			
1. Last Name Doe	First Name John	Middle Name T	2. Title Computer Specialist
3. Date of Request 08/17/2011		4. Email John.Doe@fns.usda.gov	
5. USDA E-Auth ID, (if applicable) jdoc123		6. Type of User (select one) Federal	
7. Telephone 555-555-1212	8. Contract Expiration Date (if applicable)	9. Temporary Employee Expiration Date (if applicable)	
10. Company USDA	11. Division OIT	12. Department ISO	
13. Office (select one) MARO	Street Address 300 Corporate Blvd		Suite #
City Robbinsville	State NJ	ZIP Code 08691	
14. System Name OTHER	15. Type of Access Inquire	16. Form (applicable for FPRS) N/A	
17. Action Requested ADD Access	18. State/Locality Codes	19. Login ID (Agency use only)	
20. Enter SSN for new NFC access Only: _____		21. Enter Home ZIP Code for JP Morgan access Only: _____	
22. Comments, Special Instructions (attach separate sheet if more space is needed) Create EPPIC account			
Privacy Act Statement			
<small>The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.</small>			
23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form) <ul style="list-style-type: none"> I have read and understand the Privacy Act Statement and the FNCS Rules of Behavior. Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them. I understand that systems require security to protect user and system files from unauthorized access. I have completed this form to the best of my abilities. 			
User Signature _____		Print Name _____	Date _____
Approvals			
24. a. Supervisor			
Print Name	your Supervisor signs here _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	_____
b. System - Authorizing Officials			
Print Name	The AO must sign here to grant you access _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	_____
c. Information Security Office			
Print Name	Federal Security Officer signs here _____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	_____
d. State Computer Security Officer (if applicable)			
Print Name	_____		<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Phone Number	Date	Signature	_____
To be Completed by IT Customer Support			
25. Has the Security and Privacy Training been completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. Date Received	27. Person Receiving Request	28. Date Completed

Once the FNS-674 is filled out and signed you must forward it to the Securityofficers.mailbox@fns.usda.gov for processing. You will receive notice from the appropriate party when your access has been completed.

Appendix A:

Steps to Obtain Eauthentication Level 2 Access

Log onto the eAuthentication site:

<https://eauth.sc.egov.usda.gov/eAuth/selfRegistration/selfRegLevel2Step1.jsp>

Create the eAuthentication account by completing the customer profile, which consists of personal identification information, a User ID, a password, and a four-digit PIN number. Personal identification information consists of, but is not limited to, the following:

- legal name (your name must be entered exactly as it appears on the government-issued photo ID you present for identity verification)
- date of birth
- address
- telephone number
- mother's maiden name

Create the User ID by following the instructions below. Once created, the User ID cannot be changed.

- User ID format: Two letter State abbreviation, First Name. Last Name
Example: NJJudy.Bryant
- The User ID must be 6 to no more than 20 characters long. If the User ID is greater than 20 characters, the eAuthentication system will shorten it to 20 characters.

Create the password. The password must be a minimum of 4 characters and cannot exceed 10 characters.

After creating the Level 2 account, you will receive a confirmation email to which you must respond within seven (7) days. The confirmation email will be sent to the email address you provided. If you do not respond within seven days, you will have to start the process over.

Then visit the nearest Service Center or one of our FNS Local Registration Authorities (LRA) in person to prove your identity with a current State driver's license, US passport, or US Military ID.

- To find a Service Center, go to <http://www.eauth.egov.usda.gov/index.html> and click on Service Centers tab, and/or review SD Memo 05-043/SFP 05-109/FM-05-08 dated 08-11-05; which lists FNS employees who are LRAs.
- Contact them to set up an appointment.

TIP: Make sure your photo ID matches the information you used to create your account.

After you have visited a LRA, you must update your password at the next login. Go to <http://www.eauth.egov.usda.gov/index.html> and click on “Update your account”. Insert your user ID and password and click on “Change my password”.

New password requirements:

- Minimum of 9 characters and maximum of 12 characters
- Must contain at least one uppercase letter, at least one lowercase letter, and at least one non-alphabetical character, which includes numbers and these punctuation marks: # - \$ % * = + : ; , ? ~
- Do not use any punctuation marks not in the above list, spaces, or tabs.
- May not contain your first or last name or your User ID

Complete FNS-674. Certifiers also complete FNS- 4. Send form(s) to the FNS Regional Office to receive access to the new system.

Appendix B

Authorizing Officials

NETGSS Authorizing Officials			
Name	Office Location	Phone Number	E-Mail Address
Jonathan Alboum	HQ	703-305-2759	Jonathan.alboum@fns.usda.gov
Rich Platt	HQ	703-305-2346	Rich.platt@fns.usda.gov
Vangie Cypher	HQ	703-305-2637	Vangie.cypher@fns.usda.gov
Tim Smith	HQ	703-305-2769	Tim.smith@fns.usda.gov
Angela Piscitelli	HQ	703-305-2958	Angela.piscitelli@fns.usda.gov
Donald Staren-Doby	HQ	703-305-2767	Donald.staren-dobey@fns.usda.gov
Jason Starkey	HQ	703-305-4379	Jason.starkey@fns.usda.gov
Kevin Lutgen	HQ	703-305-2245	Kevin.lutgen@fns.usda.gov
Robert Speary	MARO	609-259-5067	Robert.speary@fns.usda.gov
Madeline Diaz	SERO	404-562-1824	Madeline.diaz@fns.usda.gov
Reginald Rice	SERO	404-562-1819	Reginald.rice@fns.usda.gov
Dan Willard	SERO	404-562-1815	Daniel.willard@fns.usda.gov
Esther Liu	SERO	404-562-1813	Esther.liu@fns.usda.gov
Dennis Rector	SERO	404-562-1814	Dennis.rector@fns.usda.gov
Charles Evans	SERO	404-562-1826	Charles.evans@fns.usda.gov
Lori Lodato	NERO	617-565-6483	Lori.lodato@fns.usda.gov

Ralph King	MPRO	303-844-0182	Ralph.king@fns.usda.gov
Nick Ranone	MPRO	303-844-0327	Nick.ranone@fns.usda.gov
Charlene Grundhoffer	SWRO	214-290-9850	Charlene.grundhoffer@fns.usda.gov
Gwen Rodriguez	SWRO	214-290-9853	Gwen.rodriguez@fns.usda.gov
Bitosh Sinha	MWRO	312-353-2640	Bitosh.sinha@fns.usda.gov
Owen Daniels	MWRO	312-353-2796	Owen.daniels@fns.usda.gov
Karla Godsey	WRO	415-705-1328 x243	Karla.godsey-crook@fns.usda.gov
Betty Phan	WRO	415-705-1328 x247	Betty.phan@fns.usda.gov
Eileen Bunn	Minneapolis	612-370-3353	Eileen.bunn@fns.usda.gov
BDNA			
Big Fix			
Nessus			
Nitro			
nCircle			
SEP Mngt Console			
SCCM			
Solar Winds			
Rory Schultz	HQ	703-305-2244	rory.schultz@fns.usda.gov
Encase			
Brad Nix	HQ	703-305-2242	Brad.nix@fns.usda.gov
Leo Wong	HQ	703-605-1181	Leo.wong@fns.usda.gov

FPRS Authorizing Officials

Name	Office Location	Phone Number	E-Mail Address
Lau Dong	MARO	609-259-5120	Lau.dong@fns.usda.gov
Elba Ortega	MARO	609-259-5152	Elba.ortega@fns.usda.gov
Connie Mikell	MARO	609-259-5149	Connie.mikell@fns.usda.gov
Aquellah Anderson	MARO	609-259-5007	Aqueelah.anderson@fns.usda.gov
Cathy Lueck	MARO	609-259-5020	Cathy.lueck@fns.usda.gov
Howard Lockstein	MARO	609-259-5170	Howard.lockstein@fns.usda.gov
Agostinho Nunes	NERO	617-565-6462	Agostinho.nunes@fns.usda.gov
Kirk Hassel	NERO	617-565-6483	Kirk.hassel@fns.usda.gov
Julie Larkin	NERO	617-565-6483	Julie.larkin@fns.usda.gov
Toscha Matthews	SERO	404-562-1926	Toscha.matthews@fns.usda.gov
Ronald McKinnon	SERO	404-562-1922	Ronald.mckinnon@fns.usda.gov
Elizabeth King	SERO	404-562-1907	Elizabeth.king@fns.usda.gov
Marva Mosley	MWRO	312-353-1463	Marva.mosley@fns.usda.gov
Leo Dohogne	MWRO	312-886-2276	Leo.Dohogne@fns.usda.gov

JoEllen Collin	SWRO	214-290-9915	Joellen.collin@fns.usda.gov
Ollie Wilburn	SWRO	214-290-9893	Ollie.wilburn@fns.usda.gov
Chris Hennelly	SWRO	214-290-9923	Chris.hennelly@fns.usda.gov
Denise Bradford	SWRO	214-290-9873	Denise.bradford@fns.usda.gov
Vernzel Bryd	SWRO	214-290-9879	Vernzel.bryd@fns.usda.gov
Ellen Wahlberg	SWRO	214-290-9898	Ellen.wahlberg@fns.usda.gov
Jeffery Wingate	SWRO	214-290-9831	Jeffery.wingate@fns.usda.gov
Douglas Vance	MPRO	303-844-6522	Douglas.vance@fns.usda.gov
Brad Nettles	MPRO	303-844-0320	Brad.nettles@fns.usda.gov
Maeve Myers	HQ	703-305-2158	Maeve.myers@fns.usda.gov
Sophie Latif	WRO	415-705-1332 x237	Sophie.latif@fns.usda.gov

EDRS Authorizing Officials

Name	Office Location	Phone Number	E-Mail Address
Aquellah Anderson	MARO	609-259-5007	Aquellah.anderson@fns.usda.gov
Eileen Noonan	NERO	617-565-6409	Eileen.noonan@fns.usda.gov
Linda Reithel	MWRO	312-886-4661	Linda.reithel@fns.usda.gov
Phillip Fraley	MPRO	303-844-0321	Philip.Fraley@fns.usda.gov
Denise Bradford	SWRO	214-290-9873	Denise.bradford@fns.usda.gov
Veronica Barnes	SERO	404-562-1918	Veronica.barnes@fns.usda.gov
Ed Mars	WRO	415-705-1364	Ed.mars@fns.usda.gov
Christine Daffan	HQ	703-305-2473	Christine.daffan@fns.usda.gov
Jane Duffield	HQ	703-305-4385	Jane.duffield@fns.usda.gov

NDB Authorizing Officials

System	Name	Phone Number	E-Mail Address
New accounts, FAADS, PCIMS, WESCM	Maeve Myers	703-305-2158	Maeve.myers@fns.usda.gov
CSFP, FDPIR, TEFAP	Carolyn Chandler	703-305-2178	Carolyn.chandler@fns.usda.gov
SNAP	Nadine Nichols	703-305-2109	Nadine.nichols@fns.usda.gov
CN	Gene Austin	703-305-2159	Gene.austin@fns.usda.gov
WIC	Candy Mountjoy	703-305-2113	Candy.mountjoy@fns.usda.gov

System	Name	Office Location	E-Mail Address	Phone Number
ALERT	Linda Sung-Lee	Alexandria VA	Linda.sung-lee@fns.usda.gov	
	Shelly Pierce	Alexandria VA	Shelly.pierce@fns.usda.gov	703-605-4400
STARS	Reginald Alexander	Alexandria VA	Reginald.alexander@fns.usda.gov	703-305-2421
	Ron Ward	Alexandria VA	Ronald.ward@fns.usda.gov	703-305-2523
	Carole Miller	Alexandria VA	Carole.miller@fns.usda.gov	703-305-0934
IPAS	Regina Lau	Alexandria VA	Regina.lau@fns.usda.gov	703-305-2105
	Karen Morris	Alexandria VA	Karen.morris@fns.usda.gov	703-305-0931
IAS	Karen Scott	Alexandria VA	Karen.scott@fns.usda.gov	703-305-2453
MIT	Carol Gregg	NITC	Carol.gregg@usda.gov	816-926-6422
FFIS	Latonya Williams	Alexandria VA	Latonya.williams@fns.usda.gov	703-305-2830
	Oswaldo Zarabia	Alexandria VA	Oswaldo.zarabia@fns.usda.gov	919-790-2929
	Larry Blim	Alexandria VA	Larry.blim@fns.usda.gov	703-305-1548
FDW	William Heitman	NITC	William.heitman@usda.gov	816-823-4946
CADI	Evelyn Sanford	NFC	Supv. IT Specialits	504-426-1233
ECOS	Dennis Sullivan	Alexandria VA	Dennis.sullivan@fns.usda.gov	703-305-7506
	Paula Criste	Alexandria VA	Paula.criste@fns.usda.gov	703-305-7521
	Martha Shramel	Alexandria VA	Martha.shramel@fns.usda.gov	703-305-7535
	Todd Griffith	Alexandria VA	Todd.griffith@fns.usda.gov	703-305-7506
	Martha Shramek	National Offices	Martha.shramek@fns.usda.gov	703-305-7535
ROAP	Ed Band	MARO	Ed.Band@fns.usda.gov	609-259-5032
	April Denson	MARO	April.Denson@fns.usda.gov	609-259-5195
EPPIC	Doug Wilson	Alexandria Va	Doug.wilson@fns.usda.gov	703-305-7464
	Kathy Ottbre	NERO	Kathy.ottbre@fns.usda.gov	617-565-5200
WEB GSS	Allison Wilcox	Alexandria VA	Allison.wilcox@fns.usda.gov	703-305-2961
WIC-TIP	Tony Hardy	Alexandria VA	anthony.hardy@fns.usda.gov	703-305-2715
	Linda Clarke	Alexandria VA	Linda.clarke@fns.usda.gov	703-305-2727

TOP	Susan Beard	Alexandria VA	Susan.beard@fns.usda.gov	703-305-0239
	Mark Porter	Alexandria VA	Mark.Porter@fns.usda.gov	703-305-0901
WIC ME Tools	Tony Hardy	Alexandria VA	anthony.hardy@fns.usda.gov	703-305-2715
	Linda Clarke	Alexandria VA	Linda.clarke@fns.usda.gov	703-305-2727
EDRS MOVE-IT	Paul Kimball	SSB, MINN	Paul.Kimball@fns.usda.gov	612-370-3266

Appendix C:

Recommendations to justify network security tool account access:

-System Name: BDNA

-Type of access: NOEB

-Action: create account

-Justification: User requires this access in order to perform reporting functions on system data in support of operation security or network security or investigate network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: Big Fix

-Type of access: Console & Web Reporting

-Action: create account

-Justification: User requires this access in order to perform reporting, patching and configuration tasks supporting operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: Encase

-Type of access:

-Action: create account

-Justification: User requires this access in order to perform imaging hard drives, extracting data and files for ediscovery production, development as required to extract or locate data.

Additionally, to perform detailed analyses of user activity, images, and creation of detailed reports that lay out findings in a meaningful and understandable format.

-Supervisor: User supervisor

-Authorizing Official: Brad Nix or Leo Wong

System Name: Nessus

-Type of access: scanning

-Action: create account

-Justification: User requires this access in order to perform vulnerability assessment scanning and reporting functions in support of operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: Nitro

-Type of access: Reporting

-Action: create account

-Justification: User requires this access in order to perform systems and network monitoring functions in support of operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: nCircle

-Type of access: NOEB

-Action: create account

-Justification: User requires this access in order to perform vulnerability assessment scanning and reporting functions in support of operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: SEP Management Console

-Type of access: Reporting and scan

-Action: create account

-Justification: User requires this access in order to perform virus and malware assessment and remediation duties in support of operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: SCCM

-Type of access: Reporting

-Action: create account

-Justification: User requires this access in order to perform monitoring and reporting functions for deployment jobs and system inventory attributes in support of operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

System Name: Solar winds

-Type of access: Reporting

-Action: create account

-Justification: User requires this access in order to perform reporting functions in support of operation security or network security or investigates network traffic flows.

-Supervisor: User supervisor

-Authorizing Official: Rory Schultz

Appendix D

Sample FNS-674-A

FPRS Form Access Request
(Attachment to FNS-674)

User Name		USDA eAuthentication ID		Date of Request				
Organization Name								
SNAP	Project	Form(s)	Agency Code(s) <i>(Agency Code(s) MUST be included in order to grant access to State users)</i>	Access Restrictions	Access Rights <i>(Please Check Only ONE Per Row)</i>			
					View	Data Entry	Certify	Post
<input type="checkbox"/> All SNAP	<input type="checkbox"/> SNAP.46*	FNS-46			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> SNAP-D	FNS-292			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-292B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> SNAP-HIP	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> SNAP-IP	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> SNAP-OR	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> SNAP-PART	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All EBTO1.EB	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-366B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All FPKO1.FP	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All FSPO1.FS	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-250			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-259			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All GRHO1.GH	FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All PCOD1.CA	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-366A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All SSIO1.CA	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All WRID1.CA	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-366A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNAP	Project	Form(s)	Agency Code(s) (Agency Code(s) MUST be included in order to grant access to State users)	Access Restrictions	Access Rights (Please Check Only ONE Per Row)				
					View	Data Entry	Certify	Post	
<input type="checkbox"/>	All WRID2.CA	FNS-388			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FNS-388A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	All SNAP-ED	FNS-759			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	All SNAP-OP	FNS-209			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FNS-366A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FNS-366B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FNS-583			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If there is more than one reconciliation point for FNS-46, please list the seven digit codes.

SNP	Program Group	Program(s)	Form(s)	Agency Code(s) (Agency Code(s) MUST be included in order to grant access to State and ITO users.)	Access Restrictions	Access Rights (Please Check Only ONE Per Row)			
						View	Data Entry	Certify	Post
<input type="checkbox"/>	All CN	CN	FNS-10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	FNS-13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	FNS-418			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	FNS-44			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	FNS-777			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	FNS-777 SAE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	SF-269 (CN)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN	SF-269 (CN) SAE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-ARTMI	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-ARTMII	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-CACFP	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-CACFP-CCW	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-CGP	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-DCI	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-DCV	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FFVP	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FFVP	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FFVP-ITO	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FSMI	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FSMI	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FSMI-FS	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FSMI-GE	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-FSMI-PSUS	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-HFC	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-NSLP	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-NSLPE	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-SBP	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-SFSP	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-SFSP	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-SFSP-HDFB	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-SFSP-SNAP	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-SFSP-WIC	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-TN	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CN-TN	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNP	Program Group	Program(s)	Form(s)	Agency Code(s) (Agency Code(s) MUST be included in order to grant access to State and ITO users.)	Access Restrictions	Access Rights (Please Check Only ONE Per Row)			
						View	Data Entry	Certify	Post
		NET	FNS-42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NET	FNS-665			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NET	SF-269L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All CSFP	CSFP	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CSFP	FNS-153			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CSFP	FNS-191			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CSFP	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CSFP	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CSFP-SUP	FNS-153			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CSFP-SUP	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All FD	FD	FNS-706-1 (CI)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FD	FNS-706-1 (SC)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FD-D	FNS-292			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FD-D	FNS-292A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TEFAP	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TEFAP	FNS-667			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TEFAP-INF.GE	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TEFAP-INF.RU	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All FDPPIR	FDPPIR	FNS-101			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPPIR	FNS-152			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPPIR	SF-269L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPPIR	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPPIR-CE	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPPIR-NET	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPPIR-NET	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPNE	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FDPNE	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All FS	FS-CE	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FS-CINF	SF-425		Only HQ Grants Mgmt. Can Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All NSIP/NPE	NSIP/NPE	FNS-586A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NSIP/NPE	FNS-586B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NSIP/NPE	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All SFMNP	SFMNP	FNS-683A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SFMNP	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All WIC	WIC	BFDLA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FBCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FNS-191			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FNS-227/227A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FNS-498			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FNS-648			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FNS-654			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	FNS-798/798A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC	SF-269 (WIC/CSFP)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-BF-BONUS	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-BFPC	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-BFPC	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-CDC	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-EBT	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-EBT	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNP	Program Group	Program(s)	Form(s)	Agency Code(s) (Agency Code(s) MUST be included in order to grant access to State and ITO users.)	Access Restrictions	Access Rights (Please Check Only ONE Per Row)			
						View	Data Entry	Certify	Post
		WIC-INF	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-INF	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-INF.SAM	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-INF.SAM	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-S2S	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-S2S	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-SAM	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-SAM	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-SPG.CONC	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-SPG.CONC	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-SPG.FULL	SF-269A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-SPG.FULL	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-TECH-MIS	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-TECH-SAM	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-TECH-STND	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> All WIC-FMNP	WIC-FMNP	FNS-203			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-FMNP	FNS-683			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WIC-FMNP	SF-269 (FMNP)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: WIC FNS-191 and SF-269 and WIC-FMNP SF-269L for 1997 and prior years may only be entered by HQ.

Recovery Act	Program Group	Program(s)	Form(s)	Agency Code(s) (Agency Code(s) MUST be included in order to grant access to State and ITO users.)	Access Restrictions	Access Rights (Please Check Only ONE Per Row)			
						View	Data Entry	Certify	Post
<input type="checkbox"/> All RA	<input type="checkbox"/> RA-SNAP	RA-SNAP	SF-269 (FS)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-TEFAP	RA-TEFAP	FNS-667			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-CN-NSLP	RA-CN-NSLP	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-FDPIR	RA-FDPIR	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-WIC-CFOOD	RA-WIC-CFOOD	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-WIC-CNSA	RA-WIC-CNSA	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-WIC-EBT	RA-WIC-EBT	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-WIC-MISC	RA-WIC-MISC	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> RA-WIC-SAM	RA-WIC-SAM	SF-425			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPROVALS

Date	Officials	Phone Number
	HQ or Regional Deputy Information Systems Security Officer	
	Authorizing Official of System - FPRS	
Date Received	Person Receiving Form	Date Completed