

**INSTRUCTIONS FOR
CERTIFICATE OF AUTHORITY FOR EXTERNAL USERS
FORM FND-101**

SECTION A (REQUIRED TO ADD, MODIFY OR REMOVE USERS)

1. CONTRACTING ENTITY (CE) NAME

- Legal Name – Enter the full legal name of the contracting entity.
- DBA Name – If contracting entity operates under a doing business name (DBA) enter the full name otherwise leave blank.

2. CONTRACTING ENTITY (CE) IDENTIFIER

- CE ID - Enter five-digit Contracting Entity Identification (CE ID) for the organization.
 - Check here if new applicant to programs – Check this box only if the FND-101 is being submitted as part of a request for a new application package.
 - ESC Region – This field is for use by Education Service Center (ESC) staff to identify the ESC Region (1 through 20) of the user
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SECTION B (REQUIRED TO ADD A NEW USER OR MODIFY AN EXISTING USER)

1. USER INFORMATION:

- First Name – Enter the first name of the Contracting Entity user that is being added or modified.
- Middle Initial - Enter the middle initial of the Contracting Entity user that is being added or modified.
- Last Name - Enter the last name of the Contracting Entity user that is being added or modified.
- Title – Enter the title of the TX-UNPS user being added or modified.
- TX-UNPS User ID (if modifying an existing user) – Enter the TX-UNPS User ID for the person being modified.
- Business E-mail (For new users, logon information will be mailed to this address.) – Enter the business email address for the person being added or modified.
- Business Phone – Enter the telephone number for the person being added or modified.
- Extension – If the business phone has an extension for the person being added or modified enter the extension otherwise leave blank.
- Signature of User – The person being added or modified signs this field.
- Date (mm/dd/yy) – Enter the date in MM/DD/YY format when the person being added or modified signs the form.

2. REPRESENTATIVE TYPE (Must be participating in Program.):

Check the appropriate box to designate the Contracting Entity's representative type. A Contracting Entity user can request multiple user representative types based on functionality needs but only if either currently participating or has requested to participate in the School Nutrition Programs (SNP), Food Distribution Program (FDP), Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP). Check the ADD box(s) to add groups or check the REMOVE box(s) to remove groups.

School Nutrition Programs (SNP) Groups:

- SNP CE Admin - User who has edit access to application-related screens, including food safety inspections, verification, capital expenditures, Texas summer mandate, summer cost reporting and annual audit. User also has Add/Edit/Delete access to Meal Pattern Compliance Dashboard, Attestation, Menus; View access to Meal Pattern Compliance Dashboard Months Certified. This user can also access the direct certification lists. User has read-only access to claim screens.
- SNP CE Support - User who has edit access to claim screens and read-only access to application screens. User also has View access to Meal Pattern Compliance Dashboard, Attestation, Menus; and Months Certified.
- Food Service Management Company (FSMC) Representative - Used only for Food Service Management Company (FSMC) employee who is designated by the Contracting Entity to access TX-UNPS. All screens are read-only except Food Safety Inspections. Note: This is only for CEs operating under an approved FSMC contract. User also has View access to Meal Pattern Compliance Dashboard, Attestation, Menus; and Months Certified.
- Education Service Center (ESC) Representative - An employee of a regional Education Service Center (ESC) office who can assist Contracting Entities with functions in TX-UNPS. User has edit access to Contracting Entity's application, claim and FDP screens for the Contracting Entities associated with their region. User also has Add/Edit/Delete access to Meal Pattern Compliance Dashboard, Attestation, Menus; View access to Meal Pattern Compliance Dashboard Months Certified. User has view access to CACFP and SFSP Contracting Entity's application, claim and compliance screens for the Contracting Entities associated with their region.

Food Distribution Program (FDP) Groups:

- FDP CE Admin - (For CEs who receive commodities through a contracted warehouse and/or whose processing requests are managed by a Coop Coordinator.) User who has edit access to FDP-related contract, survey (except read-only to Processing Surveys) and Contracting Entities order screens for both NSLP and SFSP and read-only access to allocations and entitlement screens. Note: This is only for CEs participating in either SNP or SFSP.
- FDP CE Direct Ship – (For CEs who receive commodities directly from USDA.) User who has edit access to FDP-related contract, survey and Contracting Entities order screens for both NSLP and SFSP and read-only access to allocations and entitlement screens. Note: This is only for CEs participating in either SNP or SFSP.
- FDP CE Non Coop Proc Sch – (For CEs who manage their own processing requests.) User who has edit access to FDP-related contract, survey and Contracting Entities order screens for both NSLP and SFSP and read-only access to allocations and entitlements screens. Note: This is only for CEs participating in either SNP or SFSP.
- FDP Coop - User who has edit access to FDP Coop-related processor survey and load balancing screens. User also has edit access to assigned Contracting Entities co-op members' contract and survey screens and read-only rights to entitlement and allocation screens.
- FDP Processor/Broker - User who has edit access to FDP Processor/Broker related screens (e.g., Food Order screen).
- FDP Contracted Warehouse - User who has edit access to FDP Contracted Warehouse related inbound shipment, order, shipping, inventory, and invoicing screens.
- FDP Food Bank – User who has edit access to FDP Food Bank related application, contract, inbound shipment, surveys, allocations, entitlement, and inventory and claim screens.

Child and Adult Care Food Program (CACFP) Groups:

- CACFP Centers CE Admin - User who has edit access to application-related screens, including advance requests and annual audit, and read-only access to claim screens. This person is an Authorized Representative and can act on behalf of the contracting entity.

- CACFP Centers CE Support - User who has edit access to claim screens and read-only access to application screens. This is someone like the Claim Preparer identified on your Contracting Entity Application.
- CACFP DCH CE Admin - User who has edit access to application-related screens, including advance requests, and read-only access to claim screens. This person is an Authorized Representative and can act on behalf of the contracting entity.
- CACFP DCH CE Support - User who has edit access to claim screens and read-only access to application screens. This is someone like the Claim Preparer identified on your Contracting Entity Application.
- CACFP Read Only – User who had read-only access to application-related and claim screens for Centers and/or Homes, as applicable

Summer Food Service Program (SFSP) Groups:

- SFSP CE Admin - User who has edit access to application-related screens, including advance requests and annual audit, and read-only access to claim screens.
- SFSP CE Support - User who has edit access to claim screens and read-only access to application screens.

SFSP CE READ ONLY - USER WHO HAS READ-ONLY ACCESS TO APPLICATION AND CLAIM SCREENS.

SECTION C (TO REMOVE AN EXISTING USER)

1. USER TO BE REMOVED

- First Name - Enter the first name for the user that is having their TX-UNPS access removed.
 - Middle Initial - Enter the middle initial for the user that is having their TX-UNPS access removed.
 - Last Name - Enter the last name for the user that is having their TX-UNPS access removed.
 - TX-UNPS User ID - Enter the user ID for the person being removed, if known.
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SECTION D (CONTRACTING ENTITY APPROVAL)

This section is only required if adding or removing a user, or if changing a user's security group.

1. APPROVAL SIGNATURE

- Name of Highest Contracting Entity Official (Example: Superintendent, President of Board, etc) (Print) - Print the name of the Contracting Entity's highest official.
 - Signature of Highest Contracting Entity Official - The contracting entity highest official identified is the person that must sign in this field to approve the change.
 - Date (mm/dd/yy) - Enter the date the Contracting Entity Highest Official signs the form using the format mm/dd/yy.
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SECTION F (TDA USE ONLY)

1. TDA INTERNAL USE ONLY

- Approved: This field is for TDA staff use only. Check this box if the FND-101 has been approved by a TDA Food and Nutrition (F&N) Representative.
- Disapproved: This field is for TDA staff use only. Check this box if the FND-101 has been disapproved by a TDA Food and Nutrition (F&N) Representative.

- Signature – TDA F&N Representative: This field is for TDA staff use only. Signature of the TDA Food and Nutrition (F&N) Representative that has approved or denied the FND-101.
- Date (mm/dd/yy): This field is for TDA staff use only. Enter the date in MM/DD/YY format that the FND-101 was approved or denied by the Food and Nutrition (F&N) Representative.
- User ID Created: This field is for TDA staff use only. Enter the TX-UNPS User ID that was created by TDA.
- Date (mm/dd/yy): This field is for TDA staff use only. Enter the date in MM/DD/YY format that the TX-UNPS User ID was created by TDA.
- User ID Deleted: This field is for TDA staff use only. Enter the TX-UNPS User ID that was inactivated by TDA.
- Date (mm/dd/yy): This field is for TDA staff use only. Enter the date in MM/DD/YY format that the TX-UNPS User ID was deleted by TDA.
- User ID Updated: This field is for TDA staff use only. Enter the TX-UNPS User ID that was modified by TDA.
- Date (mm/dd/yy): This field is for TDA staff use only. Enter the date in MM/DD/YY format that the TX-UNPS User ID was updated by TDA.



Texas Department of Agriculture
Certificate of Authority for External Users

FND-101

TODD STAPLES, COMMISSIONER

SEC A	¹ CONTRACTING ENTITY (CE) NAME	
	Legal Name	DBA Name
	² CONTRACTING ENTITY (CE) IDENTIFIER	
	CE ID	Check here if new applicant to programs <input type="checkbox"/>
		ESC Region

TO ADD A NEW USER OR MODIFY AN EXISTING USER, COMPLETE THE FOLLOWING:						
¹ USER INFORMATION						
First Name		Middle Initial	Last Name			
Title		TX-UNPS User ID (if modifying an existing user)				
Business E-mail (For new users, logon information will be emailed to this address.)		Business Phone () -		Extension		
Signature of User				Date (mm/dd/yy)		
² REPRESENTATIVE TYPE (Must be participating in Program.)						
SECTION B	School Nutrition Programs (SNP) Groups			Add	Remove	
	SNP CE Admin			<input type="checkbox"/>	<input type="checkbox"/>	
	SNP CE Support			<input type="checkbox"/>	<input type="checkbox"/>	
	Food Service Management Company (FSMC) Representative			<input type="checkbox"/>	<input type="checkbox"/>	
	Education Service Center (ESC) Representative			<input type="checkbox"/>	<input type="checkbox"/>	
	Food Distribution Program (FDP) Groups			Add	Remove	
	FDP CE Admin			<input type="checkbox"/>	<input type="checkbox"/>	
	FDP CE Direct Ship			<input type="checkbox"/>	<input type="checkbox"/>	
	FDP CE Non Coop Proc Sch			<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Coop			<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Processor/Broker			<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Contracted Warehouse			<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Food Bank			<input type="checkbox"/>	<input type="checkbox"/>	
	Child and Adult Care Food Program (CACFP) Groups			Add	Remove	
	CACFP <u>Center</u> CE Admin			<input type="checkbox"/>	<input type="checkbox"/>	
CACFP <u>Center</u> CE Support			<input type="checkbox"/>	<input type="checkbox"/>		
CACFP <u>Day Care Home</u> (DCH) CE Admin			<input type="checkbox"/>	<input type="checkbox"/>		
CACFP <u>Day Care Home</u> (DCH) CE Support			<input type="checkbox"/>	<input type="checkbox"/>		
CACFP Read Only			<input type="checkbox"/>	<input type="checkbox"/>		
Summer Food Service (SFSP) Groups			Add	Remove		
SFSP CE Admin			<input type="checkbox"/>	<input type="checkbox"/>		
SFSP CE Support			<input type="checkbox"/>	<input type="checkbox"/>		
SFSP CE Read Only			<input type="checkbox"/>	<input type="checkbox"/>		

TO REMOVE AN EXISTING USER, COMPLETE THE FOLLOWING:			
SECTION C	¹ USER INFORMATION		
	First Name	Middle Initial	Last Name
	TX-UNPS User ID (if known)		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

SECTION D	¹ APPROVAL SIGNATURE (Only required if adding or removing a user, or if changing security groups.)	
	The representative designated above, and myself, acknowledge that each is individually authorized on behalf of the contracting organization to make written agreements with the Texas Department of Agriculture (TDA) to operate a food program, to sign documents or reports about the agreement and to present claims for reimbursement, when appropriate, to the agency.	
	By signing this document, we certify individually and collectively that to the best of our knowledge and belief, all documents submitted physically or electronically on behalf of the above named contracting organization pursuant to our participation in any and all programs administered by Food and Nutrition Division, TDA, are/will be true and correct in all respects, that they are/will be available to support any and all claims and that we will not submit claims (excluding amended/adjusted claims) for goods or services for which we have already received payment. We recognize that we are fully responsible for any excess amounts which may result from errors made in relation to the completion and submission of claims. We are also aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.	
	We further understand that user IDs and passwords are specific to the individual and will not be shared.	
	Name of Highest Contracting Entity Official (example: Superintendent, President of Board, etc.) (Print)	
	Signature of Highest Contracting Entity Official	Date (mm/dd/yy)

SECTION F	¹ TDA INTERNAL USE ONLY		
	<input type="checkbox"/> Approved	Signature – TDA F&N Representative	Date (mm/dd/yy)
	<input type="checkbox"/> Disapproved		
	User ID Created		Date (mm/dd/yy)
	User ID Deleted		Date (mm/dd/yy)
	User ID Updated	Date (mm/dd/yy)	

Please mail or fax this form to:
 Texas Department of Agriculture, Food and Nutrition Division,
 P.O. Box 12847
 Austin, TX 78711
 Fax No.: 888-203-6593