



COMMISSIONER SID MILLER

Texas Department of Agriculture
Security Authority for User Access Manager

FND-135

IMPORTANT: Users must log in to TX-UNPS every 120 days or their account will be inactivated. If a user's account is inactivated, a new form must be submitted to TDA.

SECTION A
1 CONTRACTING ENTITY (CE) INFORMATION
a. Legal Name of Organization
b. DBA Name
c. CE ID

SECTION B
1 DELEGATION OF SECURITY AUTHORITY
a. TDA considers the User Access Manager to be the Highest Official within the Contracting Entity. The Highest Official does have the option to delegate the User Access Manager responsibility to another employee of the entity. The other employee must not be a temporary employee or contractor.
Is the Highest Official delegating the User Access Manager responsibility to another employee (user)? YES NO
If yes, provide the legal name of the delegated user (item b.), and the user must acknowledge the responsibility by signing the certification below (item c.).
b. Printed Legal Full Name of Delegated User
c. Signature of Delegated User
The representative designated above acknowledges that he/she is authorized on behalf of the contracting organization and agrees to the following responsibilities as the User Access Manager within Texas Unified Nutrition Programs System (TXUNPS):
• I understand the different security group roles/responsibilities outlined in the User Access Manager Handbook Guide;
• I understand my responsibilities as it relates to security management and designation of security groups and will follow the requirements, guidelines, and policies as outlined in the User Access Manager Handbook Guide;
• I will not disclose information that is considered confidential under TDA policy and understand that User IDs and passwords are specific to the individual and will not be shared;
• I will use the records and information resources only for purposes that are allowed by the owner and TDA and will maintain all documentation required.
Date (mm/dd/yy)

SEC C
1 ACTION REQUESTED (Information should be of user assigned as User Access Manager)
ADD NEW USER MODIFY EXISTING USER UPDATE USER INFORMATION INACTIVATE
Complete Sections D, F, & G Complete Sections D & G Complete Sections E & G

SECTION D
1 USER INFORMATION (Information should be of user assigned as User Access Manager) LAST NAME CHANGE
a. First Name (Legal names only, no nicknames authorized) b. Middle Initial c. Last Name
d. Title e. TX-UNPS User ID (if modifying an existing user)
f. Business E-mail (Login information will be emailed to this address) g. Business Phone h. Extension
i. Update User Information - Type of Change Requested:
First Name Title Business E-mail Business Phone/Extension

SECTION E
1 INACTIVATION OF AN EXISTING USER ACCOUNT
a. First Name (Legal names only, no nicknames authorized) b. Middle Initial c. Last Name
d. Title e. TX-UNPS User ID
Last Name Change f. First Name g. Middle Initial h. Last Name i. TX-UNPS User ID

<b>SECTION F</b>	<b>1. TX-UNPS SECURITY GROUP TYPE</b> (Entity must be participating in the Program.)			
	<b>a. School Nutrition Program (SNP)</b>	<b>Add</b>	<b>Remove</b>	
	School Nutrition Program SNP CE Application SNP CE Claims SNP CE Compliance SNP CE Read Only TX Eligibility List Management System ELMS CE Admin	<input type="checkbox"/>	<input type="checkbox"/>	
	Food Service Management Company (FSMC) Representative FSMC Rep	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>c. Summer Food Service Program (SFSP)</b>	<b>Add</b>	<b>Remove</b>	
Summer Food Service Program SFSP CE Application SFSP CE Claims SFSP CE Compliance SFSP CE Read Only	<input type="checkbox"/>	<input type="checkbox"/>		
	<b>b. Child and Adult Care Food Program (CACFP)</b>	<b>Add</b>	<b>Remove</b>	
	CACFP Centers CACFP Center CE Application CACFP Center CE Claims CACFP CE Compliance CACFP Center CE Read Only	<input type="checkbox"/>	<input type="checkbox"/>	
	CACFP Day Care Homes (DCH) CACFP DCH CE Application CACFP DCH CE Claims CACFP CE Compliance CACFP DCH CE Read Only	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>d. Food Distribution Program (FDP)</b>	<b>Add</b>	<b>Remove</b>	
	FDP NSLP / SFSP	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Direct Ship School	<input type="checkbox"/>	<input type="checkbox"/>	
	CSFP / TEFAP CE	<input type="checkbox"/>	<input type="checkbox"/>	
	FMNP / SFMNP CE	<input type="checkbox"/>	<input type="checkbox"/>	

<b>SECTION G</b>	<b>1 APPROVAL SIGNATURE</b> (To be completed by the Highest Official.)	
	As an authorized representative of the contracting organization, I acknowledge I am assigned as the User Access Manager and, if so choose, have designated the above representative to manage the security roles/groups of our users. I recognize that I am responsible for managing security and understand all requirements, guidelines, responsibilities, and policies as outlined in the User Access Manager Handbook Guide. I know deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal laws. I will not disclose information that is considered confidential under TDA policy and understand that User IDs and passwords are specific to the individual and will not be shared. I will use the records and information resources only for purposes allowed by the owner and TDA and understand it is our responsibility to maintain all documentation required.	
	<b>a. Printed Full Legal Name of Highest Official in the Contracting Entity</b> (no nicknames)	
	<b>b. Signature of Highest Official in the Contracting Entity</b>	<b>Date (mm/dd/yy)</b>

<b>SECTION H</b>	<b>1 TDA INTERNAL USE ONLY</b>	
	<b>Signature – F&amp;N Representative</b>	<b>Date (mm/dd/yy)</b>
	<b>Action Completed:</b> <input type="checkbox"/> Created <input type="checkbox"/> Modified <input type="checkbox"/> Personal Data Updated <input type="checkbox"/> Inactivated	
	<b>User Information:</b>	
	<b>Notes:</b>	<b>Security Administrator:</b>
		<b>Date (mm/dd/yy):</b>
<b>Return for Correction Reason:</b>	<b>Security Administrator:</b>	
	<b>Date (mm/dd/yy):</b>	

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Please mail, email or fax this form to: Fax No.: 888-203-6593

This document has become a public record and is subject to disclosure. With a 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 determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)