



COMMISSIONER SID MILLER

Texas Department of Agriculture
Certificate of Authority for External Users

FND-101

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 FND-101 must be submitted to TDA, unless your entity has a User Access Manager.

SECTION A	¹ CONTRACTING ENTITY (CE) NAME	
	Legal Name of Organization	DBA Name
	² CONTRACTING ENTITY (CE) IDENTIFIER	
	CE ID	

TO ADD A NEW USER OR MODIFY AN EXISTING USER, COMPLETE THE FOLLOWING:						
¹ USER INFORMATION <input type="checkbox"/> ADD NEW USER <input type="checkbox"/> MODIFY EXISTING USER						
First Name (Legal names only, no nicknames)		Middle Initial	Last Name			
Title		TX-UNPS User ID (if modifying an existing user)				
Business E-mail (Login information will be emailed to this address)			Business Phone () -	Extension		
Signature of User					Date (m/d/yy)	
² TX-UNPS SECURITY TYPE (Entity must be participating in the Program.)						
SECTION B	School Nutrition Programs (SNP) Groups			Add	Remove	
	SNP CE Admin			<input type="checkbox"/>	<input type="checkbox"/>	
	SNP CE Support (Claims)			<input type="checkbox"/>	<input type="checkbox"/>	
	Food Service Management Company (FSMC) Representative			<input type="checkbox"/>	<input type="checkbox"/>	
	MENU CE Support – Admin			<input type="checkbox"/>	<input type="checkbox"/>	
	MENU CE Support – Staff			<input type="checkbox"/>	<input type="checkbox"/>	
	Food Distribution Program (FDP) Groups			Add	Remove	
	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"/>	
	FDP Co-Op			<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 (Claims)			<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 (Claims)			<input type="checkbox"/>	<input type="checkbox"/>		
SFSP CE Read Only			<input type="checkbox"/>	<input type="checkbox"/>		

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.)

SECC	TO REMOVE AN EXISTING USER, COMPLETE THE FOLLOWING:		
	¹ USER INFORMATION		
	First Name (Do not enter nickname)	Middle Initial	Last Name
TX-UNPS User ID (if known)			

SECTION D	¹ APPROVAL SIGNATURE	
	<p>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.</p> <p>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 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 laws.</p> <p>We further understand that user IDs and passwords are specific to the individual and will not be shared.</p>	
	Name of Highest Official in the Contracting Entity (example: Superintendent, President of Board, etc.) (Print the full legal name and not a nickname)	
	Signature of Highest Official in the Contracting Entity	Date (m/d/yy)

SECTION E	TDA INTERNAL USE ONLY	
	Signature – F&N Representative	Date (m/d/yy)
	To be completed by Security Administrator	
	Action Completed: <input type="checkbox"/> Created <input type="checkbox"/> Modified <input type="checkbox"/> Personal Data Updated <input type="checkbox"/> Inactivated	
	User Information:	
	Notes:	Security Administrator: Date (m/d/yy):
	Return for Correction Reason:	Security Administrator: Date (m/d/yy):

Please mail, email or fax this form to:
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 Austin, TX 78711
 Email: PES-FND101.BOps@TexasAgriculture.gov
 Fax No.: 888-203-6593