INSTRUCTIONS FOR SECURITY AUTHORITY FOR WBSCM USERS (FND-136)

SECTION A

CONTRACTING ENTITY (CE) INFORMATION

- a. <u>Legal Name of Organization</u> Enter the full legal name of the recipient agency.
- b. <u>CE ID</u> Enter the Organization number (Org ID) for the recipient agency.
- c. <u>DBA Name</u> If recipient agency operates under a doing business name (DBA) enter the full name otherwise leave blank.
- d. Business Street Address Enter the address of the where the recipient agency business is located.
- e. <u>City</u> Enter the city of where the recipient agency business is located.
- f. State Enter the state of where the recipient agency business is located.
- g. Zip Code Enter the zip code of where the recipient agency business is located.

SECTION B

ACTION REQUESTED

Check the appropriate box to indicate what action is being performed for the user.

- a. Add New User This action is to add a new user account in WBSCM.
- b. Modify Existing User This action is to modify an existing user account (user information or roles).
- c. Remove Existing User This action is to inactivate an existing user account completely from WBSCM.

SECTION C

USER INFORMATION

Complete this section with information for the user.

- a. First Name Enter the legal first name of the user that is being added or modified. Nicknames are not authorized.
- b. <u>Last Name</u> Enter the last name of the user that is being added or modified.
- c. Position Title Enter the title of the user that is being added or modified.
- d. Business Phone Enter the business telephone number for the user that is being added or modified.
- e. Extension Enter the business telephone extension for the user that is being added or modified; otherwise leave blank.
- f. <u>Business E-mail (Login information will be emailed to this address.)</u> Enter the business email address for the user being added or modified. Email should be that of the user and not a shared email address as login information will be sent.
- g. Signature of User The user must review the certification and sign and date the form.

SECTION D

WBSCM SECURITY ROLE TYPE

Check the appropriate box to indicate the security role. Check the ADD box(es) to add groups or check the REMOVE box(es) to remove groups. Refer below for complete descriptions of each security role.

Role	Description
User Admin – RA	Creates and maintains user accounts, including personal data, adding/removing roles; and inactivating users and ability to run the User Security report. NOTE: One individual per recipient agency will be assigned and must be an employee of the entity and may not be a contracted employee, such as a Food Service Management employee or Cooperative Coordinator.
View-Only – SDA/ITO	Basic access view ability to Help modules and ability to run reports.

SECTION E

REMOVAL OF AN EXISTING USER (INACTIVATION)

- a. First Name Enter the first name of the user being removed.
- b. Last Name Enter the last name of the user being removed.
- c. <u>Position Title</u> Enter the title of the user being removed.
- d. <u>Business E-mail</u> Enter the business email address for the user being removed.

SECTION F

APPROVAL SIGNATURE

a. <u>Printed Full Name of Highest Official in the Recipient Agency</u> – Enter the full name of the Recipient Agency's highest official such as the Superintendent, President of Board, etc. The name should not be a nickname.

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b. <u>Signature of Highest Official in the Recipient Agency</u> – The highest official identified must review the certification and sign and date to approve the request.

SECTION H

TDA INTERNAL USE ONLY

This section is used by TDA Food & Nutrition Representatives only.

EMAIL, FAX, OR MAIL FORM

Once the form is completed, email, fax, or mail the form to the following location:

Texas Department of Agriculture Food and Nutrition Division P. O. Box 12847 Austin, TX 78711

Fax No.: 888-203-6593

Email (Preferred method):

 $\underline{commodity operations@Texas Agriculture.gov}$