

U.S. Treasury Department – Financial Management Service External GOALS II Enterprise System Access Request Form

* Not required for Facts I, Facts II, GFRS, and IFCS ** **Rules of Behavior must be signed by the user**

Section I - User Information: (Please type or Print clearly) *(Instructions and Rules of Behavior Attached)*

*Agency Location Code(s) [ALC(s)]: _____

Agency Name: _____
[Govt. Agency, or Contractor Name]
Bureau Name: _____

User Name: _____ User SSN: _____
User's Internet Email Address: _____
User Phone No.: _____ Room No.: _____ Fax No.: _____

Address: street address only –no post office boxes

Street Line 1: _____
Street Line 2: _____
Street Line 3: _____
City: _____ State: _____ Zip Code: _____

Supervisor Name: _____
Supervisor's Internet Email Address: _____

Supervisor Signature: _____ Date: _____
Supervisor Phone No.: _____ Room No.: _____

Section II – Access Requested: Add Revoke Modify

Connection: Dial Direct/T1 Internet

Please check Operating System being used: ___ Win 98 ___ Win NT ___ Win 2000 ___ OS/390 ___ Win XP
___ MVS/ESA ___ VM ___ UNIX Other _____

Do you have a SecurID card? ___ YES ___ NO If yes, print the serial number from the back of the card _____

Section III – Application(s) Requested:

Application	Access	Application	Access
FACTS I (Proprietary SGL)	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	GWA BPD Writeoff NET	<input type="checkbox"/> Online
FACTS II (Primarily Budgetary SGL)	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	GWA NET	<input type="checkbox"/> Online
FMS 1219/1220	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	GWA Warrants	<input type="checkbox"/> Online
FMS 224	<input type="checkbox"/> Online <input type="checkbox"/> Bulk	Intragovernmental Fiduciary Confirmation System (IFCS)	<input type="checkbox"/> Online
Governmentwide Financial Reports System (GFRS)	<input type="checkbox"/> Online	RFC/Agency Link IAS	<input type="checkbox"/> Online
GWA Apportionments	<input type="checkbox"/> Online	Statement of Differences (SOD)	<input type="checkbox"/> Online
GWA BPD NET	<input type="checkbox"/> Online	Undisbursed (UND)	<input type="checkbox"/> Online
GWA BPD Reverse NET	<input type="checkbox"/> Online	Warrants	<input type="checkbox"/> Online

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.

Disclosure of your Social Security Number (SSN) is mandatory under E.O. 9397 for use solely as an identifier. The use of the SSN is made necessary because of the large number of people who have identical names and birth dates and whose identities can only be distinguished by the SSN.

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If requesting access to FACTS I, FACTS II, GFRS, or IFCS please indicate the role requested in Section IV. Otherwise Section IV and V will be completed by FMS

Section IV – GOALS II Processing Information: Production QA (Test)

APPLICATIONS/ROLES

<p align="center">FACTS I (select Either Primary or Backup and then select only one role) Primary Prep <input type="checkbox"/> Backup Prep <input type="checkbox"/></p> <p>CFO <input type="checkbox"/> IG <input type="checkbox"/> PREPARER <input type="checkbox"/> PREPARER & CFO <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> SUPERVISOR & CFO <input type="checkbox"/></p>	<p align="center">FACTS II</p> <p>CERTIFIER <input type="checkbox"/> HQ REVIEWER <input type="checkbox"/> PREPARER <input type="checkbox"/></p>	<p align="center">FMS 1219/1220</p> <p>PREPARER <input type="checkbox"/></p>	<p align="center">FMS 224</p> <p>PREPARER <input type="checkbox"/></p>
<p align="center">GFRS</p> <p>AGENCY REVIEWER - CFO Agency <input type="checkbox"/> AGENCY REVIEWSER - Non CFO Agency <input type="checkbox"/> CFO <input type="checkbox"/> FPA /CFO Agency <input type="checkbox"/> FPA/Non CFO Agency <input type="checkbox"/> GAO <input type="checkbox"/> IG <input type="checkbox"/> REVIEWER <input type="checkbox"/></p>	<p align="center">GWA Apportionments</p> <p>REVIEWER <input type="checkbox"/></p>	<p align="center">GWA BPD NET</p> <p>AGENCY ALL <input type="checkbox"/> CERTIFIER <input type="checkbox"/> PREPARER <input type="checkbox"/> REVIEWER <input type="checkbox"/></p>	<p align="center">GWA BPD REVERSE NET</p> <p>AGENCY ALL <input type="checkbox"/> CERTIFIER <input type="checkbox"/> PREPARER <input type="checkbox"/> REVIEWER <input type="checkbox"/></p>
<p align="center">GWA BPD WRITEOFF NET</p> <p>REVIEWER <input type="checkbox"/></p>	<p align="center">GWA NET</p> <p>AGENCY ALL <input type="checkbox"/> CERTIFIER <input type="checkbox"/> PREPARER <input type="checkbox"/> REVIEWER <input type="checkbox"/></p>	<p align="center">GWA WARRANTS</p> <p>REVIEWER <input type="checkbox"/></p>	<p align="center">IFCS (select Either Primary or Backup and then select only one role) Primary Prep <input type="checkbox"/> Backup Prep <input type="checkbox"/></p> <p>CONFIRMATION USER <input type="checkbox"/> DEPT ADMINISTRATOR <input type="checkbox"/> DEPT ADMIN/CONFIRMATION USER <input type="checkbox"/> DEPT ADMIN/ FIDUCIARY USER <input type="checkbox"/> DEPT USER <input type="checkbox"/> DEPT USER/CONFIRMATION USER <input type="checkbox"/> FIDUCIARY USER <input type="checkbox"/> GOVERNMENTWIDE USER <input type="checkbox"/></p>
<p align="center">RFC/AL IAS</p> <p>FPA <input type="checkbox"/> RFC <input type="checkbox"/></p>	<p align="center">SOD</p> <p>FPA <input type="checkbox"/></p>	<p align="center">UND</p> <p>FPA <input type="checkbox"/></p>	<p align="center">WARRANTS</p> <p>FPA <input type="checkbox"/></p>

Section V – FMS Authorization:

Application Sponsor Signature: _____ Dated: ___/___/___

**Send to: Financial Projects Division
Financial Management Service
3700 East West Highway, Room 800A**

U.S. Treasury Department – Financial Management Service
External GOALS II Enterprise System Access Request Form

Hyattsville, MD 20782
Fax Number: 202-874-6170

Instructions for GOALS II Enterprise System Access Request Form

Section I – User Information

Agency Location Code(s) [ALC(s)]: Four/eight digit code(s). Include all ALCs for input/viewing purposes. If additional space is needed please send attachment. If you know your Parent ALC please list it first otherwise the first ALC listed will be marked as your Parent ALC.

Fax No.: User's fax number.

Agency Name: Name of government organization to the most specific level. If a contractor, enter company name.

Bureau Name: If applicable.

User SSN (Social Security Number): Submission of the applicant's SSN is a requirement for receiving access to GOALS II Enterprise resources. SSNs will be accessible only to FMS staff charged with controlling access to GOALS II Enterprise resources. The staff will use the SSNs only to uniquely identify applicants or users.

User Name: User's full name: first, middle, last.

(Under this heading please include user's internet email address (which is different from user's local LAN email address), phone number, room number, and address (street, city, state, and zip.) No post office boxes please

Supervisor Name: Supervisor's full name: first, middle, last.

(Under this heading please include supervisor's internal email address (which is different from user's local LAN email address), signature and date, phone number, and room number.)

Section II – Access Requested

Access Requested:

Add - Add user to specific application(s)

Revoke - Revoke access to specific application(s); if revoke is for all applications please indicate all next to the word revoke

Modify – Change of name or access connections

Connection:

Dial - User must use a modem and a SecurID card or PKI Certificate to access FMS's system.

Direct - User has a T1 connection directly into FMS's system.

Internet – User that accesses FMS applications through the internet.

Operation System Used:

Check user's current operating system.

Do you currently have a SecurID card? Yes or No.

(User only needs one (1) SecurID card – except for ECS.) If yes, indicate serial number from back of card.

Section III – Application(s) Requested

Place an **X** next to either "Online" or "Bulk" for each application requested. For FACTS I, place an **X** next to both on-line and bulk.

Section IV – GOALS II Processing Information

If requesting access to FACTS I, please include the role requested. For other applications, this section will be completed by FMS.

Section V- FMS Authorization

Application Sponsor: To be signed by FMS -GOALS II Management Team.

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Rules of Behavior

Introduction

The following Rules of Behavior are to be followed by all users of the FMS Reporting Applications for GOALS II: FACTS I, FACTS II, FMS 1219/1220, FMS 224, GFRS, IFCS, RFC/AL, SOD, UND, or Warrants. These rules clearly delineate responsibilities of and expectations for all individuals with access to the applications. **Non-compliance of these rules will be enforced through sanctions commensurate with the level of infraction. Actions may range from a verbal or written warning, removal of system access for a specific period of time, reassignment to other duties, or termination, depending on the severity of the violation.**

1. Responsibilities

All authorized users who have access to GOALS II shall read, acknowledge understanding, and sign the Rules of Behavior before accessing the applications and associated data.

By agreeing to and signing these rules, the user signifies:

- Understanding of the FMS Reporting Applications security requirements
- Acceptance of the FMS Reporting Applications security requirements
- Acknowledgement that disciplinary action may be taken based on violation of the Rules of Behavior

Federal Program Agency (FPA) Management shall verify that the users who require access to one or more of these FMS reporting applications have read and accepted (via signature on the acceptance form) these Rules of Behavior.

2. Other Policies and Procedures

These Rules of Behavior are an addendum to, and should be used in conjunction with, the Financial Management Service Information Technology Rules of Behavior, dated June 2002 or FPA equivalent for FPA users. They are intended to enhance and further define the specific rules each user must follow while accessing GOALS II application(s). The rules are consistent with the policy and procedures described in the following directives:

FMS IT Security Policy manual, Version 2.1, dated November 20, 2003 and the FMS IT Security Standards, Version 1, dated November 20, 2003.

Treasury Department Publication (TD P) 71-10, Treasury Department Security Manual, 1992

OMB Circular A-130, Management of Federal Information Resources, Appendix III – Security of Federal Automated Information Resources (Revised).

Federal Information Security Management Act (FISMA), Title III of the E-Gov Act. (Note: supercedes the Computer Security Act of 1987.)

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3. Application Rules

User must ensure that the FMS Information Technology resources with which he/she has been entrusted are used properly; as directed by FMS policies and standards, taking care that the laws, regulations, and policies governing the use of such resources are followed and that the value of all information assets is preserved.

Users must follow approved FMS procedures to request or to revoke access to the FMS reporting applications of GOALS II. User must complete and submit the appropriate access management forms: the ESAAS and a signed copy of the Rules of Behavior.

User is responsible for all actions that are taken under his/her Logon ID and password.

User will access GOALS II in a responsible way and only to accomplish legitimate business. User must not read, alter, insert, copy, or delete any FMS data except in accordance with assigned job responsibilities. Ability to access data does not equate to authority to manipulate data. In particular, user must not browse or search FMS data except in the performance of authorized duties.

User will not disclose his/her password to other people or knowingly or carelessly make it possible for other people to access GOALS II using his/her Logon ID and Password.

User will not write password down.

User will change password every 45 days or when prompted.

User will choose hard to guess passwords using a minimum of eight case-sensitive alpha/numeric and/or special characters, of which at least two are numeric.

User must not attempt to circumvent any GOALS II security control mechanisms.

User must use the virus protection mechanism(s) provided by FMS or their employing agency.

User is aware that his/her assigned Logon ID and password serve as his/her electronic signature for all activity while active in the GOALS II

User must ensure that printed material is properly disposed.

User must ensure that hardcopy outputs are picked up immediately from network printers.

User is aware of his/her responsibility for complying with the GOALS II policies and safeguards.

Users must complete and document IT security awareness training as required by applicable government directives.

User must report any known or suspected breaches of GOALS II security to the FMS Help Desk (202-874-4357) and to the FMS FO Call Center Staff (202-874-8270).

4.0 Application Access.

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Users will access the FMS reporting applications in one of three ways: 1) Dial-in access, 2) FMS Net –T1 line or 3) Internet connection.

4.1 Dial-in access and FMS Net –TI line.

Dial-in access is authorized for FACTS II, FMS 1219/1220 or FMS 224.

Users must complete and submit the appropriate FMS access management forms to request dial-in access to FACTS II, FMS 1219/1220 or FMS 224. Users must sign and return to FMS the Non-Disclosure Agreement. Return of a signed FMS Non-Disclosure agreement is required for all users who access FMS systems.

Dial-in and FMS Net – T1 users also agree not to use any other network connections, (e.g., cable modems, DSL modems, a home network, etc.) while connected to the FMS Enterprise platform. Access to FACTS II, FMS 1219/1220 and FMS 224 may not be accomplished via the Internet.

The terms of this agreement supplement and do not supersede the terms of any other agreements or policies governing dial-in, FMS Net – T1 line access or use of FMS computer systems.

4.2 Connection to the Internet.

FMS and other FPA personnel access to FACTS I, GFRS, IFCS, RFC/AL, SOD, UND or Warrants is via the Internet.

Users must complete and submit the appropriate FMS access management forms to request access to FACTS I, GFRS, and IFCS. Users must sign and return to FMS the Non-Disclosure agreement. Return of a signed FMS Non-Disclosure agreement is required for all users who access FMS systems.

Users must secure the workstation from unauthorized use when leaving a browser session unattended while using the application.

While using the FACTS I, GFRS, IFCS, RFC/AL, SOD, UND and Warrants applications, users must have java script enabled.

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ACCEPTANCE

I have read this supplement to the FMS IT Security Rules of Behavior Standard for the FMS Reporting applications for GOALS II: FACTS I, FACTS II, FMS 1219/1220, FMS 224, GFRS, IFCS, RFC/AL, SOD, UND and Warrants and fully understand the security requirements of these information systems, applications, and data. I further understand that violation of these rules may be grounds for administrative and/or disciplinary action by FMS and may result in actions up to and including termination or prosecution under Federal law. I acknowledge receipt of and will comply with the Rules of Behavior for the FMS reporting applications for GOALS II as applicable to my usage.

User Name (Please print.)

Signature

Date

Agency Name

Telephone No.

Email Address