U.S. Department of the Treasury-Financial Management Service
External GOALS II Enterprise System Access Request Form (ESAAS)

Please type or print clearly.
Instructions and *Rules of Behavior* Attached

User – Check one box:
__ New Request
__ Revoke Access (all)
__ Revoke Application Access
__ Modify/Update
__ Additional ALCs only (list separately)

Section I - User Information:

User Name: _____
Last Name, First Name, Middle Name

Control No.: _____
(Do not fill, for internal use only)

Agency Name: _____
Govt. Agency, or Contractor Name (*EXAMPLE: Department of the Treasury*)

Bureau Name: _____
(*EXAMPLE: Financial Management Service*)

Address: street address only – no post office boxes – Please include room number

Street Line 1: _____
Street Line 2: _____
Street Line 3: _____
City: _____ **State:** _____ **Zip Code:** _____ **County:** _____
User Complete Work Phone No.: _____ **Ext:** _____ **Fax No.:** _____
User's Internet Email Address: _____

- -

Supervisor Name: _____
Please print – First, Middle, Last Name

Supervisor's Email Address: _____ **Supervisor's Phone (____)_____**
Area code - number

Supervisor Signature: _____ **Date:** _____

Section II – Access Information:

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

Connection: [ ] **Dial** - SecurID card must be used for 224, 1219/1220,FACTS II to access FMS system
[ ] **Direct/T1** - Agency has a TI line for direct connection to access FMS system for 224, 1219/1220, FACTS II
[ ] **Internet** - User that accesses FMS system through the internet for all other GWA/IAS applications

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

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) or PIN is mandatory under E.O. 9397 for use solely as an identifier. The use of the SSN or PIN 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 or PIN

Section III – Application(s) Requested:

Primary Agency Location Code (ALC): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Please list requested additional ALCs on separation sheet

If requesting access to FACTS I, FACTS II, GFRS, or IFCS please indicate the role requested in Section IV.
Otherwise Section IV will be completed by Financial Management Service (FMS)

Application	Access
FACTS I (Proprietary SGL)	[ ] Online [ ] Bulk
FACTS II (Primarily Budgetary SGL)	[ ] Online [ ] Bulk
FMS 1219/1220	[ ] Online [ ] Bulk
FMS 224	[ ] Online [ ] Bulk
Governmentwide Financial Reports System (GFRS)	[ ] Online
Intergovernmental Fiduciary Confirmation System (IFCS)	[ ] Online
RFC/Agency Link IAS	[ ] Online
Statement of Differences (SOD)	[ ] Online
Warrants	[ ] Online

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

FACTS I *(select Either Primary or Backup and then select only one role)*	FACTS II	FMS 1219/1220	FMS 224
[ ] Primary Prep [ ] Backup Prep [ ] CFO [ ] IG [ ] PREPARER [ ] PREPARER & CFO [ ] SUPERVISOR [ ] SUPERVISOR & CFO	[ ] CERTIFIER [ ] HQ REVIEWER [ ] PREPARER	[ ] PREPARER	[ ] PREPARER

GFRS	IFCS *(select Either Primary or Backup and then select only one role)*	RFC/AL IAS
[ ] AGENCY REVIEWER - CFO Agency [ ] AGENCY REVIEWER - Non CFO Agency [ ] CFO [ ] FPA /CFO Agency [ ] FPA/Non CFO Agency [ ] GAO [ ] IG [ ] REVIEWER	[ ] CONFIRMATION USER [ ] DEPT ADMINISTRATOR [ ] DEPT ADMIN/CONFIRMATION USER [ ] DEPT ADMIN/FIDUCIARY USER [ ] DEPT USER [ ] DEPT USER/CONFIRMATION USER [ ] FIDUCIARY USER [ ] GOVERNMENTWIDE USER	[ ] FPA [ ] RFC

SOD	WARRANTS	
[ ] FPA	[ ] FPA	

Section V – FMS Authorization:
For FMS Use Only

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

Instructions for GOALS II Enterprise System Access Request Form

Section I – User Information

User – Check One Box:

New Request – Add user to specific application(s)

Revoke Access (all) – Remove access to all applications.

Revoke – Revoke access to specific application(s)

Modify/Update – Change of name or access connections

Additional ALCs only – Add valid child ALC to the parent ALC

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

Control No.: An applicant's SSN is no longer a requirement or requested for receiving access to GOALS II Enterprise resources. FMS will assign a control number that will be used to uniquely identify applicants during the enrollment process. All approved applicants will be assigned a **User-Id** which will allow users access to GOALS II. This Identifier will also be unique and will stay with the user until the user's access is revoked.

Agency Name: Name of government organization to the most specific level. If a contractor, enter company name (*EXAMPLE: Treasury Department*).

Bureau Name: (*EXAMPLE: Financial Management Service*).

Address: Street address, Room number, City, State, Zip Code, and Country *(No Post Office Boxes)*.

User's Complete Work Phone No: Work number to include area code (*EXAMPLE: 222-222-2222*)

Fax No.: Work fax number to include area code (*EXAMPLE: 333-333-3333*).

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*), phone number, signature, and date).

Section II – Access Information

Operation System Used: Check user's current operating system.

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.

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. If requesting access to **FACTS I, FACTS II, GFRS, IFCS** please indicate the role requested in Section IV. Otherwise Section IV will be completed by FMS. 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, FACTS II, GFRS, IFCS** please indicate the role requested in Section IV. Otherwise Section IV will be completed by FMS. For other applications, this section will be completed by FMS.

Section V – FMS Authorization:

To be signed by FMS -GOALS II Management Team.

Section VI – Rules of Behavior

Rules of Behavior must be read and accepted by applicant by signing the acceptance form on Page 5.

IMPORTANT NOTICE

Upon completion, fax or send pages 1, 2, and 5 to:

Department of Treasury
Financial Management Service
3700 East West Highway, Room 500D
Hyattsville, MD 20782

Fax Number: 202-874-6170

Rules of Behavior

Section V - 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, 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.)

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 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.

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.

4.1Dial-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, 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, and Warrants applications, users must have java script enabled.

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 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

IMPORTANT NOTICE

Upon completion, fax or send pages 1, 2, and 5 to:

Department of Treasury
Financial Management Service
3700 East West Highway, Room 500D
Hyattsville, MD 20782

Fax Number: 202-874-6170