



Travis County Commissioners Court Agenda Request

Meeting Date: November 18, 2014

Prepared By/Phone Number: Sylvia Mendoza 512-854-7008

Elected/Appointed Official/Dept. Head: Estela P. Medina 854-7069

Commissioners Court Sponsor: Judge Biscoe

AGENDA LANGUAGE:

Consider and take appropriate action on the request to add two new additional Travis County Juvenile Probation Dept. representatives to request meal reimbursements under the USDA/ Texas Department of Agriculture National School Lunch/Breakfast Program.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

The Travis County Juvenile Probation Department has recently filled its vacancies for both the Food Service Manager and the Facilities Operations Manager. These Managers have typically been the representatives that request meal reimbursements from the USDA/ Texas Department of Agriculture National School Lunch/Breakfast Program. During the vacancies Deputy Chief Britt Canary was the only representative listed on the Certificate of Authority form. The Food Service Manager position has been filled by Maryann Mumbi and the Facilities Operations Manager has been filled by Etuk Inyang. The Juvenile Probation Department is requesting to add these two managers in addition to Deputy Chief Britt Canary as authorized representatives. The Texas Department of Agriculture requires the County Judge (as the contractual authority) to sign the updated Certificate of Authority authorizing both Etuk Inyang and Maryann Mumbi to request school meal reimbursements.

STAFF RECOMMENDATIONS:

The Travis County Juvenile Probation Department respectfully recommends approval of the addition of these two Travis County Juvenile Probation Dept. representatives to request meal reimbursements under the USDA/ Texas Department of Agriculture National School Lunch/Breakfast Program.

ISSUES AND OPPORTUNITIES:

FISCAL IMPACT AND SOURCE OF FUNDING:

REQUIRED AUTHORIZATIONS:

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to David Salazar at David.Salazar@co.travis.tx.us in the County Judge's office, by **Tuesdays at 5:00 p.m.** for the next week's meeting.



TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT

2515 South Congress Avenue ~ Austin Texas 78704
Phone: (512)854-7000 Fax: (512)854-7097

ESTELA P. MEDINA
Chief Juvenile Probation Officer

TO: The Honorable Samuel T. Biscoe, County Judge

FROM: 
Estela P. Medina
Chief Juvenile Probation Officer

RE: Certificate of Authority signature form for the National School Lunch/Breakfast Program

DATE: November , 2014

Please accept our request to place the USDA National School Lunch/Breakfast Program Certificate of Authority for External Users change request for the November 18th, 2014 Commissioners Court agenda for consideration. The Food Service Manager and the Facilities Manager positions have been recently filled. These Managers have typically been the representatives to request reimbursement meals under the National School Lunch/Breakfast Program. During the vacancies Deputy Chief Britt Canary was the only representative listed on the Certificate of Authority form. The Food Service Manager position has been filled by Maryann Mumbi and the Facilities Operations Manager has been filled by Etuk Inyang. The Juvenile Probation Department is requesting to add these two managers in addition to Deputy Chief Britt Canary as an authorized representatives. The Texas Department of Agriculture requires the County Judge (as the contractual authority) to sign the updated Certificate of Authority authorizing both Etuk Inyang and Maryann Mumbi to request school meal reimbursements.

The purpose of this program is to offset the cost to the County for meals provided to juveniles held in detention or the Leadership Academy a program of the Juvenile Probation Department. There is no County match associated with this program.

Please review the Certification of Authority and place it on the Commissioners Court November 18th, agenda for their consideration.

Thank you in advance for your attention to this request.

CC: Britt Canary
Sylvia Mendoza
Maryann Mumbi
Etuk Inyang
Patty Lennon



Texas Department of Agriculture
Certificate of Authority for External Users

FND-101

TODD STAPLES, COMMISSIONER

SECTION A	1 CONTRACTING ENTITY (CE) NAME		
	Legal Name Travis County Juvenile Probation	DBA Name Travis County Juvenile Probation	
	2 CONTRACTING ENTITY (CE) IDENTIFIER		
	CE ID 01282	Check here if new applicant to programs <input type="checkbox"/>	ESC Region 13

TO ADD A NEW USER OR MODIFY AN EXISTING USER, COMPLETE THE FOLLOWING:				
1 USER INFORMATION				
First Name Etuk	Middle Initial H.	Last Name INYANG		
Title Facilities Operations Manager	TX-UNPS User ID (if modifying an existing user)			
Business E-mail (For new users, logon information will be emailed to this address.) etuk.inyang@traviscountytexas.gov	Business Phone (512) 854 - 5658	Extension		
Signature of User 			Date (mm/dd/yy) 11/7/2014	
2 REPRESENTATIVE TYPE (Must be participating in Program.)				
SECTION B	School Nutrition Programs (SNP) Groups		Add	Remove
	SNP CE Admin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SNP CE Support	<input type="checkbox"/>	<input type="checkbox"/>	
	Food Service Management Company (FSMC) Representative	<input type="checkbox"/>	<input type="checkbox"/>	
	Education Service Center (ESC) Representative	<input type="checkbox"/>	<input type="checkbox"/>	
	Food Distribution Program (FDP) Groups		Add	Remove
	FDP CE Admin	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP CE Direct Ship	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP CE Non Coop Proc Sch	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Coop	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Processor/Broker	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Contracted Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	
	FDP Food Bank	<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	<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	<input type="checkbox"/>	<input type="checkbox"/>		
SFSP CE Read Only	<input type="checkbox"/>	<input type="checkbox"/>		

TO REMOVE AN EXISTING USER, COMPLETE THE FOLLOWING:			
¹ USER INFORMATION			
SECC	First Name	Middle Initial	Last Name
	TX-UNPS User ID (if known)		

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.)

SECTION D	¹ APPROVAL SIGNATURE (Only required if adding or removing a user, or if changing security groups.)	
	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.	
	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 Food and Nutrition Division, 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 statutes.	
	We further understand that user IDs and passwords are specific to the individual and will not be shared.	
	Name of Highest Contracting Entity Official (example: Superintendent, President of Board, etc.) (Print) Samuel T. Biscoe, County Judge	
	Signature of Highest Contracting Entity Official	Date (mm/dd/yy)

SECTION F	¹ TDA INTERNAL USE ONLY		
	<input type="checkbox"/> Approved	Signature – TDA F&N Representative	Date (mm/dd/yy)
	<input type="checkbox"/> Disapproved		
	User ID Created		Date (mm/dd/yy)
	User ID Deleted		Date (mm/dd/yy)
	User ID Updated	Date (mm/dd/yy)	

Please mail or fax this form to:
 Texas Department of Agriculture, Food and Nutrition Division,
 P.O. Box 12847
 Austin, TX 78711
 Fax No.: 888-203-6593



Texas Department of Agriculture
Certificate of Authority for External Users

FND-101

TODD STAPLES, COMMISSIONER

SECTION A	¹ CONTRACTING ENTITY (CE) NAME		
	Legal Name Travis County Juvenile Probation	DBA Name Travis County Juvenile Probation	
	² CONTRACTING ENTITY (CE) IDENTIFIER		
	CE ID 01282	Check here if new applicant to programs <input type="checkbox"/>	ESC Region 13

TO ADD A NEW USER OR MODIFY AN EXISTING USER, COMPLETE THE FOLLOWING:						
¹ USER INFORMATION						
First Name Maryann		Middle Initial H.	Last Name MUMBI			
Title Food Services Manager		TX-UNPS User ID (if modifying an existing user)				
Business E-mail (For new users, logon information will be emailed to this address.) mary.mumbi@traviscountytexas.gov		Business Phone (512) 854 - 5669		Extension		
Signature of User <i>Maryann Mumbi</i>				Date (mm/dd/yy) 11/7/2014		
² REPRESENTATIVE TYPE (Must be participating in Program.)						
SECTION B	School Nutrition Programs (SNP) Groups			Child and Adult Care Food Program (CACFP) Groups		
		Add	Remove		Add	Remove
	SNP CE Admin	X	<input type="checkbox"/>	CACFP <u>Center</u> CE Admin	<input type="checkbox"/>	<input type="checkbox"/>
	SNP CE Support	<input type="checkbox"/>	<input type="checkbox"/>	CACFP <u>Center</u> CE Support	<input type="checkbox"/>	<input type="checkbox"/>
	Food Service Management Company (FSMC) Representative	<input type="checkbox"/>	<input type="checkbox"/>	CACFP <u>Day Care Home</u> (DCH) CE Admin	<input type="checkbox"/>	<input type="checkbox"/>
	Education Service Center (ESC) Representative	<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"/>
	Food Distribution Program (FDP) Groups			Summer Food Service (SFSP) Groups		
		Add	Remove		Add	Remove
	FDP CE Admin	<input type="checkbox"/>	<input type="checkbox"/>	SFSP CE Admin	<input type="checkbox"/>	<input type="checkbox"/>
	FDP CE Direct Ship	<input type="checkbox"/>	<input type="checkbox"/>	SFSP CE Support	<input type="checkbox"/>	<input type="checkbox"/>
	FDP CE Non Coop Proc Sch	<input type="checkbox"/>	<input type="checkbox"/>	SFSP CE Read Only	<input type="checkbox"/>	<input type="checkbox"/>
	FDP Coop	<input type="checkbox"/>	<input type="checkbox"/>			
	FDP Processor/Broker	<input type="checkbox"/>	<input type="checkbox"/>			
FDP Contracted Warehouse	<input type="checkbox"/>	<input type="checkbox"/>				
FDP Food Bank	<input type="checkbox"/>	<input type="checkbox"/>				

TO REMOVE AN EXISTING USER, COMPLETE THE FOLLOWING:			
¹ USER INFORMATION			
SECC	First Name	Middle Initial	Last Name
	Declan		O’Rielly
TX-UNPS User ID (if known)			

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SECTION D	¹ APPROVAL SIGNATURE (Only required if adding or removing a user, or if changing security groups.)	
	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.	
	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 Food and Nutrition Division, 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 statutes.	
	We further understand that user IDs and passwords are specific to the individual and will not be shared.	
Name of Highest Contracting Entity Official (example: Superintendent, President of Board, etc.) (Print)		
Samuel T. Biscoe, County Judge		
Signature of Highest Contracting Entity Official	Date (mm/dd/yy)	

SECTION F	¹ TDA INTERNAL USE ONLY		
	<input type="checkbox"/> Approved	Signature – TDA F&N Representative	Date (mm/dd/yy)
	<input type="checkbox"/> Disapproved		
	User ID Created		Date (mm/dd/yy)
	User ID Deleted		Date (mm/dd/yy)
User ID Updated		Date (mm/dd/yy)	

Please mail or fax this form to:
 Texas Department of Agriculture, Food and Nutrition Division,
 P.O. Box 12847
 Austin, TX 78711
 Fax No.: 888-203-6593

**INSTRUCTIONS FOR
CERTIFICATE OF AUTHORITY FOR EXTERNAL USERS
FORM FND-101**

SECTION A (Required to add, modify or remove users)

1. CONTRACTING ENTITY (CE) name

- Legal Name – Enter the full legal name of the contracting entity.
- DBA Name – If contracting entity operates under a doing business name (DBA) enter the full name otherwise leave blank.

2. CONTRACTING ENTITY (CE) Identifier

- CE ID - Enter five-digit Contracting Entity Identification (CE ID) for the organization.
 - Check here if new applicant to programs – Check this box only if the FND-101 is being submitted as part of a request for a new application package.
 - ESC Region – This field is for use by Education Service Center (ESC) staff to identify the ESC Region (1 through 20) of the user
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SECTION B (required to add a new user or modify an existing user)

1. USER INFORMATION:

- FIRST NAME – ENTER THE FIRST NAME OF THE CONTRACTING ENTITY USER THAT IS BEING ADDED OR MODIFIED.
- Middle Initial - Enter the middle initial of the Contracting Entity user that is being added or modified.
- Last Name - Enter the last name of the Contracting Entity user that is being added or modified.
- Title – Enter the title of the TX-UNPS user being added or modified.
- TX-UNPS User ID (if modifying an existing user) – Enter the TX-UNPS User ID for the person being modified.
- Business E-mail (For new users, logon information will be mailed to this address.) – Enter the business email address for the person being added or modified.
- Business Phone – Enter the telephone number for the person being added or modified.
- Extension – If the business phone has an extension for the person being added or modified enter the extension otherwise leave blank.
- Signature of User – The person being added or modified signs this field.
- Date (mm/dd/yy) – Enter the date in MM/DD/YY format when the person being added or modified signs the form.

2. REPRESENTATIVE TYPE (MUST BE PARTICIPATING IN PROGRAM.):

Check the appropriate box to designate the Contracting Entity's representative type. A Contracting Entity user can request multiple user representative types based on functionality needs but only if either currently participating or has requested to participate in the School Nutrition Programs (SNP), Food Distribution Program (FDP), Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP). Check the ADD box(s) to add groups or check the REMOVE box(s) to remove groups.

School Nutrition Programs (SNP) Groups:

- **SNP CE Admin** - User who has edit access to application-related screens, including food safety inspections, verification, capital expenditures, Texas summer mandate, summer cost reporting, community eligibility provision (CEP), annual audit, etc. User also has Add/Edit/Delete access to Meal Pattern Compliance Dashboard, Attestation, Menus; read-only access to Meal Pattern Compliance Dashboard Months Certified. This user can also access the direct certification lists. User has read-only access to claim screens.
- **SNP CE Support** - User who has edit access to claim screens and read-only access to application-related screens. User also has read-only access to Meal Pattern Compliance Dashboard, Attestation, Menus; and Months Certified.
- **Food Service Management Company (FSMC) Representative** - Used only for Food Service Management Company (FSMC) employee who is designated by the Contracting Entity to access TX-UNPS. All application-related screens are read-only except Food Safety Inspections. Note: This is only for CEs operating under an approved FSMC contract. User also has read-only access to Meal Pattern Compliance Dashboard, Attestation, Menus; and Months Certified.
- **Education Service Center (ESC) Representative** - An employee of a regional Education Service Center (ESC) office who can assist Contracting Entities with functions in TX-UNPS. User has edit access to Contracting Entity's FDP screens for the Contracting Entities associated with their region.

Food Distribution Program (FDP) Groups:

- **FDP CE Admin** - (For CEs who receive commodities through a contracted warehouse and/or whose processing requests are managed by a Coop Coordinator.) User who has edit access to FDP-related contract, survey (except read-only to Processing Surveys) and Contracting Entities order screens for both NSLP and SFSP and read-only access to allocations and entitlement screens. Note: This is only for CEs participating in either SNP or SFSP.
- **FDP CE Direct Ship** - (For CEs who receive commodities directly from USDA.) User who has edit access to FDP-related contract, survey and Contracting Entities order screens for both NSLP and SFSP and read-only access to allocations and entitlement screens. Note: This is only for CEs participating in either SNP or SFSP.
- **FDP CE Non Coop Proc Sch** - (For CEs who manage their own processing requests.) User who has edit access to FDP-related contract, survey and Contracting Entities order screens for both NSLP and SFSP and read-only access to allocations and entitlements screens. Note: This is only for CEs participating in either SNP or SFSP.
- **FDP Coop** - User who has edit access to FDP Coop-related processor survey and load balancing screens. User also has edit access to assigned Contracting Entities co-op members' contract and survey screens and read-only rights to entitlement and allocation screens.
- **FDP Processor/Broker** - User who has edit access to FDP Processor/Broker related screens (e.g., Food Order screen).
- **FDP Contracted Warehouse** - User who has edit access to FDP Contracted Warehouse related inbound shipment, order, shipping, inventory, and invoicing screens.
- **FDP Food Bank** - User who has edit access to FDP Food Bank related application, contract, inbound shipment, surveys, allocations, entitlement, and inventory and claim screens.

Child and Adult Care Food Program (CACFP) Groups:

- **CACFP Centers CE Admin** - User who has edit access to application-related screens, including advance requests and annual audit, and read-only access to claim screens. This person is an Authorized Representative and can act on behalf of the contracting entity.
- **CACFP Centers CE Support** - User who has edit access to claim screens and read-only access to application screens. This is someone like the Claim Preparer identified on your Contracting Entity Application.

- **CACFP DCH CE Admin** - User who has edit access to application-related screens, including advance requests, and read-only access to claim screens. This person is an Authorized Representative and can act on behalf of the contracting entity.
- **CACFP DCH CE Support** - User who has edit access to claim screens and read-only access to application screens. This is someone like the Claim Preparer identified on your Contracting Entity Application.
- **CACFP Read Only** – User who had read-only access to application-related and claim screens for Centers and/or Homes, as applicable

Summer Food Service Program (SFSP) Groups:

- **SFSP CE Admin** - User who has edit access to application-related screens, including advance requests and annual audit, and read-only access to claim screens.
- **SFSP CE Support** - User who has edit access to claim screens and read-only access to application screens.

SFSP CE Read Only - User who has read-only access to application and claim screens.

SECTION C (TO REMOVE AN EXISTING USER)

1. USER TO BE REMOVED

- **First Name** - Enter the first name for the user that is having their TX-UNPS access removed.
 - **Middle Initial** - Enter the middle initial for the user that is having their TX-UNPS access removed.
 - **Last Name** - Enter the last name for the user that is having their TX-UNPS access removed.
 - **TX-UNPS User ID** - Enter the user ID for the person being removed, if known.
-

SECTION D (CONTRACTING ENTITY APPROVAL)

This section is only required if adding or removing a user, or if changing a user's security group.

1. APPROVAL SIGNATURE

- **Name of Highest Contracting Entity Official (Example: Superintendent, President of Board, etc) (Print)** - Print the name of the Contracting Entity's highest official.
 - **Signature of Highest Contracting Entity Official** - The contracting entity highest official identified is the person that must sign in this field to approve the change.
 - **Date (mm/dd/yy)** - Enter the date the Contracting Entity Highest Official signs the form using the format mm/dd/yy.
-

SECTION F (TDA USE ONLY)

1. TDA INTERNAL USE ONLY

- **Approved:** This field is for TDA staff use only. Check this box if the FND-101 has been approved by a TDA Food and Nutrition (F&N) Representative.
- **Disapproved:** This field is for TDA staff use only. Check this box if the FND-101 has been disapproved by a TDA Food and Nutrition (F&N) Representative.

- **Signature – TDA F&N Representative:** This field is for TDA staff use only. Signature of the TDA Food and Nutrition (F&N) Representative that has approved or denied the FND-101.
- **Date (mm/dd/yy):** This field is for TDA staff use only. Enter the date in MM/DD/YY format that the FND-101 was approved or denied by the Food and Nutrition (F&N) Representative.
- **User ID Created:** This field is for TDA staff use only. Enter the TX-UNPS User ID that was created by TDA.
- **Date (mm/dd/yy):** This field is for TDA staff use only. Enter the date in MM/DD/YY format that the TX-UNPS User ID was created by TDA.
- **User ID Deleted:** This field is for TDA staff use only. Enter the TX-UNPS User ID that was inactivated by TDA.
- **Date (mm/dd/yy):** This field is for TDA staff use only. Enter the date in MM/DD/YY format that the TX-UNPS User ID was deleted by TDA.
- **User ID Updated:** This field is for TDA staff use only. Enter the TX-UNPS User ID that was modified by TDA.
- **Date (mm/dd/yy):** This field is for TDA staff use only. Enter the date in MM/DD/YY format that the TX-UNPS User ID was updated by TDA.