

Federal Emergency Management Agency

Payment and Reporting System Grantee Guide

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1 OVERVIEW

SECTION 1

1.1 PAYMENT AND REPORTING SYSTEM OBJECTIVE

The objective of this Guide is to familiarize you with the Payment and Reporting System (PARS).

This Guide is divided into the following five (5) sections:

Section 1 provides an overview and objective of the Payment and Reporting System Guide.

Section 2 covers step-by-step instructions on how to register into the Payment and Reporting System, the email notifications and signing in.

Section 3 covers step-by-step instructions on how to make a payment request or view payment history.

Section 4 covers step-by-step instructions on the SF269 submission or viewing and modifying status reports.

Section 5 covers step-by-step instructions on how to change the password, email address and logout of the system.

Section 6 provides an overview of the online help that is available.

Section 7 provides an overview on passwords.

1.2 POPUP BLOCKERS

PARS uses pop-ups so check to make sure that the pop up blocker that you are using allows pop-ups for PARS.

1.3 GETTING STARTED

Type in the following web address https://isource.fema.gov/sf269/

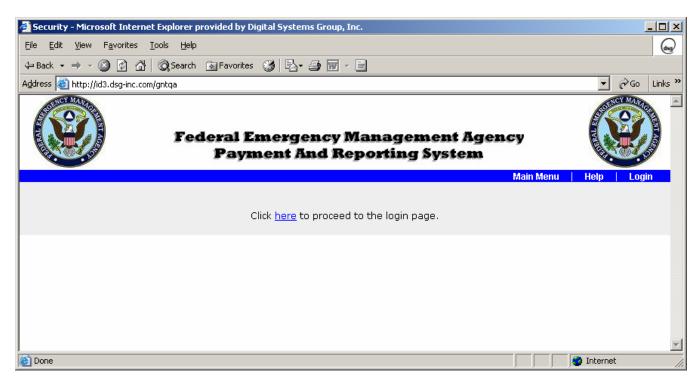


Figure 1.3-1 Payment and Reporting System

The **Payment and Reporting System** screen is displayed.

Click on the word *here* to proceed to the user login page.

2 REGISTRATION

SECTION 2

2.1 REGISTRATION

All new users must register in order to gain access to the system. The Payment and Reporting System (PARS) allows users to either complete and transmit their quarterly SF269 report online or make payment requests online.

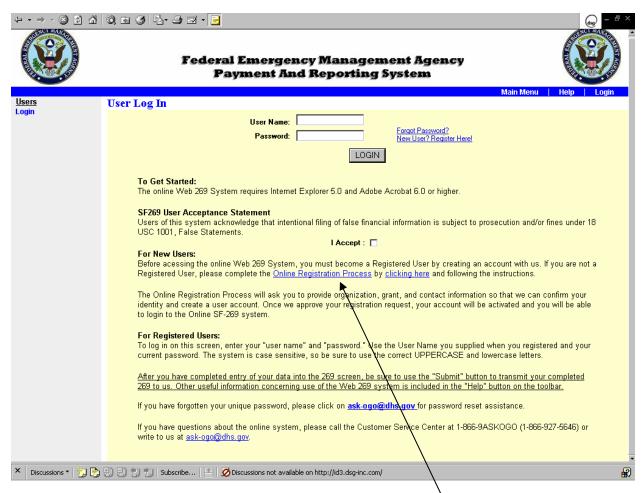


Figure 2.1-1 User Login/Registration Page

To apply for an online account, click on Online Registration Process.

There are four (4) sections to this screen. These sections are **Account Information**, **Grantee Information**, **Contact Information** and **Grant Verification**.

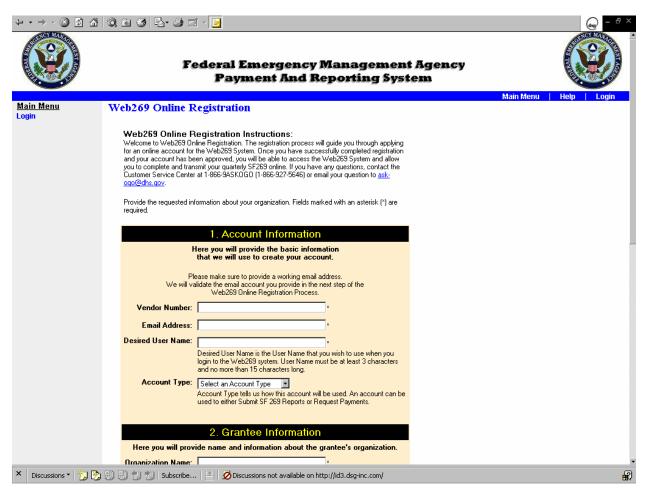


Figure 2.1-2 Section 1. Account Information

Section 1 - Account Information

All four fields in the Account Information section are mandatory and a system edit exists on the Vendor Number.

Enter the following data:

NOTE: Mandatory fields have an asterisk beside them.

Vendor Number – The Vendor Number must be the number assigned to you, as indicated on your grant award document.

NOTE: The vendor number must be the vendor that is associated to the grant that will be entered in Section 4.

Vendor Number Enter Vendor Number

NOTE: If the Vendor Number is entered incorrectly, when the "Continue to Next Step" is selected an error will be displayed at the top of the screen in red

informing the grantee that the Vendor ID is incorrect. This field must be corrected in order to proceed to the next step.

Email Address – The email address entered must be valid. The system will generate and send an email for verification. This email address will be used to provide the user system generated notifications.

Email AddressEnter Email Address

Desired User Name – The login to be used to access PARS. The user name must be at least three (3) characters and cannot exceed fifteen (15) characters.

Desired User NameEnter User Name

Account Type – There are two (2) options available. These options are **Used to File SF269 Reports** and **Used to Request Payments**.

NOTE: A user can only register under one account type.

Account Type......Use the lookup to select the Account Type

2. Grantee Information
Here you will provide name and information about the grantee's organization.
Organization Name: ×
Address: ×
City: ×
State: ×
Zip Code: ×

Figure 2.1-3 Section 2. Grantee Information

Section 2 - Grantee Information

All fields are mandatory however; there are no edits in the Grantee Information section. It is up to the authorizing official to verify the data in these fields prior to approving.

Enter the following data:

Organization Name – The full name of your organization.

Organization Name......Enter the Organization

Address – Address of your Organization.

Address Enter the Address

City – City where your organization is located.

City	Enter the City
Zip Code – Zip Code where your organization is loo	cated.
7in Code	Futor the Zin Code

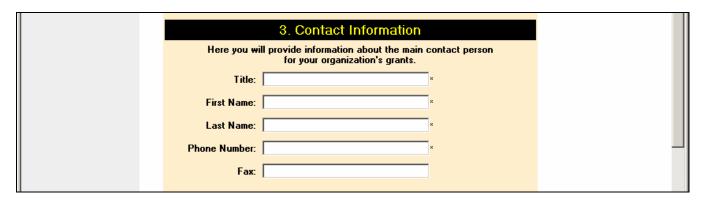


Figure 2.1-4 Section 3. Contact Information

Section 3 - Contact Information

All fields except the FAX number are mandatory however; there are no edits in the Contact Information section. It is up to the authorizing official to verify the data in these fields prior to approving.

Enter the following data:

Title – The title of the contact person (i.e., Mr., Mrs., Dr, etc.)

Title — Enter the Title

First Name – The contact person's first name.

Enter First Name

Last Name – The contact person's last name.

Last Name — Enter Last Name

Phone Number – The contact person's phone number.

Phone Number — Enter Phone Number

FAX - The contact person's FAX number.

Enter FAX

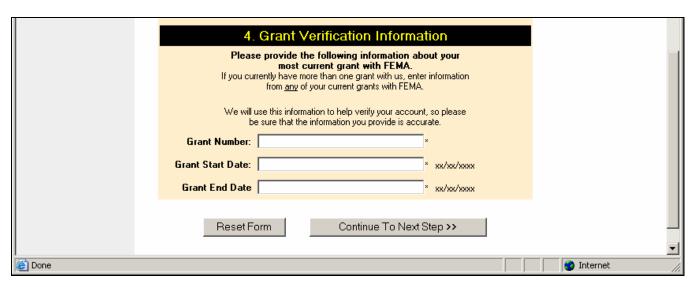


Figure 2.1-5 Section 4. Grant Verification Information

Section 4 – Grant Verification Information

Enter the following data:

NOTE: The following three (3) fields will be validated by the FEMA Administrator before your registration is approved.

Grant Number – A valid grant that is assigned to the vendor. The vendor can have numerous grants.

NOTE: Enter the Grant Number in all uppercase and as a 12 position alphanumeric string i.e., 2007ABCD0001. Do not use spaces or dashes i.e., 2007-ABCD-0001 or 2007-AB-CD-0001 or 2007 ABCD 0001.

Grant NumberEnter the Grant Number

Grant Start Date – The start date of the Grant.

Grant Start Date......Enter the Start Date

Grant End Date – The end date of the Grant.

Grant End DateEnter the End Date

To save the entry, press the Continue To Next Step >> button.

NOTE: When PARS has all the necessary information for registration, the *Online Registration Completed* screen will be displayed.

2.1.1 Errors

Errors will be displayed in red across the top of the screen.

Example

Please correct the following errors:

> Contact First Name Required

You have not entered a Contact First Name. Please provide a Contact First Name in the space provided.

> Contact Phone Number Required

You have not entered a Contact Phone Number. Please provide a Contact Phone Number in the space provided.

Figure 2.1-6 Errors

NOTE:

If the Grant Number, Grant Start Date or Grant End Date is entered incorrectly no error will be displayed to the person registering. The approver will be notified that a registration has been attempted with invalid information.

2.1.2 Online Registration Completed

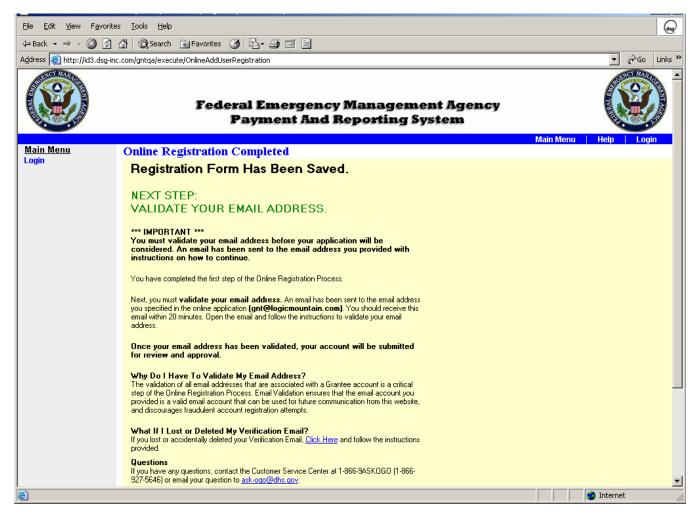


Figure 2.1-7 Online Registration Completed

An **Online Registration Completed** screen is displayed with instructions on how to validate your email address.

2.1.3 Email Notifications

An email will be sent to the person registering to verify their email address.

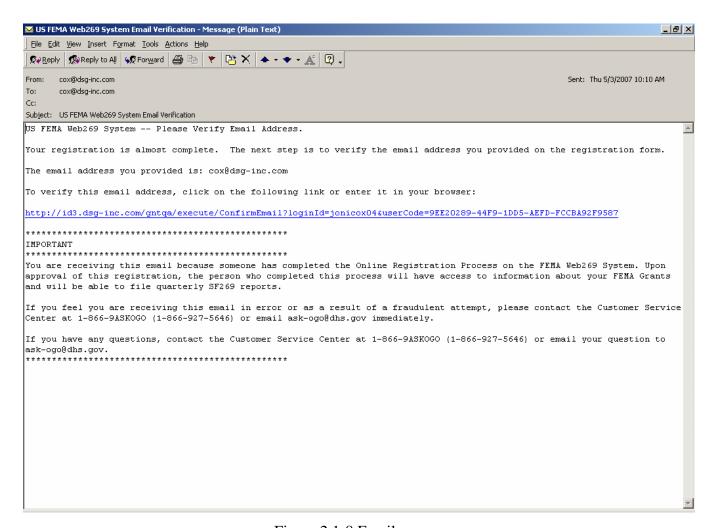


Figure 2.1-8 Email

To verify the email address, click on the link.

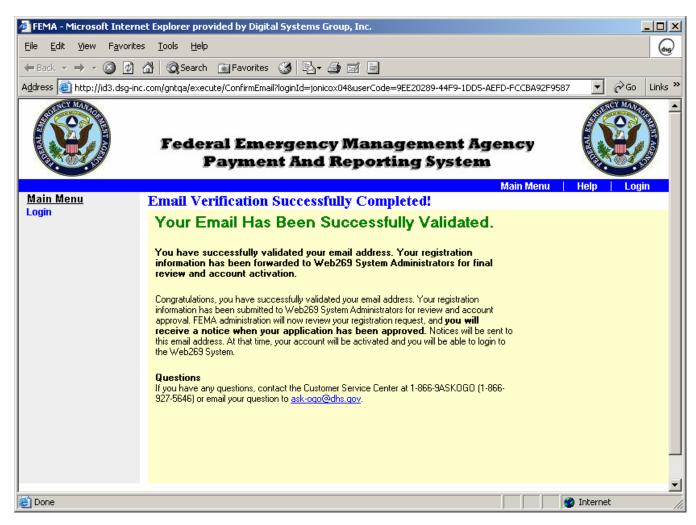


Figure 2.1-9 Email Verification

The **Email Verification Successfully Completed** screen is displayed.

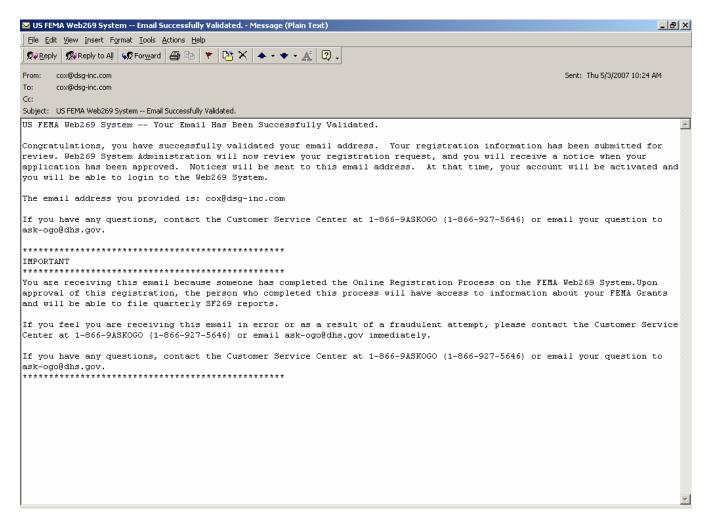


Figure 2.1-10 Successfully Validated Email Address

You will receive an email when the email address has been successfully validated.

The registration information has been submitted to Payment and Reporting System (PARS) Administrators for review and account approval. FEMA administration will now review your registration request, and you will receive a notice when your application has been approved.

Notices will be sent to this email address. At that time, your account will be activated and you will be able to login to PARS.

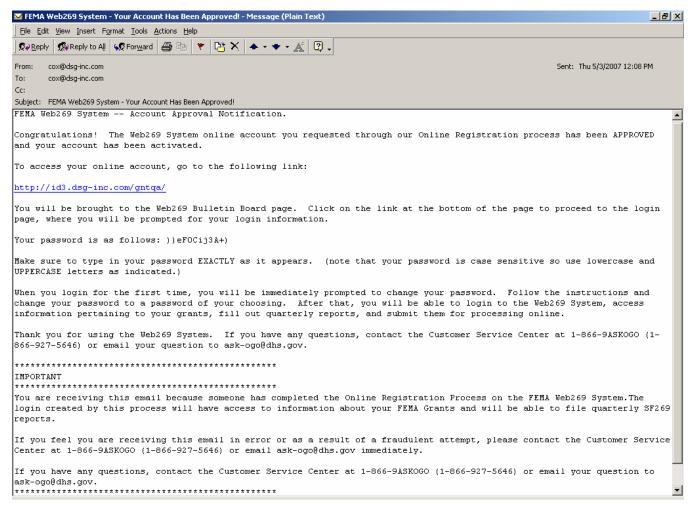


Figure 2.1-11 Account Approval Notification

Once the registration has been approved, an email will be sent to you with a system-generated password.

2.1.4 Signing In the First Time

To access your online account the first time, go to the link supplied in the email.

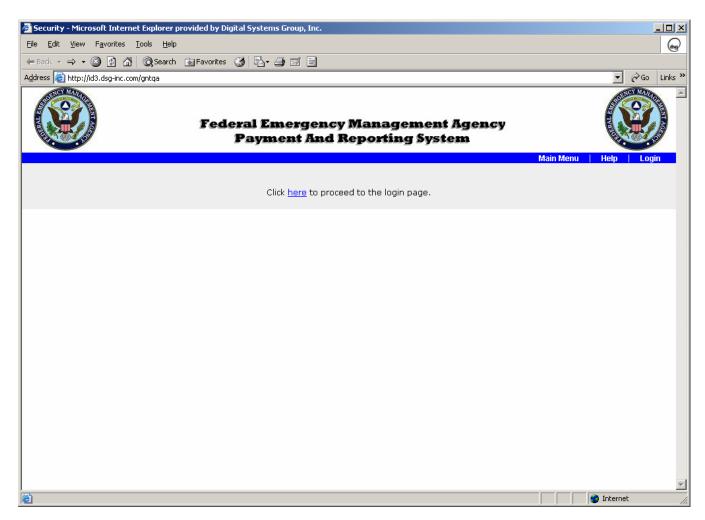


Figure 2.1-12 Payment and Reporting System

The **Payment and Reporting System** screen is displayed.

Click on the word *here* to proceed to the login page.

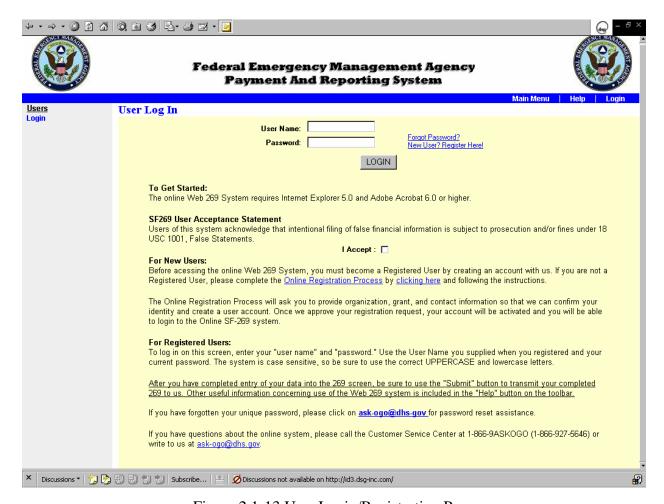


Figure 2.1-13 User Login/Registration Page

To login enter your *User Name* and the *Password* that was supplied in the email. You must accept the SF269 User Acceptance Statement by checking the box beside *I Accept*.

Press the LOGIN button to proceed.

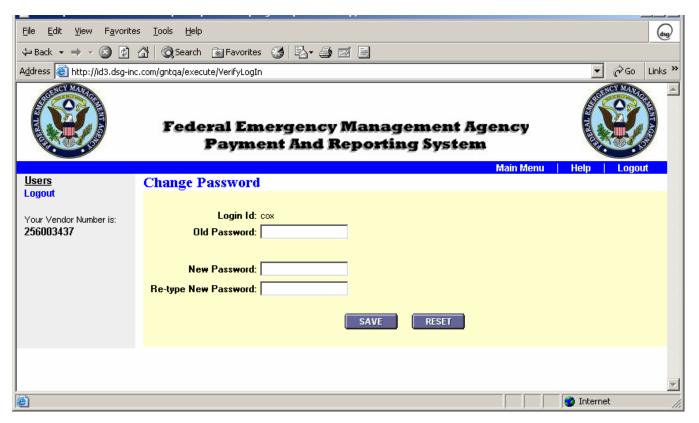


Figure 2.1-14 Change Password

The Change Password screen is displayed.

Enter the following data:

New PasswordEnter New Password

NOTE: New password must be between 8 and 15 characters and contain at least one lower case letter, at least one upper case letter, at least one number and at least one special character.

Re-Type New Password......Re-enter New Password

Press the SAVE button to proceed.

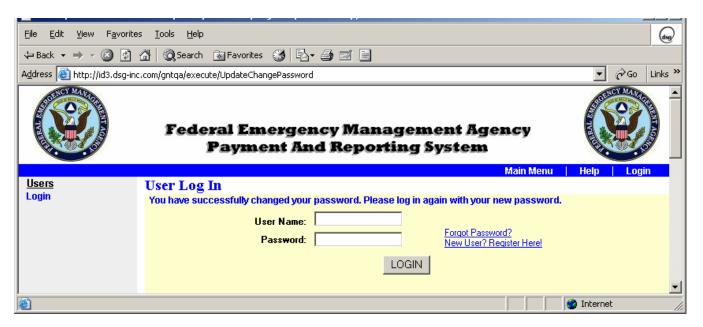


Figure 2.1-15 User Log In

The User Log In screen is displayed with the following message:

You have successfully changed your password. Please log in again with your new password.

Enter the following data:

User Name.......Enter your User Name
Password......Enter your New Password

Check the **I Accept** box.

Press the LOGIN button to proceed.

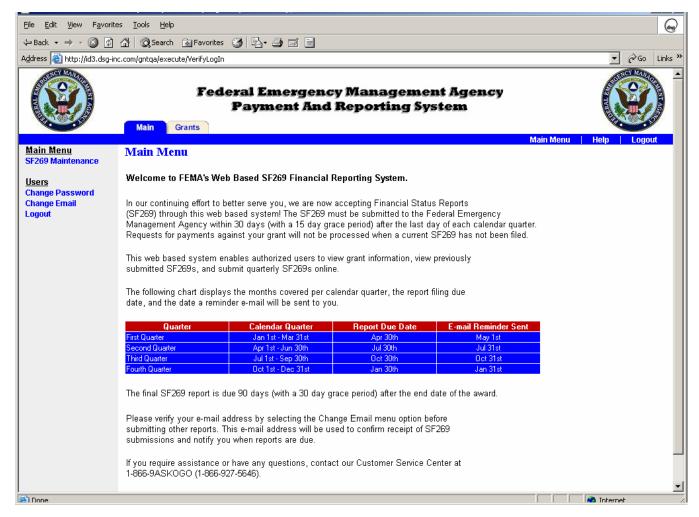


Figure 2.1-16 Main Menu

The **Main Menu** is displayed.

NOTE: Only the Grants or the Payment tab will be displayed according to the Account Type selected during Registration.

3 PAYMENT REQUEST

SECTION 3

3.1 PAYMENT REQUEST

After you login (with the Account Type of Used to Request Payments) the Main Menu is displayed.

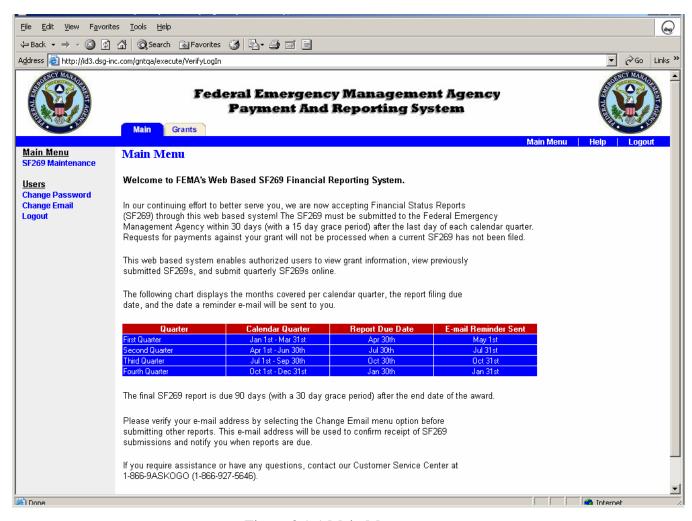


Figure 3.1-1 Main Menu

Select the **Payments** tab.

NOTE: Prior to Requesting a Payment the Grant must have been accepted by the FEMA Administrator. If it has not been accepted the following error will be displayed. GRANT HAS NOT BEEN ACCEPTED! Grant has not yet been marked as accepted. Unable to request payments at this time.

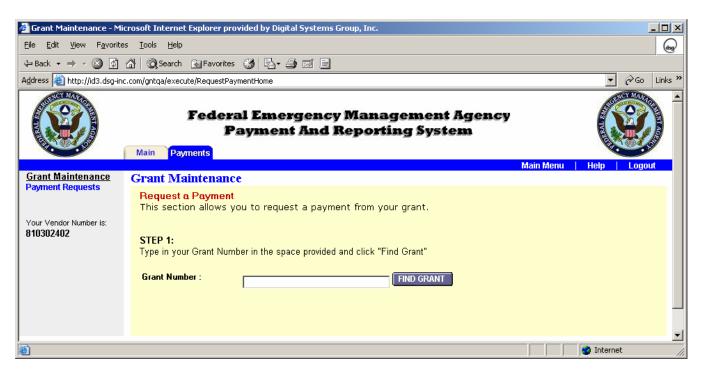


Figure 3.1-2 Request a Payment

The Request a Payment screen is displayed.

Enter the following data:

Grant Number – The number that has been assigned to the Grant. This number must already be in the system.

Grant Number Enter the Grant Number

Press the FIND GRANT button.

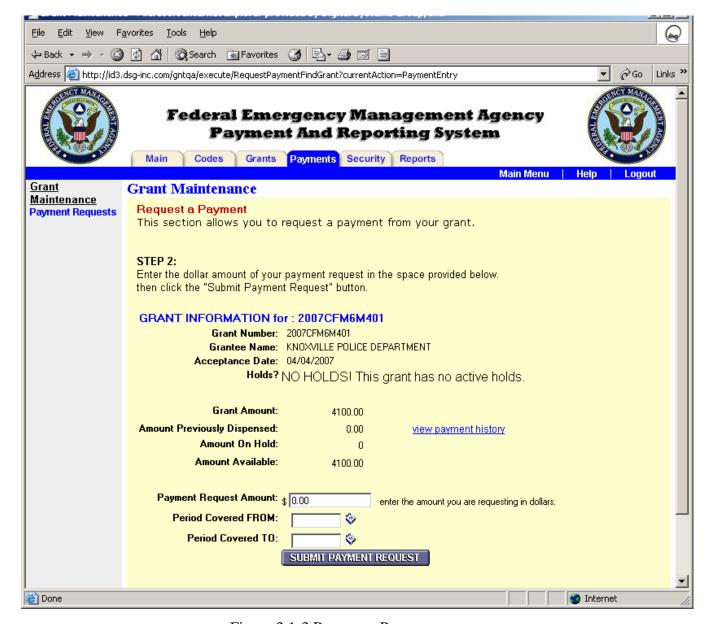


Figure 3.1-3 Request a Payment

The **Request a Payment** screen is displayed.

This screen displays Grant Information including: Grant Number, Grant Name, Acceptance Date, Holds on Grants, Grant Amount, Amount Previously Disbursed, Amount on Hold and Amount Available.

Enter the following data:

Payment Request Amount – The amount being requested can be equal to or less than the amount available.

NOTE; The accumulative Requested Amount can never exceed the total Grant amount.

Payment Request Amount......Enter Amount

NOTE: The Period Covered From and To cannot overlap with another payment request. If the period overlaps the following error is displayed. "Unable to Process PAYMENT REQUEST!" Period Covered FROM Date must be after the last Period Covered TO Date. Payment Request was not processed. Please choose a valid Period Covered FROM Date and try again.

Period Covered From –Start date of the payment.

Period Covered From......Enter a Start Date

Period Covered To – End date of the payment.

Period Covered To.....Enter an End Date

Press the SUBMIT PAYMENT REQUEST button.

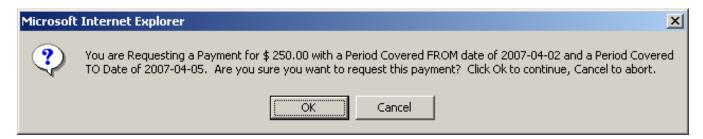


Figure 3.1-4 Confirmation

A **Confirmation** screen is displayed.

Press the button to **Continue**.

To **Cancel**, press the button to abort.

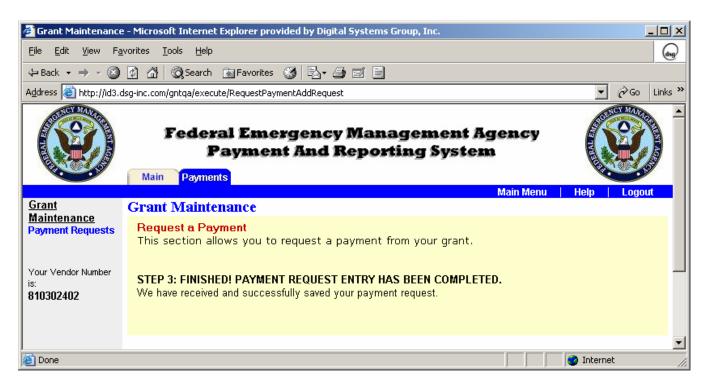


Figure 3.1-5 Payment Request Entry Completed

The system will display a message:

STEP 3: FINISHED! PAYMENT REQUEST ENTRY HAS BEEN COMPLETED.

NOTE: At this time FEMA will process your payment request.

3.1.1 View Payment History

From the **Request a Payment** screen select *View Payment History*.

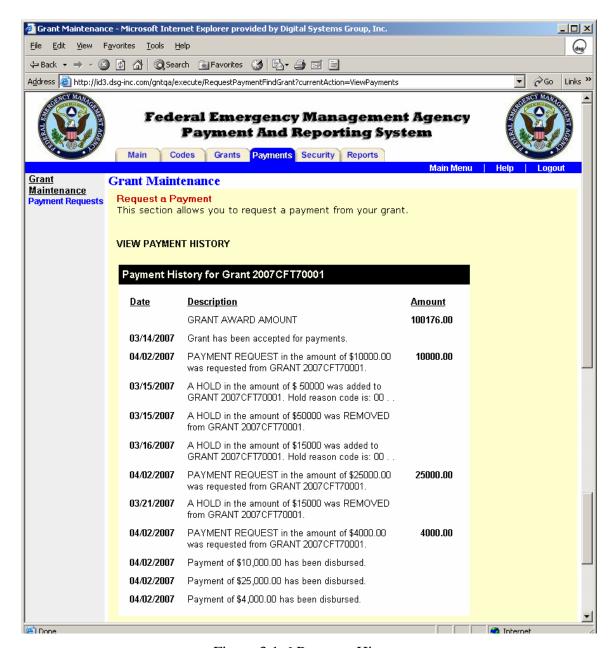


Figure 3.1-6 Payment History

The **Payment History** screen is displayed.

This screen displays the Accept Date, all Requests for Payments and their Amounts, all Holds placed on a Grant and notice of the Payment when it has been Disbursed.

4 SF269 SUBMISSION

SECTION 4

4.1 SF269 SUBMISSION

Select the **Grants** tab.

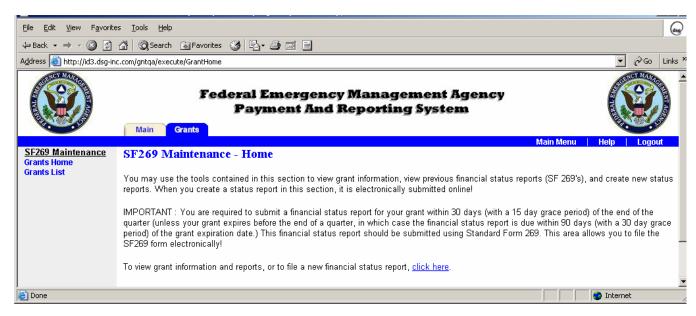


Figure 4.1-1 Grants Home Page

The **Grants Home** page is displayed.

This section enables you to view grant information, view previous financial status reports (SF 269's), and create new financial status reports. When a status report is created in this section, it is electronically submitted online to FEMA.

NOTE: Grantees are required to submit a financial status report for each active grant within 30 days (with a 15 day grace period) of the end of the quarter. The final financial status report is due 90 days (with a 30 day grace period) after the end date of the award.

To view grant information and reports, or to file a new financial status report press on *click here*.

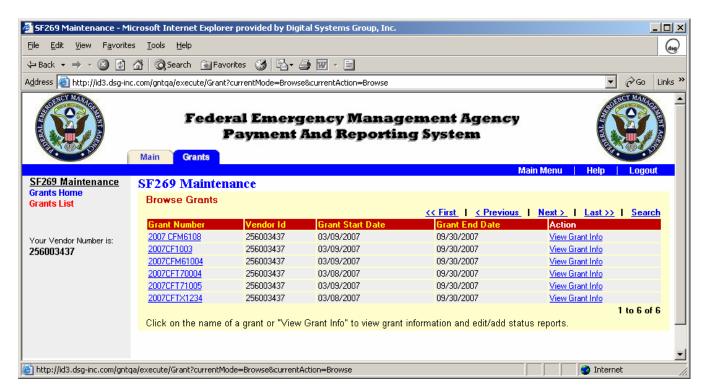


Figure 4.1-2 Grant List

The **Grant List** is displayed.

To process a report for a grant select either the *Grant Number* or *View Grant Info* located under the **Action** column.

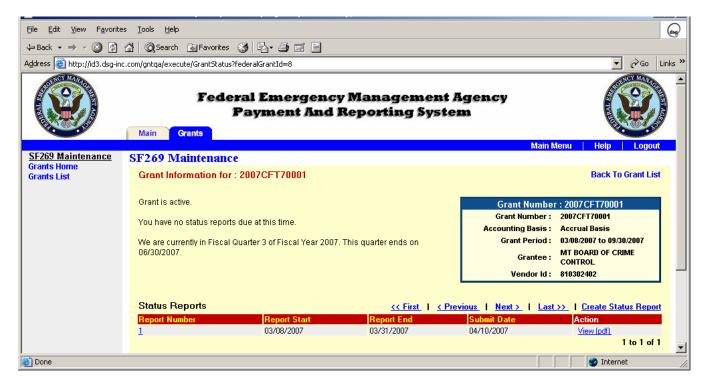


Figure 4.1-3 Grant Information for (Grant Number)

The Grant Information for (Grant Number) screen is displayed.

To Create a SF269 select Create Status Report.

åhttp://id	3.dsg-inc.con	n/gntqa/5F269#	ARev200	3.pdf	- Microsoft I			rer pi	rovide		gital 5y	ystems Gro	up, Inc	1 ×
		yped into this form eted form if you w		сору б	<u>+ L ~ </u>				(Print	Form	☐ High	light fields	
Signatures	FINANCIAL STATUS REPORT (Short Form) (Follow Instructions on next page) 1. Federal Agency and Organizational 2. Grant or Award Number Assigned by FEMA CMB Approval Page or													
Pages	Element to which Report is Submitted Federal Emergency Management Agency (FEMA) 3. Revision (Management Agency (Alama and complete address including 7/9 code)							7 Assigned by FEMA OMB Approval No. 1 1 1 1 121-0284 pages BOARD OF CRIME CONTROL						
	4. Vendor Numb		RUSSELTON . PA 15076 ntifying Number (if any) 6. Final Re			port No	7. B		crual					
4	From: (Mon 03/0	ant Period (See Instruc ith, Day, Year) 18/2007	To: (Month,		ear) /2007		rlod Cov om: (Mor				o: (Month	, Day, Year)		
ERREN	10. Transactions	8:				Prev	I Previously Reported			II This Period	ı	Cumula	tive	
	a. Total outlays b. Reciplent share of outlays						\$20.00 \$10.00			\$0.00 \$0.00			\$20.00 \$10.00	
nents	c. Federal share of outlays d. Total unliquidated obligations e. Recipient share of unliquidated obligations						\$10.00				\$0.00		\$10.00 \$0.00 \$0.00	
Attachments	f. Federal share of unliquidated obligations g. Total Federal share (Sum of lines c and f)										\$0.0 \$10.0			
Comments	h. Total Federal funds authorized for this funding period j. Unobligated balance of Federal funds (Line h minus line g) a. Type of Rate (place "x" in appropriate box)						\$100,176.00 \$100,166.00							
Com	11. Indirect Expense	11. Indirect Provisional Productormina						Final Fixed d. Total Amount e. Federal \$ \$0.00						
, market	12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. PROGRΑΜ INCOME:													
	B. Federal Funds Subgranted \$0.00						D. Other \$0.00 F. Unexpended \$0.00						0	
Attachments	I certify to the best of my knowledge and belief that this report is correct and complete and are for the purposes set forth in the award documents. Typed or Printed Name and Title								lete and	that all outlays and unliquidated obligations Telephone (Area code, number and extension)				
Attac	Signature of Authorized Certifying Official									Date Report Submitted 04/17/2007				
Comments	Standard Form 269a (REV 2002) Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 90 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Federal Emergency Management Agency, 500 C Street S.W., Washington, DC 20472.											nless it h impose per		
				4	1 of 2			(0			Subm	nit Form	

Figure 4.1-4 SF269

The **SF269 Report** is displayed.

Enter the following data:

NOTE: Data can only be entered in lines that are yellow. Lines 1-4 will be system populated.

Line 5 Recipient Internal Code or Identifying Number – An identifying number assigned by your organization for internal use.

Recipient Internal Code or Identifying Number.....Enter if required

Line 6 Final Report – If you have finished expending funds and recording your required match related to this award, regardless of whether they have been or will be reimbursed by the Federal Government, check Yes. Otherwise, check No.

Final ReportSelect Yes or No

Line 7 Basis – Indicates whether the accounting system uses a cash or accrual basis for recording transactions related to this award.

Basis.....Select Cash or Accrual

Line 9 From and To Dates – Enter the From and To dates for the current reporting calendar quarter as listed below:

Reporting QuarterReports Due Not Later ThanJan 1 thru Mar 31April 30Apr 1 thru Jun 30July 30Jul 1 thru Sep 30October 30Oct 1 thru Dec 31January 30FromEnter Date mm/dd/yyyyToEnter Date mm/dd/yyyy

Lines 10A – 10C (Total, Receipt and Federal) – Refer to cash outlays. The total of lines 10 B and 10c will equal the amount reported on line 10A.

Receipt Share of OutlaysEnter Amount

Federal Share of Outlays.....Enter Amount

NOTE: The totals 10E and 10F should equal the amount in 10D.

Lines 10D – 10F (Unliquidated Obligations) – Refer to the amount of unpaid obligations or accounts payable you have incurred. If you are reporting on a "Cash" basis this amount should be 0.

Recipient Share of Unliquidated Obligations......Enter if required

Federal Share of Unliquidated Obligations.....Enter if required

NOTE: Indirect Expense will only be completed if you have a Federally approved Indirect Cost Rate agreement with your cognizant agency.

Type of Rate – Indicated the type of rate you have. Type of Rate......Check if required **Rate** – The indirect cost rate in effect during this current reporting period. Rate Enter if required **Base** – The amount of the base against which the cost rate is applied. Base.....Enter if required **Total Amount** – Total amount of indirect costs charged during this current reporting period. Total AmountEnter if required **Federal Share** – The Federal Government share of the amount reported. Federal Share......Enter if required Remarks.....Enter if required **Block/Formula Passthrough** – Cumulative amount of Federal funds your State agency has passed-through to local units of government, other specified groups or organizations as directed by the legislation of the program. Block/Formula PassthroughEnter if required Federal Funds Subgranted – The cumulative amount of Federal funds subgranted including amounts subgranted to State agencies. Federal Funds Subgranted......Enter if required Forfeit – The cumulative Federal portion of forfeited assets to be sued in this grant whether the assets were forfeited as a result of this grant or another grant. Forfeit.....Enter if required Other – The cumulative Federal portion of program income earned from other than forfeited assts. Other.....Enter if required **Expended** – The cumulative amount of program income from all sources including forfeited assets and interest earned, which have been expended by your organization. ExpendedEnter if required

Typed or Printed name and Title......Enter your Name and Title

TelephoneEnter Area Code, Number and

Extension

To **Submit** the form, press the **Submit Form** button.

4.1.1 Errors

There are many edits on SF269. The SF269 will not save if there is an error. An error message will be displayed detailing the error. Correct and resubmit. If you need assistance filing your SF269a, please contact the new Customer Service Center at 1-866-9ASKOGO (1-866-927-5646) or write to us at ask-ogo@dhs.gov.

4.2 SUBMISSION

When Submit has been pressed and all information presented on the form is entered correctly, a message will be displayed on the screen indicating successful submission.

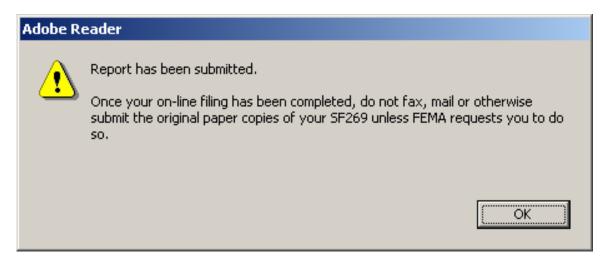


Figure 4.2-1 Report has been submitted.

Once the report has been submitted electronically do NOT fax, mail or otherwise submit the SF269 unless FEMA requests that you do so.

4.3 STATUS REPORTS

Once the submission has been accepted it will be displayed under Status Reports. The system will assign a sequential number as the Report Number.

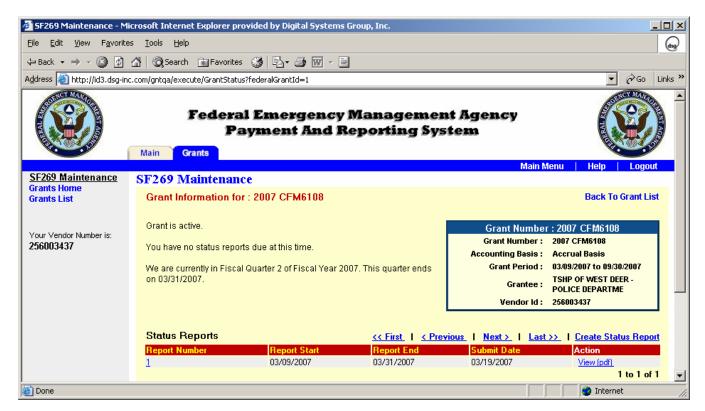


Figure 4.3-1 Status Report List

The **Status Report List** is displayed.

This list consists of the **Report Number**, **Report Start**, **Report End**, **Submit Date** and an **Action** column.

4.3.1 View Report

To **View** an existing report select *View* (*pdf*) in the **Action** column.

This option enables the user to modify certain fields.

NOTE: Only current quarter reports can be modified.

5 USERS

SECTION 5

5.1 USERS

Under the **Users** menu located under the **Main Menu** there are three (3) options: These options are **Change Password**, **Change Email and Logout**.

5.1.1 Change Password

From the **Main Menu** select *Change Password* located under the **Users** menu.

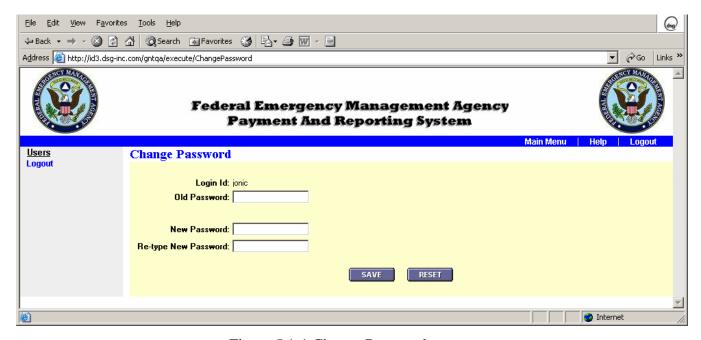


Figure 5.1-1 Change Password

The **Change Password** screen is displayed.

Enter the following data:

Old Password – This is your current password that you wish to change.

Old Password.....Enter your present Password

NOTE: New password must be between 8 and 15 characters and contain at least one lower case letter, at least one upper case letter, at least one number and at least one special character.

New Password – This is the new password.

New PasswordEnter your New Password

Re-type New Password......Re-enter your New Password.

Press the SAVE button to save the new password.

A message is displayed to the screen:

You have successfully changed your password: Please log-in again with your new password.

5.1.2 Change Email

From the **Main Menu** select *Change Email* located under the **Users** menu.

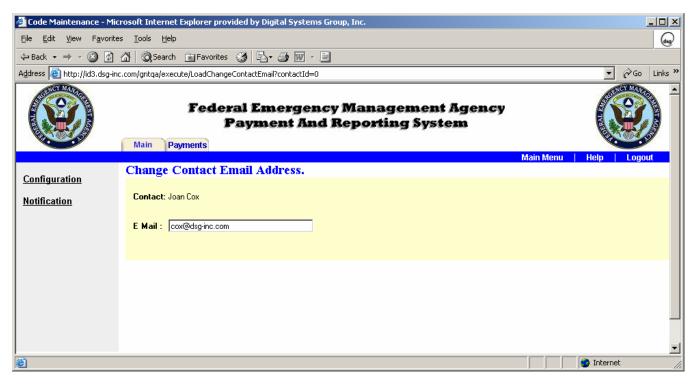


Figure 5.1-2 Change Contact Email Address

The Change Contact Email Address is displayed.

EmailEnter in the New Email

Address

Press the SAVE button to save the new email address.

5.1.3 Logout

From the **Main Menu** select **Logout** located under the **Users** menu.

The system will automatically log the user out and return them to the **User Login** screen.

6 ONLINE HELP

SECTION 6

6.1 ONLINE HELP

Online help is available in the Payment and Reporting System.

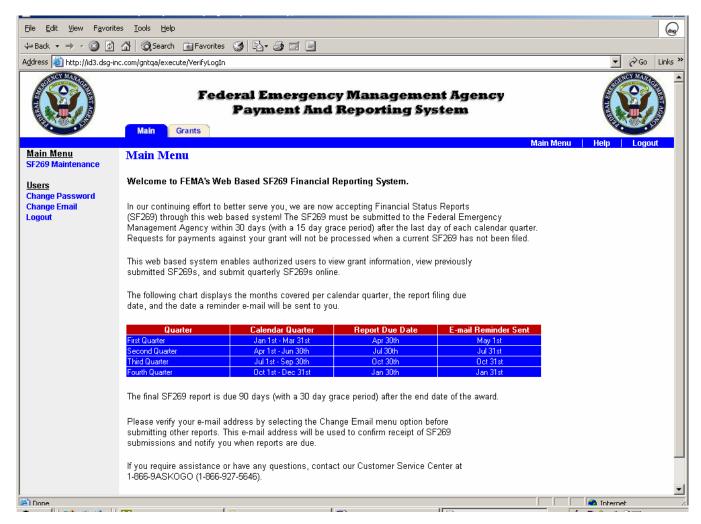


Figure 6.1-1 Main Screen

To access the **Help** anywhere in the system select *Help* located on the blue bar across the top of the screen.

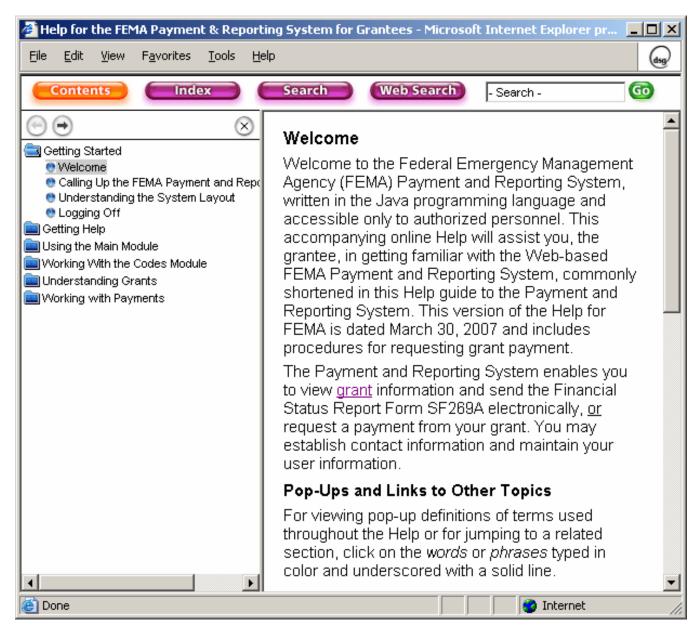


Figure 6.1-2 Online Help Welcome

The **Online Help Welcome** screen is displayed.

6.1.1 Contents

A **Table of Contents** is available by clicking on the *Contents* button.

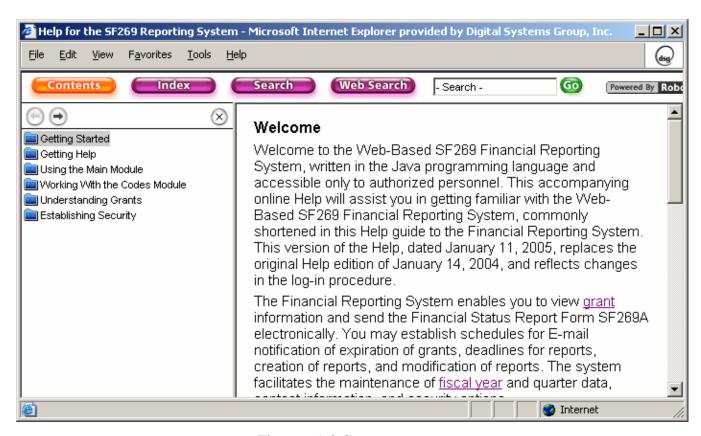


Figure 6.1-3 Contents

The **Table of Contents** is displayed down the left side of the screen.

A user drills down by selecting a folder. When the folder is selected additional topics are displayed. Information pertaining to the topic selected is displayed in the right hand box on the screen. Words or phrases typed in color and underscored when selected display a popup

6.1.2 Index

An **Index** is available by clicking on the *Index* button.

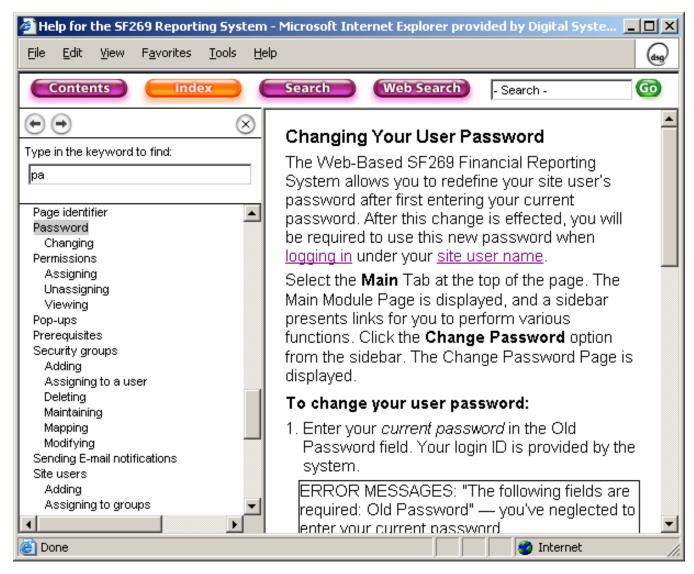


Figure 6.1-4 Index Help

To limit the search type in the field a word or a string.

Select a topic on the left side of the screen. Information pertaining to the topic selected is displayed in the right hand box on the screen.

6.1.3 Search

The **Search** capability is available by clicking on the **Search** button.

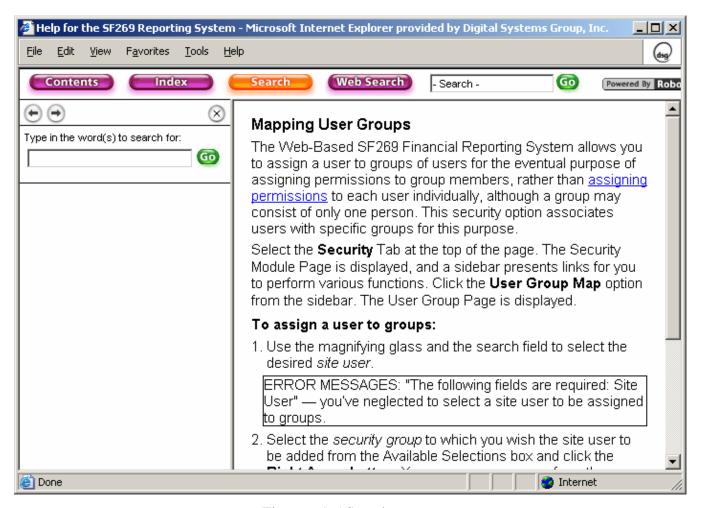


Figure 6.1-5 Search

Type in the word(s) to search for then press Go.

A list of topics will be displayed that pertain to the search criteria.

Select the topic.

6.1.4 Popup

For viewing pop-up definitions of terms used throughout the Help or for jumping to a related section, click on the words or phrases typed in color and underscored with a solid line.

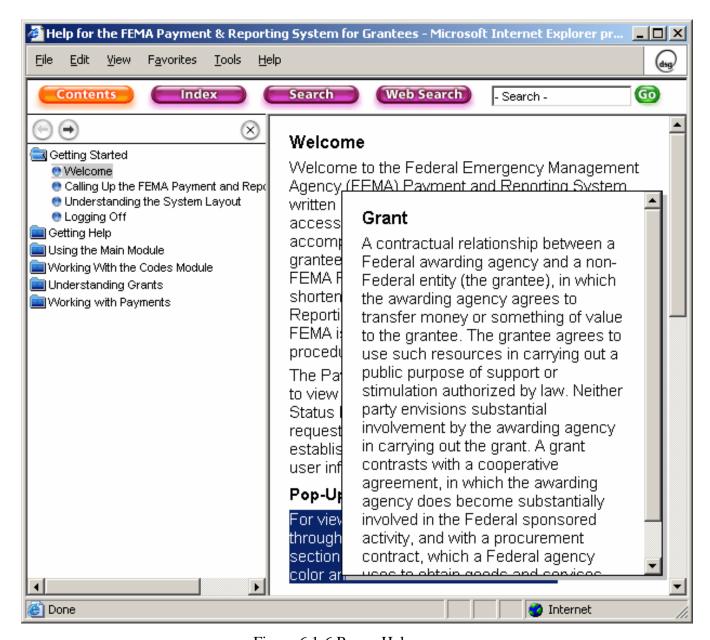


Figure 6.1-6 Popup Help

When a words or phrases typed in color is selected a popup is displayed. To get out of the popup click outside of the popup box.

7 PASSWORDS

SECTION 7

7.1 PASSWORDS

Passwords are set to expire every 90 days.

The user will be notified starting seven (7) days prior to expiration of their password.

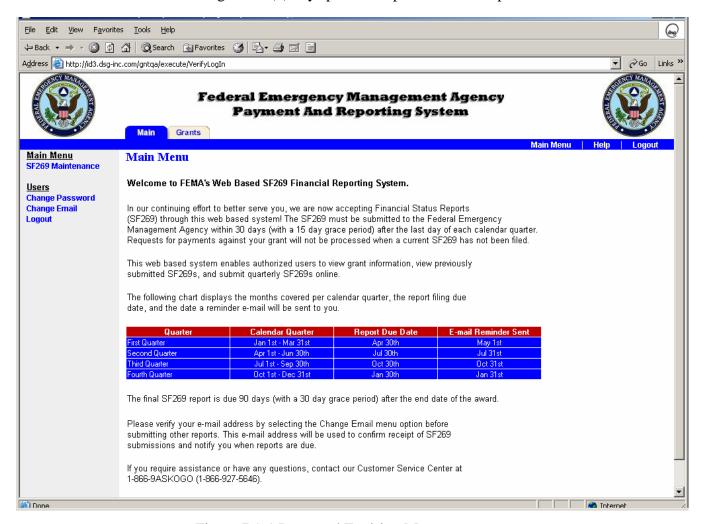


Figure 7.1-1 Password Expiring Message

A message is displayed in red across the top of the screen informing the user that their password will expire in X amount of days. This notification will be displayed every time a user signs into the system beginning seven (7) days prior to expiration.

Passwords must be between 8 and 15 characters and contain at least one lower case letter, at least one upper case letter, at least one number and at least one special character.