Food for Peace Management Information System (Partner Portal) Access User Agreement

Last Name:	First Name:		Date:
Job Title:			
Organization:	**Division/Mission (USAID Only):**		
Office Phone:	**Email address:**		
Username:	New: ☐ Change: ☐ Re-enable: ☐ Disable: ☐ Delete: ☐		
Type of Access:	Partner: ☐ USAID: ☐ Admin: ☐ Institutional Support Contractor: ☐		

This document outlines an agreement between the U.S. Agency for International Development (USAID) and an Authorized Individual (User) requiring access to the USAID Food for Peace Management Information System (Partner Portal).

The USER agrees to:
1. Abide by all USAID policies and guidelines to protect the USAID computer systems from misuse, abuse, loss, or unauthorized access. This includes any information acquired through the system for personal gain or profit.
2. Process only unclassified information.
3. Protect their unique user ID and PASSWORD. Should the USER suspect a compromise of their password or user ID, they will report the suspected compromise to the System Administrator via the Help Desk. The USER will change their password immediately upon suspicion that a compromise has occurred.
4. NEVER share user IDs or passwords. Writing down of a user ID or password is PROHIBITED. This includes entering the user ID or password in a file or record maintained in any automated system.
5. Create a unique password that adheres to USAID policy, consisting of a minimum of twelve (12) characters, with a mix of at least one character from each of the following four character types: upper-case letters, lower-case letters, numbers, and special characters. The Password must be changed every sixty (60) days. USAID reserves the right to change a password or terminate access at any time.
6. Their account will be automatically inactivated after sixty (60) days of non-use.
7. LOG OFF at any time the USER's terminal will be unattended.
8. Give immediate notification to the System Administrator, via the Help Desk, when there is a change in the employee status, such as a change in role and/or when access to the system is no longer required.
9. Abide by this agreement knowing that any violation of established system policy, procedures or guidelines may result in administrative action and/or civil or criminal prosecution.

Authorizations Signatures		
_____ **Authorized Individual User Signature**	_____ **Name**	_____ **Date**
_____ **USAID Representative Signature**	_____ **Name**	_____ **Date**

This Section Will Be Completed By the System Administrator
Username:
Type of Access:

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PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C 402 (Note), E.O. 12333

PURPOSE: To allow the Agency to manage information pertaining to the User's PRINCIPAL Account.

ROUTINE USE: Dissemination within the U. S. Agency for International Development.

DISCLOSURE OF INFORMATION: Disclosure of this information is voluntary.

EFFECTS OF NOT PROVIDING: Failure to provide information requested could result in the inability of the Agency to provide the USER with a user ID and password.