|  |  |  |
| --- | --- | --- |
|  | | |
| **CONTRACT AUDIT SYSTEM (CAS) ACCESS CUSTODIAN DESIGNATION FORM** | | |
| *Please note that a user account is not required to view finalized CAS contract audits that are published in FACTS.* | | |
| Each Agency must designate a Primary and Back-Up Access Custodian to serve as the liaison between the Agency and the Department of Financial Services (DFS) regarding access to the Contract Audit System (CAS). The *Access Custodian Contact Form* must be signed by the Agency Head or Director of Administration and submitted to DFS at [Audit.Info@myfloridacfo.com](mailto:Audit.Info@myfloridacfo.com).  If necessary, **Access Custodians** can also be added for User activation using this form as:   * Agency Users are authorized to enter data on behalf of their agency in the form of an agency response, which will be available to the public via the Florida Accountability Contract Tracking System (FACTS). Agency Users have the capability to view and/or respond to **Contract Reviews (CR) and/or Expanded Audits of Payment (EAP)** on behalf of their Agency. * Agency Read-Only Users have the capability to view **Contract Reviews (CR) and Expanded Audits of Payment (EAP).** They will be authorized to view data for their agency that is not yet finalized and published in FACTS. Please note that a user account is not required to view finalized contract audits that are published in FACTS. | | |
|  | | |
| |  |  | | --- | --- | | AGENCY NAME: Click or tap here to enter text. | AGENCY OLO: Click or tap here to enter text. | | | |
| **PRIMARY ACCESS CUSTODIAN *TO BE ADDED:*** | | |
| LAST NAME: Click or tap here to enter text. | | |
| FIRST NAME: Click or tap here to enter text. | | |
| MIDDLE INITIAL: Click or tap here to enter text. | | USER ID *(if known):* Click or tap here to enter text. |
| EMAIL: Click or tap here to enter text. | | PHONE: Click or tap here to enter text. |
| |  | | --- | | *If a USER ACCOUNT is necessary, select either or both Agency User designations or the Read-Only designation:* | | | |
|  | AGENCY USER with CR Response Designation | |
|  | AGENCY USER with EAP Response Designation | |
|  | AGENCY READ-ONLY (View both CR and EAP) | |
| **BACK-UP ACCESS CUSTODIAN *TO BE ADDED:*** | | |
| LAST NAME: Click or tap here to enter text. | | |
| FIRST NAME: Click or tap here to enter text. | | |
| MIDDLE INITIAL: Click or tap here to enter text. | | USER ID *(if known):* Click or tap here to enter text. |
| EMAIL: Click or tap here to enter text. | | PHONE: Click or tap here to enter text. |
| *If a USER ACCOUNT is necessary, select either or both Agency User designations or the Read-Only designation:* | | |
|  | AGENCY USER with CR Response Designation | |
|  | AGENCY USER with EAP Response Designation | |
|  | AGENCY READ-ONLY (View both CR an EAP) | |
| **AGENCY HEAD OR DIRECTOR OF ADMINISTRATION AUTHORIZATION** | | |
| |  | | --- | | SIGNATURE: Click or tap here to enter text. | | | |
| |  | | --- | | FULL NAME: Click or tap here to enter text. | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | EMPLOYEE NEEDS ACCESS TO ENTER DATA INTO GROUP SPECIFIC TRACKING LOG. | |  |  | | AGENCY HEAD | | | |
| |  |  | | --- | --- | |  | DIRECTOR OF ADMINISTRATION | |  |  | |  |  | | | |
| DATE: Click or tap here to enter text. | | |
| * Please complete this form in its entirety and email to [audit.info@myfloridacfo.com](mailto:audit.info@myfloridacfo.com). * Any changes made to the Primary or Back-up Access Custodian or their contact information must be submitted using this form and process. | | |
| ***The most recent form received will be regarded as current for that agency.*** | | |