

Exhibit B - Completing the NRCS-PGM-1143

Per NI 440-315.4 C. Changes in Position or Role:

1. User roles should be updated on an as-needed basis whenever an employee with access to ProTracts, CD, letter generator or FM has a change in position or role. Any change to the user's role must be documented on a new NRCS-PGM-1143 form.
2. Users who are assigned a temporary position should submit a new NRCS-PGM-1143 to have roles consistent with their temporary position. The end date of the temporary position must be noted on the NRCS-PGM-1143.
3. Users on extended leave (e.g., sabbatical, maternity or paternity leave) will have their accounts disabled through the normal aging process. After returning, these users must submit a new NRCS-PGM-1143 to gain access to the systems.

Responsibilities of **Field Role Grantors**

Protracts Roles:

- Designated Conservationist
- Farm Bill Specialist
- Planner

Toolkit/Conservation Desktop Roles:

- CD Designated Conservationist
- CD Program Support
- Certified Planner
- Planning Support
- Toolkit User Basic All

Responsibilities of **State Office Role Grantors**

Protracts Roles:

- Approving Official
- Contract Support
- State Programs

Fund Manager Roles:

- All roles are granted by NHQ, state office will complete the NRCS-PGM-1143.*
 - FM Obligation Approval
 - CD Financial Reviewer

Toolkit/Conservation Desktop Roles:

- CD Contract Support
- CD Obligating Official
- CD Payment Approver
- CD State Program Manager

Exhibit B - Completing the NRCS-PGM-1143 – Update 01/2025

- CD State Program User
- Data Configuration Administrator
- Easement State Boundary Manager
- HELC Agency Expert
- State Business Tools Coordinator
- TK-Easement Reconciliation
- WC Agency Expert

zRoles:

- App State Role Grantor – Conservation Desktop (CD FA, HELC/WC)
- Protracts Field Role Grantor
- State Role Certifier – Conservation Desktop, Fund Manager, Protracts
- Toolkit State Role Grantor – Conservation Desktop, Toolkit v5

For State Level Roles listed below, forward the completed and signed form to the State Business Tools Coordinator or Backup.

- CD State Program User, CD State Program Manager
- Data Configuration Administrator, TK-Easement Reconciliation
- Fund Manager – * Completion certificate of Appropriations Law training must be provided.
- State Level Conservation Desktop FA Roles (Payment Approver, Contract Support, Obligating Official, State Business Tools Coordinator)
- State Level Protracts Permissions (Approving Official, Contract Support or State Programs)
- zRoles (App State Role Grantor, Protracts Field Role Grantor, State Role Certifier, Toolkit State Role Grantor)
- For HELC Agency Expert or WC Agency Expert, forward the completed and signed form to the State Compliance Specialist and CC: State Business Tools Specialist.

If the user is requesting a new role or scope change, prepare a new NRCS-PGM-1143 and complete the following steps.

1. Select the system and/or applications access that is being requested.

Part A – User Information

PART A – USER INFORMATION		
2. USER'S ID (eAuth)	3. USER'S NAME (Last, First, Middle Initial)	4. <input type="checkbox"/> EMPLOYEE (OR) <input type="checkbox"/> AFFILIATE
5. USER'S OFFICIAL WORK SITE ADDRESS WITH ZIP CODE	6. AGENCY	7. OFFICE
8. USER'S E-MAIL ADDRESS	9. USER'S PHONE NUMBER	10. PO ID NUMBER*

*NOTE: Employees can find the Personnel Office (PO) ID number [here](#).

2. Enter User's ID (eAuth) – The eAuth ID can be found in either zRoles or EIMS

Agency	Admin Area	Name	Employee ID	eAuth User ID	Account Enabled	Access Status	Maintenance	Office Name
NRCS	IA	WICKMAN, STACY	72731	55072731	Yes	Yes	Manage Roles	IOWA STATE OFFICE

3. Enter User's Name
4. Check Employee (NRCS) or Affiliate
5. Enter User's Official Work Site Address with Zip Code - [People \(Search\)](#)
6. Enter the name of the Agency person is associated with (NRCS, IDALS, SWCD, etc)
7. Enter primary Office location - [People \(Search\)](#)
8. Enter User's work Email Address - [People \(Search\)](#)
9. Enter User's primary Phone Number - [People \(Search\)](#)
10. Enter Personnel Office (PO) ID Number (Site+) - [People \(Search\)](#)

BMC REMEDY IT SERVICE MANAGEMENT Help
People bmc

Person ID+ PPL000000138872

People Information

First Name* Stacy
 Middle Name Lynn
 Last Name*+ Wickman
 Preferred Name
 Client Type* Fed Employee - Office Based
 Persona Standard
 Job Title Natrl Resource speclst

Profile Status* Enabled
 Supervisor Code All Other Positions
 Contact Type
 VIP* No
 Executive No
 Support Staff* No
 Assignment Availability No

<< General More Details Work Info CIs Financials Login/Access Details Support Groups Notifications Alternate Approvers Assignment Exter >>

Organization Information
 Company*+ USDA-FPAC-NRCS
 Organization NRCS
 Department NRCS

Location Information
 Region IA
 Site Group 6273 IOWA NRCS/RD STATE OFFICE
 Site+ 102873 IOWA STATE OFFICE
 Site Address 210 WALNUT ST RM 693
 County: POLK
 DES MOINES, IOWA 50309-2119
 United States
 Desk Location
 Mail Stop

Contact Information
 Business*+ 1 515 323-2215
 Alternate Phone
 Email Address stacy.wickman@usda.gov

Save Print Close

Part B – Action Requested

11. Enter Former Name, if applicable
12. Enter New Name, if applicable
13. Check the Requested Access Action
14. If access is being requested for a temporary assignment such as a detail, enter the date the temporary assignment will end. If NA, leave blank.

PART B – ACTION REQUESTED		
NAME CHANGE	11. FORMER NAME (Last, First, Middle Initial)	12. NEW NAME (Last, First, Middle Initial)
	13. REQUESTED ACCESS ACTION (Check only one):	14. END DATE (Date temporary assignment expires):
ACCESS	<input type="checkbox"/> New User <input type="checkbox"/> Disabled User Needing Reactivation <input type="checkbox"/> Modify User Profile <input type="checkbox"/> Terminate User	

Part C – System Application and Roles

15. Check all Roles that apply per Iowa Exhibit A for User Position
16. If Role does not exist in 15, enter the Role in the space provided (e.g. Toolkit)
17. Enter Additional Information, as needed (e.g. “roles for detail”)
18. Enter the State requested
19. Enter the Counties requested
20. Enter the Service Centers (Offices) requested

21. Enter the Programs requested

PART C – SYSTEM APPLICATIONS AND ROLES			
15. REQUESTED SYSTEM APPLICATIONS AND ROLES <i>(Check all that apply):</i>			
ProTracts	Fund Manager (FM)	Conservation Desktop (CD)	
<input type="checkbox"/> Approving Official <input type="checkbox"/> Contract Support <input type="checkbox"/> Designated Conservationist <input type="checkbox"/> Farm Bill Specialist <input type="checkbox"/> National Programs User <input type="checkbox"/> NHQ Program Manager <input type="checkbox"/> Planner <input type="checkbox"/> PT National Role Grantor <input type="checkbox"/> PT State Role Grantor <input type="checkbox"/> Regional Conservationist <input type="checkbox"/> State Programs <input type="checkbox"/> Tech Support	<input type="checkbox"/> FM Affiliate <input type="checkbox"/> FM Audit Log Reviewer <input type="checkbox"/> FM Eligibility Update <input type="checkbox"/> FM Financial Management <input type="checkbox"/> FM FMMI User <input type="checkbox"/> FM National <input type="checkbox"/> FM National Operations <input type="checkbox"/> FM Obligation Approval <input type="checkbox"/> FM Payment Invoice <input type="checkbox"/> FM State <input type="checkbox"/> FM Tech Support <input type="checkbox"/> FM Vendor Coordinator	<input type="checkbox"/> CD Contract Support <input type="checkbox"/> CD Designated Conservationist <input type="checkbox"/> CD FA National BTC <input type="checkbox"/> CD FA State BTC <input type="checkbox"/> CD Financial Reviewer <input type="checkbox"/> CD National Audit <input type="checkbox"/> CD National Obligating Official <input type="checkbox"/> CD National Program Manager <input type="checkbox"/> CD National Program User <input type="checkbox"/> CD Obligating Official <input type="checkbox"/> CD Payment Approver <input type="checkbox"/> CD Program Support <input type="checkbox"/> CD State Program Manager <input type="checkbox"/> CD State Program User <input type="checkbox"/> CD Tech Support	<input type="checkbox"/> CD Vendor Coordinator <input type="checkbox"/> Certified Planner <input type="checkbox"/> Data Configuration Administrator <input type="checkbox"/> Easement National Boundary Manager <input type="checkbox"/> Easement State Boundary Manager <input type="checkbox"/> HELC Agency Expert <input type="checkbox"/> Planning Support <input type="checkbox"/> TK-Easement Reconciliation <i>(Easement Reconciliation)</i> <input type="checkbox"/> Toolkit National Role Grantor <i>(CD TA National BTC)</i> <input type="checkbox"/> Toolkit State Role Grantor <i>(CD TA State BTC)</i> <input type="checkbox"/> WC Agency Expert
16. zROLES REQUEST:			
17. ADDITIONAL INFORMATION:			
18. STATE(S):			
19. COUNTIES:			
20. OFFICES:			
21. PROGRAM(S):			

Part D – User Acknowledgement

22. User's Signature
23. Date signed by user (date is not needed if signed with LincPass)
24. Mark if a fully executed IRM-03 in on file for user. (Manager or Supervisor answers this)
25. Name of the User's immediate supervisor or manager.

Part E – Authorization

26. Signature of immediate supervisor or manager

27. Date signed by supervisor or manager (date is not needed if signed with LincPass)

Part F – Action Taken

28. Signature of the person in the state or NHQ who grants access. (This person cannot be the same as the supervisor or manager that signed the form)

29. Date signed by the security administrator (date is not needed if signed with LincPass)

30. Security Administrator can use this space to include any notes related to the completion of the request. The agency’s Security Administrator will retain each completed form for audit purposes.

PART D – USER ACKNOWLEDGEMENT	
<i>I have read the automated information systems security rules and understand the security requirements of the automated information systems and/or applications described on this form. I understand that any violation of these rules may result in disciplinary action, removal from the agency/USDA, and/or criminal prosecution.</i>	
22. USER SIGNATURE	23. DATE (MM/DD/YYYY)
24. FULLY EXECUTED IRM-03 <input type="checkbox"/> Yes <input type="checkbox"/> No	25. NAME OF MANAGER OR SUPERVISOR (Print)
PART E – AUTHORIZATION	
<i>I certify this user has received security instructions for the systems and/or applications indicated, and I approve his/her access to these systems and/or applications and the associated user profiles.</i>	
26. MANAGER OR SUPERVISOR SIGNATURE	27. DATE (MM/DD/YYYY)
PART F – ACTION TAKEN	
28. SECURITY ADMINISTRATOR SIGNATURE	29. DATE (MM/DD/YYYY)
30. SECURITY ADMINISTRATOR NOTES	